



WORLD HEALTH ORGANIZATION

SEVENTY-THIRD WORLD HEALTH ASSEMBLY

**GENEVA, 18–19 MAY (*de minimis*) and
9–14 NOVEMBER (resumed) 2020**

**SUMMARY RECORDS OF COMMITTEES
REPORTS OF COMMITTEES**

**GENEVA
2020**

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-third World Health Assembly was held virtually, using video conference technology and coordinated from WHO headquarters, Geneva, from 18 to 19 May (de minimis) and 9 to 14 November (resumed) 2020, in accordance with the decision of the Executive Board at its 145th session¹ and the decision of the Seventy-third World Health Assembly at its *de minimis* session.²

¹ Decision EB145(7) (2019).

² Decision WHA73(8) (2020).

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¹ Adopted at the first plenary meeting.

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 - C. Eradication of dracunculiasis (resolution WHA64.16 (2011))
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 - G. Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))
 - H. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))
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A73/1 Add.1	Provisional agenda (abridged)
A73/1 Add.2	Proposal for supplementary agenda item
A73/2	Report of the Executive Board on its 145th and 146th sessions
A73/3	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A73/4	Consolidated report by the Director-General
A73/4 Add.1	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits Biennial reporting on implementation
A73/4 Add.2	Maternal, infant and young child nutrition
A73/4 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ²
A73/5	Consolidated report by the Director-General
A73/6	Global vaccine action plan Defeating meningitis by 2030 Meningitis prevention and control
A73/7	Global vaccine action plan Draft immunization vision and strategy: “Immunization Agenda 2030
A73/8	Neglected tropical diseases Draft road map for neglected tropical diseases 2021–2030
A73/9	WHO Global Code of Practice on the International Recruitment of Health Personnel Report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel
A73/10	Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme Looking back to move forward

¹ See page xi.

² See document WHA73/2020/REC/1, Annex 3.

A73/11	Public health preparedness and response WHO's work in health emergencies
A73/12	Poliomyelitis Polio eradication
A73/13	Poliomyelitis Polio transition planning and polio post-certification
A73/14	International Health Regulations (2005) Annual report on the implementation of the International Health Regulations (2005)
A73/15	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A73/16 Rev.1	Programme budget 2020–2021 WHO results framework: an update
A73/17	Financing and implementation of the Programme budget 2020–2021
A73/18	WHO reform Travel entitlements of the Chair of the Executive Board
A73/19	WHO reform World health days
A73/20	Evaluation of the election of the Director-General of the World Health Organization ¹
A73/20 Add.1	Evaluation of the election of the Director-General of the World Health Organization Informal consultations on the evaluation of the election of the Director-General of the World Health Organization ²
A73/20 Add.2	Financial and administrative implications for the Secretariat of resolutions and decisions proposed for adoption by the Health Assembly ³
A73/21	Human resources: annual report
A73/22	Amendments to the Staff Regulations and Staff Rules
A73/23 Rev.1	Appointment of representatives to the WHO Staff Pension Committee

¹ See document WHA73/2020/REC/1, Annex 1.

² See document WHA73/2020/REC/1, Annex 2.

³ See document WHA73/2020/REC/1, Annex 3.

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A73/24 Rev.1	WHO Results Report Programme Budget 2018-2019 Driving impact in every country
A73/25	Audited Financial Statements for the year ended 31 December 2019
A73/26	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
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A73/30	Collaboration within the United Nations system and with other intergovernmental organizations Reform of the United Nations development system and implications for WHO
A73/31	Collaboration within the United Nations system and with other intergovernmental organizations International Agency for Research on Cancer: amendments to Statute
A73/32	Progress reports
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A73/33	Special procedures
A73/34	Closure of the Health Assembly Suspension of the session
A73/35	Closure of the Health Assembly Written silence procedure
A73/36	Programme budget 2020–2021 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-third World Health Assembly
A73/37	WHO programmatic and financial report for 2018–2019, including audited financial statements for 2019 Financing and implementation of the Programme budget 2020–2021 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-third World Health Assembly
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A73/41	Evaluation of the election of the Director-General of the World Health Organization Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-third World Health Assembly
A73/42	Special procedures
A73/43	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A73/44	First report Committee B (Draft)
A73/45	First report Committee A (Draft)
A73/46	Second report of Committee B (Draft)
A73/47	Third report of Committee B (Draft)
A73/48	Second report of Committee A (Draft)

Information documents

A73/INF./1	Awards
A73/INF./2	Decade of Healthy Ageing The Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life
A73/INF./3	Voluntary contributions by fund and by contributor, 2019
A73/INF./4	Progress report from the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response
A73/INF./5	Decision-making and procedural issues on the virtual system A practical guide

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A73/INF./6 Proposed modalities for the Seventy-third World Health Assembly
(resumed)

Diverse documents

A73/DIV./1 Rev.1 List of delegates and other participants

A73/DIV./1 Rev.1 List of delegates and other participants
Resumed session

A73/DIV./2 Guide for delegates to the World Health Assembly

A73/DIV./3 List of decisions and resolutions

A73/DIV./4 List of documents

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES¹

President

Ms Keva BAIN (Bahamas)

and Northern Ireland, United Republic of
Tanzania and United States of America.

Vice-Presidents

Mrs Jacqueline Lydia MIKOLO (Congo)

Mr Roberto CIAVATTA (San Marino)

Dr Viroj TANGCHAROENSATHIEN
(Thailand)

H.E. Mr LI Song (China)

Dr Akram ELTOUM (Sudan)

H.E. Dr Osama Ahmed ABDELRAHIM
(Sudan)²

Secretary

Dr Tedros Adhanom GHEBREYESUS,
Director-General

Chair: Ms Keva BAIN (Bahamas)

Secretary: Dr Tedros Adhanom
GHEBREYESUS, Director-General

MAIN COMMITTEES

Under Rule 34 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

Chair: Dr Bjørn-Inge LARSEN (Norway)

Vice-Chair: Ms Tamara Mawhinney (Canada)
Dr Susie Perera De Silva (Sri Lanka)

Rapporteur: Dr Jane Ruth ACENG OCERO
(Uganda)

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

Committee B

Chair: H.E. Mr Mamadou Henri KONATE
(Mali)

Vice-Chair: Dr Ahmad Jawad OSMANI
(Afghanistan)

H.E. Mrs Elizabeth WILDE (Australia)

Mr Amadou THIAM (Mali) *ad interim*

Rapporteur: Mr Tashi Penjor (Bhutan)

Secretary: Dr Clive ONDARI, Director, Health
Product Policy and Standards

Committee on Credentials³

The Committee on Credentials was composed
of delegates of the following Member States:
Bulgaria, El Salvador, Japan, Liberia,
Mozambique, North Macedonia, Republic of
Moldova, Rwanda, Somalia, Timor-Leste,
Trinidad and Tobago and Viet Nam.

General Committee

The General Committee was composed of the
President and Vice-Presidents of the Health
Assembly and the chairs of the main committees,
together with the delegates of the following
Member States: Argentina, Croatia, Cuba,
Djibouti, Eritrea, Ethiopia, Fiji, France, Mongolia,
Nepal, Nicaragua, Oman, Russian Federation,
Sierra Leone, United Kingdom of Great Britain

REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr Hiroki NAKATANI (Japan)
Dr Rajitha SENARATNE (Sri Lanka)
Dr Hussain ALRAND (United Arab Emirates)
Dr Päivi SILLANAUKEE (Finland)

¹ In addition, the list of delegates and other participants is contained in documents A73/DIV./1 Rev.1 and A73/DIV./1 Rev.1 Resumed session.

² Elected at the resumed session of the Seventy-third Health Assembly to replace Dr Akram Eltoum.

³ As per decision WHA73(18), the Committee on Credentials shall meet only in the event that a matter is referred to it by the Health Assembly or by the President of the Health Assembly.

PART I

SUMMARY RECORDS OF MEETINGS OF COMMITTEE

GENERAL COMMITTEE

FIRST MEETING

Monday, 9 November 2020, at 12:30

Chair: Ms K. BAIN (Bahamas)
President of the World Health Assembly

1. ADOPTION OF THE AGENDA (document A73/1 Rev.1)

The CHAIR reminded the Committee that its terms of reference were set out in Rule 32 of the Rules of Procedure of the World Health Assembly. The agenda of the Seventy-third World Health Assembly was contained in document A73/1 Rev.1.

Proposed supplementary agenda item

The CHAIR drew attention to the proposal, referred to in document A73/1 Add.2, for the inclusion of a supplementary agenda item, “Inviting Taiwan to participate in the World Health Assembly as an observer”,¹ on the agenda of the Seventy-third World Health Assembly. Although the agenda had been adopted at the *de minimis* session of the Seventy-third World Health Assembly, held in May 2020, consideration of the proposal for a supplementary agenda item had been deferred to the resumed session.² In line with the procedure followed in previous years, she suggested that two delegations should speak in favour of the proposal and two against, following which a decision would be made.

It was so agreed.

The representative of NAURU³ expressed support for the inclusion of the proposed supplementary agenda item on the agenda of the Health Assembly. Coronavirus disease (COVID-19) posed a grave threat to all human beings in 2020, but the success of Taiwan in combating the disease had won global attention and international support for its bid to attend the Health Assembly. The rapid response and advanced preparedness of Taiwan had resulted in low levels of both infection and deaths. Taiwan was supporting more than 80 other countries during the pandemic by providing personal protective equipment, testing devices and other medical supplies. Her Government was grateful for the support it had received in that regard.

Since 2009, Taiwan had been included under the International Health Regulations (IHR) (2005), but WHO had refused to publish the details of its IHR Focal Point. That position threatened the lives of Taiwanese people and hindered global disease prevention efforts; Taiwan must be fully included in the Regulations. Taiwan had previously enjoyed observer status at the Health Assembly for eight years. The WHO Constitution stated that the highest attainable standard of health was one of the fundamental rights

¹ The title of the proposal had been reproduced as received. The designations employed 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 or area, or of its authorities. The terminology used is at variance with that used by the World Health Organization.

² Decision WHA73(4).

³ Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.

of every human being without distinction of race, religion, political belief, economic or social condition. The Organization should live up to that vision by recognizing Taiwan and its people, and their right to participate in the global health security system.

The representative of CHINA expressed his firm opposition to the participation of Taiwan, which was part of China, in the Health Assembly, under any name, and to the inclusion of the proposed supplementary agenda item on the agenda. As a specialized agency of the United Nations, WHO should follow the one-China principle, in accordance with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972). The authorities of Taiwan, China, obstinately retained their position on independence and had refused to recognize the 1992 consensus that endorsed the one-China principle. Thus, the political foundation for Taiwan, China, to participate in the Health Assembly had ceased to exist.

The Chinese central Government had made proper arrangements for Taiwan, China, to participate in global health affairs, including the participation of health experts in meetings organized by the Secretariat, and had sent multiple notifications about the outbreak of COVID-19 to the region. The trajectory of the COVID-19 outbreak in Taiwan, China, indicated that those arrangements were appropriate; there was no gap in anti-epidemic efforts and experts did not lack channels to present their COVID-19 response to the world.

The Health Assembly should focus on the challenges presented by the global pandemic, rather than the attempt by the authorities in Taiwan, China, to hijack the response to the pandemic to advance their political agenda of giving prominence to their so-called sovereign status. The attempt violated the one-China principle and disrupted the orderly conduct of the Health Assembly, and would therefore hinder efforts to respond to the pandemic. In keeping with the international mood at the *de minimis* session held in May 2020, he urged the Chair to rule that the proposed supplementary agenda item should not be included on the agenda of the Health Assembly.

The representative of ESWATINI,¹ expressing support for the proposed supplementary agenda item, said that the COVID-19 pandemic had reaffirmed his Government's long-standing view that Taiwan should be fully engaged in WHO's systems and work. Taiwan should be invited to participate in the Health Assembly, since its inclusion would make possible the full and effective control and prevention of epidemics. Taiwan provided a model for handling the pandemic: with fewer than 600 confirmed cases of COVID-19, there had been no lockdown measures or interruption of business and other activities. Solidarity with other countries could be seen in the supply of personal protective and medical equipment. In compliance with the WHO Constitution, Taiwan should be invited to participate in all WHO meetings, mechanisms and activities, including the Health Assembly, as an observer. The Organization should recognize that Taiwan's population of 23 million people shared the right to participate in that global health forum and to exchange their experience and knowledge. Politics should be set aside in the interests of global health.

The representative of CUBA expressed his opposition to the inclusion of the proposed supplementary item on the agenda since it would be contrary to the decisions of the United Nations General Assembly and the General Committee, and was inconsistent with the WHO Constitution and the Rules of Procedure of the World Health Assembly. Taiwan was an integral part of China and the Chinese Government represented all of its people. The World Health Organization was composed of sovereign Member States. Under United Nations General Assembly resolution 2758 (XXVI), resolution WHA25.1, the Rules of Procedure of WHO and the WHO Constitution, Taiwan, as a province of China, could not be considered a Member or Associate Member of the Organization. The Health Assembly should not spend time on such an issue, but rather focus on its substantive work agenda, particularly in the context of a global pandemic. Respect for sovereign States and their territorial

¹ Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.

integrity was a key principle of the Charter of the United Nations. The inclusion of the supplementary item on the agenda would undermine the work of WHO and the cause of multilateralism.

The CHAIR said that she took it that the Committee wished to recommend that the proposed supplementary item should not be included on the agenda of the Seventy-third World Health Assembly.

It was so agreed.

Deletion of agenda items

The CHAIR drew the attention of the Committee to the removal of document A73/31 on the amendment of the Statute of the International Agency for Research on Cancer, as it was no longer needed for the discussion on item 22 of the agenda (Collaboration within the United Nations system and with other intergovernmental organizations). She took it that the Committee wished to recommend the adoption of the agenda in document A73/1 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 CHAIR said that the 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, she took it that the proposal was acceptable.

It was so agreed.

The General Committee reviewed the programme of work for the Health Assembly until Saturday, 14 November 2020.

The CHAIR drew attention to the decision of the Executive Board, made through a written procedure, that the resumed session of the Seventy-third World Health Assembly should close no later than Saturday, 14 November 2020. It was therefore proposed that the Seventy-third World Health Assembly should close that day.

It was so agreed.

3. ORGANIZATIONAL MATTERS

The CHAIR recalled that the General Committee usually met twice during the Health Assembly: on the first day to consider the agenda, allocation of items to the main committees and programme of work; and on the third day to draw up a list of members for the purpose of the annual election of members entitled to designate a person to serve on the Executive Board and to consider any changes in the programme of work of the Health Assembly. The election of Executive Board members had already taken place, however, at the *de minimis* session of the Seventy-third World Health Assembly held in

May 2020.¹ It was therefore proposed that minor changes to the programme of work of the Health Assembly should be dealt with, in the first instance, by the President of the Health Assembly, together with the Chairs of the main committees and the Director-General. Should substantial changes be required, the General Committee would be reconvened and would communicate with members about the timing of that meeting.

In the absence of any objection, she took it that the proposal was acceptable to the Committee.

It was so agreed.

The meeting rose at 13:00.

¹ Decision WHA73(5).

COMMITTEE A

FIRST MEETING

Monday, 9 November 2020, at 15:20

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

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

The CHAIR welcomed the participants.

Election of Vice-Chairs and Rapporteur

Decision: Committee A elected Ms Tamara Mawhinney (Canada) and Dr Susie Perera De Silva (Sri Lanka) as Vice-Chairs and Dr Jane Ruth Aceng Otero (Uganda) as Rapporteur.¹

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

2. EPIDEMIOLOGICAL UPDATE ON THE CORONAVIRUS DISEASE PANDEMIC

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), providing a technical update on the epidemiological situation, said that the global coronavirus disease (COVID-19) pandemic had continued to accelerate, with approximately 50 million confirmed cases and more than 1.2 million deaths reported to date. The acceleration in the incidence of new cases was most notable in the European Region and the Region of the Americas, which had correspondingly higher mortality rates. The regional variations in transmission rates mostly reflected differences in the intensity of transmission, although some of the variation could be attributed to different testing practices. While the age and gender distribution of confirmed cases had evolved, which was likely to be due to both increased availability of testing and testing of patients with less severe symptoms, males and those over 50 years of age continued to be overrepresented in those figures. More males were also dying from the disease. While the number of deaths was higher for persons aged over 65 years, deaths were also being recorded in the 25–64 years age category, particularly among those with underlying health conditions. Mortality rates had dropped over time for all age groups, reflecting improved clinical care and access to care, alongside better diagnosis and treatment. The recent steep increase in cases could have an impact on access to care, which was a cause for concern, particularly in the European Region where it was reported that some health care systems were struggling. Countries could be divided into four categories of transmission: those with low levels of domestic transmission; those that had suppressed the first wave of infection and had not yet experienced a second wave; those that had suppressed the first wave but were experiencing a second wave; and those that had not yet made it through the first wave.

The Organization's global strategy for COVID-19 response was focused on suppressing transmission and saving lives and livelihoods by mobilizing all sectors and communities, controlling the

¹ Decision WHA73(20).

disease, suppressing community transmission, reducing mortality and developing safe and effective vaccines and treatments. The main challenges encountered with regard to the strategy were sustainable implementation and effective communication that made it acceptable to communities. The Organization had been fully mobilized to support the response and was working with partners to bolster implementation.

Action taken by the Secretariat included monitoring the situation, providing access to training and guidance, and coordinating regularly with Member States, intergovernmental organizations and partners in the United Nations system, including by leading a United Nations Crisis Management Team. Communication was an area of particular focus, with teams trained to manage information and misinformation. Cooperation with social media companies was aimed at understanding public sentiment and responding to it. In terms of support, 170 countries had developed strategic national action plans based on WHO's COVID-19 Strategic Preparedness and Response Plan, 106 regional technical support missions had been deployed to countries, and the WHO Emergency Medical Teams Initiative had deployed 55 international and more than 670 national emergency medical teams. Case studies on response, country readiness assessments and country COVID-19 intra-action reviews were all part of efforts to support Member States, alongside the supply of millions of items of personal protective equipment, diagnostic tests and biomedical equipment and the management of procurement through the United Nations COVID-19 Supply Chain System, which involved multiple partners. A research road map had been developed in February 2020 and more than 500 hospitals were participating in the Solidarity clinical trial for COVID-19 treatments. Prioritized research focused on nine technical pillars, including the animal–human interface.

The focus going forward was on breaking the cycles of transmission and mortality. Global collective action would be critical to reducing and controlling transmission. Individuals and communities should be empowered with the knowledge and resources to sustain and increase risk reduction measures. Public health measures, including to detect, test, provide care and isolate cases, needed to be scaled up, as did measures to trace and quarantine contacts, which would require strengthened and empowered communities and public health infrastructure. Health systems must protect vulnerable groups and provide them with appropriate clinical care. The next phase of the response would also focus on developing diagnostics, therapeutics and vaccines, as well as the long-term preservation and strengthening of health systems. Those activities should be viewed in the context of the Thirteenth General Programme of Work, 2019–2023, and commitments made through WHO's cooperation with other international organizations. By 2021, fully integrated plans should be in place to tackle both COVID-19 and its longer-term health consequences.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) provided an update on the activities under the Access to COVID-19 Tools (ACT) Accelerator initiative. The ACT-Accelerator, which had been launched in April 2020, would be crucial to moving out of the acute phase of the COVID-19 pandemic. Its two main objectives were: accelerating the development of COVID-19 tests, treatments and vaccines; and ensuring equitable allocation of and global access to those products. The ACT-Accelerator had support at the highest levels of the United Nations and governments, as well as among academia, industry and civil society, with nine organizations acting as core supporters. Key achievements so far had included the assessment and approval of rapid tests with volume and price guarantees for low- and lower-middle-income countries and the roll-out of the first life-saving therapy, both of which were already making a difference. The economies cooperating through the COVID-19 Vaccine Global Access (COVAX) Facility represented over 90 per cent of the global population. The proportion of vaccine that would be bought through the COVAX Facility would be substantially smaller however, since the aim was to reduce the risk of severe illness from COVID-19 by targeting particular segments of the population. An equitable allocation framework and COVAX allocation mechanism had been established to ensure that those most at risk from COVID-19 and health care providers would have first access to such products.

Continued work through the ACT-Accelerator was expected to enable the roll-out of vaccines – on which there had been some positive interim results – and possibly the use of self-tests and monoclonal antibodies to tackle the disease in 2021. However, urgent political and financial action was needed to prevent a widening gap in access to critical tools for prevention, protection, testing and treatment between low- and high-income settings. The three factors affecting access were: the available financing; the increasing demand for those tools due to escalating rates of COVID-19 in countries in the northern hemisphere; and the capacity of countries with weak health systems to optimize the use of products.

The urgent priority was to change the fundamental dynamic of the pandemic by March 2021. That would be achieved through expanded global testing, improved access to treatments that reduced the risk of death, and readiness to roll out vaccines globally to the populations at highest risk in the first half of 2021. The health systems connector, through close cooperation with the World Bank, UNICEF and WHO, would help countries with weak health systems to put in place rapid assessments and country plans in order to identify and tackle bottlenecks to the delivery of products through key investments.

Despite the significant financing already provided and pledged, the ACT-Accelerator was facing an urgent funding gap of US\$ 4.5 billion. That was the figure required for work on diagnostics, therapeutics and vaccines and on the health systems connector to rapidly roll out the products developed at scale. The figure required dwarfed the financing provided annually as official development assistance for health; additional financing streams were therefore needed. An urgent advocacy campaign was ongoing and concessional loans and private sector financing were also being considered as sources of funding. Countries were also encouraged to invest in the ACT-Accelerator. The global income gained as a result of bringing COVID-19 under control would offer a significant return on investment in terms of economic and societal recovery, alongside the crucial act of saving countless lives.

3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 13 of the agenda

Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 13.1 of the agenda (document A73/10)

WHO's work in health emergencies: Item 13.2 of the agenda (documents A73/11, A73/INF./4 and EB146/2020/REC/1, resolution EB146.R10)

International Health Regulations (2005): Item 14 of the agenda (document A73/14)

The CHAIR invited the Committee to consider the draft resolution contained in resolution EB146.R10.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, introducing the Committee's report contained in document A73/10, provided an overview of the main findings and recommendations contained in the report. She welcomed the Secretariat's dedication and tireless efforts to fully realize the ambitions of the WHO Health Emergencies Programme and acknowledged the progress and achievements of the past four years.

The work of WHO in outbreaks and emergencies needed to be reflected in every aspect of the Organization as a core part of its mandate. The Emergency Response Framework should be updated with explicit roles and responsibilities for each player and updated processes for all-hazards emergency risk management. The flexibility of the WHO Health Emergencies Programme should be further improved by assigning it an appropriate level of autonomy and authority. In addition, a formal dialogue should be organized to establish an appropriate mechanism for engagement with Member States, which would help to ensure alignment between Member States' expectations and WHO's authority and capacities to address emergencies.

Although country and regional offices now played a more pivotal role in coordinating regional platforms and providing insights into geopolitical issues that had an impact on WHO's emergency response, the COVID-19 pandemic had demonstrated the need to revise the country business model.

The administrative system and business processes for human resources and procurement continued to represent major constraints for WHO's emergency operations. The centralization of enabling functions should ensure the agility, flexibility and effectiveness of the WHO Health Emergencies Programme. Periodic reports should be submitted to the Committee on key performance indicators for all centralized functions in order to track their impact on WHO's emergency operations, and dedicated teams to support emergencies should be established within the centralized functional divisions.

The COVID-19 pandemic had called into question the adequacy of the Organization's financing. Given the scale and frequency of health crises, the budget of the WHO Health Emergencies Programme should be reviewed accordingly, as the Organization faced chronic financial challenges, a lack of predictable and flexible funding, and competing priorities, with a heavy dependence on a limited number of donors. In view of the significant discrepancy between Member States' contributions and their expectations of the WHO Health Emergencies Programme, they should be invited to consider an increase in assessed contributions. It was also necessary to increase the proportion of WHO core flexible funding allocated to the WHO Health Emergencies Programme. Management of the Contingency Fund for Emergencies, as well as its relationship to other humanitarian funding streams for health emergencies, must be redesigned in response to concerns raised by donors.

As WHO's role in major emergencies grew, the risks inherent in operating in fragile States had significantly increased, as evidenced by the allegations of sexual exploitation and abuse linked to the Ebola virus disease response in the Democratic Republic of the Congo. The Independent Oversight and Advisory Committee commended the Director-General's prompt action in setting up an independent commission on sexual misconduct, and underscored the importance of identifying systemic issues and implementing institutional measures in all emergency settings.

The COVID-19 pandemic had highlighted the importance of WHO's normative and policy-setting functions. Although there was already close collaboration between the WHO Health Emergencies Programme and the Science Division, WHO should strengthen the Programme's capacities to provide scientific advice and technical guidance. It was important to enhance partnerships, including with WHO collaborating centres and technical advisory bodies, in order to maintain a balance between technical rigour and rapid policy guidance. In addition, a small, dedicated team of social scientists and gender equality experts should be established to take into account the socioeconomic and gender-related implications of public health emergencies. WHO should also continue its active involvement in global efforts to promote equitable access to COVID-19 vaccines and treatments.

Steady progress had been made in strengthening partnerships with Member States and other stakeholders, and in engaging with civil society and the private sector. Although WHO's leadership role in global health emergencies had been strengthened through the COVID-19 pandemic, an improvement in supply chain management and partner coordination was required. Progress had also been made in fostering operational partnerships, including in WHO's health cluster coordination and leadership, although there was a heavy reliance on the individual abilities of health cluster coordinators. Systematic measures and institutional support were needed to ensure that WHO provided both strong coordination and technical and operational support to partners on the ground.

She welcomed the establishment of the Independent Panel for Pandemic Preparedness and Response and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. The Secretariat should improve existing tools and mechanisms to support Member States in building the core capacities required by the International Health Regulations (2005) and enhance the system for declaring a public health emergency of international concern, which had received an inconsistent response at the global level during the COVID-19 pandemic.

Although past and present members of WHO's senior leadership team deserved credit for the impressive progress made over the past four years, the COVID-19 pandemic had tested the Organization as never before and placed it under global public scrutiny. The WHO Health Emergencies Programme had been shaped by the Ebola virus disease outbreak in West Africa, enabling it to respond to events of similar severity and scale, but not a global pandemic; further reform might therefore be needed to enable the Organization to effectively perform its role as guardian of global public health.

The CHAIR OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE COVID-19 RESPONSE recalled that the Review Committee had been convened by the Director-General in accordance with resolution WHA73.1 (2020) and Article 50 of the International Health Regulations (2005) to make technical recommendations regarding the functioning and possible amendment of the Regulations. To date, the Review Committee had held nine closed meetings and three open meetings, which had been attended by over 100 representatives from Member States, international agencies and non-State actors, and an initial update and progress report had been submitted to the Executive Board at its fifth special session in October 2020.

The Review Committee had three subgroups focused on preparedness, alert and response. The key questions being addressed on preparedness included whether the current tools for assessing and monitoring the core capacities required by the International Health Regulations (2005) covered all the necessary capacities, including at the subnational level; and how the tools to assess and monitor preparedness, including universal peer reviews, could better help countries implement a more effective response. The alert subgroup was considering how information had been shared under the Regulations during the early days of the outbreak; whether WHO needed a stronger mandate to react if States Parties did not provide information; and whether the determination of a public health emergency of international concern and its consequences were clearly understood. Issues related to response included the implementation of obligations regarding additional health measures in relation to international traffic; and how to improve current mechanisms for collaboration and cooperation during a global outbreak response.

Preliminary findings had indicated that the assessment and monitoring of preparedness, as well as core capacities, needed further examination based on the observed performance of Member States in their COVID-19 response, potentially through a peer review mechanism. It had also been found that both official information and information from media, social media and rumours, were useful for surveillance; the provisions for notification and verification of information under the International Health Regulations (2005) therefore required further examination to establish why some governments had been reluctant to share early reports, and whether incentives could improve compliance. Incentives would also be considered to increase compliance with the obligations related to travel, in view of the widespread implementation of national travel restrictions during the COVID-19 pandemic. The rapid risk assessments provided by WHO for events involving the risk of international spread had proven to be of utmost importance, while the mechanism for declaring a public health emergency of international concern required further examination, as did the possibility of establishing an intermediate level of alert. It was clear that an effective response to global public health risks required strong support for outbreak alert and response mechanisms, appropriate national legislation, strong public health and health care systems, and recognition of the authority of National IHR Focal Points.

The Review Committee had also started to examine more general issues, such as whether the International Health Regulations (2005) were fit for purpose and whether there were challenges in their design or implementation that had raised concerns during the COVID-19 response. Financing had to be considered at the national and international levels, in addition to the functions and effectiveness of governance bodies and mechanisms under the Regulations. The Review Committee was also performing a systematic review by analysing each article of the Regulations to identify whether any amendments were required, and examining the progress made in implementing the recommendations of previous review committees. A range of experts, WHO staff, National IHR Focal Points and chairs of former review committees had been consulted, and regular discussions were also being held with the Chair of the Independent Oversight and Advisory Committee and the Co-Chairs of the Independent Panel for

Pandemic Preparedness and Response. Recalling that the Review Committee was a technical expert group that could only make recommendations, he stressed that no amendments could be made to the Regulations without the approval of the Health Assembly, and Member States' input would be given close attention. The Regulations were a shared instrument that everyone should contribute to improving in order to better prepare and protect humanity against public health risks.

The representative of GERMANY, speaking on behalf of the European Union and its Member States,¹ said that the candidate countries North Macedonia, Montenegro and Albania, as well as Ukraine, the Republic of Moldova and Armenia aligned themselves with his statement. Observing that the COVID-19 pandemic had further underscored the need for global multilateral cooperation and resilient health systems, he commended WHO for its increasingly efficient work in emergencies and for advancing the ground-breaking collaboration under the ACT-Accelerator. He welcomed the work of the evaluation and review mechanisms and the recent progress regarding the WHO-convened study on the origins of the virus, and called for full transparency and cooperation during all its phases.

There was a gap between Member States' expectations of WHO and the Organization's capacities to fulfil them; global health was indeed a shared responsibility, and Member States must play their part, including by ensuring predictable, flexible and sustainable financing. The European Union stood ready to take a leading role in strengthening WHO, and had launched an inclusive process open to all Member States to discuss ideas for reform. He reaffirmed the European Union's commitment to the International Health Regulations (2005) as a unique binding legal instrument, while recognizing that they needed strengthening, notably with regard to travel and trade restrictions; independent epidemiological on-site assessments; reporting by States Parties; monitoring and evaluation; and through revision of the system for declaring a public health emergency of international concern. He supported the draft resolution on strengthening preparedness for health emergencies recommended in resolution EB146.R10, as it would give WHO the mandate to further support countries to fully implement the Regulations.

Speaking in his national capacity, he said that the COVID-19 pandemic should be understood as a game changer; no one had been adequately prepared for the largest global health crisis in decades. WHO was only as capable as its Member States made it, and there was a major discrepancy between their desire for a well-functioning and effective Organization and their will to finance it. His Government was prepared to explore all possible options to strengthen WHO. However, a strengthened WHO would only be possible if all Member States took on more financial responsibility.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, commended the way in which WHO had risen to the challenge of the COVID-19 pandemic, which was a reminder of the need for strong, resilient and integrated health systems. Resolution WHA73.1 provided guidance on responding to the pandemic, and the Member States of the Region particularly welcomed the appointment of the Independent Panel for Pandemic Preparedness and Response. However, despite encouraging multilateral cooperation on preparedness and response, there remained an urgent need for additional funding to drive innovation and research and development and to ensure that all countries had equitable, affordable and timely access to tools to fight COVID-19.

Strong emphasis must be placed on health systems. The report on public health preparedness and response indicated encouraging progress regarding operational capacity, the deployment of experts and multidisciplinary teams, and the provision of guidance documents. However, it also indicated that the African Region was one of the regions most affected by funding shortfalls, limited human resources, attacks on health care workers and facilities, and disruption to health services. Some of those issues had been addressed by the Regional Committee, and he thanked the Regional Director for the work of the Regional Office in that area.

He looked forward to the work of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, including on developing a more sensitive

¹ At its *de minimis* meeting in May 2020, the Seventy-third World Health Assembly invited the European Union to attend and participate without vote in the deliberations of the meetings of its sub-committees, drafting groups or other subdivisions addressing matters falling within European Union competence.

alert system and improving joint external evaluations. Calling on the Secretariat to swiftly act on the recommendations made by the Independent Oversight and Advisory Committee, he urged Member States to strengthen the implementation of the International Health Regulations (2005) in their own countries. WHO had indeed established itself as a global leader in emergencies during the COVID-19 pandemic and should be congratulated on its foresight in establishing the WHO Health Emergencies Programme, which had proven sufficiently agile to take on new challenges. It was now necessary to increase the resources for work on emergencies to ensure adequate, flexible funding and to allow low- and middle-income countries to improve their response. He supported the draft resolution contained in resolution EB146.R10.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that his Region was all too familiar with emergencies, and that the COVID-19 pandemic had added another layer of complexity to numerous existing challenges. Although transmission of COVID-19 had been slow initially, the number of cases had increased following the relaxation of social measures and travel restrictions, and due to cooler weather and growing COVID-19 fatigue. Thanks to a comprehensive response and strong regional coordination, good progress had been made, despite the diverse nature of Member States in the Region. However, many challenges remained, and accelerated efforts were needed to improve the scale, quality and monitoring of public health interventions. Health care workers must be better protected, and compliance with personal protective measures, such as hand hygiene and mask-wearing, needed to be enhanced. The most restrictive social measures, such as lockdowns, should be targeted, short-term and evidence-based; he therefore asked the Secretariat to provide timely evidence regarding such measures to all Member States.

It was clear that responsible, transparent leadership played a vital role, as did active community engagement and multisectoral collaboration. There was a particular need for investment in the core capacities required by the International Health Regulations (2005), and all governments needed to work to increase investments in health and human capital. Meanwhile, other major humanitarian crises should not be forgotten; strengthening capacities for comprehensive, all-hazards emergency risk management would enable the Member States of his Region to more effectively prepare for and respond to the frequent natural disasters that occurred in the Region. Stressing that the WHO Health Emergencies Programme should continue to play a central role in emergency prevention, preparedness, detection and response, he expressed support for the recommendations made by the Independent Oversight and Advisory Committee. The first progress report of the Independent Panel for Pandemic Preparedness and Response was also encouraging and he looked forward to its further work and recommendations.

The representative of AZERBAIJAN, speaking on behalf of the Non-Aligned Movement, outlined a range of mechanisms introduced by the Movement in response to the COVID-19 pandemic and reiterated its support for WHO, which was playing a critical role in supporting the international community. It was important to remember that essential goods, such as food and medicines, should not be used as tools for political coercion; COVID-19 vaccines should also be classified as global public goods. Enhanced efforts were needed to ensure unhindered, equitable and affordable access to and provision of all COVID-19-related diagnostic tools, therapeutics and vaccines. There was also an urgent need to accelerate progress towards achievement of the health-related Sustainable Development Goals, improve the resilience of health systems, enhance health emergency preparedness and response, and support progressive realization of universal health coverage. He urged the Secretariat to continue to provide unhindered support to governments, while paying special attention to the needs of the most vulnerable populations, in order to protect human dignity and ensure that no one was left behind. To ensure the effectiveness of national responses to the COVID-19 pandemic, Member States should refrain from implementing unilateral coercive measures.

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

The meeting rose at 17:05.

SECOND MEETING

Tuesday, 10 November 2020, at 10:15

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

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:
Item 13 of the agenda (continued)

Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:
Item 13.1 of the agenda (document A73/10) (continued)

WHO's work in health emergencies: Item 13.2 of the agenda (documents A73/11, A73/INF./4 and EB146/2020/REC/1, resolution EB146.R10) (continued)

International Health Regulations (2005): Item 14 of the agenda (document A73/14) (continued)

The CO-CHAIRS OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE noted the unprecedented toll of the pandemic of coronavirus disease (COVID-19) around the world on individuals, health systems and economies. The pandemic had also deepened inequities: wealthy countries had deployed significant economic stimulus, while poorer countries were struggling to stabilize their economies; some of the world's poorest children had been left without access to education; women, especially those in caregiving roles, faced additional risks and burdens; and the disease had had an outsized impact on the poor, ethnic and racial minorities, refugees and essential workers. Some governments had nonetheless dealt well with the pandemic by adopting universal mask-wearing in health care and community settings, investing in community-based care, contact tracing and public health system capacity-building, and ensuring that their health systems were prepared for a surge in COVID-19 cases. New vaccines, tests and treatments must be made available to all who needed them. In every pandemic humanity had faced so far, wealthy nations and the privileged had gained access to life-saving tools while the poor and marginalized had been excluded; she urged Member States not to let history repeat itself and to demonstrate equity, solidarity and humility.

Good progress had been made since May 2020, when Member States had requested that the Director-General should launch an independent, impartial and comprehensive evaluation of the international public health response to COVID-19. The progress report contained in document A73/INF./4 covered important milestones, including the steps taken to establish the Independent Panel and form its secretariat, the key outcomes of its first two meetings and an overview of its programme of work. The Panel was a strong, diverse and independent body whose eleven members had a wealth of experience and technical expertise, and who had already begun to ask hard questions, drawing on the knowledge and expertise of Member States, the global scientific community and civil society. The Panel was also working in collaboration with the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Such coordination would be essential as the roles of the three bodies were complementary. Member States' valuable input and support would also help the Panel in its work.

Four main lines of inquiry would be addressed under the Independent Panel's formal programme of work: building on the past, reviewing the present, understanding the impacts of the pandemic, and examining recommendations for the future. The first priority was to establish an accurate and authoritative chronology of alert and response events by reviewing studies and grey literature on the epidemiological facts regarding COVID-19, as well as other completed and active studies, including those conducted through the tripartite OIE, FAO and WHO collaboration to investigate the origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Panel would also review WHO's COVID-19 documentation and interview experts and relevant stakeholders. The evidence would then be used to shape recommendations for future improvements.

The second priority would be to seek answers to a range of questions on the development of national and subnational strategies and the use of scientific evidence to inform countries' responses. Measures taken in countries and regions with differing experiences would be examined and lessons drawn from them, since governments usually found it useful to share their experiences and consider policy solutions that they could adapt to their own circumstances and levels of resources. The third priority was to determine how well WHO and the broader international system had delivered on countries' needs and expectations, and whether the Organization had the right mandate, powers and financing for pandemic preparedness and response. The International Health Regulations (2005) were of special interest in that regard as the legally binding international instrument on health systems. The pandemic's impact on essential health services and access to protective equipment, diagnostic tools, treatments and vaccines was also being examined, as well as the role of trust and communication in communities and economies.

The Independent Panel had been engaging as widely as possible with Member States and other stakeholders, including through regional and bilateral meetings, and welcomed Member States' interest, support and contributions. A new process by which Member States could make contributions through the Panel's website had been well received, and governments and other partners were encouraged to share their experiences and suggestions, including through upcoming surveys.

The representative of MONACO expressed condolences to those who had lost loved ones to COVID-19 and saluted the courage of essential workers, especially health workers. She noted the recommendations contained in the report of the Independent Oversight and Advisory Committee and requested more detailed information on recommendations 1(a), 3(b), 5(a) and 5(b). The draft resolution contained in resolution EB146.R10 was fundamental for the Organization and should be adopted.

The representative of THAILAND said that the COVID-19 pandemic was testing the capacities of the WHO Health Emergencies Programme. There was a clear need to enhance communication strategies and strengthen the public health workforce by engaging with multiple stakeholders under a One Health approach, particularly when it came to risk assessment and disease control. Effective administrative systems, standardized procedures and strong business processes were key. Technology and innovation were needed to deal with complex epidemiological data and support timely decision-making and resource allocation. Resource mobilization for the WHO Health Emergencies Programme must be predictable, reliable and sustainable and should be used effectively and efficiently. Most importantly, Member States must invest in strengthening the core capacities required by the International Health Regulations (2005).

The representative of MEXICO said that, while awaiting the final findings and recommendations of the Independent Panel, work could begin immediately to strengthen WHO and national preparedness and response capacities, including: revision of the global health emergency alert system; creation of a periodic review mechanism for the International Health Regulations (2005); and revision of the criteria for assessing the core capacities required by the Regulations. Discussions in that regard should continue within the three review bodies and among Member States, such as through the Support Group for Global Infectious Disease Response. She expressed support for equitable accessibility, diversified production and the voluntary transfer of technology and tools to fight the COVID-19 pandemic through such

mechanisms as the Coalition for Epidemic Preparedness Innovations, the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility.

The representative of BELIZE, outlining the impact of the pandemic in his country, highlighted the need to reinforce the collective commitment to achieving universal health coverage by 2030, increase investment in primary health care and prevention, and take urgent action against noncommunicable diseases. He welcomed WHO's strong leadership in providing science-based technical and policy guidance and forging partnerships to support Member States, and expressed appreciation for the update on the work of the Independent Panel. The ACT-Accelerator and the COVAX Facility would be essential to helping small States like his to access vaccines. Recalling the Taiwanese Government's exemplary management of the pandemic, he called for it to be included as an observer at future World Health Assemblies. He expressed support for the draft resolution.

The representative of BELGIUM said that the second wave of the COVID-19 pandemic was proving to be even more dangerous than the first. Referring to inequities in the health system in his country revealed by the pandemic, he noted that, to defeat the virus and protect health systems from collapse, it would be important for Member States to learn from one another through WHO. Praising the work of the health and social workforce, he suggested sharing policies and best practices to prevent burnout among essential workers. The international community should reinforce its commitment to multilateralism, solidarity and the guiding principles of WHO in the light of the challenges ahead.

The representative of the REPUBLIC OF KOREA expressed support for the WHO Health Emergencies Programme and its Independent Oversight and Advisory Committee. Outlining action taken by his Government in response to the COVID-19 pandemic, he attributed its success to strong public health preparedness and the core capacities required by the International Health Regulations (2005). He agreed with the recommendations of the Independent Oversight and Advisory Committee, including on the need for further clarity on WHO's roles and responsibilities in public health emergencies and on improving the agility, flexibility and effectiveness of the WHO Health Emergencies Programme. His Government remained fully committed to strengthening WHO's leadership and coordination capacity during the pandemic.

The representative of ARGENTINA said that the COVID-19 pandemic had tested nearly all the provisions of the International Health Regulations (2005). The Review Committee should therefore address the mandatory nature of the Regulations. He supported regional and global initiatives to ensure universal and equitable access to COVID-19 medicines and vaccines as global public health goods. The work of the scientific and technical advisory group on geographical yellow fever risk mapping was crucial and should be supported. Though the work of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 and the WHO Health Emergencies Programme was valuable, the Secretariat should retain the authority to define essential and non-essential travel and provide final approval of technical guidelines, including those relating to travel and border controls.

The representative of IRELAND expressed her firm belief in the need for a coordinated multilateral response to COVID-19 and WHO's central role in that endeavour. While it was important to strengthen the Organization itself, it was also incumbent upon Member States to strengthen their domestic preparedness and response efforts. She therefore supported the draft resolution. In view of the triple billion targets, efforts should be aimed at strengthening not just WHO's work in health emergencies but the Organization as a whole. Expressing deep concern about the allegations of sexual exploitation, abuse and harassment during the response to the Ebola virus disease outbreak in the Democratic Republic of the Congo, she welcomed the rapid establishment of an independent commission to investigate the allegations. Concrete steps must be taken to prevent such occurrences in the future.

The representative of KENYA said that there should be fair and unhindered access to COVID-19 vaccines as global public health goods. The Secretariat should take the recommendations of the Independent Oversight and Advisory Committee into account and increase allocated funding for the COVAX Facility and preparedness activities under the WHO Health Emergencies Programme. WHO country offices should be strengthened when developing the programme budget for the upcoming biennium. He praised the work of the Review Committee and recommended that it should assess progress, including the tools and protocols already in place, in all WHO Regions, particularly the African Region. The greatest possible effort should be made to build on existing mechanisms and processes to avoid unnecessary disruption and increased costs. The report by the co-chairs of the Independent Panel was welcome, and the synergy of efforts they described should continue.

The representative of BANGLADESH agreed with the Independent Oversight and Advisory Committee's recommendation that predictable and flexible funding would be critical to the functioning of the WHO Health Emergencies Programme; the Secretariat should explore innovative and collaborative ways to raise funds for the Programme. The normative function of WHO should be emphasized in the context of the pandemic, particularly with regard to ensuring equitable access to vaccines and treatments. The establishment of the Global Coordination Mechanism for Research and Development to prevent and respond to epidemics was timely. The Organization's focus on research and development would hasten the availability of rapid tests, vaccines and medicines. Member States' progress in building the preparedness and response capacities required by the International Health Regulations (2005) was welcome; however, WHO should continue to provide active support to countries with weak health systems in order to address significant gaps in core capacities.

The representative of ROMANIA said that the COVID-19 pandemic had tested health systems' preparedness and the world was paying the price for not learning from past pandemics. Outlining the steps taken to combat the pandemic in his country, he acknowledged the negative economic and social impact of lockdown measures and school closures but said that such steps were necessary. Only by working together could the current pandemic be stopped and future occurrences be prevented.

The representative of COLOMBIA called on Member States to strengthen their political and operational support for WHO. The COVID-19 pandemic had made clear the need for countries to maintain the core capacities required by the International Health Regulations (2005), and she supported all WHO initiatives to strengthen core capacities and the Organization's emergency response. Efforts by WHO, the Coalition for Epidemic Preparedness Innovations and Gavi, the Vaccine Alliance, to incentivize the development of a COVID-19 vaccine and advocate for its equitable distribution were appreciated. A percentage of COVID-19 vaccine stocks should be set aside for highly vulnerable populations, like migrants, so that receiving countries could include such groups in their immunization strategies. Implementation of the draft resolution contained in resolution EB146.R10 should be aligned with other initiatives, such as the work of the Independent Panel.

The representative of ESWATINI expressed appreciation for WHO's work in response to health emergencies, despite the constraints imposed by insufficient funding, threats to health workers and mass movements of people. The Organization's support for in-country testing and its work on guidelines, protocols, information-sharing and research had all been key to the COVID-19 response in her country. Echoing other representatives' praise of health workers, she noted in particular the role played by nurses, as 2020 had been designated the International Year of the Nurse and the Midwife. She thanked governments that had shown solidarity by providing her country with personal protective equipment, diagnostic tools and other medical equipment as well as expertise.

The representative of TURKEY noted that the COVID-19 pandemic had demonstrated the merits of transforming WHO into a global leader in public health with normative and operational capacities on the ground. Member States should work to improve the Organization rather than criticizing it or seeking alternative mechanisms. Existing capacities should be built upon and WHO's resources increased.

Indeed, his Government had provided US\$ 25 million to accelerate the establishment of a WHO office in Istanbul. The current pandemic had shown that health security must take priority; the International Health Regulations (2005) should therefore be reviewed and strengthened, and reporting requirements and restrictions should be re-evaluated in the light of the current situation. The distribution of COVID-19 vaccines must be carefully planned and Member States should consider the quantities needed when developing their national immunization strategies. WHO should make preparations to guide the vaccine roll-out.

The representative of JAMAICA echoed expressions of condolences to those affected by COVID-19 and support for nurses, midwives and other health care workers. Issues related to funding and human resources for the WHO Health Emergencies Programme must be addressed. Noting that the COVID-19 pandemic had not only strained health systems but had also affected reporting under the International Health Regulations (2005), she thanked the Secretariat for supporting Member States to implement the Regulations and enhance their preparedness for health emergencies. She expressed support for the draft resolution.

The representative of the PHILIPPINES expressed support for the draft resolution. Her Government was both a donor to and beneficiary of the WHO Contingency Fund for Emergencies, and she encouraged all governments, even those with a limited ability to contribute financially, to support the Fund. Preparedness for health emergencies could only be achieved through data; governments and communities that had used science-based approaches had achieved better outcomes for their people and economies. At the global, regional and national levels, there should be continuous assessment of the efficacy of different interventions and constant development of new frameworks, strategies and plans for robust and efficient preparedness and response. The Organization should play a more active role in linking National IHR Focal Points to promote resource sharing and technical discussion. She acknowledged the Organization's support in consolidating scores and providing guidance for self-assessment under the Regulations and outlined her Government's efforts on implementation.

The representative of INDONESIA, referring to the International Health Regulations (2005), said that his Government's experience showed that national intra-action reviews were among the best ways to identify gaps and possible corrective actions in countries' responses to COVID-19. He therefore invited other governments to conduct country COVID-19 intra-action reviews and continue strengthening and maintaining the capacities of their health systems. A peer review mechanism should complement the joint external evaluations and intra-action reviews.

The representative of SWEDEN reaffirmed her Government's support of WHO's crucial leadership in public health. Addressing global health challenges would require further implementation of the International Health Regulations (2005) and the strengthening of global health security structures, including the WHO Health Emergencies Programme. Ongoing reviews were of great importance in that regard, and it was possible that a new peer review mechanism could improve follow-up and compliance under the Regulations. Given the Independent Oversight and Advisory Committee's finding that the WHO Health Emergencies Programme faced chronic financial challenges, Member States must play their part in ensuring that the Programme was sustainably financed, and the Secretariat must ensure that financing was used effectively. An evaluation of the positive and negative impacts of the COVID-19 response and an examination of gaps in knowledge were needed. The increased focus on health security should not interrupt universal access to health services, including services for sexual and reproductive health and rights, nor should it detract from WHO's work to promote health and strong, resilient health systems to leave no one behind.

The representative of BELARUS described the measures taken in his country to be adequately prepared for the second wave of the COVID-19 pandemic. He expressed support for the proposal that 2021 should be declared the International Year of Health and Care Workers in acknowledgement of their dedication to fighting the pandemic. National context should be the determining factor in the

decision on whether to impose repeated lockdown measures and each country should develop its own solutions. International unity and solidarity nonetheless remained crucial to an effective response.

The representative of BOTSWANA acknowledged WHO's leadership role in managing health emergencies and praised the work of the WHO Health Emergencies Programme. However, the reported gaps in the Organization's procurement system and supply chain management were cause for concern. He welcomed Member States' progress in building the core capacities required by the International Health Regulations (2005) and supported the use of both mandatory and voluntary monitoring and evaluation instruments under the Regulations. The recommendation to further strengthen joint external evaluations to support preparedness and response efforts, based on lessons learned during the COVID-19 pandemic was welcome. The Organization should continue to be actively involved in promoting equitable access to COVID-19 vaccines, diagnostic tools and treatments, as well as other medical supplies. No one should be left behind as the world worked to recover and build a better future.

The representative of AZERBAIJAN said that many governments had gained valuable experience in responding to the COVID-19 pandemic, and exchanging that experience should be an important area of collaboration. The current increase in the spread of the virus, however, would have serious socioeconomic consequences, which had led his Government to request that a special session on COVID-19 should be convened by the United Nations General Assembly. Describing the measures taken in his country to control the pandemic, he drew attention to the need to restore and build health infrastructure following the cessation of hostilities in the Nagorno-Karabakh region.

The representative of LEBANON noted that the COVID-19 pandemic had put pressure on the tools used to measure preparedness and had highlighted the importance of taking into account the difficulty of behavioural change when drafting policies. Describing the specific challenges facing her country, she highlighted that WHO's information network had provided helpful, tailored information and evidence, especially for countries with fragmented or no health information systems. A Health in All Policies approach would be important as governments reassessed their health systems in the light of the pandemic. Lessons learned by her Government included the need for: fast and adaptive health information systems; trust and solidarity – which could be strengthened through continuous evaluation of the international health response and sustainably financed emergency preparedness tools; and context-specific implementation of international response efforts. She endorsed the draft resolution.

The representative of SINGAPORE agreed with the Independent Oversight and Advisory Committee's recommendation that pandemic response measures must take socioeconomic implications into account. His Government had taken a number of steps to allow the safe resumption of economic and social activities. The pandemic had revealed the special importance of investing in health emergency preparedness in cities, where human populations and economic activity were concentrated. He expressed interest in working with like-minded partners to champion urban health emergency preparedness and strengthen global resilience against future outbreaks.

The representative of INDIA, noting the report on WHO's work in health emergencies, said that concerted efforts were required from WHO and the United Nations system to address the challenges described in the report. The Organization should not only remain alert to emerging health threats but should also issue timely warnings and propose effective interventions. The International Health Regulations (2005) should therefore incorporate a robust risk assessment mechanism, improved data sharing and a strengthened process for declaring a public health emergency of international concern. A system for facilitating global pandemic surveillance should be established using information technology, and integrated planning software should be used to manage future health crises. The Secretariat must develop global strategies, in collaboration with Member States, on issues including infection control and the equitable distribution of essential medicines, vaccines, diagnostic tools and treatments. The Secretariat must continue to provide technical oversight and should declare public health emergencies of international concern in a timely manner.

The representative of the UNITED STATES OF AMERICA welcomed Member States' commitment to strengthening WHO and noted that several of the proposals put forward by Member States in that regard reflected his Government's views and values, including on increased transparency and accountability, greater global coordination and improved communication. The Organization and States Parties to the International Health Regulations (2005) must improve their preparedness and response capacities, including by: implementing a graded, traffic light approach to the declaration of public health emergencies of international concern; creating a universal review mechanism for compliance with the Regulations; revising travel and trade restrictions more systematically; and integrating a One Health approach to zoonotic diseases. He noted with concern that the terms of reference for the investigation into the origins of SARS-CoV-2 had been shared only a few days previously. The terms of reference and the investigation itself were not transparent and inclusive, as mandated in resolution WHA73.1. Similarly, by not including Taiwan¹ as an observer, WHO was not taking advantage of all available information about the pandemic response.

The representative of PORTUGAL said that the world needed a stronger WHO, and that the complexity and scope of the Organization's mandate required corresponding resources. Multilateralism was the only effective approach to global crises, and lessons learned from the COVID-19 pandemic should steer WHO reform. The Secretariat should prioritize essential health services and promote the development of national plans to that effect. Member States must invest in epidemiological surveillance, laboratory capacity, contact tracing and a scaled-up health workforce. Comprehensive and equitable interventions should be aimed at vulnerable groups such as older persons, those living with mental health conditions or other disabilities, and migrants and refugees, especially children. Resilience and flexibility would be key to meeting those groups' needs despite the constraints posed by the pandemic. Resilient, inclusive and effective health policies must be aimed at leaving no one behind.

The representative of CANADA said that the updates contained in the reports were welcome, particularly the programme of work for the Independent Panel, which should prioritize areas of work that linked most directly to resolution WHA73.1, including a review of the present, and how the system responded to COVID-19, and change for the future. While he supported collaboration between the Independent Panel, the Independent Oversight and Advisory Committee and the Review Committee, he requested clarification as to how the three bodies would manage areas where their work overlapped so as to ensure the best use of time and resources. He thanked the Secretariat for sharing the terms of reference for the investigation into the origins of SARS-CoV-2 and encouraged consideration of how multisectoral, tripartite mechanisms could be enhanced to better integrate a One Health approach into emergency preparedness and response. He noted the importance of considering the impact of health emergencies on children's and women's health, including their sexual and reproductive health, as well as implementing the International Health Regulations (2005). He concluded by indicating that his country looked forward to the adoption of the draft resolution.

The representative of CHINA expressed support for the draft resolution. The Organization's tireless work to improve global preparedness and response was commendable, in particular the response to 58 graded emergencies in 2019 and the establishment of the Review Committee and the Independent Panel. The core capacities required by the International Health Regulations (2005) had proven extremely important during the COVID-19 response, and he called on Member States to fulfil their obligations to effectively implement the Regulations. His Government would continue to support WHO's leadership role and the work of the ACT-Accelerator to speed up the development and improve the reliability of COVID-19 vaccines, medicines and diagnostic tools.

The representative of ETHIOPIA said that WHO had played a pivotal role in building unity and solidarity among Member States by providing scientific guidance and other support. Noting the pandemic's disproportionate impact on low-income countries, she stressed the need for a

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

whole-of-government and whole-of-society approach while maintaining essential health services. Health workers formed the cornerstone of all response efforts, and their work and sacrifices should be recognized. Greater coordination, collaboration and solidarity would be paramount to building an effective public health system. Her Government was committed to complying with the requirements of the draft resolution contained in resolution EB146.R10.

The representative of the RUSSIAN FEDERATION said that experience gained during the COVID-19 pandemic should be used to strengthen the International Health Regulations (2005), particularly Articles 5, 13 and 19, but not to revise them. Shortcomings in the pandemic response were not due to the Regulations but rather their improper application. The Review Committee should analyse the experiences of countries that had slowed transmission and reduced the burden on national health systems by imposing travel restrictions early in the pandemic and propose recommendations for striking a reasonable balance when imposing such restrictions. Future efforts should focus on: strengthening the leadership and coordination role of WHO and preventing the proliferation of structures that duplicated its functions; improving mechanisms for the application of the Regulations in all countries regardless of income level; and using the Regulations to develop health care systems, rather than as an instrument of external oversight. The principle of the sovereignty of States Parties in the implementation of the Regulations must also be strengthened.

The approach to assessing the COVID-19 response set forth in resolution WHA73.1 should be reconsidered. The pandemic was far from over, and it was premature to assess the effectiveness of the response so early. Recommendations issued by the Independent Panel and other review bodies would be preliminary in nature and should not be used as the basis for comprehensive decision-making.

The representative of NORWAY said that the pandemic had shown the need for greater multilateral cooperation under the leadership of a strong WHO. While the Organization should have been more assertive in the early phase of the pandemic, including with regard to gaining access to the source of the outbreak, there had been a notable improvement in work on health emergencies since the establishment of the WHO Health Emergencies Programme. The only sustainable way to improve emergency preparedness was through universal health coverage, and Member States should discuss realistic and sustainable approaches to achieving global access to health technologies. Noting with concern the increase in attacks on health workers and hampered access to health services – including sexual and reproductive health services – during the pandemic, she expressed support for WHO's Surveillance System for attacks on health care and for universal access to sexual and reproductive health and rights at all times.

The representative of the GAMBIA observed that the presentations by the chairs of the evaluation bodies and senior members of WHO staff had all made the same point: WHO needed to be better prepared, better financed and ready to take action. Member States should remain patient while the Independent Panel carried out its work and respect the knowledge and experience of its co-chairs. Urging a spirit of multilateralism, he called on all Member States to collaborate with the Independent Panel and wait until all evidence had been put forward before pursuing unilateral action.

The representative of CHILE said that the International Health Regulations (2005), as the international community's main tool for managing the COVID-19 pandemic, required improvement; that process should be spearheaded by global bodies such as WHO. All lessons learned from the pandemic should be taken to heart, including the need for governments to work together in a spirit of solidarity. His Government, together with other South American countries, had gathered ideas on how to strengthen public health architecture and the Regulations and had submitted them to the Director-General and the Independent Panel for consideration together with similar initiatives by other countries. He applauded the creation of the COVID-19 Technology Access Pool, the ACT-Accelerator and the COVAX Facility.

The representative of BRAZIL said that defeating the COVID-19 pandemic would require constant vigilance and cooperation at the national and international levels, as well as affordable vaccines and diagnostic tools. Describing the measures taken by her Government at the national and international levels, she called on Member States to live up to their promises of solidarity and redouble their efforts to reform WHO and build a better multilateral framework for health emergencies. She was pleased to note progress towards the completion of an impartial, independent and comprehensive evaluation of the global response to the pandemic. That work must be guided by effective mechanisms for assessing, monitoring and maintaining preparedness capacities through increased collaboration among Member States and greater transparency from the Secretariat. The road map for WHO reform that had been circulated by the Government of the United States of America set out a framework for collective and national action.

The representative of AUSTRALIA stressed the importance of including all populations and all potential partners when confronting the impacts of the COVID-19 pandemic. Her Government would continue to work with the global community to respond to COVID-19 and ensure that the independent evaluation process enhanced the collective ability to address health emergencies. Transparency must be maintained in the work of the Independent Panel and in the investigation into the origins of SARS-CoV-2. The release of the latter's terms of reference was a positive step, and detailed reporting and updates on the investigation should continue to be provided. She would welcome further information about the Director-General's proposal for the Universal Health and Preparedness Review. Priority areas for reform were: a more independent and authoritative WHO; robust monitoring and evaluation mechanisms for the International Health Regulations (2005); strengthened monitoring and management of emerging zoonoses by reinforcing cooperation among One Health sectors, particularly in high-risk settings; and strong capacity on the ground in order to effectively respond to health emergencies. She welcomed Member States' appetite for reform, urged the Independent Panel to provide practical recommendations with a clear path for prompt implementation and highlighted the collective need to commit to implementation.

The representative of UKRAINE saluted the courage of health workers in responding to COVID-19 amidst rising infection rates and expressed the hope that an end to the pandemic was in sight, thanks to increased understanding of SARS-CoV-2 and the promise of an effective vaccine. She fully supported WHO's efforts to ensure that vaccines were tested and approved and to advocate for their equitable distribution. Highlighting concerns regarding access to health care for people in her country, particularly those affected by the Russian aggression against Ukraine, including those living close to the areas of conflict, those who had been displaced and those living in the temporarily occupied Autonomous Republic of Crimea. Her Government was dedicated to cooperating with WHO and improving its health system, as shown by the recent signing of a collaborative agreement with the Regional Office for Europe.

The representative of SWITZERLAND expressed appreciation for the assessments of the COVID-19 response, particularly the recommendations by the Independent Oversight and Advisory Committee, but noted that those assessments should be conducted in a coordinated manner. Her Government hoped to contribute to that effort through the Coalition for a Universal Health Protection Architecture, which it had formed with the health ministries of Botswana, Oman and Nepal in June 2020. The COVID-19 crisis was an historic opportunity to strengthen WHO by clarifying its leadership role and bolstering its instruments, including through the creation of a voluntary universal periodic review of health emergencies preparedness. Member States must work together to find a way to ensure more sustainable and predictable financing for WHO, particularly the WHO Health Emergencies Programme, including through larger and more efficient financial contributions.

The representative of JAPAN, highlighting the importance of international coordination, said that countries' responsibilities and requirements under the International Health Regulations (2005) should be clearly defined. The processes for detection, assessment, notification, consultation and verification

should be further elaborated; it must be specified that implementation of the Regulations required governments to report information promptly to WHO, especially information regarding an unknown virus or suspicious symptoms. Regarding WHO reform, he echoed calls for coordination among the Independent Panel, the Review Committee and the Independent Oversight and Advisory Committee. Given that no one country could contain a pandemic alone, it was crucial to mobilize all available knowledge and leave no geographic vacuums, especially in places that had responded successfully to COVID-19, such as Taiwan.¹

The representative of URUGUAY recognized WHO's strong leadership and coordination role during the COVID-19 pandemic.

The representative of PAKISTAN said that national health systems would be increasingly tested by inevitable future pandemics, the economic downturn caused by the current COVID-19 pandemic, population growth and climate change. Full implementation of the International Health Regulations (2005) would require the development of core capacities and setting of short-, medium- and long-term priorities for the global health emergency architecture; scaling up of international collaboration and alignment of efforts at the national level to strengthen health systems; investment in strong routine immunization programmes and infrastructure for detecting and responding to outbreaks; and integration of technical support, financing and capacity-building into scores awarded under the Regulations. The international community must work together to accelerate the production of essential medicines and COVID-19 vaccines, which should be declared global public health goods, and to ensure that they were universally and equitably accessible.

The representative of ARMENIA said that his country faced a humanitarian crisis. The health care system in his country and in the Nagorno-Karabakh region, already overburdened by cases of COVID-19, was facing particular challenges due to the ongoing conflict against his people perpetrated by Azerbaijan. Detailing the numbers of COVID-19 cases and deaths in his country, he said that the disease's spread had accelerated due to the displacement of people by the war. In the context of the recently agreed ceasefire, there was a need for medical aid and the rebuilding of health care facilities.

The representative of BAHRAIN said that protecting the world from future health emergencies should be a priority. Lessons learned during the COVID-19 pandemic included the need to strengthen preparedness and cooperation and maintain functioning primary health care. Health systems must be made stronger and more resilient so that they were ready to face future threats. She also stressed the need to implement the recommendations of the Independent Oversight and Advisory Committee and to provide flexible and predictable funding to the WHO Health Emergencies Programme.

The representative of SUDAN applauded WHO's work in managing health emergencies since the 2016 reforms, particularly its vigilance during the COVID-19 pandemic. She welcomed the Independent Panel's efforts to draw lessons from previous pandemics, produce practical recommendations and seek input from a broad range of stakeholders. The Organization should work to mitigate the burden imposed by preparedness and response activities and, alongside the broader international community, should advocate for equitable access to COVID-19 vaccines. The work of the Review Committee should lead to the meaningful revision and update of the Regulations, including an adjustment in the focus of core capacities to reflect the need for early alerts, preparedness and response.

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

The meeting rose at 13:00.

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

THIRD MEETING

Tuesday, 10 November 2020, at 14:05

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

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:
Item 13 of the agenda (continued)

Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:
Item 13.1 of the agenda (document A73/10) (continued)

WHO's work in health emergencies: Item 13.2 of the agenda (documents A73/11, A73/INF./4 and EB146/2020/REC/1, resolution EB146.R10) (continued)

International Health Regulations (2005): Item 14 of the agenda (document A73/14) (continued)

The representative of NICARAGUA outlined the activities undertaken in her country to develop health emergency response capacity while maintaining regular health care services. Measures had been taken to prevent and combat coronavirus disease (COVID-19), including preparing for a vaccine roll-out. She recognized the contribution of Taiwan¹ to the global COVID-19 response, and commended the work of WHO in response to the pandemic.

The representative of KAZAKHSTAN said that COVID-19 had become one of the most pressing health issues globally. She outlined current measures in her country in response to the disease, such as strengthening legislation and ensuring epidemiological monitoring and surveillance. Those measures to prevent the spread of COVID-19 had only been possible with the support of WHO and its Member States.

The representative of POLAND expressed his appreciation for WHO's work on health emergencies. The COVID-19 pandemic was an unprecedented threat in recent world history but it was not the only challenge to global health security. Counteracting such threats was a core function of WHO and should be its highest priority. He therefore hoped that it would be an important component in the ongoing discussion on reforming and strengthening WHO.

The representative of NEW ZEALAND said that the COVID-19 pandemic had shown that the global capacity for pandemic response must be further strengthened. Health systems worked best when they were transparent, robust and flexible. His Government would submit its views to the Independent Panel for Pandemic Preparedness and Response and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response in the coming weeks. It was important that the views and experiences of all countries were listened to during the evaluations. Outlining the basis of the COVID-19 elimination strategy in his country, he said that his Government

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

stood ready to share its experience and would continue to learn from the experience of others. He underscored the importance of timely and full cooperation with all health communities in responding to the outbreak. Such emergencies highlighted the importance of non-politicization and inclusivity in matters of global health.

The representative of GHANA said that closer and more meaningful engagement with Member States would ensure that the review of the WHO Health Emergencies Programme was successful. He requested that the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme include an assessment of the skills mix and diversity of the Programme's workforce in its report. That Programme had improved the effectiveness of WHO's leadership in the global response to health emergencies and must therefore be adequately resourced. Assistance was required to develop national capacities to detect, assess, notify and report events and respond to public health emergencies. The Annual report on the implementation of the International Health Regulations (2005) had revealed gaps in core capacities and collaborative action was required to address those weaknesses. He called for more meaningful engagement between the Review Committee and Member States to ensure that all experiences were represented in that Committee's outcome document. He supported the adoption of the draft resolution on Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) recommended in resolution EB146.R10.

The representative of SAINT KITTS AND NEVIS outlined her Government's national response to the COVID-19 pandemic, which included training health care workers, introducing a mobile application and scaling up surveillance systems. She urged all countries to participate in the COVID-19 Vaccine Global Access (COVAX) Facility to generate the necessary funds for the successful development of vaccines and thus prevent further loss of life. She thanked her Government's many partners for their support, which had contributed to the success of the COVID-19 response in her country. In particular, she noted the significant contribution of Taiwan,¹ and reiterated her appeal for Taiwan¹ to be recognized as a global development partner in health and technology and to have a seat at the table.

The representative of PARAGUAY outlined her Government's national COVID-19 efforts, which had been necessarily strict in the light of the recent dengue fever outbreak in her country. Additionally, under the leadership of Paraguay, the presidents of the members of the Southern Common Market (MERCOSUR) had issued a declaration on regional coordination to contain and mitigate COVID-19 and its impact and guidelines relating to vaccines, intellectual property and border controls. Regional forums had been held to discuss epidemiological questions and monitoring, and the management of medicines. She commended the work of WHO and PAHO in her Region. There was a need for transparency, technology transfer and agreements to facilitate the equitable global sharing of treatments and vaccines, which should be considered to be global public goods. Challenges included slowing the international spread of the virus and supporting developing countries with vaccine research and production. However, COVID-19 was not the only pandemic being faced; noncommunicable diseases also presented a serious threat.

The representative of FIJI said that the COVID-19 pandemic had emphasized the importance of achieving pillar 2; as more people needed better protection during health emergencies, particularly public health emergencies of international concern. Notification of health emergencies was critical. Country offices must investigate the reasons for any lack of reporting or consistent misreporting and the Secretariat should support capacity-building and training for notification activities. The declaration of a public health emergency of international concern should not lead to trade restrictions or stockpiling measures that hampered Member States' access to basic foods. WHO should support Member States that relied on medical tourism and visiting medical teams to mitigate the risk of multidrug-resistant nosocomial infections, which could be introduced by returning patients or imported medical equipment.

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

He called on WHO and development partners to support capacity-building for health practitioners in the face of increasing numbers of health emergencies.

The representative of CAMEROON said that COVID-19 was one of several disease outbreaks faced by the Member States of the African Region which had provided experience in health emergency preparedness and response. His Government had continued to take steps to build capacities required by the International Health Regulations (2005), despite ongoing health emergencies in his country. The implementation of the Regulations was critical, as it would build trust in governments' response measures. He welcomed the Organization's focus on preparedness, and the planned development of the Universal Health and Preparedness Review. He supported the draft resolution contained in resolution EB146.R10.

The representative of HONDURAS emphasized the importance of capacity-building to support the implementation of the International Health Regulations (2005). Human resources at border crossings and financial resources for emergency response activities should be allocated on an equitable basis to all States Parties to the International Health Regulations (2005), and equitable access to equipment and tools that would improve preparedness must also be ensured. Her Government had benefited from international cooperation to develop epidemic prevention measures, based on those that had been used in Taiwan.¹

The representative of KYRGYZSTAN said that the COVID-19 pandemic was a burden on the health care systems of all countries, regardless of their level of economic development and thanked WHO for its support in responding to that disease. The health sector was not the only sector affected; the socioeconomic consequences of the pandemic could slow efforts towards attaining the Sustainable Development Goals. Coordinated efforts would be required to overcome those challenges. Noncommunicable diseases were not only one of the main causes of disability, morbidity and early mortality in his country, they also increased the risk of severe or fatal consequences from COVID-19 infection. It was essential to reduce the risk of COVID-19 infection for those living with noncommunicable diseases, and ensure that chronic diseases were well managed. The eradication of COVID-19 would require large-scale intersectoral efforts, particularly in data exchange and resource mobilization. The experience gained in response to the pandemic should be used to further efforts towards attaining universal health coverage. He supported the proposal made by the representative of Turkey at the fifth Special Session of the Executive Board to designate 2021 the International Year of Health and Care Workers.

The representative of SRI LANKA said that multilateral discussion was needed on resuming international travel in the context of the risk of COVID-19 transmission, and welcomed the support of WHO and other development partners in facilitating that dialogue. Despite the emerging focus on treatment and vaccines, States must maintain efforts on the use of personal protective equipment, social distancing, testing and contact tracing. In the face of a second wave, his Government had enacted new legislation to further develop prevention measures. Strengthening primary health care was essential as it would take time to guarantee universal access to vaccines.

The representative of AFGHANISTAN said that there had been a surge in COVID-19 infections in his country due to citizens returning from heavily infected areas. Vaccines and therapeutic and diagnostic tools should be shared with all countries in an equitable manner. Rather than vaccinating all citizens in a few countries, the global priority should be to vaccinate health professionals and high-risk populations in all countries. Primary health care should be the driver for treatment and vaccine delivery and new vertical programs should be avoided.

Highlighting WHO's incomparable expertise, global influence and normative powers, he said that WHO reform should bring about further improvements in an already strong Organization. The WHO

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

Health Emergencies Programme had done good work to meet the needs of fragile countries and respond to public health emergencies of international concern but required more resources and greater flexibility to act quickly in the face of emerging needs. Improving transparency, performance and accountability was essential to ensure good governance. In the light of the shift towards results-based financing, WHO should rigorously evaluate its programmes and demonstrate that they translated into better health for all. The WHO Constitution granted the Organization extraordinary rule-making powers, but it had only ever promulgated two major instruments: the International Health Regulations (2005) and the WHO Framework Convention on Tobacco Control. The Organization should take a more active role in regulating key global health issues. Donor influence through earmarking of funds had begun to affect WHO's ability to direct and coordinate the global health agenda; secure, flexible resources were needed to maintain its position as a global health leader. The Organization would only remain relevant by adapting to the new political climate and demonstrating its global leadership role.

The representative of RWANDA commended WHO for its leadership during the COVID-19 pandemic, and other development and civil society partners for their support for response activities. The pandemic had shown that strengthening health systems could also have a positive effect on other sectors, including the economy. He emphasized the importance of using technology and digital solutions in health care, which had been valuable during the COVID-19 response. Sharing information and experience would enable governments to make informed decisions to benefit national health systems in the fight against COVID-19. As part of its work to eliminate neglected tropical diseases by 2024, his Government had submitted a dossier for verification of the eradication of human African trypanosomiasis in his country, and would be hosting a summit on malaria and neglected tropical diseases in 2021.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that the number and severity of public health emergencies was growing as a result of factors including climate change and population growth. Under the International Health Regulations (2005), WHO had a role to play in the notification and identification of outbreaks and the coordination of international health emergency responses, and she commended the ongoing work of the WHO Health Emergencies Programme. Strengthening universal health care was the best way to tackle COVID-19. Outlining the measures taken by her Government to respond to the pandemic, she highlighted the challenges resulting from the financial and trade blockades against her country, which had created barriers to essential health care products and services. She supported the draft resolution contained in resolution EB146.R10, and reiterated her Government's commitment to health for all.

The representative of ZIMBABWE said that the national COVID-19 response was ongoing, despite the unilateral sanctions that had been imposed on his country. The pandemic had highlighted the need for economic development and for strong, resilient and integrated health systems that were capable of implementing the International Health Regulations (2005). The review mechanisms evaluating the international COVID-19 response should take those elements into account. The evaluations would only achieve effective outcomes through a holistic and balanced approach that was based on science. Improvements could be made in all areas of the global health architecture and would require sustainable and flexible financing; poor investment in noncommunicable diseases had led to an increased risk during the COVID-19 pandemic. Despite WHO's efforts, there were still some disparities in access to COVID-19 products. Long-term issues, such as promoting local production, technology transfer, transparency, and delinking the cost of research and development from product prices, needed to be addressed. The international community should expand debt relief measures and economic bailout packages to enable Member States to transition from the pandemic to economic recovery and sustainable development.

The representative of SENEGAL commended the leadership of WHO in coordinating the global COVID-19 response and encouraged the Organization to maintain its efforts. She outlined the

COVID-19 response measures taken in her country, and called for quick, equitable and unhindered access to diagnostic tests, medicines and vaccines that were safe, effective and affordable.

The representative of MYANMAR reiterated her Government's support for the leadership role of WHO in tackling the COVID-19 pandemic. Noting the ongoing COVID-19 response in her country, she thanked WHO for issuing recommendations and providing technical support. Defeating COVID-19 was the utmost priority for all Member States and vaccines must be accessible and affordable for all. In that regard, she welcomed the creation of the Access to COVID-19 Tools (ACT) Accelerator and the COVAX Facility, which would particularly benefit low- and middle-income countries. Cooperation and shared experience were essential in helping Member States to overcome COVID-19.

The representative of NAURU was pleased to note that primary health care was still a focus of the Organization's work, as it was in her country, and said that the COVID-19 response should not draw attention away from local health challenges. As a COVID-19 free country, the Government of Nauru had introduced several preparedness and response initiatives, including stringent travel restrictions which permitted the access of essential resources and workers, in line with subregional measures in the Pacific. Global collaboration was essential to overcome disease outbreaks like that of COVID-19, and she therefore called for the reinstatement of observer status for the Republic of China, Taiwan¹ at the World Health Assembly, as Taiwan¹ had been a vital contributor to global health initiatives and a leader in the fight against COVID-19.

The representative of ECUADOR welcomed the planned evaluation of the international COVID-19 response by the Independent Panel. The COVID-19 pandemic had demonstrated the need to strengthen joint efforts and ensure that WHO had the resources it needed to combat health emergencies in a coordinated manner. Solutions had to be found for the weaknesses identified by the Independent Oversight and Advisory Committee, particularly those related to prolonged crises. Training, sustainable financing and managing expectations would help to overcome those weaknesses, particularly regarding the notification system for public health emergencies. The lack of clear criteria and practical consequences for Member States in recent outbreaks had had a significant impact on the role and perception of WHO. It was clear, however, that the WHO and its Health Emergencies Programme had the capacity to quickly deal with emerging health emergencies and had been a trustworthy and competent partner. He noted the speed with which resources had been mobilized, interinstitutional and intergovernmental collaboration had been initiated and technical support had been provided. The development of initiatives such as the State Party self-assessment annual reporting tool for the International Health Regulations (2005), the Global Humanitarian Response Plan for COVID-19 and the Global Research and Innovation Forum on COVID-19 demonstrated the value of WHO in the global landscape. Reform processes should continue to enable WHO to adapt to emerging international challenges.

The representative of GUATEMALA said that the COVID-19 pandemic had demonstrated the need to strengthen primary health care, and her Government had involved stakeholders at all levels to that end. She outlined the response activities undertaken in her country, which would not have been possible without dedicated health care professionals, in particular those serving remote indigenous communities. She welcomed the support provided by PAHO and Taiwan¹ during the pandemic.

The representative of ISRAEL emphasized the critical nature of multilateral cooperation in responding to the COVID-19 pandemic and noted that a number of Member States had participated in international consultations, helped to develop vaccines and shared their experiences in order to identify best practices. He welcomed the establishment of the COVAX Facility and the work done to ensure fair and equitable access to COVID-19 vaccines. The reporting of verified data was a critical part of the global response to COVID-19, and an effective and efficient information exchange structure was vital.

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

As 2020 was the Year of the Nurse and the Midwife, he drew attention to the vital role of those professionals, prior to and during the COVID-19 pandemic.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that his Government had agreed to allocate £340 million in core voluntary contributions to WHO over the next four years, 30% of which would be conditional on WHO delivering on the reforms needed, particularly regarding the coordination of pandemic preparedness and response. WHO should be given the funds it needed to become a more modern, agile and inclusive organization. WHO and its Member States should build on the successful reform of the WHO Health Emergencies Programme. The lessons learned during the COVID-19 pandemic on strengthening national and global capabilities must be applied, and the outcomes of the work of the Review Committee, the Independent Panel and the Independent Oversight and Advisory Committee would be crucial in that regard. He looked forward to the publication of recommendations on the proposed intermediate public health alert level, improving compliance with the International Health Regulations (2005), sustainable funding, expanding surveillance of zoonoses, and strengthening WHO's role in work on the human–animal interface. He welcomed the WHO-convened Global Study of the Origins of SARS-CoV-2 and the circulation of its terms of reference. That investigation should be prioritized, as a shared understanding of the origins of the virus was key to improving responses to it. His Government was strongly committed to ensuring equitable access to vaccines and had made a contribution to the COVAX Facility that included £500 million to provide vaccines for developing countries. He encouraged other Member States to support that initiative.

The representative of MALAYSIA said that many lessons had been learned while managing the COVID-19 pandemic, such as the importance of international coordination, public health responses and the mitigation of socioeconomic impact. As the disease evolved, however, more challenges would have to be faced. She outlined the steps taken by her country to develop preparedness and response and evaluate the core capacities required by the International Health Regulations (2005). She recognized WHO's efforts to expand the monitoring and evaluation of those capacities globally. She supported the draft resolution.

The representative of CUBA said that it was regrettable that, despite the work of WHO through its Health Emergencies Programme, COVID-19 was still not under control at the international level. He outlined his Government's COVID-19 response plan, noting the roll-out of innovative medicines, vaccine trials and measures to address mental health and protect health care workers. Emphasizing the value of global solidarity, he said that his Government had provided support to several governments, despite the blockade imposed by the United States of America, and would continue to work with WHO in response to the pandemic.

The representative of the REPUBLIC OF MOLDOVA outlined the wide range of multisectoral measures that her Government was implementing based on the International Health Regulations (2005) and the evaluations and recommendations issued by WHO. Describing the COVID-19 response measures being taken by her Government and other stakeholders, she noted that the COVID-19 pandemic had underscored the need for an intersectoral approach that bolstered public health security at the national and international levels.

The representative of OMAN said that the COVID-19 pandemic had highlighted the global leadership role of WHO in sharing information, coordinating the global response and providing guidance, and had shown that strong health systems, including strengthened primary health care, were essential. His Government had joined others in launching the Coalition for a Universal Health Protection Architecture in response to the COVID-19 pandemic, which would seek dialogue on global health security through a multilateral approach: using health as a bridge for peace. The COVID-19 pandemic provided an opportunity to review health interventions, analyse health systems, and open

multistakeholder dialogue. Further, WHO should promote efforts to apply a whole-of-government approach to health.

The representative of PALAU said that his country had remained free of COVID-19 through strict border management, which had come at severe economic cost. As the global community continued to strengthen efforts to prevent, detect and treat COVID-19 and develop vaccines against the disease, it was important to learn lessons from successful responses. One such example was the COVID-19 response in Taiwan,¹ which, despite its success, had been unable to participate in the Health Assembly and contribute to collective efforts to combat the COVID-19 pandemic.

The representative of PERU said that strengthening multilateralism would improve health systems and help to achieve universal health care, which was a fundamental component of sustainable development. However, such efforts must avoid politicization and the duplication of work. Multilateral agreements should strengthen WHO and improve pandemic preparedness and response and the implementation of the International Health Regulations (2005). The COVID-19 pandemic had exposed weaknesses in preparedness and response at all levels and could jeopardize various achievements, such as the eradication of certain communicable diseases and the treatment of chronic diseases and mental health disorders. The support of WHO and PAHO had been essential in maintaining the regular provision of health care services. Her Government had responded early to the COVID-19 pandemic, would continue to strengthen prevention, surveillance and response measures and had joined the COVAX Facility. She reiterated that COVID-19 vaccines and treatments must be accessible to all and recognized as global public goods.

The representative of SPAIN commended the work of WHO following the declaration of health emergencies and said that focusing on the WHO Health Emergencies Programme would further strengthen health systems and the implementation of the International Health Regulations (2005). Emergency preparedness relied on strong health systems that were based on universal health coverage. Despite good progress, many Member States remained vulnerable to health emergencies, and she urged the Secretariat and other Member States to continue supporting those most in need. Her Government was reviewing existing health emergency response mechanisms in line with the International Health Regulations (2005). The global coordination of responses to future threats could be improved by focusing on the early detection of events and developing a network of well-trained National IHR Focal Points.

The representative of URUGUAY said that his Government had responded to the COVID-19 pandemic at the international, regional and national levels. It had joined multilateral initiatives to improve access to tools to respond to the pandemic and mitigate its effects, in particular in vulnerable populations, and improve implementation of the International Health Regulations (2005). His Government had joined the COVAX Facility and looked forward to a safe, effective and accessible vaccine against SARS-CoV-2.

The representative of DOMINICA said that, at the outset of the pandemic, his Government had recognized the importance of surveillance, early detection and isolation in stopping the transmission of COVID-19, and had redirected resources accordingly. He welcomed the continued financial and technical support for the national response to the pandemic, which highlighted the importance of multilateral collaboration to combat COVID-19. Noting the progress made towards a vaccine, he said that there should be a focus on resilience in health systems, alongside capacity-building efforts.

The representative of BURUNDI said that the COVID-19 pandemic had demonstrated the importance of resilient health systems and the need to prioritize preparedness and prevention. Inequality had a disproportionate impact on vulnerable populations; primary health care services must therefore be

¹ World Health Organization terminology refers to “Taiwan, China”.

strengthened. COVID-19 response activities must not detract from activities to combat communicable and noncommunicable diseases. He called on WHO to boost international cooperation to strengthen health systems and guarantee access to any vaccine against COVID-19.

The representative of NIGERIA said that, in responding to the COVID-19 pandemic, his Government had benefited from the experience of overcoming previous disease outbreaks. Furthermore, national strategies and priorities had been adjusted following a country COVID-19 intra-action review. National efforts were also underway to build health security capacity and the core capacities required by the International Health Regulations (2005). He noted the support provided by the WHO Health Emergencies Programme, which was an important part of WHO, and highlighted the work of the Independent Panel, to which his Government would contribute. The lessons learned from that and the other review mechanisms would help to strengthen global health security, and should be implemented as quickly as possible, given the ongoing threat of emerging and re-emerging infections.

The observer of PALESTINE commended the work of WHO and its Health Emergencies Programme, noting that multidimensional collaboration was essential to guarantee health for all. Steps had been taken in the occupied Palestinian territory to develop preparedness for health emergencies, despite the challenges caused by the Israeli occupation. He expressed the hope that any new COVID-19 vaccine would be made available to all; access must be guaranteed for the people of Palestine, ensuring that no State would be able to enjoy a monopoly over access. He thanked the Member States that had provided the Palestinian authorities with technical and financial assistance, including through the WHO Health Emergencies Programme.

The observer of GAVI, THE VACCINE ALLIANCE noted that strong routine immunization programmes and primary health care helped to prevent outbreaks and strengthened national early detection and response capacities. The COVID-19 pandemic provided a stark reminder of the importance of reaching children and deprived communities and building resilient health systems. He called on Member States to maintain, restore and strengthen immunization and other high-impact primary health care services during the response to COVID-19 and to prioritize investment in those services.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the importance of an effective system to manage global health emergencies; WHO was uniquely able to provide normative guidelines and democratic oversight. The Organization should remain the decision-maker in managing global health emergencies in order to avoid undemocratic bias, the marginalization of low- and middle-income countries and conflicts of interest. He called on WHO to ensure that the International Health Regulations (2005) were implemented in the spirit of solidarity. The WHO Health Emergencies Programme should be strengthened by increasing assessed contributions and decreasing donor influence resulting from earmarked voluntary funding.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that, given the important role of nurses in epidemic and pandemic prevention, governments must consider the health and safety of the health workforce in emergency preparedness and response plans at every level. She expressed concern regarding the impact of the COVID-19 pandemic on the health workforce, and called for the collection of systematic and standardized data in that regard, supported by clear reporting and monitoring mechanisms.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, emphasized the value of the One Health approach when responding to a pandemic and advocated for youth engagement in pandemic preparedness and response. WHO should help to coordinate local actions with international efforts and ensure that data on outbreaks were translated into robust plans and guidance. He called on the Secretariat

and Member States to recognize the wider role that pharmacists could play in the COVID-19 pandemic, including the distribution of vaccines at the community level. He urged Member States to apply WHO guidance on improving the resilience of health care systems.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the engagement of WHO with civil society organizations, including those which represented a large portion of frontline health workers, had dropped steeply, thereby reducing the number of valuable perspectives shared with WHO. She called on the Secretariat and Member States to meaningfully engage with, protect and support young health care workers at the local and global levels.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, said that, while the COVID-19 pandemic had tested WHO as never before, it had also demonstrated the power of global solidarity and unity. She restated her commitment to providing independent scrutiny of the WHO Health Emergencies Programme and the implementation of resolution WHA73.1 (2020) on the COVID-19 response, while working closely with the Independent Panel and the Review Committee to provide an impartial, independent and comprehensive evaluation of the internationally coordinated response to COVID-19 and prepare for future pandemics.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) welcomed the positive comments regarding the whole-of-Organization response to the COVID-19 pandemic and the work of the WHO and its Health Emergencies Programme. However, he noted that many Member States had highlighted the gap between the work that they expected WHO to carry out and the capacity of the Organization to do so, and consequently the need for increased, sustainable and flexible funding to meet the objectives that had been set. He recognized calls for strong, agile and resilient national emergency preparedness and response systems. That would require increased and sustained investments in: International Health Regulations (2005) core capacities; health systems readiness and community resilience; global early warning and surveillance platforms for epidemic intelligence, verification, risk assessment and alert; global platforms and ecosystems for epidemic analytics, forecasting, scenario analysis and prediction; platforms for global infodemic management, especially risk communication and community engagement; sustained platforms for supply chain management; the global health emergency workforce, including rapid deployment multi-disciplinary teams; and global research and development allocation and access. Those elements together formed an important ecosystem of global solidarity to support Member States during epidemics. WHO would continue to build on existing platforms and projects, including the Epidemic Big Data Resource and Analytics Innovation Network (EPI-BRAIN), the Information Network for Epidemics (EPI-WIN), the WHO research and development blueprint and the ACT-Accelerator. He thanked Member States and donors for the financial, human and material resources they had provided, which had contributed to the success of WHO thus far.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations), outlining some of the lessons that had been learned from the COVID-19 pandemic, emphasized the importance of implementing the core capacities required by the International Health Regulations (2005). National preparedness was the bedrock of global preparedness, which required a whole-of-society and whole-of-government approach, following the One Health principle. However, focusing on subnational regions, particularly urban settings, was also beneficial. Resilient health systems were crucial to ensuring the continuity of essential health services. Infodemic management was a key component of pandemic response, and he highlighted the work of the EPI-WIN to address misinformation.

The COVID-19 pandemic was an opportunity to further strengthen health emergency preparedness. The Secretariat would use the lessons learned to revise its assessment tools and promote simulation exercises and after-action reviews of national capacity. The recently launched country COVID-19 intra-action review tool was an important mechanism for identifying gaps during the

ongoing pandemic and making adjustments moving forward. The Secretariat would support the improvement of national emergency preparedness plans by continuing to involve all national stakeholders, advocating for increased funding for preparedness activities and supporting countries to ensure the implementation of national action plans. The planned Universal Health and Preparedness Review would provide an opportunity to exchange experience and best practice among Member States through a peer review process. He noted that the Review Committee would consider the proposals submitted, including the possible introduction of an intermediate public health alert level.

With regard to travel measures, he said that WHO had been working closely with ICAO, the International Air Transport Association and others to ensure safe international travel. WHO guidance was being updated in line with new evidence and in consultation with technical advisory groups, and the Secretariat was supporting Member States in strengthening public health capacities at points of entry.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that the revised Global Humanitarian Response Plan for COVID-19 had complemented WHO's Strategic Preparedness and Response Plan and had helped to prioritize vulnerable populations. However, much remained to be done in the countries targeted by the Plan. The COVID-19 pandemic had disrupted access to a wide range of health services, while increasing the need for those same services. The Secretariat was working with partners under the ACT-Accelerator to secure vaccine access for vulnerable populations in a humanitarian crisis which might not be covered under the COVAX Facility. He recognized the concerns expressed regarding the security of health care workers and service delivery locations, which had deteriorated during the pandemic. The Secretariat would strengthen data collection on such attacks and conduct research into approaches to prevent attacks and protect health workers, their families and health care services. The Secretariat would continue to engage with partners seeking to use health as a bridge for peace. He reiterated WHO's commitment to responding to all health emergencies, whatever their cause.

The REGIONAL DIRECTOR FOR AFRICA commended the efforts of health workers, governments, partners and WHO to respond to COVID-19 around the world, and particularly in her Region. Public health measures had ensured that fewer cases and deaths had been recorded than initially projected, albeit at great social and economic cost. Engaging communities and strengthening public health interventions would contribute to addressing cases that resulted from reopening economies. All Member States in her Region were participating in the COVAX Facility, and were using a tool developed in the Region to plan for vaccine distribution. African Member States expected global solidarity and equitable access when it came to vaccine supplies. Depending on the type of vaccine that was certified, Member States in her Region would require support to overcome significant challenges relating to cold chain storage.

In order to support Member States during the pandemic, including regarding programmes and essential health services not related to COVID-19, technical and management staff in country offices and the Regional Office had been reassigned. WHO regional teams would be strengthened using the increased, predictable and flexible funding that had been promised by many Member States. She reiterated that resilient health systems benefited Member States both in emergencies and in attaining universal health coverage. Linking those areas of work would save lives and encourage progress towards sustainable development and global health security. Structural reorganization was underway in her Region to emphasize those links.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the COVID-19 pandemic had once again justified the inclusion of emergencies as one of the strategic pillars of the Thirteenth General Programme of Work, 2019–2023, and his Region's Vision 2023. WHO's emergency response programme had improved in recent years, the result of which had been seen in his Region, in the face of acute and protracted emergencies. However, the COVID-19 pandemic response had brought a new intersectoral dimension to emergency response activities in the Eastern Mediterranean at the national and regional levels. Recognizing the contribution of the WHO Health Emergencies Programme, he said that all regional assets and expertise had also been mobilized. During

the pandemic, there had initially been some inevitable disruption to essential health services, however, the continuity of such services was once again a priority. An intergovernmental ministerial technical working group had been established to share lessons learned in the Region. That collaboration would continue to inform the pandemic response and would benefit health security, humanitarian action and health systems in the future.

The Eastern Mediterranean Region faced a wide range of emergencies, resulting from disease, conflict, and natural and technological disasters. Member States in the Region were therefore investing in a comprehensive approach to emergency management – building technical skills and systems across the emergency management cycle. To strengthen prevention and mitigation, proven strategies for epidemic control were being scaled up and influenza surveillance and laboratory capacities had been leveraged for COVID-19 response. Despite steps taken in national preparedness and the number of joint external evaluations carried out in the Region, the pandemic had revealed significant gaps. Thus, he encouraged Member States to review national action plans for health security and increase investment in emergency management. Regional efforts were underway to improve the detection of public health events, and to further develop modelling activities. Weaknesses had been identified in the areas of contact tracing and field epidemiological skills. The Region's logistics operations had been largely successful, however, in providing supplies during several large-scale humanitarian crises, as well as in response to COVID-19. Responsible government leadership, strong preparedness and emergency management capacities and active community engagement were among the most common lessons learned from COVID-19 and other health emergencies experienced in his Region. Preparedness would be strengthened by increased investment in health systems, emergency preparedness, communities and regional institutions.

The REGIONAL DIRECTOR FOR EUROPE said that his Region was once again at the epicentre of the COVID-19 pandemic, which had revealed the strengths and weaknesses of European society and health systems. Three lessons had been learned from the first wave of the pandemic. First, strong health systems which were centred on primary health care, integrated with public health and digital innovation and staffed by a workforce protected from burnout, would ensure improved health and security. Second, solidarity between Member States and with all citizens was the only way to win the fight against COVID-19. Third, there was a reciprocal relationship between health and the economy, and as such, the Pan-European Commission on Health and Sustainable Development had been established to redevelop policy priorities, taking pandemics into account. That Commission would maintain close links to the Independent Panel. Through the European Programme of Work, 2020–2025 – United Action for Better Health in Europe, Member States would be supported in their COVID-19 response alongside their efforts to maintain regular health care services. The Programme of Work was centred around the principle of partnership, and he thanked the Region's many intergovernmental partners and WHO for their collaboration.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that her Region's response to COVID-19 had been built on the values set out in resolution WHA73.1: to control the spread of the disease and empower individuals to stay safe. WHO country offices had reallocated staff to COVID-19 activities and had provided technical leadership in United Nations country teams. Collaboration across the three levels of the Organization had been effective. The COVID-19 response required a whole-of-government and whole-of-society approach, with a particular emphasis on community engagement. Two Member States had completed an intra-action review and more were planned. The Region was committed to acting on all the lessons learned from the pandemic to ensure stronger health systems and promote recovery.

Her Region had already invested in initiatives to improve emergency prevention, preparedness, response and recovery, and she highlighted the contribution to the Region's COVID-19 response of the South-East Asia Regional Health Emergency Fund, the Region's flagship priority on strengthening capacity for emergency risk management, and the Regional Knowledge Network of National IHR Focal Points. The ministerial Declaration on Collective Response to COVID-19 had been signed by the Region's Member States in order to further develop that response. Member States had underscored the

need to scale up investments in universal health coverage and were committed to building back health systems that were more resilient and would meet the health needs of all people.

The pandemic provided an opportunity to review the workforce structure of the WHO Health Emergencies Programme, particularly its regional and country presence, and the relationship between that Programme and the rest of the Organization, especially with regard to implementing the Thirteenth General Programme of Work, 2019–2023. The Region would continue to strengthen the core capacities required by International Health Regulations (2005) and to ensure sustainable progress in disaster risk reduction.

The DIRECTOR-GENERAL thanked Member States for their support and their commitment to providing more flexible and predictable financing. Emphasizing the importance of strong, resilient national health systems, he said that work had begun to develop the Universal Health and Preparedness Review. He thanked the Governments of Cameroon, the Central African Republic, France and Germany for agreeing to pilot that instrument. However, strengthening national health systems was not enough; regional and global coordination mechanisms must also be strengthened. In that regard, he looked forward to receiving the outcome documents and recommendations of the three review mechanisms. WHO experts had begun to study the origin of SARS-CoV-2, and the related terms of reference and other material had been made available. He assured Member States of the transparency of that study. The One Health approach would be further strengthened by collaboration with OIE and FAO and by work carried out under pillar 3, ensuring one billion more people enjoyed better health and well-being. He called on Member States and donors to contribute financial resources to the ACT-Accelerator, which could not be fully funded from official development assistance alone. There was an immediate funding requirement of US\$ 4.5 billion, out of a total of US\$ 28 billion. He urged Member States to commit to the fair allocation of vaccines and funding to ensure that no one was left behind. Finally, he joined others in thanking frontline health care workers for their service and said that they must be supported.

The Committee noted the reports.

The CHAIR invited the Committee to approve the draft resolution on Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) contained in resolution EB146.R10. The financial and administrative implications for the Secretariat of adopting the draft resolution were set out in document EB146/2020/REC/1.

The draft resolution was approved.¹

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, said that the resolution was an important step towards improving the response to international health emergencies and ensuring full compliance with the International Health Regulations (2005). While joining consensus regarding the resolution, she expressed her Government's exception to the twenty-fifth preambular paragraph. She reiterated her Government's commitment to improved access to health and development gains for women, including sexual and reproductive health. However, she called on WHO and the United Nations to stop misinterpreting references to the terms "sexual and reproductive health" and "health care services", the meaning of which had evolved to imply that abortion was considered an essential health service.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA73.8.

The CHAIR invited those Member States that wished to do so to exercise their right of reply concerning interventions made during the discussion of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, WHO's work in health emergencies, and the International Health Regulations (2005).

The representative of CHINA, exercising his right of reply, said that despite the fact that the proposal to include an agenda item on inviting Taiwan¹ to participate in the World Health Assembly as an observer had been rejected by the Health Assembly, several Member States were still making irresponsible remarks and challenging the one-China principle. The participation of Taiwan, China, in the activities of international organizations must be arranged through cross-strait consultations under the one-China principle; however, the authorities in Taiwan, China, refused to accept the one-China principle. Furthermore, there was no gap in the international epidemic prevention system. The authorities in Taiwan, China, had received notifications relating to the pandemic, and experts from Taiwan, China, had participated in meetings organized by the Secretariat, including to share its experience with COVID-19. He urged Governments to focus on containing SARS-CoV-2 and shouldering their responsibilities to their own people and to the international community.

The representative of the RUSSIAN FEDERATION, exercising his right of reply, said that Ukraine had not been subjected to acts of armed aggression by the Government of the Russian Federation and that there was no occupied territory in Ukraine, only a civilian conflict. He condemned the accusations made by the representative of Ukraine and considered them an attempt to politicize the work of WHO.

The representative of AZERBAIJAN, exercising his right of reply, drew the attention of the representative of Armenia to the act signed by the Prime Minister of Armenia the previous day, which had ended the occupation of the Nagorno-Karabakh region.

The representative of the UNITED STATES OF AMERICA, exercising his right of reply, said that the representative of Cuba had raised political issues during the discussion in the face of allegations of trafficking of medical professionals for financial and political gain. His Government had expressed concern regarding human rights violations committed by the Government of Cuba, particularly with regard to the Cuban medical mission programme, which deprived medical professionals of freedom, protection and full compensation. He called on the Government of Cuba to fulfil its reporting obligation to WHO pursuant to the WHO Global Code of Practice on the International Recruitment of Health Personnel. His Government had authorized the export to Cuba of humanitarian goods, such as medicines and medical devices, which were permissible under the embargo. All licences to export humanitarian goods had been approved. If such assistance did not reach the citizens of Cuba, that was the fault of the Cuban regime.

The representative of UKRAINE, exercising his right of reply, said that the allegations of politicization made by the representative of the Russian Federation were false. The Government of the Russian Federation had committed well-documented acts of aggression against Ukraine, which had had a negative impact on the Ukrainian health care system, especially in areas under Russian occupation. The Government of the Russian Federation had neglected its obligations as an occupying power to protect the citizens in those territories, which had led to a catastrophic situation with COVID-19. It must fully guarantee the right to life and access to health care for illegally detained Ukrainians and allow international humanitarian agencies and health workers access to the population of the temporarily occupied territories of Ukraine.

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

The representative of CUBA, exercising his right of reply, said that the statement made by the representative of the United States of America was a false exaggeration of the situation. He called for the embargo against Cuba to be lifted, as it impeded access to financial, medical and other resources which would help with the COVID-19 crisis. The representative of the United States of America should focus on urging his own Government to comply with its international obligations.

The meeting rose at 17:15.

FOURTH MEETING

Wednesday, 11 November 2020, at 10:05

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

1. FIRST REPORT OF COMMITTEE A (document A73/45)

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

The report was adopted.¹

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 13 of the agenda (continued)

Influenza preparedness: Item 13.3 of the agenda (documents A73/4, A73/4 Add.1 and EB146/2020/REC/1, decision EB146(19))

Cholera prevention and control: Item 13.4 of the agenda (document A73/4)

Poliomyelitis: Item 13.5 of the agenda

- **Polio eradication** (document A73/12)
- **Polio transition planning and polio post-certification** (document A73/13)

The Committee noted that, following the written silence procedure,² the Health Assembly had adopted the draft decision recommended in decision EB146(19) on influenza preparedness.³

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, said that an integrated surveillance system for all infectious diseases, including influenza, and a contributory finance mechanism should be established to ensure that vaccines were affordable and that developing countries had equal access to influenza control measures. WHO should continue to stockpile vaccines and make them available in the event of influenza outbreaks and support the ongoing plan to expand sentinel surveillance sites for 2020–2021.

Welcoming the progress made in the prevention and control of cholera since the adoption of resolution WHA71.4 (2018), he emphasized the need for further efforts to sustain results. The

¹ See page 135.

² Decision WHA73(7).

³ On 3 August 2020, the Health Assembly adopted decision WHA73(14).

governments of his Region supported a multisectoral approach to health systems and called for the continued prioritization of epidemiological and laboratory surveillance for cholera through the Integrated Disease Surveillance and Response framework.

Having recently achieved certification of the eradication of wild poliovirus, his Region would maintain strong collective post-certification strategies. He welcomed the Secretariat's decision to continue polio activities in endemic countries and, with respect to circulating vaccine-derived polioviruses, its resolve to align planning activities with the latest epidemiological data. Sustaining domestic resource mobilization and external funding was crucial.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that other serious respiratory diseases, including severe acute respiratory syndrome and influenza, should continue to receive systematic attention during the pandemic of coronavirus disease (COVID-19). He called for increased international cooperation, including on virus sample sharing among stakeholders, to better detect and diagnose respiratory illnesses and provide equitable and safe treatment.

Regarding the prevention and control of cholera, he urged the Secretariat and Member States to continue efforts to find lasting solutions, particularly in terms of sanitation and water quality. The lack of information on laboratories presented challenges for the Region in detecting and dealing with viruses and pandemics.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries of North Macedonia, Montenegro 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 Armenia aligned themselves with her statement. The Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits, as a unique, innovative and fair instrument for the sharing of influenza viruses and access to vaccines and other benefits, should be one of the existing measures considered in discussions on improving future global pandemic preparedness. Given the changed funding situation of the influenza programme, she asked how its continuation would be guaranteed.

The Member States of the European Union were committed to achieving and maintaining a polio-free world. The low number of wild poliovirus cases worldwide and the African Region's recent certification of the eradication of wild poliovirus was encouraging. The integration of polio assets into national health programmes and polio vaccines into regular immunization programmes was crucial to ensure high immunization levels. She encouraged WHO Member States to help close the financing gap in the Global Polio Eradication Initiative's budget as a matter of urgency. The Secretariat, together with donors and partner countries, should revise the Polio Endgame Strategy 2019–2023 and the strategic action plan on polio transition, and resume all interrupted polio vaccination programmes as soon as possible.

The representative of MONACO supported the statement made by the European Union and its Member States on influenza preparedness and considering tried and tested measures to improve future responses to global pandemics. She congratulated the African Region on its certification of the eradication of wild poliovirus. However, she expressed concern that the interruption of routine polio vaccination programmes due to the COVID-19 pandemic would increase the risk of polio outbreaks and delay eradication efforts. She requested an update on the work under way on polio transition planning and post-certification, bearing in mind the decision taken at the 146th session of the Executive Board.

The representative of FIJI said that the ongoing COVID-19 pandemic had shown that preparedness was key to a successful response to diseases and pandemics. Small island developing States were particularly vulnerable, which posed further challenges in their response. Due consideration must be given to Member States without robust health care systems and to ensuring equitable access to medical products and vaccines at a fair and affordable price. He recommended scaling up multilateral cooperation and coordination between WHO and partner organizations to achieve universal health

coverage and continuing the implementation of surveillance and transparent mechanisms to address any global outbreaks. Simplified reporting would assist Member States in shaping health responses and targeting technical support and capacity-building opportunities at Member States affected by climate change and tropical diseases.

The representative of CANADA expressed deep concern about the COVID-19 pandemic's impact on routine vaccination and immunization campaigns. She called on the Secretariat and the Global Polio Eradication Initiative partners to increase the integration of polio activities into routine vaccination and public health care services and to strengthen collaboration with other partners. The Initiative's gender targets should be adhered to in order to increase women's meaningful participation in vaccination activities. She called on Member States to respond urgently to emerging disease outbreaks and prioritize measles and poliomyelitis in national budgets when rebuilding their vaccination systems following the COVID-19 pandemic.

The representative of BANGLADESH said that preventing and controlling cholera should focus on early detection and rapid response, a well-targeted multisectoral approach and an effective coordination mechanism for technical support, advocacy, resource mobilization and partnership at the local and global levels. The Secretariat should support Member States in intensifying efforts to control cholera, building on national cross-sectoral cholera control programmes and providing human, technical and financial resources.

The risk of importation of wild poliovirus underscored the need for ongoing efforts to maintain population immunity through routine and supplemental immunization programmes and the establishment of nationwide disease surveillance infrastructure.

The 2010 estimate of the WHO Global Influenza Surveillance and Response System network's running and operating costs for the PIP Framework Advisory Group should be updated, as recommended by the PIP Framework 2016 Review Group.

The representative of TURKEY, expressing concern at the shortage of influenza vaccines due to limited global production capacity in 2020 and highlighting the need for fairer distribution, said that at-risk groups must be prioritized in vaccination strategies. She highlighted that the polio programme had established and improved preparedness and response capacities for all communicable diseases in many regions. Efforts to eradicate all types of poliovirus should be intensified, with Member States providing the necessary resources and strategic support.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the rise in vaccine-derived cases of polio and its spread were major concerns. Recalling the decision taken at the 146th session of the Executive Board to mobilize domestic financial resources,¹ she emphasized the importance of Member States responding rapidly to outbreaks. The Director-General should keep Member States regularly updated on polio transition. Her Government requested provisional costings for the polio programme to ensure that only essential services requiring the Secretariat's support would be included in the base budget and that individual countries would manage the health responsibilities of their populations.

The representative of JAPAN said that the COVID-19 pandemic had demonstrated the importance of resilient national health systems, which must be strengthened to be able to manage a simultaneous rise in cases of COVID-19 and of influenza. He expressed concern at the delay in eradicating wild poliovirus due to geographical factors, conflicts and population migration. The Secretariat and Member States should further support hard-to-reach areas and ensure that activities resumed safely. Collaboration in advocacy, financing, strategy and monitoring with immunization partners, including Gavi, the Vaccine Alliance, should be accelerated.

¹ EB146(11) (2020).

The representative of CHINA supported the strategy in the report for cholera prevention and control, which called for early detection, early reporting and a rapid response to cholera. The Secretariat should continue to support countries at high risk of cholera by strengthening technical support and financial systems and helping to establish and maintain surveillance and reporting systems. Existing risk assessment tools could be used to build the capacities of vulnerable regions and countries to improve their ability to respond rapidly to outbreaks. He supported WHO's efforts to promote polio eradication, emphasizing that account should be taken of national circumstances in developing countries at high risk of importing polio and technical and financial support should be increased. Campaign and advocacy efforts for countries with weak health systems should be enhanced. Attention should also be paid to circulating vaccine-derived poliovirus outbreaks in order to take rapid and effective measures to accelerate global polio eradication.

The representative of THAILAND called on the Secretariat to enhance influenza surveillance through the Global Influenza Surveillance and Response System network and work closely with Member States on the timely sharing of influenza virus samples. The response to the COVID-19 pandemic had highlighted the importance of basic public health measures, and she urged the Secretariat to support Member States in implementing such measures while promoting synergies with the International Health Regulations (2005) and vaccine programmes to ensure better influenza preparedness and response.

The representative of the PHILIPPINES welcomed the Director-General's update on the implementation of the strategic action plan on polio transition and voiced his country's solidarity with Member States in achieving the key objectives in the report. He thanked the Secretariat for supporting national responses to the recent outbreaks of circulating vaccine-derived poliovirus type 1 and type 2, and UNICEF for its joint work with the Organization. His Government remained committed to efforts to achieve the joint vision of a polio-free world.

The representative of ZAMBIA said that oral cholera vaccines were vital to prevent cholera outbreaks and she urged the Secretariat to ensure that vaccines were available to achieve full coverage in identified high-risk areas. Member States and partners must also invest in long-term interventions such as developing water, sanitation and hygiene infrastructure. She applauded the global effort to eradicate wild poliovirus. However, the continued outbreaks resulting from circulating vaccine-derived poliovirus type 2 undermined the milestones achieved. Welcoming the Global Polio Eradication Initiative's draft Strategy for Control of cVDPV2 2019–2021, she called on the Secretariat to encourage its integration into broader health systems.

The representative of SENEGAL said that the African Region's certification of the eradication of wild poliovirus was encouraging for national governments. She supported the Global Polio Eradication Initiative and the transition mechanism implemented to support Member States in providing a rapid and coordinated response to the disease, and encouraged the Secretariat and partners to scale up funding and activities aimed at accelerating polio transition. She requested the Secretariat to ensure the availability of the inactivated poliovirus vaccine and prioritize environmental surveillance in response to the emergence of vaccine-derived poliovirus.

The representative of BAHRAIN called for greater efforts towards combating poliomyelitis, in addition to measures for pandemic preparedness and response. Countries most at need would require technical support in the field. Immunization programmes to prevent the disease must be strengthened by developing strategic plans for integration into national and local plans. She commended the Secretariat on its recommendations on measures to strengthen immunity, disease diagnosis and laboratory work and the response to pandemics.

The representative of the UNITED STATES OF AMERICA said that the expansion of the seasonal influenza vaccination must continue – particularly during the COVID-19 pandemic – in order

to decrease the strain on health care systems and protect populations. The international community should renew its commitments on transparency and reporting on outbreaks and share the information and virus samples needed to combat influenza. Member States and stakeholders should examine opportunities for increasing affordable, scalable and sustainable global influenza vaccine production capacity.

His Government welcomed the commitments by WHO and global partners to the strategy Ending Cholera: A Global Roadmap to 2030 within the context of broader health systems strengthening. National cholera plans should enhance surveillance, epidemiological and laboratory treatment, as well as case management, and develop and maintain sustainable water, sanitation and hygiene infrastructure and service delivery complemented by oral cholera vaccines.

The representative of SPAIN said that the Global Polio Eradication Initiative, involving a number of organizations and Member States, demonstrated the positive impact of collaborative efforts. While the African Region's certification on the eradication of wild poliovirus was a great achievement, it was important to remain vigilant until the virus was completely eradicated, as seen with other infectious diseases. A gender-based approach was fundamental to tackling poliomyelitis.

The representative of KENYA said that her Government was implementing a number of strategies in line with the Global Polio Eradication Initiative, but funding gaps hindered the delivery of the entire scope of polio eradication activities. She therefore joined calls for continued financial support to the African Region to sustain the gains achieved post-certification, and for support to ensure the consistent availability of vaccines to stop all forms of poliovirus.

The representative of AZERBAIJAN highlighted the need for comprehensive measures to be implemented to ensure sufficient vaccination coverage and adequate laboratory services to achieve complete polio eradication worldwide. His Government stood ready to share its expertise with other countries and organizations.

The representative of OMAN noted the emergence of poliomyelitis in countries with no previously detected cases. He expressed concern regarding the number of cases in Yemen, which posed a risk to neighbouring countries and the entire region.

The representative of MADAGASCAR said that Member States in the African Region must remain vigilant despite their recent achievements. The transition plan following on from the Region's certification would provide an important tool to coordinate efforts to sustain a polio-free environment. He urged the Secretariat and WHO partners to intensify their efforts to support national vaccination programmes in countries with fragile health systems.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the governments of his Region were deeply concerned about the persistent risk from the international spread of wild and vaccine-derived poliovirus. He acknowledged the efforts of the Global Polio Eradication Initiative to develop the novel oral polio vaccine type 2 and requested the Director-General to provide Member States with support to: prepare for the potential use of the vaccine under the WHO Emergency Use Listing procedure; recognize the growing threat of both measles and poliomyelitis outbreaks during the COVID-19 pandemic; and implement the upcoming global strategic measles outbreak response plan. He called for international prevention and response action to avert major outbreaks. Member States must commit to polio transition activities that ensured continued interventions to further integrate polio eradication strategies into national health systems and public health programmes.

The representative of SUDAN called for greater efforts to guarantee that supplies to expand testing and ensure adequate human resources for influenza surveillance were maintained. She urged the Secretariat to continue providing technical support to Member States to further strengthen community

engagement through community-based cholera surveillance, which had played a vital role in previous containments, including in establishing food and water safety surveillance systems. She also called for the Secretariat to advocate for the containment of water-borne and water-related diseases through multisectoral interventions. The Secretariat and the international community could support poliomyelitis containment activities through quality campaigns and effective community mobilization. The Secretariat should provide further support to Member States in their efforts to respond to the current polio outbreak.

The representative of ARGENTINA expressed concern regarding the control of vaccine-derived poliovirus. She said that it was essential to ensure the supply the novel oral polio vaccine type 2 to address the recent shortfall in coverage. Her Government supported Goal Two of the final phase of the Polio Endgame Strategy 2019–2023, in particular with respect to the sharing of virus information and samples. It hoped to work collaboratively to eradicate poliomyelitis and use such efforts to combat other preventable diseases such as measles and the COVID-19 pandemic. She reiterated that her country stood ready to exchange information on primary prevention and align efforts to implement vaccination policies that would lead to the eradication of poliomyelitis and strengthen the capacity of all countries.

The representative of BRAZIL said that the COVID-19 pandemic had highlighted the need for robust integrated immunization programmes in connection with primary health care and universal health coverage. He reiterated his Government's concerns over the pandemic's impact on immunization programmes. He encouraged Member States and international partners to continue to support polio eradication activities and polio transition planning, and requested the Secretariat to continue providing support to countries to implement national polio transition plans, taking into account budgetary constraints and the need to streamline the resources allocated to the Global Polio Eradication Initiative.

The representative of VIET NAM supported the amendment of the Global Polio Eradication Initiative's Polio Endgame Strategy 2019–2023 and welcomed the Director-General's report on poliomyelitis. He requested the Secretariat to work with its partners to ensure the supply of inactivated poliovirus vaccines and new non-infectious polio vaccines in his country during the period 2021–2025. Sustainable immunization programmes at every level in all Member States would be crucial to ensuring a polio-free world during and beyond the strategy period.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the WHO Global Influenza Strategy 2019–2030 should be linked to the International Health Regulations (2005) to achieve synergy with existing capacities. He urged the Secretariat and partners to promote timely access to and distribution of safe, effective and affordable seasonal vaccines; a mechanism similar to the COVID-19 Vaccine Global Access (COVAX) Facility to link manufacturers with Member States could be set up.

He highlighted growing concerns regarding the rise of poliomyelitis cases, the impact of COVID-19 and immigration. Polio transition planning and post-certification would be of utmost importance to leveraging existing capacity in the Global Polio Eradication Initiative to address current needs in other programmes, including preparedness and response to the COVID-19 pandemic. Such measures would be fundamental for countries with fragile health systems and those affected by conflict.

His Government supported the full mapping of polio-funded functions that were currently supporting polio immunization or preparedness and response for health emergencies at the regional and country levels. That could be used to establish integrated public health teams in the transition and post-eradication phases.

The representative of KAZAKHSTAN supported the efforts of the Secretariat and Member States to respond to the influenza pandemic. Her country was using WHO recommendations on the epidemiological surveillance of influenza and had implemented measures to ensure laboratory capacity for managing the circulation of influenza and other viruses. Expressing her Government's commitment to WHO's work on polio eradication, she said that robust measures against polio transmission had been implemented throughout the country.

The representative of CÔTE D'IVOIRE said that his Government's national influenza surveillance system had been extensively used to monitor the COVID-19 pandemic. As for the fight against cholera, it had implemented a programme providing clean drinking water to avoid an epidemic. The system to combat poliomyelitis would also be employed to deal with vaccine-preventable diseases. He invited development partners to sustain and strengthen their support to consolidate achievements and close gaps.

The representative of MALAYSIA commended the Secretariat's efforts in developing the draft Strategy for Control of cVDPV2 2019–2021 and accelerating the assessment and roll-out of novel oral polio vaccine type 2. In the context of COVID-19, Member States whose polio surveillance had been affected would require technical support and guidance from the Global Polio Eradication Initiative partners. She urged those partners and other international organizations to address the issues relating to highly mobile cross-border stateless populations and undocumented migrants. Efforts to address marginalized populations would not only benefit poliomyelitis control, but could also be integrated into other health initiatives, and were in line with the Immunization Agenda 2030.

The representative of LUXEMBOURG supported the decision to use poliomyelitis eradication infrastructure and human resources to respond to the COVID-19 pandemic. He welcomed efforts to deploy the novel oral polio vaccine type 2 to combat the increasing numbers of vaccine-derived poliovirus outbreaks. He urged Member States to prioritize measles and poliomyelitis eradication in national budgets, including plans to rebuild immunization systems following the COVID-19 pandemic. He called for increased cooperation between stakeholders and partners.

The representative of AFGHANISTAN said that, despite concentrated efforts towards polio eradication, his country was one of the two countries in which the poliovirus was still endemic. Eradication efforts had been hindered by anti-government campaigns, lack of access to endemic areas and the ban on poliomyelitis vaccination campaigns by the Taliban. The Government, with the support of international partners, was supplementing vaccination campaigns with efforts to address other health determinants, such as access to water and sanitation and health education, in areas in which the poliovirus was endemic. Furthermore, there had been alarming attacks on health personnel, patients and health facilities, which had a severe impact on health services. A collective and lasting solution was needed, and his Government would appreciate the continued support of the Secretariat and Member States in that regard.

The observer of GAVI, THE VACCINE ALLIANCE said that collective polio eradication efforts must prioritize attaining comprehensive and equitable routine immunization coverage. Member States should integrate the co-delivery of poliovirus vaccines with other vaccines in primary health care interventions and vaccine-preventable surveillance, service delivery, community mobilization and outbreak response measures that enhanced routine immunization system components. The development of national polio transition plans should be accelerated, leveraging the experience and expertise of polio-funded assets.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the current circulating vaccine-derived polioviruses must be addressed urgently. The new joint call to action to address immunization coverage gaps exacerbated during the COVID-19 pandemic was welcome. She urged Member States to prioritize their own investments in robust immunization systems and called on the international community to invest the resources needed to avert major epidemics.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that concerns remained over access to pathogens and SARS-CoV-2 samples, despite the principle of sharing under the PIP Framework. The COVID-19 pandemic response must ensure equal pathogen and benefit sharing, and the Secretariat should secure

binding commitments from pharmaceutical companies on the availability of COVID-19 medical products and the sharing of knowledge and technology.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated that timely and unrestricted access to pathogen information was critical to developing medical countermeasures and understanding the genomic epidemiology of the virus. The same should also apply to any pathogen of epidemic or pandemic potential. The updates to the International Health Regulations (2005) should take into account such sharing practices.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, congratulated WHO on its solidarity and shared efforts in the face of the COVID-19 pandemic and the progress made in polio eradication. She strongly recommended using existing influenza vaccination programmes as a mechanism to strengthen preparedness for current and future pandemics, including the creation of vaccine delivery systems.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, said that the COVID-19 pandemic presented an opportunity to link the transition of polio-funded assets to COVID-19 recovery efforts. Successful transition and integration would require joint planning in advance that brought together country-based poliovirus, immunization, emergency, government and civil society stakeholders. She urged support for the recent call to action on the poliomyelitis and measles outbreak response.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the cholera pandemic was preventable and manageable but, similarly to the COVID-19 pandemic, its differential impacts were rooted in inequity, poverty and a lack of basic health and hygiene services. However, he was confident that the necessary tools and knowledge had been attained to eradicate cholera. The global influenza programme and PIP Framework had allowed the Secretariat, along with Member States and partners, to deliver a range of laboratory surveillance, training, virus-sharing and communication platforms that had proved critical in the rapid scale-up of COVID-19 platforms. He thanked partners in the Global Influenza Surveillance and Response System network, public and private sectors, and PIP Framework for their leadership.

He recognized partners, the Global Polio Eradication Initiative and Member States for the vital practical support that the polio programme had provided at all levels in the fight against COVID-19. Poliovirus infrastructure and personnel were central to establishing the COVID-19 response and surveillance operations in many low-resourced and vulnerable settings. The WHO Health Emergencies Programme would commit to supporting the Global Polio Eradication Initiative and Member States to monitor and eradicate the last reservoirs of the virus and work with the Deputy Director-General to ensure that the legacy of poliomyelitis was imparted through polio transition and stronger preparedness, surveillance and vaccine programmes for other high-impact diseases.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that, despite the higher number of cholera cases in 2019 compared to 2018, there had been significant achievements in the African and Americas regions. The oral cholera vaccine working group of the Global Task Force on Cholera Control had made considerable efforts in the fight against cholera to administer 23 million oral vaccines in 2019, which was in line with the request for a vaccine appeal.

The Secretariat continued to make important progress with partners, despite current challenges. In terms of epidemiological laboratory plans, it was important to continue investing in integrated surveillance, as suggested. He took note of the request to reinforce capacity for community engagement. In the light of the third integrated surveillance response developed by the African Region, he was confident that the Region could collaborate with the Eastern Mediterranean Region to strengthen its capacity for community-based surveillance. The COVID-19 pandemic had had a considerable impact on the implementation of interventions tackling cholera. He noted that many countries had resumed their

epidemic or preventative response campaigns, as countries should not interrupt their campaigns, but rather ensure that the spread of COVID-19 could be prevented to save lives.

The DIRECTOR (Global Infectious Hazard Preparedness) said that the benefits of Member States' strong commitment to influenza preparedness were evident, as capacities and technical work had been leveraged to respond to the ongoing COVID-19 pandemic. The Secretariat would continue to resume and maintain national influenza systems and encourage Member States to remain vigilant. Although the PIP Framework focused on influenza, the capacity-building efforts for influenza preparedness teams could, with Secretariat support, potentially be applied to any respiratory pathogen of public health importance. Moving forward, an integrated approach to respiratory disease preparedness would be crucial.

Regarding the Global Influenza Strategy 2019–2030, the COVID-19 pandemic had demonstrated that the 2030 targets for better tools and country-level capacity would be key themes for strengthening global pandemic preparedness. Innovative platforms, mechanisms and partnerships developed through the Access to COVID-19 Tools (ACT) Accelerator could successfully be applied in that regard for long-term investment, including the research, development and availability of pharmaceutical products. The Secretariat was considering options to continue synergies between programmes.

The DIRECTOR (Polio Eradication) said that the eradication of wild poliovirus in the African Region was a huge step forward towards global eradication; the disease had been restricted to only two countries for the first time in history. Acknowledging the rapid increase in circulating vaccine-derived poliovirus in Africa and Asia, he said that the novel oral polio vaccine type 2 would be available by January 2021 and must be complemented by existing tools, including efforts for routine immunization with a second inactivated poliovirus vaccine dose. He thanked Gavi, the Vaccine Alliance, for commencing the approval process for second-dose application. The Global Polio Eradication Initiative had placed gender at the core of its programme.

The DEPUTY DIRECTOR-GENERAL reassured Member States that polio transition remained a core priority for the Organization and the most critical activities were on track. The COVID-19 pandemic presented challenges such as delays to the implementation timeline of country plans and faster withdrawal of support from the polio eradication programme in countries in which the poliovirus was no longer endemic. Polio eradication and transition therefore had to go hand in hand. The pandemic nevertheless presented new opportunities and highlighted the value of poliomyelitis networks, assets and infrastructure, particularly at the community level. Such benefits should be maintained for essential public health functions. The Secretariat had recommended resuming all immunization activities in June 2020. The COVID-19 pandemic had also accelerated the polio transition objective of cross-programme integration. Integrated public health teams would be established in country offices in the African and Eastern Mediterranean regions to maintain momentum towards the goal.

In response to the concerns raised by Member States, she confirmed that the poliomyelitis networks, assets and infrastructure from all countries would be used in vulnerable countries as a priority. The Organization would also pursue an integrated approach, with polio vaccination, transition and immunization as part of primary health care and essential public health functions. The Secretariat was equally anxious to resume disrupted public health services and was working with Member States and Regions to that effect via the Boost initiative. Eradication and transition work plans would be separated to include only essential services in the base budget. She clarified that the Immunization Agenda 2030 and immunization action plan were fully aligned with Gavi 5.0 – the strategy developed by the Vaccine Alliance for the period 2021–2025. Close collaboration with Gavi, the Vaccine Alliance, on the ACT-Accelerator and other immunization activities had begun. Regular reporting to WHO governing bodies would be ensured.

The REGIONAL DIRECTOR FOR AFRICA congratulated Governments, partners and communities, particularly frontline workers and caregivers, for their efforts and support in eradicating wild poliovirus in her Region. She was pleased that ministries in the countries affected by the circulating

vaccine-derived poliovirus type 2 had led the charge to resume response actions during the COVID-19 pandemic. With the availability of the novel oral polio vaccine type 2 and improvements to the quality of outbreak response measures, she was confident that the outbreaks would cease in a timely manner.

The Regional Office for Africa was now concentrating on how to transfer polio infrastructure to national health systems for universal health coverage, particularly routine immunization and emergency preparedness and response. It was a critical step in her Region, and she asked for Member States and partners to work together to ensure the sustainable transition of polio assets. She drew the attention of Member States and partners to the WHO and UNICEF call to action for poliomyelitis and measles response. Recovery was especially important, both for countries to safely accelerate immunization services in the context of the COVID-19 pandemic and for partners to ensure that urgent financial resources would be rapidly made available.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the COVID-19 pandemic had posed a challenge to polio programmes in the Eastern Mediterranean Region, which were working with national health programmes in countries with limited or weak health infrastructures. The pandemic's heavy toll on the polio programme was regrettable, hindering the opportunity to vaccinate 50 million people as wild and vaccine-derived poliovirus continued to spread. The polio vaccination campaign had resumed in July 2020, and he commended workers for the speed at which they had developed new technology and behaviours in the context of COVID-19. Following the African Region's certification, the Region was redoubling its own efforts as the last region in which the poliovirus was endemic. It was time to strengthen programmes and the mobilization of funding, including domestic funds, to maintain robust poliovirus mechanisms and integrate them into broader public health services across the Region. The Region was working towards the adoption of polio transition strategies and coordinating with priority Member States. The contribution of the polio programme to the COVID-19 pandemic had highlighted the added value of visibility across programme integration. It was especially important to deliver polio strategies to strengthen national immunization programmes, support Member States in the introduction and distribution of COVID-19 vaccines, and enhance preparedness and response and health systems.

The Committee noted the reports.

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

3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 11 of the agenda

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

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

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

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

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)

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

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

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)

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

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))

The Committee noted that, following the written silence procedure,¹ the Health Assembly had adopted the Immunization Agenda 2030,² the draft resolution recommended in resolution EB146.R6 on the global strategy to accelerate the elimination of cervical cancer as a public health problem,³ the draft resolution recommended in resolution EB146.R7 on the global strategy for tuberculosis research and innovation,⁴ the draft resolution recommended in resolution EB146.R8 on integrated people-centred eye care, including preventable vision impairment and blindness⁵ and the draft decision recommended in decision EB146(10) on the global strategy and plan of action on public health, innovation and intellectual property.⁶

The CHAIR drew attention to a draft resolution on meningitis prevention and control proposed by Benin, Botswana, Brazil, Burkina Faso, Canada, France, Gabon, Madagascar, Mozambique, Nigeria, Saudi Arabia, South Africa and Tonga, which read:

The Seventy-third World Health Assembly,

(PP1) Recalling resolutions: WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis; WHA70.13 (2017) on prevention of deafness and hearing loss; WHA70.14 (2017) on strengthening immunization; and WHA71.1 (2018) on WHO's Thirteenth General Programme of Work, 2019–2023;

(PP2) Noting the reports by the Director-General on WHO's Thirteenth General Programme of Work and⁷ on the global vaccine action plan⁸ and the global roadmap on defeating meningitis by 2030;⁹

(PP3) Recalling that meningitis remains a threat in all countries of the world that presents a major challenge for health systems especially those which can be significantly disrupted in the case of epidemics, and recognizing in particular the burden of bacterial meningitis;^{3,10}

¹ Decision WHA73(7).

² On 3 August 2020, the Health Assembly adopted decision WHA73(9).

³ On 3 August 2020, the Health Assembly adopted resolution WHA73.2.

⁴ On 3 August 2020, the Health Assembly adopted resolution WHA73.3.

⁵ On 3 August 2020, the Health Assembly adopted resolution WHA73.4.

⁶ On 3 August 2020, the Health Assembly adopted decision WHA73(11).

⁷ Document A71/4.

⁸ Document A73/6.

⁹ Defeating meningitis by 2030: a global roadmap (<https://www.who.int/docs/default-source/immunization/meningitis/defeatingmeningitisroadmap.pdf>, accessed 29 October 2020).

¹⁰ Defeating meningitis by 2030: baseline situation analysis (https://www.who.int/immunization/research/BSA_20feb2019.pdf, accessed 15 June 2020).

(PP3bis) Further recalling that the burden of meningitis is greatest in developing countries in particular in the sub-Saharan meningitis belt;

(PP4) Recognizing that beyond the burden of the disease, and the severe sequelae and high mortality rate for which it can be responsible, meningitis has a heavy social and economic cost, especially because of the loss of productivity on the part of affected individuals and their families, and the very high costs of providing care and support to those with long term sequelae, both within and outside the health sector;

(PP5) Acknowledging that the prevention and control of meningitis requires a coordinated and multidisciplinary approach with equity and sustainability as core principles;

(PP5bis) Recognizing the need to strengthen routine immunization, one of the most successful and cost-effective interventions in public health and a fundamental element of primary health care;

(PP6) Acknowledging that efforts to prevent meningitis will also help reduce the burden of other illnesses, such as sepsis and pneumonia, due to meningitis-causing pathogens;

(PP7) Further acknowledging that meningitis control is a matter of emergency response, in the case of outbreaks, and that meningitis is also associated with economic and social development where the disease is endemic;

(PP8) Affirming that achieving the Sustainable Development Goals – particularly Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – and Universal Health Coverage could reduce the prevalence and spread of meningitis;

(PP9) Reiterating the obligation for all States Parties to fully implement and comply with the International Health Regulations (2005) (IHR);

(PP10) Acknowledging that, as meningitis has epidemic potential, strong national surveillance and reporting systems are needed for its effective management and control,

(OP)1. APPROVES the global roadmap on defeating meningitis by 2030;¹

(OP)2. URGES Member States:²

- (1)** to identify, as appropriate to national context, meningitis as a political priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader health initiatives;
- (2)** to establish national targets and to develop and implement, in the context of national priorities, through an integrated meningitis control plan, multidisciplinary, selected, cost-effective prevention and control measures and provision of services, including equitable access to safe, effective, quality and affordable vaccines, and treatments, prophylactic measures, targeted control interventions, diagnostics, appropriate health care, including rehabilitation care, and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;
- (3)** to ensure that national policies and plans regarding the prevention and management of meningitis cover all areas with high risk of meningitis transmission;
- (4)** in partnership with other groups involved in care for disabled persons, to develop and strengthen services aiming to reduce the burden of sequelae for individuals who previously contracted meningitis and who now live with disabilities;
- (5)** to establish, in line with national contexts and priorities, integrated national multidisciplinary meningitis prevention and surveillance mechanisms, to coordinate the implementation of the meningitis control plan, including representation of the different ministries, agencies, partners, civil society organizations and communities involved in meningitis control efforts and rehabilitation services;

¹ Defeating meningitis by 2030: a global road map (<https://www.who.int/docs/default-source/immunization/meningitis/defeatingmeningitisroadmap.pdf>, accessed 29 October 2020).

² And, where applicable, regional economic integration organizations.

- (6) in order to reduce the public health, social and economic impact of meningitis, to strengthen their capacity for: preparedness, in compliance with the IHR (2005); early detection and treatment; laboratory confirmation; case management; and immediate and effective response to epidemics of meningitis;
- (7) to strengthen surveillance and early reporting of meningitis by national surveillance systems in line with the IHR (2005) and national priorities, and build capacity for data collection and analysis, including for sequelae;
- (8) to strengthen community engagement, communication and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;
- (9) to support, including through international cooperation, research and innovation to better prevent and control meningitis, through: improved vaccines and vaccination strategies; better early diagnostics, treatment and medicines, and identification and management of sequelae; and monitoring antimicrobial resistance;
- (10) to consider the implementation of the points above in the light of the overall national context and the objective of health system strengthening and universal health coverage;

(OP)3. REQUESTS the Director-General:

- (1) to reinforce advocacy, strategic leadership and coordination with partners at all levels including, as appropriate, via the Defeating Meningitis by 2030 Technical Taskforce;
- (2) to increase capacity to support countries to scale up their ability to implement and monitor multidisciplinary, integrated interventions: for long-term meningitis prevention and control, including elimination of epidemics and provision of access to appropriate support and care services for affected people and families; for preparedness and response to meningitis epidemics, in accordance with the global initiative “Defeating Meningitis by 2030: A Global Roadmap” and aligned with national plans to encourage reporting and monitor progress and disease burden in order to inform country and global strategies; and for control or elimination of epidemics;
- (3) to support countries, upon request, in the assessment of meningitis risk factors and capacity for multidisciplinary engagement within existing technical resources and in line with national contexts and priorities;
- (4) to continue leading the management of the meningitis vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational) in consultation with Member States and in collaboration with partners and vaccine manufacturers while promoting expansion and diversification of vaccine producers and to promote equitable access, including providing support to gradually transition from polysaccharide to safe, quality, effective affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate supporting vaccination campaigns, in cooperation with relevant organizations and partners, including but not limited to the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and Gavi, the Vaccine Alliance;
- (5) to monitor and support on request long-term meningitis prevention and control programmes at country and regional levels;
- (6) to develop and promote an outcome-oriented research and innovation, agenda for meningitis, in particular in developing countries, targeted at: closing important knowledge gaps; improving implementation of existing interventions, including best prevention practices and rehabilitation; and developing improved vaccines and vaccination strategies for better and more durable prevention and outbreak control, covering all aspects of meningitis control;

- (7) to raise the profile of meningitis at the highest levels on the global public health agenda, and to strengthen the coordination and engagement of multiple sectors;
- (8) to submit a report to the Executive Board at its 150th session on progress in implementing this resolution, and to the Seventy-sixth World Health Assembly, through the Executive Board at its 152th session, reviewing the global meningitis situation and assessing efforts made in meningitis prevention and control.

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

Resolution: Meningitis prevention and control	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:	
1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	
1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	
1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	
1.3.4. Research and development agenda defined and research coordinated in line with public health priorities	
2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale	
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the resolution:	The time frame for implementation runs over 11 years (2020–2030) – it includes the finalization of the strategy (in 2020), with the full implementation starting in 2021.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 75.91 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 6.66 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed Programme budget for 2022–2023, in US\$ millions:	US\$ 13.89 million.

4.	Estimated resource requirements to be considered for the proposed Programme budgets of future bienniums, in US\$ millions: US\$ 55.36 million.
5.	Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions <ul style="list-style-type: none"> Resources available to fund the resolution in the current biennium: US\$ 4.18 million. Remaining financing gap in the current biennium: US\$ 2.48 million. Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Fundraising efforts are ongoing, but no source of funds has been formally committed yet to fund the gap in 2021.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	1.75	0.25	0.20	0.25	0.60	0.25	1.61	4.91
	Activities	0.30	0.15	0.15	0.15	0.15	0.15	0.70	1.75
	Total	2.05	0.40	0.35	0.40	0.75	0.40	2.31	6.66
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	2.03	0.51	0.41	0.51	1.02	0.51	1.76	6.75
	Activities	1.02	1.02	1.02	1.02	1.02	1.02	1.02	7.14
	Total	3.05	1.53	1.43	1.53	2.04	1.53	2.78	13.89
Future bienniums resources to be planned	Staff	8.13	2.03	1.63	2.03	4.06	2.03	7.03	26.94
	Activities	4.06	4.06	4.06	4.06	4.06	4.06	4.06	28.42
	Total	12.19	6.09	5.69	6.09	8.12	6.09	11.09	55.36

The CHAIR drew attention to a draft resolution on global actions on epilepsy and other neurological disorders proposed by Belarus, Bhutan, China, Colombia, Eswatini, the European Union and its Member States, Guyana, Iceland, Jamaica, Philippines, and the Russian Federation, which read:

The Seventy-third World Health Assembly,

(PP1) Recognizing that epilepsy and other neurological disorders are the leading cause of disability-adjusted life years and the second leading cause of death worldwide, and that epilepsy and other neurological disorders disproportionately impact people living in low- and middle-income countries;¹

(PP2) Noting that neurological disorders are conditions of the central and peripheral nervous system that include epilepsy, headache disorders, neurodegenerative disorders,

¹ As per the Global Burden of Disease Study (citation: Global, regional, and national burden of neurological disorders, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 Lancet Neurol 2019; 18: 459–80 Published Online March 14, 2019 doi: 10.1016/S1474-4422(18)30499-X.

cerebrovascular diseases including stroke, neuroinfectious/neuroimmunological disorders, neurodevelopmental disorders and traumatic brain and spinal cord injuries;¹

(PP3) Noting with concern that the risk of premature death in people with epilepsy is three times higher than in the general population and that, over the past 30 years, the absolute number of deaths due to neurological disorders has increased by 39%;²

(PP4) Acknowledging, as outlined in the WHO/ International League Against Epilepsy/International Bureau for Epilepsy Global Report on Epilepsy (2019), that epilepsy is one of the most common neurological disorders globally affecting an estimated 50 million people worldwide across all ages with increased rates in the young and the old;²

(PP5) Recognizing that epilepsy is a highly treatable condition and that over 70% of people with epilepsy could live seizure free if they had access to appropriate anti-seizure treatment,² the most cost-effective of which are included in the WHO Model List of Essential Medicines;

(PP6). Recalling resolution WHA67.22 on Access to Essential Medicines, which calls for action to enhance access to essential medicines and urges Member States to identify key barriers to access to affordable, safe, effective, and quality-assured essential medicines;

(PP7) Noting that, despite the low cost of effective interventions for epilepsy (estimated at less than US\$ 5/per person/year), the current treatment gap is over 75% in most low-income countries and 50% in the majority of middle-income countries, and that lack of access to medicines, and other effective interventions and to specialist consultations coupled with discrimination and stigma associated with this condition, is resulting in disability, mortality, social exclusion, economic disadvantage and negative mental health outcomes in people living with epilepsy, and noting further that addressing epilepsy is widely considered to be a public health imperative, as concluded in the WHO/ILAE/IBE Global Report on Epilepsy;²

(PP8) Recognizing that approximately 25% of epilepsy cases and a significant proportion of other neurological disorders could be prevented if broader public health actions were taken to strengthen maternal and newborn healthcare, ensure effective noncommunicable disease control including promotion of cerebrovascular health and prevention of traumatic brain injuries, as well as prevention of central nervous system infections, and to develop scientific research and training of health professionals;

(PP9) Acknowledging the importance of addressing the preventable causes of epilepsy and other neurological disorders including by promoting healthy brain development and functioning over the life course;³ the control of neurocysticercosis and its association with epilepsy;⁴ the provision of safe environments to avoid traumatic injuries due to accidents, violence or exposure to environmental pollutants⁵ and access to medicines to prevent neurological infections, such as tetanus, rabies, HIV-associated neurological disorders and cerebral malaria;⁶

(PP10) Recognizing that epilepsy and other neurological disorders often co-exist and can be compounded by other health conditions, and that epilepsy, for example, can occur secondary to stroke and traumatic brain injury, as well as neurological disorders, including epilepsy, are commonly associated with infections such as malaria and meningitis and one-fourth of people with intellectual disabilities also live with epilepsy, and noting further that the WHO Global Disability Action Plan (2014–2021) and the WHO Global Action Plan on the Public Health

¹ Consolidated Report by the Director General A73/5, para. 29 from 12 May 2020.

² Epilepsy: A public health imperative. Geneva: World Health Organization; 2019
<https://www.ilae.org/about-ilae/policy-and-advocacy/international-public-policy-activities/global-epilepsy-report-2019>.

³ WHA67.10 resolution on the Development and Implementation of a Newborn Health Action Plan; WHA57.17 resolution on diet, physical activity and health and their impact on cerebrovascular health.

⁴ WHA66.12 resolution on Neglected Tropical Diseases.

⁵ WHA67.10 resolution on the Development and Implementation of a Newborn Health Action Plan; WHA57.17 resolution on diet, physical activity and health and their impact on cerebrovascular health.

⁶ The Global Health Sector Strategy on HIV (2016–2021); the Global Technical Strategy for Malaria (2016–2030); and EB146(6) decision on Meningitis Prevention and Control.

Response to Dementia (2017–2025) provide useful frameworks for taking a synergistic and complementary approach to addressing some of these co-existing conditions;

(PP11) Noting with concern the significant mental health impact of neurological disorders on affected persons and their families and **recalling** therefore, the importance of resolution WHA66.8 through which the World Health Assembly adopted the 2013–2020 Comprehensive Mental Health Action Plan;

(PP12) Recalling resolution A/RES/70/1 entitled Transforming the world: the 2030 Agenda for Sustainable Development, the outcome document of the United Nations Conference on Sustainable Development entitled “The Future We Want” and the report of the Open Working Group on Sustainable Development Goals, established pursuant to United Nations General Assembly resolution 66/288, which includes Goal 3: ensure healthy lives and promote well-being for all at all ages and Target 3.4: by 2030 reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being;

(PP13) Recalling also that in order to promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage;

(PP14) Recalling further that we are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development;

(PP15) Recalling also the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases at which Heads of State and Government recognized that mental health, epilepsy and other neurological disorders are important causes of morbidity necessitating provision of equitable access to effective programmes and health-care interventions;

(PP16) Reaffirming the WHA68.20 resolution which urged Member States to address the global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications, and requested WHO to provide technical support for epilepsy management, especially to countries with the lowest access to services and resources where the burden of epilepsy is greatest;

(PP17) Acknowledging that, given the high global disability and mortality burden associated with epilepsy and other neurological disorders, achieving Universal Health Coverage and the Sustainable Development Goals will not be possible without concerted intersectoral efforts to address the needs of people at risk of or living with epilepsy or other neurological disorders;

(PP18) Recognising therefore the urgency for an intersectoral public health approach to epilepsy and other neurological disorders that places the needs of affected people at the centre and which emphasises the critical role of tackling disease risk factors, primary health care, health system strengthening and sustainable access to affordable essential medicines in line with resolutions WHA62.12, WHA67.22 and WHA72.2;

(PP19) Welcoming therefore, reports EB 146/12, A71/41 and A73/5 which build on the achievements of WHO/ILAE/IBE in raising awareness and action for epilepsy through the ‘Out of the Shadows’ global campaign¹ and through the International Epilepsy Day and **further welcoming** the ongoing work, in response to decision EB146(8) to develop technical guidance (including health system strengthening and addressing the risk factors for disease) on accelerating country actions to address epilepsy and its synergies;

(PP20) Recognising further that, given the challenges of discrimination and stigma associated with neurological disorders and, in particular, epilepsy, innovative strategies are also needed to strengthen international efforts and national leadership to support policies and laws for persons living with epilepsy and other neurological disorders while fully respecting their human rights;

¹ https://www.who.int/mental_health/management/en/GcaeBroEn.pdf?ua=1.

(PP21) Reiterating additionally the multidimensional nature of epilepsy and other neurological disorders and, thus, the need for effective intersectoral partnerships and action plans that involve all stakeholders, including, though not limited to, health, social care, education and employment sectors, civil society and people living with neurological disorders and their families;

(PP22) Acknowledging the criticality of adequate public financing to address the significant and often catastrophic out of pocket health and social care expenditures experienced by people living with epilepsy and/or other neurological disorders;

(PP23) Noting the need for explicit incorporation into national budgets to support the implementation of evidence-based, intersectoral plans of actions as well as ongoing research into effective prevention, detection, treatment, care and rehabilitation, including treatment options with the potential to cure epilepsy and other neurological disorders,

(OP1) URGES Member States:¹

(OP 1.1) To provide the appropriate support to WHO to develop the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders referenced in paragraph 3.1;

(OP2) CALLS UPON all relevant stakeholders:

(OP2.1) To provide appropriate support to WHO and partners to develop the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders referenced in paragraph 3.1;

(OP3) REQUESTS the Director-General:

(OP3.1) To develop, in consultation with Member States¹, and in full collaboration with United Nations organizations and relevant non-State actors, a 10-year Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders in support of universal health coverage to address the current significant gaps in promotion of physical and mental health, and prevention, early detection, care, treatment and rehabilitation, as well as social, economic, educational and inclusion needs of persons and families living with epilepsy and other neurological disorders, and the ongoing need for research to improve prevention, early detection, treatment, care and rehabilitation, including treatment options with the potential to cure epilepsy and other neurological disorders;

(OP3.2) To include in the Intersectoral Global Action Plan ambitious, but achievable, global targets on reducing preventable cases of, and avoidable deaths, resulting from epilepsy and other neurological disorders, strengthening service coverage and access to essential medicines, improving surveillance and critical research and addressing discrimination and stigma;

(OP3.3) To submit to the 150th Executive Board, a draft Intersectoral Global Action Plan for consideration by Member States, as well as to report on the progress achieved in implementing this resolution, with an intention to submit the plan to Member States for endorsement during the Seventy-fifth World Health Assembly.

¹ And, where applicable, regional economic integration organizations.

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

Resolution: Global actions on epilepsy and other neurological disorders	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:	1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the resolution:	Activities for development and implementation of the intersectoral global action plan for epilepsy and other neurological disorders (2022–2031) will be carried out during the next 11 years (2021–2031).
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 36.9 million. 2021 (current biennium): US\$ 0.7 million (staff US\$ 0.6 million, activities US\$ 0.1 million). 2022–2031: US\$ 36.2 million (staff US\$ 19.6 million, activities US\$ 16.6 million).
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 0.7 million, planned for in the approved Programme budget 2020–2021, for staff costs and activities for development of the action plan. Thus there are no additional requirements.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 8.2 million (staff US\$ 4.1 million, activities US\$ 4.1 million). At headquarters: one person (100% of one full-time equivalent) at grade P4; one person (100% of one full-time equivalent) at grade P3; one person (15% of one full-time equivalent) at grade P5, with international expertise in public health and neurology; and one person providing administrative support (25% of one full-time equivalent) at grade G5. At the regional level: one person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (100% of one full-time equivalent) at grade P4 in each region.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:

Headquarters

- Three persons with international expertise in public health and neurology:
 - one (100% of one full-time equivalent) at grade P4
 - one (100% of one full-time equivalent) at grade P3
 - one (15% of one full-time equivalent) at grade P5;
- One person providing administrative support (25% of one full-time equivalent) at grade G5.

Regional level

One person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (100% of one full-time equivalent) at grade P4 in each region.

Total costs (headquarters and regional level)

Biennium 2024–2025: US\$ 7.0 million (staff US\$ 3.9 million, activities US\$ 3.1 million)

Biennium 2026–2027: US\$ 7.0 million (staff US\$ 3.9 million, activities US\$ 3.1 million)

Biennium 2028–2029: US\$ 7.0 million (staff US\$ 3.9 million, activities US\$ 3.1 million)

Biennium 2030–2031: US\$ 7.0 million (staff US\$ 3.9 million, activities US\$ 3.1 million)

Total: US\$ 28 million (staff US\$ 15.5 million, activities US\$ 12.5 million) for the four bienniums.

5. Level of available resources 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\$ 0.2 million.

– **Remaining financing gap in the current biennium:**

US\$ 0.5 million.

– **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**

Not applicable.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.6	0.6
	Activities	–	–	–	–	–	–	0.1	0.1
	Total	–	–	–	–	–	–	0.7	0.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.5	0.5	0.4	0.5	0.4	0.4	1.4	4.1
	Activities	0.3	0.3	0.3	0.3	0.3	0.3	2.3	4.1
	Total	0.8	0.8	0.7	0.8	0.7	0.7	3.7	8.2
Future bienniums resources to be planned	Staff	2.0	2.1	1.6	1.9	1.6	1.8	4.5	15.5
	Activities	1.2	1.2	1.2	1.2	1.2	1.2	5.3	12.5
	Total	3.2	3.3	2.8	3.1	2.8	3.0	9.7	28.0

^a The row and column totals may not always add up, due to rounding.

The CHAIR drew attention to the draft decision entitled, Neglected tropical diseases: road map 2021–2030 and its implications, proposed by the Member States of the African Region, Canada, the European Union and its Member States, Switzerland and Thailand, which read:

The Seventy-third World Health Assembly, having considered the report on neglected tropical diseases¹ and recalling resolution WHA66.12 (2013) on neglected tropical diseases, and WHO's road map for accelerating work to overcome the global impact of neglected tropical diseases (2012–2020), and Member States' commitment to target 3.3 of Sustainable Development Goal 3, decided:

- (1) to endorse and urge Member States to implement the new road map for Neglected Tropical Diseases 2021–2030, “Ending the neglect to attain the Sustainable Development Goals: A road map for Neglected Tropical Diseases 2021–2030”,
- (2) to request the **Director-General** to:
 - (a) to advocate and provide technical assistance and guidance to Member States and partners in the implementation of the new road map for Neglected Tropical Diseases 2021–2030 towards reaching the Sustainable Development Goal 3.3; and
 - (b) to continue to monitor progress of the roadmap and to report biennially, through the Executive Board, to the World Health Assembly starting at the Seventy-fifth till the Seventy-ninth and then from the Eighty-second to the Eighty-fourth World Health Assembly, as a substantive agenda item on the implementation of the roadmap for Neglected Tropical Diseases 2021–2030.

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

Decision: Neglected tropical diseases: road map 2021–2030 and its implications	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	
1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	
1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	
1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	
2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens	
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	
Not applicable.	

¹ Document A73/8.

<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>None at present. The starting phase of the implementation of the new neglected tropical diseases road map will require some scaling up of activities following its publication as well as the release and dissemination of its complementary documents. As requested in the decision, this accelerated work also relates to advocating and providing technical assistance to Member States and partners. This can be carried out within the scope of the approved Programme budget 2020–2021 as planned.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>10 years.</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\$ 544.9 million.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 86.1 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Zero.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 107.8 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>US\$ 351.0 million.</p>
<p>5. Level of available resources 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\$ 65.0 million. – Remaining financing gap in the current biennium: US\$ 21.1 million. Activities related to neglected tropical diseases are usually funded through voluntary and specific contributions which are provided on an annual basis. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Negotiations and discussions are continuing to fill the financing gap for the current biennium.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	9.0	1.5	1.5	0.3	1.0	0.8	24.5	38.6
	Activities	11.0	3.5	11.0	0.9	4.5	2.6	14.0	47.5
	Total	20.0	5.0	12.5	1.2	5.5	3.4	38.5	86.1
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	9.3	1.5	2.8	0.3	1.3	1.0	25.0	41.2
	Activities	13.0	3.5	25.0	1.3	4.9	3.0	16.0	66.7
	Total	22.3	5.0	27.8	1.6	6.2	4.0	41.0	107.8
Future bienniums resources to be planned	Staff	28.0	5.5	15.0	0.9	4.1	3.3	79.0	135.8
	Activities	45.0	15.5	75.0	4.3	16.0	9.5	50.0	215.3
	Total	73.0	21	90.0	5.2	20.1	12.8	129.0	351.0

^a The row and column totals may not always add up, due to rounding.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, said that a number of governments in her Region had already incorporated WHO guidelines into their national health policies, strategies and plans. She therefore requested the Director-General to prioritize implementation of the draft operational framework for primary health care, as it would contribute to a healthier, safer, more equitable and sustainable future for all. While progress had been made globally in accelerating implementation of universal health coverage programmes, inequalities remained, particularly among the most vulnerable groups, and had been exacerbated by the socioeconomic impact of the COVID-19 pandemic. She therefore called on world leaders and stakeholders to increase investment in health to ensure the creation of resilient, robust and sustainable health systems.

She noted that, despite the high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases and their inclusion in target 3.4 of the Sustainable Development Goals, development aid and investment in health care to end noncommunicable diseases among the poorest and the young remained low. There was an urgent need for the Secretariat to provide guidance and support to Member States in that area.

As neglected tropical diseases were prevalent in Africa, her Region welcomed progress made on the draft road map for neglected tropical diseases 2021–2030.

She called on Member States to prioritize investment in national measures for epilepsy and other neurological disorders. She supported strategies that combined political commitment, cooperation with civil society partners and other stakeholders, and innovative strategies to strengthen prevention, diagnostics, treatment and care in that area.

The Member States of her Region supported the approval of the reports, draft road maps and the two draft resolutions and draft decision submitted under item 11 of the agenda, and encouraged other Member States to follow suit.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the landmark political declaration of the high-level meeting of the United Nations General Assembly on universal health coverage was the most comprehensive health commitment that had ever been adopted at that level. The essence of universal health coverage was universal access to a strong and resilient people-centred health system, with primary health care as its foundation. She particularly welcomed the launch of the WHO special programme on primary health care as a one-stop mechanism for providing implementation support to Member States. The Region welcomed the draft operational framework for primary health care and looked forward to working with

the Secretariat and other development partners to ensure its effective implementation. In that regard, she recommended that its implementation focus on strengthening core health system functions to achieve universal health coverage and health security.

She called on the Secretariat to support Member States in strengthening their capacities for private sector engagement and implementing national responses in the prevention and control of noncommunicable diseases, while giving due consideration to managing conflicts of interest.

She welcomed the report on neglected tropical diseases, noting in particular the challenges relating to the emergence of neglected tropical diseases among refugees and internally displaced persons in conflict zones.

Regarding epilepsy and other neurological disorders, she emphasized the need for concentrated efforts to raise awareness of mental health issues in general, and of epilepsy and other neurological disorders in particular, to counter widespread stigma, discrimination and human rights abuses.

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

The meeting rose at 13:00.

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.

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

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

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.

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 Taiwan¹ 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.

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

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

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.¹

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

The draft resolution was approved.²

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.³

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.⁴

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.

¹ Resolution WHA73.9.

² Resolution WHA73.10.

³ Decision WHA73(33).

⁴ See page 135.

COMMITTEE B

FIRST MEETING

Monday, 9 November 2020, at 15:25

Chair: Mr M.H. KONATE (Mali)

later: Ms E. WILDE (Australia)

1. OPENING OF THE COMMITTEE: Item 16 of the agenda

The CHAIR welcomed the participants.

Ms Wilde took the Chair.

Election of Vice-Chairs and Rapporteur

Decision: Committee B elected Ms Elizabeth Wilde (Australia) and Dr Ahmad Jawad Osmani (Afghanistan) as Vice-Chairs, Mr Amadou Thiam (Mali) as Vice-Chair ad interim and Mr Tashi Penjor (Bhutan) as Rapporteur.¹

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 18 of the agenda

Budget matters

Programme budget 2020–2021: Item 18.1 of the agenda (documents A73/4, A73/16 Rev.1 and A73/36)

Financing and implementation of the Programme budget 2018–2019 and outlook on financing of the Programme budget 2020–2021: Item 18.2 of the agenda (documents A73/17 and A73/37)

Managerial, administrative and governance matters

Geneva buildings renovation strategy: Item 18.3 of the agenda (documents A73/4 and EB146/2020/REC/1, decision EB146(3))

¹ Decision WHA73(20).

WHO reform: Item 18.4 of the agenda (documents A73/4, A73/18, A73/19 and EB146/2020/REC/1, decisions EB146(16) and EB146(21))

Evaluation of the election of the Director-General of the World Health Organization: Item 18.5 of the agenda (documents A73/20, A73/20 Add.1, A73/41, A73/20 Add.2 and EB146/2020/REC/1, decision EB146(22))

Data and innovation: draft global strategy on digital health: Item 18.6 of the agenda (documents A73/4, A73/4 Add.3 and EB146/2020/REC/1, decision EB146(15))

Staffing matters

Human resources: annual report: Item 18.7 of the agenda (documents A73/21 and A73/40)

Report of the International Civil Service Commission: Item 18.8 of the agenda (document A73/4)

Amendments to the Staff Regulations and Staff Rules: Item 18.9 of the agenda (documents A73/22 and EB146/2020/REC/1, resolution EB146.R5)

The Committee noted that, following the written silence procedure,¹ the Health Assembly had adopted the draft decisions recommended in EB146(3),² EB146(16),³ EB146(21)⁴ and EB146(22).⁵

The CHAIR drew the attention of the Committee to the draft resolution contained in document A73/20 and the draft decision contained in document A73/20 Add.1 pertaining to the election of the Director-General, the draft decision recommended in decision EB146(15) on data and innovation: draft global strategy on digital health and the draft resolution recommended in resolution EB146.R5 on salaries of staff in ungraded positions and of the Director-General.

The representative of SINGAPORE expressed support for the draft global strategy on digital health 2020–2025, observing that digital innovation had the potential to improve the accessibility, affordability and quality of care. Remaining challenges included ensuring sufficient broadband coverage, developing cybersecurity capacities, and boosting research and innovation. Given the disparities between Member States in terms of digital readiness, the development of a set of global guidelines and standards, particularly regarding governance, was welcome. A maturity matrix to allow benchmarking of readiness should also be introduced so that Member States could pace themselves according to national priorities and constraints.

The representative of GHANA, speaking on behalf of the Member States of the African Region, thanked the Regional Office for Africa for involving Member States in the initial implementation of the WHO results framework for the Thirteenth General Programme of Work, 2019–2023. He requested further information on plans to scale up the consultation process to include all Member States and said that the output scorecard should use the regional key performance indicators to reflect each region's specific priorities and context. The funding shortfall for polio eradication was a cause of concern, since poliomyelitis disproportionately affected low-income countries, as were the shortfalls in funding for the

¹ Decision WHA73(7).

² On 3 August 2020, the Health Assembly adopted decision WHA73(10).

³ On 3 August 2020, the Health Assembly adopted decision WHA73(13).

⁴ On 3 August 2020, the Health Assembly adopted decision WHA73(15).

⁵ On 3 August 2020, the Health Assembly adopted decision WHA73(16).

WHO Health Emergencies Programme and other programmes. The Secretariat should work with its partners to support human resource capacity by investing a greater proportion of flexible funding and voluntary contributions in countries and should provide regular reports to the governing bodies on the equity-based and country-focused allocation of those sources of funding.

Agreeing that health days were powerful tools to raise awareness of health challenges and noting the associated budgetary concerns, he welcomed the proposals to streamline the organization of such days and expressed support for the introduction of World Neglected Tropical Diseases Day, which met the proposed criteria. He thanked Member States for their contribution to informal consultations on the evaluation of the election of the Director-General and expressed support for the associated draft decision and draft resolution. His Region also endorsed the draft global strategy on digital health 2020–2025, as it was aligned with the goals of the Thirteenth General Programme of Work, 2019–2023, the health-related Sustainable Development Goals and the Digital Transformation Strategy for Africa. Developing countries required support, however, to address the substantial barriers they faced in implementing digital health systems. Although positive trends had been reported regarding human resources, particularly concerning gender parity, staff training and talent retention, further progress was needed on geographical representation, especially of underrepresented and unrepresented countries.

The representative of BRAZIL welcomed efforts to develop the results framework, and asked how it would be adjusted in view of the proposed extension to 2025 of the Thirteenth General Programme of Work, 2019–2023. Although the pandemic of coronavirus disease (COVID-19) had affected implementation of the Programme budget 2020–2021, the usual pace should be resumed as soon as feasible. Efficiency gains should be sought before any further discussions on the growing financial needs of the Organization. When considering whether to sunset resolutions as part of WHO reform, Member States should aim to retain those with valid public health mandates. Approval of the draft global strategy on digital health 2020–2025 would be an important step, and he outlined several national initiatives in that area, including in response to the COVID-19 pandemic.

The representative of JAPAN, expressing appreciation for work to develop the proposed programme budget for 2022–2023, especially given the impact of the COVID-19 pandemic, said that Member States should be given a proper opportunity to contribute to that work. Expectations of WHO were particularly high during the current pandemic and as it undertook organizational reform; the Secretariat needed to guarantee better fund allocation, efficient implementation and good accountability and transparency. In addition, although gender balance within the Organization had improved, further efforts were needed on regional diversity, as cultural diversity was key to ensuring meaningful discussions. Efforts should be made in underrepresented countries to develop the necessary human resources, while the Secretariat needed to carry out recruitment missions and accept more interns from those countries.

The representative of KENYA noted that projected funds had decreased for the base Programme budget 2020–2021 and asked how that would affect the targets of the Thirteenth General Programme of Work, 2019–2023 particularly at the regional and country levels. It was a cause for concern that the polio eradication segment had the lowest level of financing of the four budget segments. Highlighting several national digital health initiatives, she expressed strong support for the adoption of the draft global strategy on digital health 2020–2025.

The representative of THAILAND welcomed the development of the results framework for the Thirteenth General Programme of Work, 2019–2023, in consultation with Member States, expressing support for the Programme, Budget and Administration Committee's recommendation to continue discussions on additional indicators, such as service coverage for mental health – which had been affected by the COVID-19 pandemic. National health systems needed to be more resilient in order to provide essential services during public health emergencies, while investment in reliable data and health information systems was necessary to monitor progress towards the Sustainable Development Goals.

Despite the challenges posed in terms of ethics and human relations, trusted digital health tools, which had seen widespread use during the pandemic, were essential.

The representative of CHINA, highlighting differences in national data collection capacities, asked how the Secretariat would ensure that figures were credible and comparable. Attention was needed to ensure that indicators of universal health coverage, which might be measured differently in different economic and social contexts, were used fairly when prioritizing allocations. Her Government was pleased that funding for the biennium was generally stable, and looked forward to the next report on the financing and implementation of the Programme budget 2020–2021. Improvements in the staff gender balance and the proportion of staff members in the professional and higher categories from developing countries were welcome, although more work was needed to reach the target of at least 50% of interns originating from the least developed and middle-income countries. The decline in the proportion of staff at country offices was also cause for concern; their capacities should be strengthened to align their skills with the needs of Member States.

The representative of GERMANY, speaking on behalf of the European Union and its Member States,¹ said that the candidate countries Turkey, North Macedonia, Montenegro and Albania, as well as Ukraine, the Republic of Moldova, Armenia, and Bosnia and Herzegovina aligned themselves with his statement. He expressed support for the draft global strategy on digital health 2020–2025; the COVID-19 pandemic had demonstrated the need for innovative digital solutions, which had been especially important in disseminating timely and accurate information to the general public. Although the Secretariat's rapidly increased use of social media communications during the pandemic was welcome, it should favour solutions that protected users' identity and data over commercial platforms, safeguard intellectual property rights and provide tailored support to Member States. Digital information and communication technologies could maximize health outcomes, improve access to health services and increase efficiency; they were key to achieving strong health systems as part of universal health coverage. However, the needs of vulnerable groups must be addressed and high ethical standards needed to be maintained to protect patient confidentiality. The development of guidelines on global interoperability standards was a positive step. The Organization could also add value in a number of fields, such as cybersecurity, accountability and health equity.

The representative of the RUSSIAN FEDERATION expressed support for the recommendations made by the Programme, Budget and Administration Committee, calling for rapid development of a strategy to improve geographical representation and the continued promotion of multilingualism in the work of the Organization. Concerning the conditions of service and remuneration of its staff, WHO should continue to rely on the recommendations of the International Civil Service Commission, as approved by the United Nations General Assembly. Any significant changes to the Organization's staffing policies should be submitted to Member States prior to approval by the governing bodies.

The representative of ZAMBIA welcomed the guiding principles of the draft global strategy on digital health 2020–2025, notably concerning the institutionalization of digital health in national health systems and the appropriate use of digital technologies, and highlighted ways in which her Government had already adopted some of those principles. It was essential to develop standardized approaches for digital health and tackle major impediments to implementing digital health technologies in the least developed countries. Although increased access to information and communication technologies would help measure progress towards the Sustainable Development Goals and universal health coverage, such innovations should always consider countries' needs and strategic objectives. Digital platforms required huge investment in capacity development, change management and infrastructure support, and that

¹ At its *de minimis* meeting in May 2020, the Seventy-third World Health Assembly invited the European Union to attend and participate without vote in the deliberations of the meetings of its sub-committees, drafting groups or other subdivisions addressing matters falling within European Union competence.

investment should enhance rather than disadvantage traditional health information architecture. She expressed support for the draft decision contained in decision EB146(15).

The representative of SWITZERLAND noted that the COVID-19 pandemic had demonstrated the importance of WHO and the need for predictable, flexible and sustainable funding for the Organization. She therefore welcomed the strategic direction of the Programme budget 2020–2021 and the proposed extension of the Thirteenth General Programme of Work, 2019–2023, to 2025. Her Government would contribute to WHO in the context of predictable and flexible funding. The Secretariat should, however, submit a detailed budget by the end of 2020, to be developed in close consultation with Member States. The draft global strategy on digital health 2020–2025 offered pertinent solutions for improving access to health services; subsequent work in that area should ensure that health data was properly protected.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND acknowledged the work to develop the results framework for the Thirteenth General Programme of Work, 2019–2023, and requested details of plans for technical support to strengthen national data systems and improve the availability of health data. The inclusion of the health emergencies protection index was a positive step, but the detect and respond indicator needed further refinement to ensure the feasibility of its application and the utility of the data collected. The process for institutionalizing the new indicators and the time frame for initial data availability should be clarified.

She welcomed the positive report on financing and implementation of the Programme budget 2020–2021 and the update from the Programme, Budget and Administration Committee; work to make up ground lost due to the COVID-19 pandemic should continue. Persistent underfunding in certain areas was a cause of concern, notably for preparedness under pillar 2. Her Government had announced that it would make significant core voluntary contributions over the next four years, and she encouraged other Member States to increase their flexible funding. She looked forward to the report on funding that would be presented during the Executive Board session in January 2021 and encouraged Member States to hold open discussions on how WHO could be properly resourced.

The representative of NORWAY commended WHO for its leadership during the COVID-19 pandemic and requested a thorough assessment of the pandemic's impact on the budget and implementation of the Thirteenth General Programme of Work, 2019–2023. Efforts on noncommunicable diseases continued to be underfunded, despite a steady rise in associated deaths; his Government would provide funding for that area, which should receive a greater allocation in future programme budgets. He welcomed the reintroduction of the Director-General's Executive Summary to the WHO Results Report for the Programme budget 2018–2019.

The representative of MALAYSIA said that health days were a vital tool for public health advocacy, and agreed that there was a need for clear priorities and a differentiated approach regarding the Secretariat's engagement in observances. Given resource limitations, it was important to leverage existing platforms for dialogue and make joint campaigns more effective. Highlighting her Government's efforts to celebrate World Health Day 2020 despite the challenges of the COVID-19 pandemic, she called for greater coordination between Member States and the Secretariat on the planning of new health-related observances through the regional offices.

The representative of BAHRAIN expressed support for the adoption of the decisions and resolutions recommended by the Executive Board, as set out in document A73/4. The health days listed in the report on world health days covered many important issues, were widely supported in her country and should be continued. Priority should be given, however, to health issues that affected the highest number of countries, those where the greatest impact could be achieved, and those able to generate sufficient funding. Coordination between Member States and the Secretariat would prevent clashes or the duplication of work.

The representative of BOTSWANA noted that further scaling up of the results framework for the Thirteenth General Programme of Work, 2019–2023, was needed to enable all Member States to benefit. While the output scorecard represented a major step forward for performance measurement, consultations and evaluations should be continued to ensure that the indicators were aligned with regional and country contexts. In addition, close consultation with Member States and partners was needed to strengthen health information systems to achieve the triple billion targets and the Sustainable Development Goals. The increase in the proportion of staff members holding long-term appointments in the professional and higher categories at regional and country offices was appreciated, as was the slight increase in the proportion of women in the professional category holding long-term contracts. However, efforts to improve geographical representation should be accelerated.

Commending the achievements highlighted in the WHO Results Report for the Programme budget 2018–2019, he called on the Secretariat to support Member States under pillar 2 to achieve the core capacities required by the International Health Regulations (2005) and ensure good preparedness and response. The COVID-19 pandemic presented an opportunity to build human resource capacities by allocating flexible funding and voluntary contributions to countries according to their needs and vulnerabilities. Given the links between the Thirteenth General Programme of Work, 2019–2023, and the triple billion targets, he looked forward to the development of a strategy to address the determinants of health.

The representative of the UNITED STATES OF AMERICA emphasized the importance of regional and national contexts in the implementation of the draft global strategy on digital health 2020–2025; it could be further developed by adding information on existing multilateral collaborations and by revising the glossary to include terminology defined in consultation with ITU and global experts in digital health. The Secretariat should provide regular updates and consult Member States as it developed the proposed tools, such as global guidance on personalized medicine, global standards for electronic health records and an international health data regulation. Greater alignment of investments was needed to overcome the challenges of fragmentation and duplication in digital health systems experienced in many countries. Investment in digital systems had to be matched with corresponding support for capacity-building, including in national digital health strategies and architecture. She welcomed the review of world health days and their financial implications, and expressed her willingness to consider proposals for sunseting existing observances mandated by the Health Assembly.

The representative of SWEDEN said that innovative digital solutions could provide better, more user-friendly health care services. Societies were becoming more data-driven, which would generate huge opportunities; however, vigilance was needed to guarantee an inclusive approach to using health data that did not incorporate any particular bias in health care systems. The draft global strategy on digital health 2020–2025 was a positive step.

The representative of INDIA observed that the COVID-19 pandemic provided a critical opportunity to strengthen global preparedness for future health emergencies. There was a need for a financial accountability framework, and a more consistent evaluation system that could accurately assess national capacities regarding infrastructure, human resources and health systems. In the interests of greater accountability and transparency, WHO should fast-track hosted partnerships in digital health to speed up the implementation of high-impact digital technologies to ensure that no one was left behind. The pandemic had shown that more stakeholders needed to be involved in planning and decision-making, with support from a range of experts.

The representative of INDONESIA expressed appreciation for work on WHO reform, notably with regard to reporting requirements and global strategies and action plans. Reform efforts should also focus on improving the working methods of the governing bodies to allow more time for substantive and strategic discussions. Since budget efficiency was vital during the current economic crisis caused by the COVID-19 pandemic, WHO should prioritize when considering public campaign activities as part of health-related observances.

The representative of BELGIUM thanked the Secretariat for its report on financing and implementation of the Programme budget 2020–2021, but expressed disappointment that more recent figures had not been included; it would be helpful to have an update on how WHO was managing financially during the COVID-19 pandemic and whether the gaps caused by the retraction of donors could be covered. More generally, predictable, flexible and sustainable financing was essential to allow WHO to act independently. It was time to move from good intentions to action by opening specific discussions on that issue. The Secretariat and an independent review panel should develop proposals on the amount and type of funding, notably core funding, required by WHO to fulfil its mandate; that would hopefully turn existing political support into tangible commitments.

The representative of AUSTRIA said that the draft global strategy on digital health 2020–2025 represented a promising new start, highlighting references to the digital health ecosystem and the proposed guideline on global interoperability standards. That guideline should be linked to the investment in and procurement of infrastructure for public health care settings, serving as a baseline for defining funding criteria and conditions related to public investments and the impact rules of public procurement, and as orientation for the global industry supplying information technology health infrastructure. In addition, the proposed actions to develop the guideline should be carried out in parallel, so that it could be finalized within the next three years. The Secretariat should provide more guidance on implementation of the strategy and the digital health ecosystem.

The representative of CHILE, speaking on behalf of Argentina, Australia, Belgium, Canada, Chile, Colombia, Denmark, Estonia, Finland, France, Germany, Iceland, Ireland, Israel, Luxembourg, Mexico, Monaco, the Netherlands, New Zealand, Norway, Peru, Portugal, Romania, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland and Uruguay, noted that the commitment shown in the budget to equity, gender and human rights complied with WHO's commitments under the second United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. Fulfilling those obligations would require strong and visible commitment from senior management, adequate resourcing, engagement and accountability. Welcome progress had been made, notably by including gender, equity and human rights as assessment parameters in the balanced scorecard approach, and the evaluation of the integration of gender, equity and human rights in the work of the Organization under the evaluation workplan 2020–2021. However, such work required additional human and financial resources, including for capacity-building at the three levels of the Organization; those should come from core resources. He agreed that the Secretariat should submit an annual report to the Programme, Budget and Administration Committee and the Executive Board on progress towards achieving the United Nations System-wide Action Plan and on how gaps in the relevant standards were being addressed, and that the annual letter from the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) addressed to the Director-General should be shared with Member States.

The representative of CANADA said that his Government looked forward to reviewing the proposed report on progress towards achieving the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women at the next Executive Board session in January 2021, and would welcome the opportunity to review the associated letter from UN-Women to the Director-General. He asked the Secretariat to brief Member States on the implications of an extension to 2025 of the Thirteenth General Programme of Work 2019–2023. Further clarification should also be provided on how decisions would be made to prioritize additional observances, and how many of the observances listed in categories 4 to 7 in the annex to the report on world health days were likely to be prioritized.

The representative of BANGLADESH welcomed the update on the results framework for the Thirteenth General Programme of Work, 2019–2023, concurring with the need to strengthen data and health information systems, especially in light of the COVID-19 pandemic, and prioritize support for countries with the biggest data gaps with regard to the health-related Sustainable Development Goals.

The COVID-19 pandemic had also highlighted the importance of investing in needs-driven research and development – particularly for diseases that disproportionately affected developing countries – and of promoting technology transfer and the use of local production. The draft global strategy on digital health 2020–2025 would be a valuable tool for universal health coverage; well-managed digital innovation had the power to accelerate health equity by making health systems stronger and more effective, and his Government had therefore launched a range of digital health initiatives. However, developing countries faced major impediments to accessing new digital health technologies, and implementation of the draft global strategy would therefore require adequate resource allocation.

The representative of GERMANY drew attention to the discrepancy between Member States' expectations of WHO, and the Organization's capacity to perform. Persistent funding shortfalls for specific programmes had not been properly addressed over a period of many years. The COVID-19 pandemic should be a game changer for WHO finances, as Member States would have to demonstrate that they had explored all options to make the world safer. Current debates did not examine the real consequences of funding gaps. Sustainable financing should therefore be considered as a separate agenda item at the next Executive Board session, with a report by the Secretariat on the current situation, the options previously considered and potential solutions.

The representative of CHILE commended the draft global strategy on digital health 2020–2025, notably the second strategic objective to advance implementation of national digital health strategies. His Government had already begun evaluating digital health tools that could complement in-person services. In implementing the draft global strategy, it would be essential to strengthen registration systems, gather evidence on the relevance of quality standards and promote collaboration with Member States to ensure that populations could receive the services they needed. He supported the draft decision contained in decision EB146(15).

The representative of ALGERIA commended the consultation process for the results framework for the Thirteenth General Programme of Work, 2019–2023, particularly regarding the development of the outcome indicators, and took note of the summary report on pilot testing of the impact measurement system. Work should be continued to enable monitoring of progress towards the triple billion targets and the Sustainable Development Goals. Welcoming the draft global strategy on digital health 2020–2025, he emphasized the importance of data protection. The COVID-19 pandemic – including the huge losses it had inflicted on the global economy – had highlighted the need for adequate, predictable funding that would allow WHO to fulfil its mandate, which was largely based on the principle of prevention.

The proposed amendments to the code of conduct for the election of the Director-General should make electoral campaigns more transparent. In relation to WHO reform, the recommendations by the 146th Executive Board, the anticipated conclusion of the relevant WHO mechanisms and proposals by Member States constituted a satisfactory basis for continuing the process, which should be transparent and inclusive, and strengthen the Organization to help it respond to future emergencies. Member State consultations were an appropriate way to plan new world health observances, to ensure that awareness-raising was the real basis for such events. Efforts to improve geographical representation and achieve gender parity among WHO staff were appreciated and the noticeable increase in staff members on the ground demonstrated the Organization's desire to better support countries; further progress should be made in that respect.

(For continuation of the discussion, see the summary record of the second meeting, section 2.)

The meeting rose at 17:00.

SECOND MEETING

Tuesday, 10 November 2020, at 10:10

Chair: Ms E. WILDE (Australia)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

1. AUDIT AND OVERSIGHT MATTERS: Item 21 of the agenda

Report of the External Auditor: Item 21.1 of the agenda (documents A73/27 and A73/39)

Report of the Internal Auditor: Item 21.2 of the agenda (documents A73/28 and A73/39)

External and internal audit recommendations: progress on implementation: Item 21.3 of the agenda (documents A73/29 and A73/39)

The CHAIR noted that document A73/39, the report of the Programme, Budget and Administration Committee of the Executive Board on its deliberations of the sub-items, contained a draft decision recommended for adoption by the Health Assembly.

The EXTERNAL AUDITOR introduced the report of the External Auditor (contained in document A73/27). The 2019 audit had covered WHO headquarters, the Global Service Centre, three regional offices, two 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 2019 were fairly presented in all material aspects 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 Organization's ongoing efforts and commitment to tackle the coronavirus disease (COVID-19) pandemic. The management tools, systems, innovations and policies adopted by the Secretariat in response to recommendations resulting from previous audits would enhance accountability, responsibility and transparency across the three levels of the Organization. The audit had brought to light several opportunities for improvement related to the processing and recording of financial transactions, Global Service Centre processes, human resources management, programme monitoring and reporting, progress management, and operations of regional and country offices. The External Auditor had accordingly made a series of recommendations to the Secretariat. Throughout his eight-year tenure as External Auditor, he had welcomed the professionalism and commitment of staff at all levels of the Organization in co-developing solutions, which had enabled the achievement of common goals. He expressed his sincere appreciation for the opportunity to contribute to the Organization's improved governance and strengthened ability to achieve its objectives and wished the incoming External Auditor every success.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed concern at the decline in the operating effectiveness of internal controls in country offices, particularly those in challenging operating environments. Strengthened support should be provided by WHO headquarters and regional offices to country operations, with a particular focus on the emergency context. She requested clarification of how the Secretariat would address the issue of

overstretched country offices that were lacking an appropriate mix of skills, which had been exacerbated by the COVID-19 pandemic, and how Member States could provide support. She expressed support for the recommendations regarding the need for more focused efforts to strengthen internal controls at the country level, reinforce assurance activities in relation to direct financial cooperation, enhance system support and monitoring control for direct implementation activities, improve vendor management, and improve resource mobilization for key programmes that remained underfunded. The initiative on making payments using mobile phone technology in order to strengthen controls in challenging contexts was welcome. Recent allegations of sexual exploitation and abuse in the Democratic Republic of the Congo had further underlined the need to look beyond financial implications to the systemic weakness they signalled and the potential human cost.

The representative of CHINA expressed appreciation for the Secretariat's efforts to implement external and internal audit recommendations. She supported the recommendation of the External Auditor to include output reporting in the mid-term review; further improvements should be made to monitoring arrangements among programmes. The Organization should implement outstanding external audit recommendations as soon as possible, including on resource mobilization modalities, financing for the Central Emergency Response Fund, recruitment policies, and the control framework on information technology management. She expressed concern about the control gaps in key processes within regional and country offices, as well as the decrease in the operating effectiveness of internal controls among regional and country offices. With regard to the findings of the internal audit, she urged the acceleration of the implementation of overdue audit recommendations. There was an urgent need to address the challenges concerning implementation of the WHO cybersecurity road map and the finalization of all emergency standard operating procedures, as well as issues related to financial management and regulatory compliance.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, Albania, Australia, Bosnia and Herzegovina, Canada, Costa Rica, Iceland, Israel, Japan, Mexico, Monaco, Montenegro, New Zealand, Norway, Switzerland, Ukraine, the United Kingdom of Great Britain and Northern Ireland and the United States of America, reiterated her deep concern about the allegations of widespread abuse by aid workers allegedly affiliated with WHO and other organizations in the Democratic Republic of the Congo. There must be zero tolerance for acts of, and inaction on, any occurrence of sexual exploitation, abuse, harassment and other abuses of power. She therefore welcomed the early action taken by the Secretariat, including the appointment of an independent commission to investigate the matter, and requested regular updates from the Secretariat on the commission's findings. She called on the Secretariat to introduce a range of measures, namely: improving vetting during the recruitment of employees and implementing partners, in coordination with other bodies of the United Nations system, to prevent perpetrators from being rehired; informing and raising awareness among all staff of measures to prevent, detect and respond to any form of misconduct; strengthening reporting mechanisms at all three levels of the Organization; increasing training of employees and promoting public awareness of mechanisms to report misconduct; supporting victims and survivors and providing feedback when an allegation was made; encouraging the use of the United Nations Secretary-General's online reporting system and coordinating with the national network for protection from sexual exploitation and abuse; effectively implementing survivor-centred response and support mechanisms; and ensuring confidentiality and anonymity when informing donors of allegations immediately after the Secretariat became aware of a situation. She requested further information on the budget and reforms required to realize those measures and recommended that they should be discussed by the governing bodies on an annual basis.

The representative of BRAZIL acknowledged the measures taken to implement audit recommendations on topics such as staff training, cybersecurity, compliance, risk management and ethics, and welcomed efforts to investigate cases of fraud, harassment and abuse of authority. The allegations of sexual exploitation and abuse in the Democratic Republic of the Congo were of great concern. He therefore welcomed the swift actions taken by the Director-General through the

appointment of an independent commission to establish the facts, identify and support survivors, ensure that all abuse had ceased and hold perpetrators to account, and requested regular updates on the progress made by the commission. A strong commitment to prevent and protect against sexual exploitation and abuse in all settings was crucial.

The representative of the UNITED STATES OF AMERICA expressed support for the draft decision and for the recommendations of the Programme, Budget and Administration Committee concerning the report of the Internal Auditor. She strongly encouraged the Secretariat to expedite implementation of all outstanding audit recommendations pertaining to the lowest-rated audits and encouraged the pursuit of cost-effective solutions to address current challenges related to the substantial backlog of investigations, including staffing deficiencies within the Office of Internal Oversight Services. She noted with concern the increased number of reports of sexual exploitation and abuse, including the recent allegations in the Democratic Republic of the Congo. Effective policies and procedures, strengthened reporting mechanisms and access to support for survivors and those most at risk were essential. While she welcomed WHO's efforts to address reported incidents, sexual exploitation and abuse was an inherently invisible and underreported issue. In addition to training staff and non-staff on their obligations, WHO should also enhance efforts to prevent sexual exploitation and abuse from occurring, including through comprehensive risk analysis and robust staff oversight.

The representative of GERMANY expressed concern over the effectiveness of internal controls and compliance. While the Secretariat had made substantial progress in tackling structural challenges in recent years, it was not clear whether their root causes were being addressed. The Internal Auditor, the Comptroller, the Office of Compliance, Risk Management and Ethics, the Office of the Legal Counsel, and the Evaluation Office were key in ensuring WHO's strong reputation and integrity. However, assessed contributions were insufficient to finance those core functions and the Organization's high dependence on unpredictable specified voluntary contributions put its reputation and integrity at risk. He requested clarification of the number of posts in those key functions that were currently not filled. He also asked whether the Secretariat set a gold standard compared with other international organizations with regard to the share of financing for compliance and accountability and, if not, whether it would set such a standard with the draft proposed programme budget for 2022–2023 by including a substantial increase in funding for those core functions.

The representative of JAPAN expressed concern about the allegations of widespread abuse by aid workers allegedly affiliated with WHO. She welcomed the action taken by the Secretariat, including the establishment of an independent commission, but highlighted the importance of transparent, prompt and solid action to prevent a recurrence. The investigation should clarify how the Organization could create a safe working environment and improve existing harassment countermeasures. It was necessary to take concrete action against sexual harassment at all levels of the Organization, as well as to ensure a transparent audit system.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, welcomed the achievements of the Organization outlined in the report of the External Auditor, but expressed concern about the control gaps identified, in particular those related to supervision, results monitoring and enforcement of regulations and policies in some regional and country offices, and noted the recommended corrective action to address them. She welcomed the progress made in implementing external and internal audit recommendations but called for increased efforts by all stakeholders to implement outstanding recommendations in order to strengthen good governance.

The representative of KENYA highlighted the need to revise the human resources strategy and the Corporate Framework for Learning and Development. He would welcome the Secretariat's views on the establishment of a governance mechanism in the implementation of the WHO global mobility policy. The Secretariat should include the findings of the staff satisfaction survey in the next annual human resources report.

The representative of MEXICO said that it was important to address the challenges identified in the report of the External Auditor, such as eliminating redundant activities and revising the human resources strategy and the Corporate Framework for Learning and Development, in order to improve human resources management and ensure that WHO staff had the necessary capacities and abilities to meet future health challenges. He noted with satisfaction that the Internal Auditor had reported an improvement in the internal control environment for the Region of the Americas and that no “unsatisfactory” ratings had been reported for the Region for the second consecutive year.

The representative of NORWAY asked whether additional risk mitigation tools, such as more frequent reporting, monitoring or improved internal audit plans, had been introduced. More effective internal controls were needed, while risk management should be embedded in all levels of the Organization, with strong commitment from senior management to ensure good governance and proper structuring. Adequate resources were required, particularly for enabling functions such as the Office of Compliance, Risk Management and Ethics, and the Office of Internal Oversight Services. Calling on the Secretariat to review its overall fraud risk management system and perform a formally documented fraud risk assessment, he asked how overall responsibility for addressing corruption was being maintained within the Secretariat.

The DIRECTOR (Office of Internal Oversight Services), responding to points raised, said that the Secretariat paid close attention to the progress made in implementing audit recommendations throughout the year and reported on their status annually. As at 15 October 2020, the percentage of overdue recommendations had decreased from 13.4% to 10.4%, reflecting a level similar to that of previous years. Despite the impacts of the COVID-19 response on the implementation of audit recommendations, he encouraged WHO management to ensure their timely implementation. The high residual risk of overdue recommendations had essentially remained the same as the previous year. Cases of unsatisfactory audits were followed up with an audit the subsequent year to ensure that progress had been made. With respect to implementing a “best in class” investigations function, the findings of the independent review had recommended the appropriate level of resources required to implement that function. A recruitment process had been initiated for the top three positions in the revised function with support from senior management, although implementing the full level of resources required would take more time. He assured Member States that the Office accorded the highest priority to following up on allegations of sexual exploitation, abuse and harassment, and that such allegations received appropriate attention within the structures currently in place.

The CHEF DE CABINET emphasized WHO’s commitment to zero tolerance for sexual exploitation and abuse. He expressed appreciation for the support provided by Member States in the implementation of the “best in class” transformation work and confirmed that a number of measures were being put in place in terms of training and raising awareness in order to prevent sexual exploitation and abuse. He agreed that it was necessary to examine the root causes of structural and budgetary challenges. A “best in class” review that cut across all departments involved in the investigative function was already under way. The results of the review, including the potential budgetary implications, would be submitted to the Executive Board at its 148th session. Despite delays resulting from the impact of the global COVID-19 pandemic, the Organization’s leadership was fully committed to continuing its work on those matters.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that efforts to implement audit recommendations were being accelerated, despite the impact of the global COVID-19 pandemic. The Secretariat was closely examining systemic issues, particularly high-risk issues such as direct financial cooperation and direct implementation. Most recently, global assurance activities had been implemented and harmonized across the Organization. The Secretariat was working intensively to strengthen the first and second lines of defence and functional reviews were being carried out in the Eastern Mediterranean and African Regions. He acknowledged the issues surrounding the budget and the need for flexible financing and looked forward to discussing possibilities for sustainable financing

at the 148th session of the Executive Board. A number of measures had already been implemented to tackle sexual exploitation and abuse, including mandatory training for the entire WHO workforce, policies on due diligence for recruitment, and enhanced communication with all staff to ensure that they were aware of their obligations.

The CHAIR took it that the Committee agreed to approve the draft decision contained in document A73/39.

The draft decision was approved.¹

The Committee noted the reports.

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 18 of the agenda (continued)

Budget matters (continued)

Programme budget 2020–2021: Item 18.1 of the agenda (documents A73/4, A73/16 Rev.1 and A73/36) (continued from the first meeting, section 2)

Financing and implementation of the Programme budget 2018–2019 and outlook on financing of the Programme budget 2020–2021: Item 18.2 of the agenda (documents A73/17 and A73/37) (continued from the first meeting, section 2)

Managerial, administrative and governance matters (continued)

Geneva buildings renovation strategy: Item 18.3 of the agenda (documents A73/4 and EB146/2020/REC/1, decision EB146(3)) (continued from the first meeting, section 2)

WHO reform: Item 18.4 of the agenda (documents A73/4, A73/18, A73/19 and EB146/2020/REC/1, decisions EB146(16) and EB146(21)) (continued from the first meeting, section 2)

Evaluation of the election of the Director-General of the World Health Organization: Item 18.5 of the agenda (documents A73/20, A73/20 Add.1, A73/41, A73/20 Add.2 and EB146/2020/REC/1, decision EB146(22)) (continued from the first meeting, section 2)

Data and innovation: draft global strategy on digital health: Item 18.6 of the agenda (documents A73/4, A73/4 Add.3 and EB146/2020/REC/1, decision EB146(15)) (continued from the first meeting, section 2)

Staffing matters (continued)

Human resources: annual report: Item 18.7 of the agenda (documents A73/21 and A73/40) (continued from the first meeting, section 2)

Report of the International Civil Service Commission: Item 18.8 of the agenda (document A73/4) (continued from the first meeting, section 2)

¹ Decision WHA73(24).

Amendments to the Staff Regulations and Staff Rules: Item 18.9 of the agenda (documents A73/22 and EB146/2020/REC/1, resolution EB146.R5) (continued from the first meeting, section 2)

The representative of MEXICO expressed support for the possibility of eliminating world health days that did not comply with the necessary criteria. He welcomed the proposal to update the list of world health days annually and to establish clear priorities for their evaluation, keeping support for observances outside the prioritized group to a minimum and redirecting the prioritization of observances to the regional level where necessary. He welcomed the decision to set the beginning of the Director-General's contract for mid-August of the year of appointment. Implementation of the United Nations Disability Inclusion Strategy both at WHO headquarters and in the field was crucial.

The representative of the PHILIPPINES welcomed the development of the outcome indicators of the WHO results framework for the Thirteenth General Programme of Work, 2019–2023. His country was piloting the impact measurement system and aimed to integrate it into the national universal health care monitoring and evaluation framework. Continued support from WHO was needed to strengthen the capacity of health information systems for monitoring and evaluation, address data gaps, reinforce the link between data and decision-making, and adopt the impact measurement system and the results framework, in accordance with the country context. The Director-General should report to the governing bodies on the global strategies and action plans that would expire within a year to help Member States consider the fulfilment of mandates and call for any necessary adjustments, thereby contributing to the meaningful measurement of impact at the country level. When considering proposals for world health days, the governing bodies should take into account their cross-cutting impact and reach.

The representative of FINLAND said that sustainable financing and strong multilateral cooperation were needed to tackle the unprecedented challenges posed by the coronavirus disease (COVID-19) pandemic. She looked forward to receiving clarification regarding the proposal to extend the Thirteenth General Programme of Work, 2019–2023, to 2025, particularly with regard to programmatic work, budgetary implications and a possible revision of the Thirteenth General Programme of Work, 2019–2023, in the light of the COVID-19 response and recovery. Noting that the COVID-19 pandemic had demonstrated opportunities for digital health and innovation, she highlighted the range of digital health initiatives launched by her Government. It was crucial that WHO cooperated with all relevant partners regarding global norm-setting and discussions on data protection and ethics. Gender equality and non-discrimination must be integrated into the development of new digital technologies. She supported the recommendation of the Programme, Budget and Administration Committee to include in future human resources reports information on measures to support the mental health and resilience of WHO staff.

The representative of AUSTRALIA expressed support for the recommendations of the Programme, Budget and Administration Committee. Further updates would be appreciated on the Organization's progress in financing the Programme budget 2020–2021, particularly concerning the base programme and emergency operations and appeals segments of the budget. Efforts to ensure flexible financing, in particular to address underfunded areas, were welcome, and she looked forward to further information on prioritizing the allocation of funding to address shortfalls across the strategic priorities. When assessing budget performance at the end of the biennium, it would be crucial to measure the utilization of funds against the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023. Including the impact of the COVID-19 pandemic and other such impacts in future reporting on programme implementation would help to contextualize WHO's performance. Further information should be provided on the draft proposed programme budget for 2022–2023, including the proposed extension of the Thirteenth General Programme of Work, 2019–2023, to 2025 and its related implications. With regard to the update on the results framework for the Thirteenth General Programme of Work, 2019–2023, WHO's commitment to filling critical data gaps and helping countries to build capacity and manage reporting requirements was encouraging. The Secretariat should support Member States to disaggregate data to enable equity and gender analysis. She looked forward to receiving further

information on the output scorecard at the 148th session of the Executive Board and welcomed the establishment of a detect and respond indicator in the health emergencies protection index. Further work was required across the Organization to bridge the gender gap and fill the long-term gaps among heads of country offices. She expressed support for the draft global strategy on digital health 2020–2025.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended WHO for its work on the draft global strategy on digital health 2020–2025. Governments and institutions should support the development of evidence-based health technologies. Young people could help to develop digital technologies, which in turn could help to provide more accessible, safe and equitable high-quality health care for all. She therefore called on the Secretariat and Member States to include the contribution of young people as an additional guiding principle for the draft global strategy.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft global strategy on digital health 2020–2025 and encouraged Member States to embrace the digital transformation and provide platforms for students to develop new ideas. Digital health should be included at all levels of education for health care professionals, including pharmacists, to ensure that no one was left behind in the digital transformation of health systems.

The ASSISTANT DIRECTOR-GENERAL (Business Operations), responding to points raised, agreed that COVID-19 was a game changer and provided an opportunity to align expectations of the Organization with the resources available. Transparency and accountability were essential during the implementation, reporting and development of the programme budget. The Secretariat was preparing a report on sustainable financing of WHO for consideration at the 148th session of the Executive Board. With respect to the output scorecard, pilot testing of a tool had been carried out in all regions and in many country offices. The tool would be finalized based on the feedback from Member States and would ensure linkages with existing regional key performance indicators, where applicable, and take into account feedback on the feasibility of a gradual roll-out. Global and regional consultations would be convened on the draft proposed programme budget for 2022–2023, including on the practical implications of extending the Thirteenth General Programme of Work, 2019–2023, to 2025. The WHO programme budget web portal was updated every three months and provided details on financing and implementation across the Organization, as well as in-depth analysis of WHO's financial and implementation status, projections, risks and challenges. The Secretariat would develop a strategy to address the issue of underrepresented and unrepresented Member States, which would take into consideration regional representation. The discussion on world health days could be further considered at the 148th session of the Executive Board to allow the Secretariat sufficient time to address the points raised by Member States, including the related financial implications. Activities related to observances could be monitored over the next year, especially those in categories 4–7 in document A73/19, with a view to proposing any necessary adjustments thereafter.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the COVID-19 pandemic had underscored the importance of WHO's role in supporting countries to strengthen data and health information systems for preparedness, prevention, detection and response. The pandemic had also provided an opportunity to improve measurement systems through the results framework for the Thirteenth General Programme of Work, 2019–2023. The Member States of the Region had provided feedback on the results framework and the triple billion dashboard during various national, regional, global and online consultations, with a view to improving accountability and the measurement of results. The Member States of the Region regularly took stock of the progress made towards the triple billion targets. More work was needed in the Region to improve coverage of essential health services and reduce out-of-pocket expenditure, particularly for medicines, as part of efforts to achieve universal health coverage targets. The Region was projected to deliver more than its share of people better protected from health emergencies. Achieving the healthier population targets remained a significant challenge in her Region, largely due to the social determinants of health, rising risk factors, gaps between diagnosis and treatment, and the growing burden of noncommunicable diseases. A regional measurement

framework aligned with the eight regional flagship priorities had recently been produced, and systems and tools were being developed to facilitate its implementation. Consultations were being held with Member States to develop the draft proposed programme budget for 2022–2023 in line with corporate guidance and bottom-up planning. To date, strategic consultations had been concluded with country office teams and officials from health ministries on current challenges, and a regional meeting would be convened to review the results of the strategic consultations and plan future action. The Member States of the Region were committed to delivering a programme budget that would respond to current challenges and allow countries to continue advancing towards the Region's flagship priorities and the targets under the Thirteenth General Programme of Work, 2019–2023, and the Sustainable Development Goals, with the commitment of, and enhanced collaboration across, the three levels of the Organization.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery for Impact) thanked Member States for their cooperation in the conceptualization, development, implementation and testing of the results framework for the Thirteenth General Programme of Work, 2019–2023, which had underscored the mutual commitment to ensuring accountability, making a measurable impact and reporting results. The COVID-19 response had highlighted the increasing relevance of the results framework and the triple billion indices, in particular the universal health coverage and healthier population indices. The Secretariat was moving forward to deliver on the triple billion targets and the programme indicators through systematic delivery stocktakes, which would help to set baselines, targets and trajectories in order to accelerate progress through to 2030. The Secretariat had also begun working with Member States to assess the impact of the COVID-19 pandemic on the indices and the outcome indicators. Member States' comments would be taken on board to refine existing indicators and assessing the possibility of introducing new ones so as to ensure alignment with the Sustainable Development Goals. The Secretariat would present a consolidated proposal of new indicators that covered important areas such as the mental health impact of COVID-19, cervical cancer and palliative care. In view of the importance of timely, reliable and credible data, the Secretariat had established a data governance mechanism. Further developments included: finalizing data principles and the data-sharing policy for non-emergency contexts; collaborating with the Executive Office of the Secretary-General of the United Nations to improve data-sharing; and launching the triple billion dashboard to assess the availability of data. Data disaggregation would remain a challenge unless significant investments were made and countries were supported. The Organization would continue to support countries in strengthening data gaps, especially the least developed countries and small island developing States.

The DIRECTOR (Digital Health and Innovation) thanked Member States for their engagement in developing the draft global strategy on digital health 2020–2025 and looked forward to continuing to work with Member States to develop digital health implementation at the country, regional and global levels. The Secretariat would continue to accord high priority to the protection of health data and the promotion of the ethical use of health data and of privacy considerations in the digital health ecosystem. Work had begun on a digital health maturity matrix and guidance for the governance of digital health. The Secretariat was working to bring together different networks in collaboration with ITU, and would continue to update the glossary and report on progress every biennium. He also took note of the need to align investments to ensure maximum impact. The Secretariat would continue to work with stakeholders to maximize their engagement and with Member States to ensure an interoperable digital health ecosystem. Gender equality in digital health was essential and would form part of education and training. The Secretariat was working with the WHO Academy to ensure the availability of digital tools.

The SPECIAL ADVISER TO THE DIRECTOR-GENERAL (Strategic Priorities) confirmed that the Secretariat would report annually to the relevant governing bodies concerning progress on the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, gender equality and human rights approaches. The Secretariat was working on a broader approach, which would include diversity and inclusiveness within WHO, and would submit a clear proposal to the Executive Board on a suggested approach to deal with those issues, taking account of concerns raised by Member States. The annual letter from the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) addressed to the Director-General would be reviewed and shared with Member States.

The Committee noted the reports.

The CHAIR suggested that consideration of the draft decisions and draft resolution under agenda item 18 should be deferred to allow more time to finalize the related financial implications.

It was so agreed.

(For continuation of the discussion, see the summary record of the third meeting, section 2.)

3. APPOINTMENT OF REPRESENTATIVES TO THE WHO STAFF PENSION COMMITTEE: Item 19 of the agenda (document A73/23 Rev.1)

The CHAIR drew attention to the proposal to renew the mandate of Dr Alan Ludowyke (Sri Lanka) as a member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-sixth World Health Assembly in May 2023.

It was so decided.¹

The CHAIR drew attention to the proposal to appoint Dr Arthur Williams (Sierra Leone), the most senior alternate, as a member of the WHO Staff Pension Committee for the remainder of his term of office until the closure of the Seventy-fifth World Health Assembly in May 2022.

The representative of EQUATORIAL GUINEA, speaking on behalf of the Member States of the African Region, supported the nomination of Dr Arthur Williams of the delegation of Sierra Leone as a member of the WHO Staff Pension Committee and urged Member States to approve his appointment.

It was so decided.¹

The CHAIR drew attention to the proposal to appoint Ms Yanjmaa Binderiya (Mongolia) as an alternate member of the WHO Staff Pension Committee for the remainder of the term of office of Dr Chieko Ikeda (Japan) until the closure of the Seventy-fourth World Health Assembly in May 2021.

It was so decided.¹

The CHAIR drew attention to the proposal to appoint Dr Kai Zaehle (Germany) as an alternate member of the WHO Staff Pension Committee for the remainder of the term of office of Dr Christoph Hauschild (Germany) until the closure of the Seventy-fourth World Health Assembly in May 2021.

It was so decided.¹

The CHAIR drew attention to the proposal to appoint Dr Ahmed Shadoul (Sudan) as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-sixth World Health Assembly in May 2023.

It was so decided.¹

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA73(25).

4. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS: Item 22 of the agenda (document A73/30)

The representative of AUSTRALIA welcomed the coordinated and rapid response of the United Nations to the COVID-19 pandemic. The pandemic had provided an opportunity to implement and test key elements of the reform of the United Nations development system. She requested further information on WHO's engagement with United Nations country teams and Resident Coordinators. Stronger collaboration was required between WHO, FAO and OIE, the importance of which had been highlighted by the pandemic. The Organization should continue to address gaps in the implementation of the United Nations reform, while organizations of the United Nations system should proactively drive collective action to improve standards, enhance accountability, strengthen capacity and incentivize cultural change. Her Government took a zero-tolerance approach to any form of harassment, discrimination or abuse. Timely and robust reporting mechanisms and action were essential, in addition to effective structures and processes to handle allegations of misconduct and prevent all forms of harassment and misconduct.

The representative of ARGENTINA welcomed the Secretariat's efforts to implement the United Nations reform but expressed concern that the introduction of the 1% coordination levy had led to a reduction in programme funding. Her Government had developed a strategic framework on cooperation with the United Nations to tackle the challenges related to sustainable development and to work towards the achievement of the Sustainable Development Goals.

The representative of the UNITED STATES OF AMERICA, speaking also on behalf of Brazil, Egypt, the Gambia, Hungary and Uganda, underscored the importance of upholding the highest standards of health for women, promoting women's essential contribution to health, the strength of the family and a successful and flourishing society, and protecting the right to life. The Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family, which had already been signed by 34 countries, reflected a commitment to uphold those and other related rights.

The representative of NORWAY welcomed the Organization's active involvement in developing system-wide guidance tools for implementing the United Nations reform. However, that reform would be successful only if all organizations of the United Nations system aligned their policies, guidelines and regulations with the general reforms, particularly in relation to human resources policies, and financial regulations and rules. He asked for further information on the action taken by WHO in that regard. Funding for the United Nations Resident Coordinator system was insufficient and fragile. He would welcome WHO's feedback on its experience in implementing the 1% coordination levy on strictly earmarked contributions. The Global Action Plan for Healthy Lives and Well-being for All, which had contributed to improving collaboration among the 12 signatory agencies at the country level, was a good example of effective system-wide collaboration.

The representative of CANADA said that the COVID-19 pandemic had demonstrated the importance of ensuring a coordinated United Nations system response at all levels, and had led to new and innovative partnerships being forged among global health and development stakeholders, including with the private sector. She welcomed WHO's proactive and ongoing engagement with the United Nations system and its reform, as well the Organization's leadership and coordinating role, as exemplified through the Access to COVID-19 Tools (ACT) Accelerator and the United Nations COVID-19 Supply Chain Task Force. The success of those efforts could inform work to step up the implementation of the Global Action Plan for Healthy Lives and Well-being for All, which in turn could help to strengthen collaboration and coherence in support of efforts at the country level to achieve the health-related targets of the Sustainable Development Goals. She requested an update on how the Global Action Plan would evolve, including with regard to supporting COVID-19 recovery efforts, as well as clarification on how the Secretariat would continue to ensure effective coordination and

collaboration between WHO, United Nations partners and other relevant stakeholders in global health in driving efforts to recover from the pandemic.

The representative of BRAZIL said that further WHO collaboration within the United Nations reform framework was key to ensuring that the objectives of the United Nations were upheld. International cooperation must be driven by the priorities of the countries where projects were implemented. He encouraged WHO to further harmonize indicators, methodologies and metrics for reporting, and ensure that reporting was focused on the work relevant to the Organization. Budgetary constraints, which had been deepened by the fiscal and economic challenges associated with the COVID-19 pandemic, should be taken into account when assessing the implications of the United Nations reform for WHO.

The ASSISTANT DIRECTOR-GENERAL (WHO Office at the United Nations in New York), responding to points raised, said that the COVID-19 pandemic had proven the utility and effectiveness of the revitalized United Nations country teams and the United Nations reform in general. While the pandemic had distracted attention from some elements of implementation of the reform, it had accelerated others. Coordination between United Nations Resident Coordinators and WHO representatives throughout the pandemic had been excellent, in part thanks to regular meetings. The Secretariat was looking at ways to better leverage Multi-Partner Trust Funds; a workshop for WHO representatives would shortly be held on how to better access and deploy those Funds. WHO and other organizations within the United Nations system had signed a mutual recognition agreement which enabled them to use each other's systems and guidelines to better implement programmes. The financial implications of the United Nations reform were being closely examined, although it was currently too early to assess the impact of the 1% coordination levy on WHO's funding. A full briefing on the United Nations funding compact would be provided at the 148th session of the Executive Board. The Global Action Plan for Healthy Lives and Well-being for All was being used to strengthen collaboration in the multilateral system in health.

The Committee noted the report.

The meeting rose at 12:10.

THIRD MEETING

Tuesday, 10 November 2020, at 14:05

Chair: Mr A. THIAM (Mali)

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 15 of the agenda [transferred from Committee A]

Decade of Healthy Ageing: Item 15.1 of the agenda (documents A73/5, A73/INF./2 and EB146/2020/REC/1, decision EB146(13))

Maternal, infant and young child nutrition: Item 15.2 of the agenda (documents A73/4, A73/4 Add.2 and EB146/2020/REC/1, decision EB146(20))

Accelerating efforts on food safety: Item 15.3 of the agenda (documents A73/4 and EB146/2020/REC/1, resolution EB146.R9)

The Committee noted that, following the written silence procedure,¹ the Health Assembly had adopted the draft decision contained in EB146(13)² on the Decade of Healthy Ageing and the draft resolution contained in EB146.R9³ on strengthening efforts on food safety.

The CHAIR drew the Committee's attention to the revised draft decision contained in document A73/4 Add.2 on maternal, infant and young child nutrition. The financial and administrative implications for the Secretariat of the adoption of the revised draft decision were set out in document EB146/2020/REC/1.

The representative of MALAYSIA welcomed the Secretariat's continued efforts to support Member States in the development and implementation of food safety policies by providing guidance on food safety risk assessments, facilitating the use of new technologies and fostering knowledge exchange. Given the importance of the work of the Codex Alimentarius Commission in the setting of international food safety standards, the Secretariat should strengthen its support for the Commission's activities. His Government had strengthened its food safety system by incorporating Codex Alimentarius standards into food safety regulations and had celebrated World Food Safety Day. He welcomed the adoption of resolution WHA73.5.

The representative of ECUADOR welcomed the information provided regarding the digital marketing of breast-milk substitutes and the related revised draft decision, and said that his

¹ Decision WHA73(7).

² On 3 August 2020, the Health Assembly adopted decision WHA73(12).

³ On 3 August 2020, the Health Assembly adopted resolution WHA73.5.

Government had taken a multisectoral approach to the promotion of breastfeeding to improve health outcomes and well-being in the population. He underscored the need for data to be collected on the scope and impact of digital marketing strategies for the promotion of breast-milk substitutes, calling on the Secretariat to provide support to that end. Steps taken to protect breastfeeding and prevent malnutrition, noncommunicable diseases and communicable diseases should be understood as an investment in public health since they led to cost savings and improved development prospects. The promotion and protection of breastfeeding would contribute to the achievement of the Sustainable Development Goals on nutrition and health and were basic components of quality health care.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries of North Macedonia, Montenegro and Albania, the country of the stabilization process and potential candidate Bosnia and Herzegovina, as well as Ukraine aligned themselves with his statement. He welcomed the adoption of resolution WHA73.5, which had established a framework for action from WHO, including preparation for the planned United Nations Food Systems Summit in 2021, and welcomed the establishment of the Technical Advisory Group on Food Safety. The European Union and its Member States looked forward to contributing to the much-needed update of the WHO global strategy for food safety, which would help Member States to improve their underdeveloped food safety systems. The Secretariat should strengthen its capacities to support the activities of the Codex Alimentarius Commission since WHO was responsible for providing stable, sustainable, predictable and adequate financial support to the joint WHO-FAO scientific bodies on which it relied. The FAO/WHO International Food Safety Authorities Network (INFOSAN) and its valuable information-sharing activities should also be further developed.

The coronavirus disease (COVID-19) pandemic had accentuated the importance of active and healthy ageing given the disproportionate effects of the disease among older adults. The measures taken to protect their physical health, such as restricting contact with others, risked harming their mental well-being and limiting their rights. Moreover, since the long-term effects of COVID-19 were still unknown, older adults must be able to access optimal and effective health care during and after the pandemic in line with resolution WHA73.1 (2020). The Secretariat should include the impact of COVID-19 in research models and recommendations to Member States on care for older adults. He endorsed the adoption of decision WHA73(12) and requested the Secretariat to report on its progress to the Seventy-fourth World Health Assembly and indicate the resources and capacities needed to implement the Decade of Healthy Ageing 2020–2030.

The representative of the UNITED STATES OF AMERICA welcomed the adoption of decision WHA73(12). While supporting the revised draft decision contained in document A73/4 Add.2, she said that the Secretariat should clearly define the scope and resources required to produce the comprehensive reports and guidance for Member States that had been proposed. Given the importance of a One Health approach to food safety for the protection of human health, her Government had been proud to sponsor resolution WHA73.5. Although the fight against COVID-19 was a priority, the focus on strengthening food safety should be maintained.

The representative of CHINA described measures adopted by her Government to improve maternal, infant and young child nutrition, including national plans to reduce stunting in children and policies to encourage breastfeeding and the intake of nutritional supplements. WHO should play a greater role in improving maternal and infant nutrition, especially by providing more help to developing countries. She endorsed the revised draft decision and called on the Secretariat to provide more practical technical regulations and data to help her Government combat anaemia in pregnant women and infants.

The representative of SINGAPORE welcomed the four action areas highlighted in the global status report on healthy ageing. Older adults should be encouraged to take charge of their health, in particular by using technology. Age-friendly work practices and volunteering opportunities should be promoted to enable older adults to contribute to society if they wished. She encouraged Member States

to discuss ways to empower caregivers, who were facing increasing strains and needed more support from their communities.

The representative of the PHILIPPINES supported the streamlining of reporting requirements as proposed in the revised draft decision. WHO should develop a core set of indicators and reporting templates on maternal, infant and young child nutrition to ensure consistency and comparability among regional and country reports. She sought guidance on ways to monitor digital marketing strategies for the promotion of breast-milk substitutes to support her Government's efforts to update its national regulations.

Member States should align their work on healthy ageing with universal health coverage policies and frameworks to increase older adults' access to health services. The development of responsive policies and programmes required better management of data on the health and socioeconomic conditions of older adults. Governments should share robust regional and national actions to bolster the Decade of Healthy Ageing 2020–2030 and trigger societal and health system transformations to improve the health and well-being of older adults. Her Government looked forward to sharing lessons learned regarding the provision of essential health services for older adults during public health emergencies.

The representative of JAPAN supported the Decade of Healthy Ageing 2020–2030 and requested the Secretariat to support Member States in the implementation of the Global strategy and action plan. Highlighting steps taken by her Government to support Japan's rapidly ageing population, she reiterated her Government's support for the recently adopted Regional Action Plan on Healthy Ageing in the Western Pacific and its willingness to share its experiences with other Member States.

Turning to food safety, she welcomed the adoption of resolution WHA73.5 and the Secretariat's efforts to update the WHO global strategy for food safety. The increase in global trade had revealed the importance of evidence-based risk assessments and international food standards. In the interests of strengthening effective food safety systems worldwide, her Government would continue to make its technical resources available and accelerate the One Health approach.

The representative of THAILAND supported the revised draft decision. Member States should increase investment to counter the promotional activities of the breast-milk substitute industry, especially digital marketing strategies, in order to meet global nutrition targets by 2030. The Secretariat should immediately provide guidance to help Member States monitor digital marketing strategies; two years would be too long to wait for a comprehensive report on the scope and impact of those strategies.

She expressed concern that a document containing frequently asked questions on breastfeeding and COVID-19 for health care workers had not been updated since 12 May 2020; furthermore, Member States were generally unaware of the document and had therefore not applied its guidance. There was a clear need to update the scientific evidence on COVID-19 transmission through breast milk as the breast-milk substitute industry had capitalized on that lack of awareness. Some civil society organizations and Governments had also unintentionally violated the International Code of Marketing of Breast-milk Substitutes by supplying breast-milk substitutes to mothers during the pandemic.

The representative of PERU welcomed the adoption of decision WHA73(12) and supported the vision of the Decade of Healthy Ageing 2020–2030, since the promotion of healthy ageing could help to foster well-being and gender equality and reduce inequalities. Older adults required dedicated, comprehensive health care services to meet their specific needs through timely and effective health interventions, especially in the light of the potentially serious consequences of the COVID-19 pandemic for that population group. The delivery of holistic elder care services in his country was currently being hampered by the pandemic.

He supported the revised draft decision on maternal, infant and child nutrition and described several initiatives implemented by his Government to reduce chronic child nutrition, highlighting efforts to encourage breastfeeding.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the action taken by the Secretariat and other stakeholders to support Member States to achieve global nutrition targets. She expressed concern that the 2025 global nutrition targets and Sustainable Development Goal target 2.2 on ending malnutrition would not be met without a substantial scale-up of action; the indirect impact of the COVID-19 pandemic would further hamper those efforts. The nutrition summit planned for 2021 would therefore come at a critical time. Before the summit, the Secretariat should foster engagement between WHO country offices and governments to support the latter in preparing concrete policy and financial commitments, which could catalyse progress towards meeting the global nutrition targets.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that the global response to the COVID-19 pandemic had focused on the protection of vulnerable groups, and that measures taken to address the health, societal and economic impacts of the pandemic should be age-responsive. Governments and societies should adopt a whole-of-government and whole-of-society approach to support healthy ageing, which hinged on the promotion of independence in daily activities, social participation, intergenerational fairness, equal opportunities and gender equality. Social interventions may be enhanced by people-centred digital interventions. The adoption of the Decade of Healthy Ageing 2020–2030 and its four action areas was timely and necessary; older adults should be able to contribute to future discussions on the matter.

The representative of AZERBAIJAN described steps taken by her Government to improve maternal, infant and young child nutrition, in particular its efforts to manage marketing strategies, ensure the quality and safety of breast-milk substitutes, train health workers and educators in infant and young child nutrition and incorporate WHO strategies and best practices into its national policies.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the adoption of decision WHA73(12) on the Decade of Healthy Ageing 2020–2030. Healthy ageing required a multisectoral approach to meet the range of mental, physical, social and financial needs of older adults, a group that had long been neglected.

He welcomed the reference in the report on maternal, infant and young child nutrition to malnutrition and anaemia in mothers and children as public health concerns in some Eastern Mediterranean countries, as they could have serious consequences for pregnancies and children's lives. He expressed support for the draft decision contained in decision EB146(20). Investment should be channelled into the promotion of healthy diets, legislation should be enacted aimed at reducing salt, fat and sugar intake and the promotion of breastfeeding, and food system surveillance should be strengthened.

The Member States of the Eastern Mediterranean Region had supported the adoption of resolution WHA73.5 in the light of the importance of accelerating efforts on food safety. He called for the development of a regional strategy to strengthen intersectoral collaboration, enhance monitoring systems for foodborne diseases and ensure the stronger representation of Member States in his Region on international food safety bodies and networks such as the Codex Alimentarius Commission and INFOSAN.

The representative of ISRAEL welcomed the efforts made to revise the draft decision on maternal, infant and young child nutrition contained in document A73/4 Add.2, an issue of great importance to his Government.

He expressed appreciation for the Secretariat's efforts to break down the issue of healthy ageing into clear, measurable components and the issuance of guidance on long-term care services, which had

helped Member States to support their older citizens during the COVID-19 pandemic. The needs and preferences of older adults, including persons with disabilities, must be taken into account in public health policy development and implementation, particularly in the context of COVID-19. There was an urgent need for deeper consideration of the health impact of the gender gap among older adults and a sharper focus on the gender dimension of elder abuse. He asked how the Secretariat was addressing the lack of disaggregated data on older adults at the global level and how it was working on healthy ageing across disciplines both within the Organization and in partnership with older adults and relevant organizations.

The representative of CUBA expressed concern at the statistics on healthy ageing, in particular the finding that adults over 60 years of age would outnumber children under five years by 2050, and the challenges that ageing populations posed for all countries. She described her Government's efforts to support older adults by providing targeted health care and social interventions, and through dedicated epidemiological strategies against COVID-19. It was important to change current perspectives on healthy ageing and older adults by adapting health care strategies and creating welcoming environments. Her Government stood ready to share its experience of improving quality of life among older adults.

The representative of BANGLADESH supported the vision and four action areas of the Decade of Healthy Ageing 2020–2030 and called for a whole-of-society approach to their implementation. He also expressed support for the revised draft decision on maternal, infant and young child nutrition, an issue that his Government had addressed in national policies to combat childhood obesity and the inappropriate promotion of foods for infants and young children.

Food safety was an important factor in public health and socioeconomic development; his Government had therefore accelerated action to strengthen food safety. Expressing appreciation for action already taken to support Member States despite the COVID-19 pandemic and its impact on the nutrition of poorer and more vulnerable groups, he urged the Secretariat to allocate more resources to nutrition in order to assist Member States in facing those challenges.

The representative of BRAZIL reaffirmed his Government's commitment to improving maternal, infant and young child nutrition, drawing attention to its efforts to promote breastfeeding and healthy diets. He highlighted the significance of internationally agreed standards such as the Codex Alimentarius to the protection of consumer health and fair trading practices. He underlined the need for access to quality, comprehensive health services for people of all ages; and supported the implementation and promotion of the Decade of Healthy Ageing 2020–2030.

The representative of URUGUAY expressed support for the Decade of Healthy Ageing 2020–2030 and conveyed her Government's commitment to the implementation of the Global strategy and action plan on ageing and health 2016–2020. Turning to maternal, infant and young child nutrition, she supported the wording of the revised draft decision on the marketing of breast-milk substitutes and shared information about steps taken by her Government on that matter. It would be crucial to gather information on digital marketing, in particular on products included in the scope of the International Code of Marketing of Breast-milk Substitutes and initiatives targeting young children. She thanked the Secretariat for its technical support in establishing mechanisms to continuously monitor the marketing of breast-milk substitutes. She welcomed the adoption of resolution WHA73.5 and expressed her Government's commitment to promoting food safety through multisectoral collaboration.

The representative of ZAMBIA, noting that progress in HIV/AIDS management had made it safer for mothers living with HIV to breastfeed their children, highlighted the progress made in infant nutrition in her country. However, the inappropriate promotion of foods for infants and young children constituted an emerging challenge in the fight against malnutrition and nutrition-related

noncommunicable diseases in countries like hers. She therefore urged all Member States to support the revised draft decision.

The representative of SLOVAKIA said that, given the importance of maternal, infant and young child nutrition, she supported the revised draft decision. Highlighting steps taken by her Government, she thanked the WHO Regional Office for Europe for its support for Member States in her Region. Further guidance should be provided on national initiatives: to promote breastfeeding and multisectoral collaboration on child nutrition; support monitoring of the marketing of breast-milk substitutes in accordance with the International Code of Marketing of Breast-milk Substitutes; and develop policies to monitor and restrict the marketing of unhealthy foods to children.

The representative of CHILE welcomed the Global strategy and action plan on ageing and health 2016–2020 and the Decade of Healthy Ageing 2020–2030, which would encourage all relevant sectors to promote healthy ageing and better address the social determinants of health. To that end, his Government was working to adopt new legislation on healthy ageing to protect the human rights of older adults and encourage their participation in society. Healthy ageing was a pillar of the 2030 Agenda for Sustainable Development and progress would require collaboration between community, national and international stakeholders.

The representative of KENYA said that she supported the Secretariat's efforts to collect data on healthy ageing, which would prove useful in the development of evidence-based policies on long-term care. She looked forward to the publication of the baseline report for the Decade of Healthy Ageing 2020–2030. The Secretariat should help Member States to implement the WHO guidelines on integrated care for older people and provide tools for the provision of care to older adults.

She described steps taken by her Government to improve maternal, infant and young child nutrition. However, the COVID-19 pandemic had affected food security and consequently nutrition, stalling progress towards the achievement of global targets under the Sustainable Development Goals. The Secretariat should help Member States to monitor and document that impact and develop measures to mitigate it. She took note of the revised draft decision and the status report for 2020 on the marketing of breast-milk substitutes, which had revealed that countries were still failing to protect parents from misleading information. Member States should continue to support the effective implementation of the International Code of Marketing of Breast-milk Substitutes.

The representative of the MARSHALL ISLANDS described her Government's efforts to expand the targeted delivery of essential early childhood development services despite resource and geographical constraints. Stakeholders should demonstrate their strong commitment to supporting early childhood development programmes to bridge gaps in the global health system; to that end, WHO should actively engage with all stakeholders.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that ending biennial reporting on the marketing of breast-milk substitutes in 2030 would generate unacceptable risks and undermine WHO's fundamental purpose. Such reporting should continue until Member States had adopted effective and independently monitored legislation to eliminate the harmful marketing of such products. The Secretariat should continue to respect the International Code of Marketing of Breast-milk Substitutes and advise Member States to safeguard their policy-making from inappropriate partnerships.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had hampered progress on the global nutrition targets. The political economy of food systems had been overlooked, high-level initiatives had not driven progress and there was a risk of conflicts of interest. Reporting should continue beyond 2030. Food sovereignty, human rights and public health should not be sacrificed for food safety. Operating standards that favoured high-income countries and transnational

food corporations should be addressed. He urged Member States and donors to increase their contributions to enable WHO's work with the Codex Alimentarius.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, expressed support for decision EB146(20) since poor maternal health during pregnancy could have serious long-term effects on the child. He called on WHO to prioritize the development of policies and programmes on maternal and child nutrition and increase access to antenatal and postnatal care and education for mothers on young child nutrition.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked delegates for their support and guidance on all three agenda items discussed.

The Secretariat would consider the issues raised by Member States concerning the implementation of the Decade of Healthy Ageing 2020–2030 and would seek to obtain more disaggregated data on ageing. With regard to partnerships on healthy ageing, the WHO Regional Office for the Western Pacific had developed a regional action plan and the Secretariat had already transmitted WHO's decision on the Decade of Healthy Ageing to the Secretary-General of the United Nations for consideration by the United Nations General Assembly.

She noted that several speakers had highlighted the threats posed to maternal, infant and young child nutrition by stunting, wasting and COVID-19, and many had expressed a strong interest in the protection of breastfeeding and prevention of harmful digital marketing of breast-milk substitutes. The Organization would continue to work with UNICEF and other partners towards the achievement of the Sustainable Development Goals.

The Secretariat would soon update the WHO global strategy for food safety in line with the One Health approach and in cooperation with FAO and other partners and would seek further guidance and support from Member States for that purpose.

The Committee noted the reports.

The revised draft decision on maternal, infant and young child nutrition was approved.¹

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 18 of the agenda (continued)

Managerial, administrative and governance matters (continued)

Evaluation of the election of the Director-General of the World Health Organization: Item 18.5 of the agenda (documents A73/20, A73/20 Add.1, A73/41, A73/20 Add.2 and EB146/2020/REC/1, decision EB146(22)) (continued from the second meeting, section 2)

The CHAIR invited the Committee to approve the draft resolution contained in document A73/20 and the draft decision contained in document A73/20 Add.1 pertaining to the election of the Director-General. The financial and administrative implications for the Secretariat of the adoption of the draft resolution and draft decision were set out in document A73/20 Add.2.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA73(26).

The draft resolution¹ and the draft decision were approved.²

Data and innovation: draft global strategy on digital health: Item 18.6 of the agenda (documents A73/4, A73/4 Add.3 and EB146/2020/REC/1, decision EB146(15)) (continued from the second meeting, section 2)

The CHAIR invited the Committee to approve the draft decision recommended in decision EB146(15) on data and innovation: draft global strategy on digital health. The financial and administrative implications for the Secretariat of the adoption of the draft decision were set out in document A73/4 Add.3.

The draft decision was approved.³

Staffing matters (continued)

Amendments to the Staff Regulations and Staff Rules: Item 18.9 of the agenda (documents A73/22 and EB146/2020/REC/1, resolution EB146.R5) (continued from the second meeting, section 2)

The CHAIR took it that the Committee wished to approve the draft resolution recommended in resolution EB146.R5 on salaries of staff in ungraded positions and of the Director-General.

The draft resolution was approved.⁴

The meeting rose at 15:30.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA73.6.

² Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA73(27).

³ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA73(28).

⁴ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA73.7.

FOURTH MEETING

Wednesday, 11 November 2020, at 10:15

Chair: Mr A. THIAM (Mali)

1. FIRST REPORT OF COMMITTEE B (document A73/44)

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

The report was adopted.¹

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

2. FINANCIAL MATTERS: Item 20 of the agenda

WHO programmatic and financial report for 2018–2019, including audited financial statements for 2019: Item 20.1 of the agenda (documents A73/24, A73/24 Corr.1, A73/25, A73/INF./3 and A73/37)

The representative of CHINA expressed appreciation for the improved readability of the programmatic and financial report for 2018–2019, and the increased transparency of budget planning. Noting that, in the core voluntary contributions account, the contributions flexible at the category or subcategory levels had increased by 107 per cent between 2018 and 2019, she expressed concern that the relative shares contributed by the major donors of voluntary contributions remained similar to previous years, with little progress towards broadening funding sources and securing additional contributions. It was also concerning to note that categories such as noncommunicable diseases and emergencies had the lowest budget implementation levels, especially given the current increased need in those areas; the Secretariat should analyse why that was the case.

The representative of SEYCHELLES, speaking on behalf of the Member States of the African Region, commended efforts made during the biennium 2018–2019, which had seen significant increases in spending, generally good programme implementation, and substantial growth in the technical and financial support given to Member States addressing priority diseases and for priority areas such as the International Health Regulations (2005). He also praised the successful work to fight the Ebola virus disease outbreak and the functional reviews performed in all country offices in the Region. He noted, however, that the limited number of donors continued to present a challenge. Observing that headquarters continued to receive twice as much funding in the base budget as the African Region, which had the highest preventable disease burden and weakest health systems, he asked whether more resources could be moved from the headquarters budget to the regional budget. Funding should be allocated to communities with the greatest health challenges, where concrete results could be achieved.

¹ See page 136.

The representative of JAPAN commended the progress made towards the triple billion targets but expressed concern over the delay in implementing the base programmes due to the coronavirus disease (COVID-19) response. Investment in health systems would support economic recovery in the wake of the COVID-19 pandemic, and the emphasis should be on health financing as part of efforts to promote universal health coverage. She noted that there were several financing mechanisms for health emergencies, such as the COVID-19 Strategic Preparedness and Response Plan, the Contingency Fund for Emergencies, the COVID-19 Solidarity Response Fund and the WHO Foundation. It would be useful to know how efficiently those funds were used and what impact they had. As WHO's role in emergency response had increased during the COVID-19 pandemic, the Secretariat needed to further strengthen accountability and transparency.

The CHAIR invited the Committee to note the report of the Programme, Budget and Administration Committee on the WHO programmatic and financial reports for 2018–2019, including audited financial statements for 2019, and the financing and implementation of the Programme budget 2020–2021, contained in document A73/37.

The Committee noted the reports contained in documents A73/17, A73/24 and A73/25.

The CHAIR took it that the Committee agreed to approve the draft decision contained in document A73/37.

The draft decision was approved.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: Item 20.2 of the agenda (documents A73/26 and A73/38)

The CHAIR said that, in the light of the coronavirus disease (COVID-19) pandemic and its adverse financial impact, several Member States had suggested deferring the decision on the status of collection of assessed contributions to the Seventy-fourth World Health Assembly. It should be noted that, as indicated in document A73/38, the Plurinational State of Bolivia, Lebanon and Rwanda had paid sufficient contributions such that they were no longer subject to the suspension of voting privileges.

He therefore asked whether the Committee wished to defer consideration of the amended draft resolution contained in document A73/38 until the Seventy-fourth World Health Assembly, on the understanding that the Health Assembly would take up the matter on the basis of a report providing an update on the situation and supplying any pertinent additional information, by the Executive Board, through the Programme, Budget and Administration Committee.

It was so decided.²

¹ Decision WHA73(29).

² Decision WHA73(31).

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE**3. WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL:** Item 12 of the agenda (document A73/9) [transferred from Committee A]

The representative of the UNITED STATES OF AMERICA said that the COVID-19 pandemic had underscored the critical role of health personnel on the front line. In adopting the Global Code of Practice on the International Recruitment of Health Personnel, Member States had agreed to designate a national authority that would report on international recruitment. Health professionals working abroad should be treated fairly, with adequate compensation, freedom of movement and comfortable living conditions. Although 110 Member States had diligently reported the information required under the Global Code of Practice, certain countries had failed to do so. Specifically, one Member State exported some 30 000 medical professionals to more than 60 countries but had never reported on its activities; reporting was particularly important in that case, in which an authoritarian government exported personnel and collected funds from those countries, rather than paying staff directly. Allegations by health personnel of human trafficking and slave labour conditions should be investigated, and the perpetrators held accountable. She urged the Secretariat to redouble efforts to achieve universal reporting under the Code by reminding Member States of their reporting commitments and drawing up a public list of those that had not complied with them.

The representative of TURKEY highlighted the selfless work of health care workers during the COVID-19 pandemic, calling for recognition of their increased responsibilities. Although 2020 had been designated the International Year of the Nurse and the Midwife, celebrations had been disrupted by the pandemic. In order to celebrate nurses and midwives properly, and recognize the sacrifices made by all health care workers during the pandemic, 2021 should be designated as the International Year of Health and Care Workers. Such a step would show gratitude towards those workers and encourage the introduction of policies to promote their well-being. The following draft decision on human resources for health, based on the draft decision contained in document A73/9 and agreed during informal consultations, had therefore been proposed by Albania, Jamaica, Japan, Montenegro, Mozambique, Qatar, Thailand, Turkey and the Member States of the European Union:

The Seventy-third World Health Assembly, having considered the report by the Director-General, as well as that of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel,¹ acknowledging also the synergies with the global agenda on nursing and midwifery in the International Year of the Nurse and the Midwife, and the role of health and care workers at the forefront of fighting the COVID-19 pandemic, decided:

(OP1) to commend the successful conclusion of the work of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel, the leadership of its co-chairs, and the dedication of its distinguished members;

(OP2) to note the report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

¹ Document A73/9.

(OP3) to encourage Member States and all relevant stakeholders to implement the recommendations of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

(OP4) to request that a WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel further assess the Code's relevance and effectiveness following the fifth round of national reporting in 2023–2024, to be presented through the 158th Session of the Executive Board to the Seventy-ninth World Health Assembly;

(OP5) to acknowledge the tireless efforts of health and care workers in response to the COVID-19 pandemic and designate 2021 as the International Year of Health and Care Workers; and

(OP6) to request the Director-General to:

- (a) promote effective implementation of the recommendations of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- (b) to engage WHO at all levels, with Member States and other relevant stakeholders, in making best use of the International Year of Health and Care Workers to advance progress on SDG 3; and
- (c) to engage with all WHO regions to update the Global Strategic Directions for Nursing and Midwifery and, following consultations with Member States, submit this to the Seventy-fourth World Health Assembly for its consideration.

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

Decision:	Human resources for health
A.	Link to the approved Programme budget 2020–2021
1.	Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted: 1.1.5. Countries enabled to strengthen their health workforce.
2.	Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.
3.	Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.
4.	Estimated time frame (in years or months) to implement the decision: Five years.
B.	Resource implications for the Secretariat for implementation of the decision
1.	Total resource requirements to implement the decision, in US\$ millions: US\$ 29.12 million.
2.a.	Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 6.55 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:
Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:
US\$ 11.14 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:
US\$ 11.43 million.
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions
– Resources available to fund the decision in the current biennium:
US\$ 2.00 million.
– Remaining financing gap in the current biennium:
US\$ 4.55 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
US\$ 4.55 million.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.50	0.25	0.25	0.50	0.25	0.25	1.00	3.00
	Activities	0.60	0.45	0.25	0.65	0.30	0.40	0.90	3.55
	Total	1.10	0.70	0.50	1.15	0.55	0.65	1.90	6.55
2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	1.04	0.52	0.52	1.04	0.52	0.52	2.08	6.24
	Activities	1.00	0.65	0.20	1.05	0.45	0.55	1.00	4.90
	Total	2.04	1.17	0.72	2.09	0.97	1.07	3.08	11.14
Future bienniums 2024–2025 resources to be planned	Staff	1.08	0.54	0.54	1.08	0.54	0.54	2.16	6.49
	Activities	0.88	0.68	0.21	1.09	0.47	0.57	1.04	4.94
	Total	1.97	1.22	0.75	2.17	1.01	1.11	3.20	11.43

The representative of AUSTRALIA, paying tribute to the enormous efforts made by health and care workers during the COVID-19 pandemic, welcomed the report of the Expert Advisory Group and reaffirmed her country's commitment to the Global Code of Practice. Her Government was a strong advocate for the ethical recruitment of the health workforce, in line with target 3.c of the Sustainable Development Goals, and supported the draft decision. Indeed, it was important to establish ethical principles and practices through the Code to advance cooperation and information-sharing in that area. She also expressed support for the designation of 2021 as the International Year of Health and Care Workers.

The representative of the PHILIPPINES highlighted the significant role played by migrant health workers in keeping health systems functioning in their host countries during the COVID-19 pandemic. The Global Code of Practice was particularly important for source countries such as her own, and she therefore supported the draft decision. It was essential to strengthen health workforce mobility data; obtain additional information about education financing and student mobility, bilateral agreements and private recruiters; capture the experiences of migrant health workers; and develop indicators and options to address critical shortages. Additional support should be provided to source countries, in the form of capacity-building to develop, implement and monitor national and international policies relating to health workforce mobility; mechanisms for sharing knowledge on international recruitment management and health personnel mobility; and data on policies, regulations and global bilateral agreements.

The representative of THAILAND welcomed the report of the Expert Advisory Group, noting the ongoing implementation challenges associated with the Global Code of Practice and the Code's particular relevance to the International Year of the Nurse and the Midwife in the context of increased mobility among nurses. He supported the designation of 2021 as the International Year of Health and Care Workers, as it could be harnessed to advance progress towards target 3.c of the Sustainable Development Goals, and thereby universal health coverage as in target 3.8. All three levels of the Organization should recognize the important contribution of health care workers to maintaining essential health services during the COVID-19 response, and strive to improve their working conditions.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, commended the work carried out by the Expert Advisory Group. Noting the growing relevance of the Global Code of Practice and the remaining critical gaps in its implementation, she expressed particular support for the recommendation urging all Member States to mobilize the necessary investments in the education, recruitment and retention of health workers to effectively deliver universal health coverage. The further assessment of the Code's relevance and effectiveness following the fifth round of national reporting would also be critical, and she reaffirmed her Region's commitment to implementation of the report's recommendations. In recognition of the health care personnel who had worked tirelessly during the COVID-19 pandemic, her Region supported the designation of 2021 as the International Year of Health and Care Workers; the event should be used to advance progress towards Sustainable Development Goal 3.

The representative of SINGAPORE expressed support for action to recognize health and care workers, noting that they had been central to the COVID-19 response. Their safety should be a key priority, and his Government had taken steps to provide them with protective equipment and duly compensate them for their work. Wider society also had to play its part in limiting transmission of the disease; efforts to stop the pandemic should be maintained to ensure that the sacrifices of health care workers were not wasted.

The representative of ARGENTINA welcomed the recommendations made by the Expert Advisory Group. She agreed that the education and employment of health workers was central to ensuring access to health services and noted the increasing relevance of the Global Code of Practice, given the growing international mobility of health workers. The Code also had significant potential to advance core elements of the 2030 Agenda for Sustainable Development. She therefore supported the draft decision and called on all Member States and relevant stakeholders to fully implement the recommendations made in the report.

The representative of CHINA agreed that the Global Code of Practice remained relevant as a significant legal tool for addressing global challenges in managing health personnel and strengthening health systems, particularly in relation to the 2030 Agenda for Sustainable Development, including the realization of universal health coverage. However, the gaps in implementation undermined its role; despite increased reporting by Member States, participation was still limited, largely due to the weakness

of the Code's information-sharing, monitoring and institutional mechanisms, which led to insufficient implementation capacity. He supported the draft decision, stressing the importance of allocating sufficient unearmarked funds to support the Secretariat's health workforce activities. In addition, the Secretariat should support developing countries in creating responsive health workforce information systems to allow them to obtain more comprehensive data on the scale of migration, health workforce needs and policy implications. An updated list of the countries with critical health workforce shortages should be appended to the draft decision.

The representative of BRAZIL agreed that the Global Code of Practice was a key tool for global dialogue and cooperation to address the challenges of international mobility among health professionals. He therefore urged the Director-General to push for universal reporting and called for all relevant stakeholders to implement the report's recommendations. Acknowledging the synergies with the celebration of the International Year of the Nurse and the Midwife, he observed that the COVID-19 pandemic had increased the visibility of health professionals. He therefore supported the draft decision on human resources for health, including the designation of 2021 as the International Year of Health and Care Workers.

The representative of NORWAY expressed gratitude towards health workers, noting their role in both fighting the COVID-19 pandemic and enabling progress towards universal health coverage. Given the relevance of the Global Code of Practice and its centrality to the universal health coverage and health security agenda, the Secretariat and all Member States needed to ensure its full potential was realized by taking the steps necessary for implementation. She supported the draft decision.

The representative of JAPAN said that the work of nurses and midwives contributed significantly to progress towards health for all, and more broadly to the Sustainable Development Goals and gender equality. He therefore supported the draft decision on human resources for health, including the proposal to celebrate the International Year of Health and Care Workers in 2021. Global cooperation to increase investment in the health care workforce was needed. To promote the implementation of the Global Code of Practice, national strategic plans and education provision should be strengthened, paying particular attention to countries reliant on overseas training for their health personnel, such as the Pacific island countries. His Government would continue to work with other Member States on training programmes and regulations for the health workforce.

The representative of the RUSSIAN FEDERATION welcomed the report, noting the emphasis placed on increasing government accountability and financial support. In addition to improving implementation of the Global Code of Practice, the Secretariat needed to inform the international community more widely of its principles and objectives, and share experiences and best practices. Highlighting his Government's work with neighbouring countries to support implementation of the Code, he stressed the importance of complying with its provisions during the international hiring of medical personnel. He supported the draft decision and the designation of 2021 as the International Year of Health and Care Workers.

The representative of KENYA, drawing attention to the correlation between the size of a country's health workforce and its health outcomes, said that human resources were a core component of health systems. Noting that WHO had estimated that there would be a global shortfall of 18 million health workers by 2030, she welcomed the recommendations of the Expert Advisory Group and shared its concerns regarding the gaps in implementation of the Global Code of Practice, particularly in areas most severely affected by health workforce challenges. The increasing international mobility of health personnel reaffirmed the Code's relevance; Member States should therefore contribute to implementation of the recommendations, with the Director-General facilitating that work by maintaining an up-to-date list of countries with critical health workforce shortages. She supported the designation of 2021 as the International Year of Health and Care Workers.

The representative of MEXICO said that, during the International Year of the Nurse and the Midwife, the invaluable contributions of those health professionals towards achieving the Sustainable Development Goals should be highlighted. Significant challenges remained in the areas of training, recruitment and geographical mobility of health workers; he therefore welcomed the work of the Expert Advisory Group. He agreed on the importance of improving implementation of the Global Code of Practice, strengthening international cooperation and financing opportunities, and prioritizing countries with a low service coverage index and low density of personnel. He would welcome further information on the difficulties countries faced in relation to public sector health personnel and on the effect of incentives within a globalized labour market; although worker mobility could enrich systems, over time it could lead to shortages in low- and middle-income countries. Country information should also be shared with Member States to help improve data collection, education, governance and partnerships. He expressed support for the designation of 2021 as the International Year of Health and Care Workers.

The representative of CUBA said that health workers formed the basis of strong, resilient health systems and were fundamental to securing progress towards the Sustainable Development Goals, including the achievement of universal health coverage in developing countries. Detailing his Government's approach to training human resources for health, he drew attention to its programmes for training health workers from around the world, notably from communities lacking in health care services; that collaboration was a transparent, widely recognized expression of global solidarity that helped strengthen health systems. Policies to stimulate the selective migration of health care workers harmed the health of populations.

The representative of JAMAICA said that, in vulnerable countries such as her own, the continued loss of health personnel was generating a crisis in health service delivery that was further exacerbated by the COVID-19 pandemic. Without urgent attention, it could undermine gains in health development and hinder recovery from the pandemic. Although the Global Code of Practice was a framework that offered a good response to the issues surrounding health personnel migration and health system strengthening, persistent gaps in implementation meant that it had not remedied the global shortage of health workers. She shared the view that investment in the health workforce was required to achieve priority health and broader development goals, including gender empowerment. She supported the recommendations contained in document A73/9 and the draft decision. The International Year of the Nurse and the Midwife would hopefully bring greater recognition of the often undervalued role of those health professionals.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the recommendations contained in document A73/9 and for the draft decision. The COVID-19 pandemic had underlined the vital importance of health workers, whose efforts also contributed towards the health-related Sustainable Development Goals. The Global Code of Practice was essential to guide Member States' efforts to mobilize the necessary investments in health personnel education, recruitment and retention, as part of the effective delivery of universal health coverage. His Government, recognizing its responsibilities as a destination country, sought to act in accordance with the Code, notably by maintaining safeguards against active recruitment from countries with the greatest workforce vulnerability in relation to universal health coverage. It would also forge international partnerships to address the global shortage of health workers and support countries with the most vulnerable health systems.

The representative of ZIMBABWE welcomed the call for Member States to mobilize the necessary investments in the education, recruitment and retention of health workers to effectively deliver universal health coverage. It was a cause of concern that escalating international health worker migration threatened the achievement of universal health coverage; the Global Code of Practice called for effective and appropriate technical support, and support for health personnel retention and training in source countries. She therefore welcomed the recommendation urging leading destination countries and development partners to commit multi-year flexible funds to the implementation of the Code, and

encouraged destination countries to collaborate with source countries to strengthen capacities. She supported the draft decision and the designation of 2021 as the Year of Health and Care Workers.

The representative of INDONESIA commended the focus in the report on strengthening implementation of the Global Code of Practice and supporting countries to improve their universal health coverage service coverage index and health workforce density. It was concerning that certain destination countries used the Code to penalize her country by restricting the active recruitment of Indonesian health workers based on the outdated list of countries with critical health workforce shortages in the 2006 World Health Report. Stressing her Government's commitment to using the Code to strengthen its national health system and promote ethical international migration, she called on the Secretariat to support Member States in developing their information systems and providing updated data on their health workforce. She supported the draft decision on human resources for health.

The representative of AZERBAIJAN said that the COVID-19 pandemic had demonstrated the important role of the health workforce. She welcomed supported the draft decision.

The representative of MYANMAR said that the COVID-19 pandemic had placed health care workers under additional physical and mental strain. She therefore supported the designation of 2021 as the International Year of Health and Care Workers in recognition of their dedication.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that forced migration was driven by health privatization, public–private partnerships and cuts in public spending and public-sector wages; investment in the local health workforce would reduce dependence on international migration. Better enforcement of the Global Code of Practice was needed. It should be made a binding document and a prerequisite for all labour migration agreements, with its promotion and application underpinned by social dialogue with health workers' unions.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that high-income countries should boost training to become self-sufficient in nursing personnel, as the large-scale international recruitment of nurses dangerously weakened health systems. A self-sufficiency indicator would help policy-makers identify the extent of dependence on international migration and enable monitoring of the commitments made under the Global Strategy on Human Resources for Health: Workforce 2030.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that, although the proposed methodology for identifying countries facing critical health workforce shortages was innovative and data-driven, it ignored vital workforce characteristics. Member States should review the methodology and include more multidimensional analysis. The lack of transparency in the development of bilateral labour agreements on health worker mobility was a concern; WHO should fast-track the formulation of guidelines based on open consultations with stakeholders.

The DIRECTOR (Health Workforce) thanked Member States and other partners for their excellent collaboration during the International Year of the Nurse and the Midwife; their joint work would continue as the Secretariat updated the *Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020*. Efforts would also continue to address gaps in implementation of the Global Code of Practice and publish updated guidance on bilateral agreements, with a view to promoting their transparency. The updated list of countries with critical health workforce shortages would be published shortly, while all relevant stakeholders would be asked for input on the fourth round of national reporting on the Code. The public data available on the WHO website would be improved to allow Member States to compare it more effectively. He had also noted the support for a gender-transformative approach to health labour migration policies, which would be incorporated into future activities. Lastly, the

Secretariat would support the designation of 2021 as the International Year of Health and Care Workers, if that was so decided.

The CHAIR took it that the Committee wished to approve the draft decision on human resources for health.

The draft decision was approved.¹

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

4. PROGRESS REPORTS: Item 23 of the agenda (documents A73/32 and A73/32/Add.1)

The CHAIR drew the attention of the Committee to the progress reports submitted under item 23 of the agenda, which had been considered under the written silence procedure.

- A. Global action plan on the public health response to dementia 2017–2025 (decision WHA70(17) (2017))**
- B. Towards universal eye health: a global action plan 2014–2019 (resolution WHA66.4 (2013))**
- C. Eradication of dracunculiasis (resolution WHA64.16 (2011))**
- D. Improving the prevention, diagnosis and clinical management of sepsis (resolution WHA70.7 (2017))**
- E. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1(2007))**
- F. Addressing the burden of snakebite envenoming (resolution WHA71.5 (2018))**
- G. Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))**
- H. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))**
- I. Health and the environment: road map for an enhanced global response to the adverse health effects of air pollution (decision WHA69(11) (2016))**
- J. Female genital mutilation (resolution WHA61.16 (2008))**
- K. Public health dimension of the world drug problem (decision WHA70(18) (2017))**
- L. The WHO strategy on research for health (resolution WHA63.21 (2010))**

The Committee noted the reports.

The meeting rose at 12:10.

¹ Decision WHA73(30).

FIFTH MEETING

Thursday, 12 November 2020, at 10:05

Chair: Ms E. WILDE (Australia)

1. SECOND REPORT OF COMMITTEE B (document A73/46)

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

The report was adopted.¹

2. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN: Item 17 of the agenda (document A73/15)

The CHAIR drew attention to a draft decision proposed by Algeria, Cuba, Egypt, Iraq, Jordan, Lebanon, Malaysia, Morocco, Pakistan, Palestine, Qatar, Sudan, the Syrian Arab Republic, Tunisia, Turkey, the United Arab Emirates, the Bolivarian Republic of Venezuela and Yemen, which read:

The Seventy-third World Health Assembly, taking note of the report by the Director-General requested in decision WHA72 (8) (2019),² 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-fourth 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 ensure sustainable procurement of WHO prequalified vaccines and medicine and medical equipment to the occupied Palestinian territory in compliance with international humanitarian law and WHO norms and standards;
- (4) to continue strengthening partnerships with other United Nations agencies and partners in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan to enhance humanitarian health response capacities by delivering aid and protection in an inclusive and sustained manner during pandemic of coronavirus disease (COVID-19) and after the pandemic crisis;
- (5) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;

¹ See page 137.

² Document A73/15.

- (6) 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;
- (7) to support the development of the health system in the occupied Palestinian territory, including east Jerusalem, by focusing on the development of human resources, in order to localize health services, decreasing referrals, reducing cost, strengthening provision of mental health services and maintaining strong primary health care with integrated complete appropriate health services; and
- (8) 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 draft decision were:

Decision:	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A. Link to the approved Programme budget 2020–2021	
1. Outputs in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p> <p>4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13</p> <p>4.3.4. Safe and secure environment with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	One year (November 2020–November 2021).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 17.8 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 17.8 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	Not applicable.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions	
–Resources available to fund the decision in the current biennium:	US\$ 17.8 million.
–Remaining financing gap in the current biennium:	Not applicable.
–Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	3.8	–	–	3.8
	Activities	–	–	–	–	14.0	–	–	14.0
	Total	–	–	–	–	17.8	–	–	17.8
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of SOUTH AFRICA said that the deteriorating socioeconomic and health conditions in the occupied Palestinian territory, including east Jerusalem, were of concern. Universal achievement of the Sustainable Development Goals, in particular Goal 3 (Ensure healthy lives and promote well-being for all at all ages), could not be realized without addressing the health conditions of the Palestinian people. She expressed grave concern that the basic principles of human rights and international humanitarian law continued to be ignored in the ongoing conflict. The Israeli permit regime was particularly concerning, while the restrictions on the entry of medical items to the Gaza

Strip and the prevention of access to mobile clinics were callous. She called on the Israeli Government to immediately put an end to the closure of the occupied Palestinian territory, in particular the closure of crossing points in the Gaza Strip; abandon policies and measures that had led to the current dire health conditions and severe shortages of food, fuel and water in the Gaza Strip; and facilitate the access of Palestinian patients, medical staff and ambulances to Palestinian health institutions in occupied east Jerusalem. Her Government fully supported the right of the Palestinian people to self-determination and to health care without discrimination, as well as the need for continued support for essential services and the Palestinian economy. She expressed full support for the draft decision.

The representative of the SYRIAN ARAB REPUBLIC said that the Israeli occupation's restrictive and discriminatory practices in the occupied Syrian Golan detrimentally affected the living and health conditions of its Syrian population and undermined their ability to access health care services. The spread of mines in and around the occupied Syrian villages and the dumping of toxic waste seriously threatened the lives and health of the population, especially children. He called on WHO to: mobilize international support to build an integrated hospital run by Syrian doctors from the occupied Syrian Golan; establish centres specializing in rehabilitation and mental health; support emergency services provided by Syrian non-governmental organizations; and stop discriminatory Israeli policies that violated the right of the Syrian population to water and sanitation.

Health Assembly decisions on the matter must be implemented without restrictions or conditions by the occupying power. Preventing WHO from conducting field assessments in the occupied Syrian Golan constituted a violation of the legal obligations of Israel. Assessments of the health situation of the population in the occupied Syrian Golan must go beyond simple access to health services and must examine the health conditions of detainees in occupation prisons. WHO should consult all concerned parties before reporting, including the Syrian Government, whose concerns relating to illegal Israeli practices in the occupied Syrian Golan should be taken into consideration. In line with decision WHA72(8) (2019), the Organization's recommendations should be based on field monitoring, and the Director-General's reports should take into account the legal status of the Syrian Golan as an occupied territory and the legal obligations of the occupying power, as well as United Nations Security Council resolution 497 (1981).

The representative of MOZAMBIQUE said that the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan remained challenging, and the Palestinian people continued to be deprived of adequate basic health services. International law must be fully respected, as well as the right of the Palestinian people to self-determination. He reiterated his Government's solidarity with the Palestinian people and encouraged WHO to continue to provide support and technical support. The contributions of donor countries to build and strengthen the Palestinian health system were commendable. He welcomed the strategic priorities and recommendations contained in the report and fully supported the draft decision.

The representative of BANGLADESH expressed deep concern about the substantial increase in violence against Palestinians, including women and children. The ongoing blockade, expansion of illegal settlements and successive conflicts had considerably impacted the capacity of the health sector, access to health care, including for Palestinian prisoners in Israeli detention, and the mental health of Palestinians. She called on WHO to continue providing technical support and human and financial resources, and to ensure the sustainable procurement of WHO prequalified health products. Moreover, WHO should continue to develop its partnerships with other United Nations agencies and partners to enhance humanitarian health response capacities by delivering aid and protection during and after the coronavirus disease (COVID-19) pandemic. The international community must support a two-State solution based on the pre-1967 borders, with east Jerusalem as its capital. She supported the draft decision.

The representative of ISRAEL said that the draft decision politicized WHO, allowing it to be misused, and shifted the focus of the agenda of the Health Assembly from global health challenges,

including the COVID-19 pandemic, to a political attack. In addition, the draft decision did not reflect the reality on the ground, did not have an interest in improving the lives of the Palestinian people, and would not affect their health systems. Her Government supported the work of WHO in assisting and promoting the Palestinian health system for the benefit of the Palestinian people. The Israeli Government had strengthened its cooperation with the Palestinian authorities to prevent, mitigate and tackle the spread of COVID-19 in the region, including through sharing information, cooperating with Palestinian medical teams, delivering personal protective equipment and treating Palestinians in Israeli hospitals.

The Syrian Arab Republic, one of the delegations proposing the draft decision, was a regime that used chemical weapons on its citizens and deliberately targeted and destroyed health centres, threatened WHO staff and prevented the delivery of health care. A report on the findings of a WHO field visit to the Golan Heights in 2017 had concluded that there were no significant barriers to accessing primary, secondary or tertiary health care, including for the most vulnerable members of the community, and that access to health care in the Golan Heights was the same as anywhere in Israel. However, owing to pressure from the Syrian Government, the report had never been published. She called on Member States not to assist in the distortion, abuse and politicization of the Health Assembly. She objected to the draft decision and called for a roll-call vote.

The representative of the UNITED STATES OF AMERICA said that the draft decision failed to meet the shared objective of a Health Assembly focused purely on public health; rather, it perpetuated the politicization of the Health Assembly by singling out a country on a political basis. It was disappointing that certain parties had refused the opportunity to engage in a practical, sensible dialogue and had instead made clear their preference for politicized speeches over productive discussions. The draft decision would fall short in its attempt to improve the health of Palestinians and would not help to advance the cause of lasting and comprehensive peace between Israel and the Palestinians. He opposed its adoption and supported the call by the representative of Israel for a roll-call vote.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, offered his condolences on the recent death of Mr Saeb Erekat, a Palestinian peace negotiator. He expressed his continued concern about the living and health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which contravened international humanitarian law and had become particularly worrying in the light of the devastating impact of the COVID-19 pandemic. He called for all obstacles hindering the enjoyment of the fundamental right to health to be lifted; for civilians, health workers and health infrastructures to be protected; and for all relevant international and regional decisions and resolutions, including those of the African Union, to be respected. He commended WHO's support, including technical support and welcomed the strategic priorities contained in the report. The effective implementation of all WHO recommendations was essential. The Organization must ensure the delivery of technical support and capacity-building support during and after the COVID-19 pandemic, as well as the procurement of the necessary vaccines and medical products. He expressed support for the draft decision.

The representative of CUBA, drawing attention to the continued and worsening violation of the inalienable right to health of the Palestinian people, highlighted the need for international solidarity and multilateralism, in particular in view of the COVID-19 pandemic. Although the work undertaken in relation to the four strategic priorities was commendable, much remained to be done. The high level of violence was of concern, as were the repercussions on the health of the Palestinian people and the continued attacks on health facilities and health workers. The report should pay greater attention to the deterioration in the living and health conditions of the Syrian populations in the occupied Syrian Golan and their lack of access to primary and secondary health care services. The statements made by the representatives of Israel and the United States of America were regrettable. He underscored the importance of implementing the recommendations set out in the report.

The representative of TURKEY said that the continuing expansion of illegal settlements by Israel was a source of concern. Her Government would continue to provide development and humanitarian support to the Palestinian people to improve their health and living conditions, including through the provision of medical supplies and facilities, and financial contributions. Her Government was committed to supporting UNRWA politically and financially. She commended the efforts of WHO and other United Nations agencies to alleviate the suffering of the Palestinian people and called on the international community to increase its assistance to end the ongoing humanitarian crisis. As a co-sponsor of the draft decision, her Government invited all Member States to support it.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the continued occupation of the Palestinian territory and ongoing restrictions on the movement of people had profoundly affected health care provision and health conditions, leading to severe pressure on the health system and shortages in basic supplies. Strengthened technical support should be provided to the public health sector. Mental health represented a significant public health challenge in the occupied Palestinian territory. The policy of gross discrimination pursued by the Israeli regime had led to a deterioration in the living and health conditions of the Syrian populations in the occupied Syrian Golan and was a blatant violation of their right to health. The Israeli regime continued to prevent WHO from conducting a field assessment, which could explain why the report fell short of reflecting the actual health situation on the ground. The international community should take all necessary measures to stop the inhumane actions of the Israeli regime, and to help alleviate the suffering of the people in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that her Government backed the call to provide the necessary support, including technical support to meet the health care needs of the Palestinian people, in cooperation with the International Committee of the Red Cross, and to promote capacity-building and the development of targeted programmes to combat specific diseases. The sustainable procurement of WHO prequalified vaccines and medicine must be ensured and partnerships with other United Nations agencies and partners strengthened. The restrictions imposed, in addition to the blockade of the Gaza Strip and the poor availability and contamination of drinking water, had exacerbated the deterioration in health care services. The Palestinian people, in particular women, children and older persons, were prevented from freely exercising their economic, social and cultural rights, and were facing the COVID-19 pandemic with a lack of medical supplies and a failing health system. Her Government supported the legitimate right of the Palestinian people and the people of the occupied Syrian Golan to health services, medicines and other supplies, and called for the allocation of adequate human and financial resources. It firmly supported a fair, lasting and peaceful solution based on a two-State solution in accordance with pre-1967 borders, with east Jerusalem as its capital.

The observer of PALESTINE thanked WHO for the support provided to the Palestinian health sector. The statement by the representative of Israel, the occupying power, that the Israeli Government had not placed any obstacles on the health situation in the occupied Palestinian territory was categorically not true. The issue was indeed politicized, but it was the Government of the United States of America that was politicizing it. In 2019, the Government of the United States of America had stopped its financial support for hospitals operating in Jerusalem for children with eye diseases and cancer, which constituted a politicization of health and a violation of the WHO Constitution, Sustainable Development Goal 3 and the 2030 Agenda for Sustainable Development.

The Director-General's report did not fully reflect the situation. Humanitarian workers, emergency services, medical teams and ambulances had been targeted and attacked, preventing them from providing health care and assistance, including to injured and wounded people and those with COVID-19. Ongoing harassment and the imposition of restrictions had further limited access to health care and medical supplies. In addition, more than 200 Palestinian prisoners in Israeli prisons had died in detention to date as a result of medical negligence and lack of access to health care services. Action

must be taken to tackle the outbreaks of COVID-19 in detention centres, including by reducing overcrowding and implementing personal protective measures to minimize the loss of life, in line with international humanitarian law and relevant international agreements. He did not accept the version of events provided by the occupying power and called for all deaths of prisoners to be investigated. WHO should continue to provide support and technical assistance to the Palestinian health services. He called on Israel to respect its obligations as a member of WHO and uphold the principles of the WHO Constitution.

The representative of TUNISIA reiterated her Government's deep concern about the health conditions in the occupied Palestinian territory and the suffering of the Palestinian people owing to the restrictions imposed. The resulting difficulties in accessing emergency services, medicines and vaccines were a clear violation of the universal right to health. It was essential to ensure that the Palestinian people were taken into account in COVID-19 response efforts, including through the provision of protective equipment, vaccines and treatment. She called on WHO to provide capacity-building and technical support to the Palestinian Authority to ensure the provision of health care, including for prisoners and detainees, and to monitor the health situation in the occupied Syrian Golan in line with its mandate and relevant Health Assembly resolutions. Her Government supported the draft decision, which was technical in nature, and urged Member States to adopt it.

The representative of BRAZIL acknowledged the health-related challenges faced by the Palestinian people and said that her Government was ready to maintain its constructive engagement on the matter. WHO had a comprehensive mandate to monitor health situations around the world, which provided the basis for the technical treatment of the issue, without the need either to politicize the discussion or to single out individual Member States, such as Israel. Her Government would not be supporting the draft decision.

The representative of SUDAN, speaking on behalf of the Arab Group, said that all obstacles to health care should be removed. The Director-General should submit a report in 2021 on the progress made regarding the implementation of the recommendations in document A73/15 on the basis of a field assessment. It was vital to continue providing capacity-building and technical support to ensure health care for all people in the occupied Palestinian territory and in the occupied Syrian Golan, including prisoners and detainees, in cooperation with the International Committee of the Red Cross. He welcomed the coordination work carried out by WHO, as well as its collaboration with the Palestinian Ministry of Health, Gavi, the Vaccine Alliance, and UNICEF to facilitate access to and distribution of vaccines, as well as its efforts to provide integrated support during and after the COVID-19 pandemic. The draft decision was technical in nature and should be adopted by consensus.

The representative of MALDIVES said that the differences between the health outcomes of Israeli settlers and Palestinians living in the same territory were deeply concerning. The reduced availability of essential medicines, limited access to specialized care and health care, and restrictions on the movement of patient companions and health workers were also of concern. He called on the Israeli authorities to support joint efforts to improve the health conditions of the Palestinian people and to ensure unhindered access for patients requiring health services. Partners should promote the development of the Palestinian health sector and enhance efforts to strengthen the protection of the Palestinian people. His Government remained a firm supporter of the internationally agreed two-State solution based on the 1967 borders, with east Jerusalem as its capital, and supported collective efforts to secure a more peaceful, prosperous and healthier future for the populations living in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. It supported the draft decision and wished to be added to the list of sponsors.

The representative of CHINA expressed appreciation for WHO's efforts to provide support and technical assistance to the populations in the occupied Palestinian territory and in the occupied Syrian Golan to improve the local health system and its ability to respond to emergency health conditions,

natural disasters and noncommunicable diseases. The humanitarian plight of the Palestinian people must not be ignored. His Government had provided support in response to the COVID-19 pandemic, including by delivering medical equipment and supplies, and donating to UNRWA. He urged all parties to combat the pandemic in solidarity and to find a comprehensive, permanent and impartial solution to the peace process.

The representative of MALAYSIA commended WHO's efforts to improve the public health system and provide health-related technical support to the populations in the occupied Palestinian territory. The deterioration of economic and health conditions was deeply concerning and constituted a violation of international humanitarian law. The international community should take urgent action to address the issues highlighted in the report. The prolonged occupation had affected the capacity to contain the spread of COVID-19 and exacerbated pre-existing shortages in health care equipment and medical supplies. The Israeli authorities must ensure unhindered access for patients requiring health services and the free movement of people and goods. It was imperative to guarantee and preserve universal coverage of health services, and the Palestinian health system must be allowed to resume its function as soon as possible. Her Government had sponsored the draft decision, reflecting its strong position on the matter.

The representative of INDONESIA said that the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan were becoming increasingly alarming. The COVID-19 pandemic was exacerbating the public health conditions in the occupied Palestinian territory, in particular in Gaza, and further threatening the health conditions of the already vulnerable populations. She strongly encouraged the timely granting of permits for the movement of patients and their companions, ambulances, medical personnel and mobile clinics. She supported WHO's efforts and commended the contributions of Member States towards strengthening the health care system and improving the health conditions in the occupied Palestinian territory and in the occupied Syrian Golan, noting that her Government continued to contribute to UNRWA. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of EGYPT expressed concern about the deteriorating health situation in the occupied Palestinian territory and the suffering of the Palestinian people, including the lack of access to basic public health care services and primary health care. The blockade of the Gaza Strip was having a particularly severe impact on vulnerable populations, including women, children and persons with disabilities. It was vital to take into account the effects of the COVID-19 pandemic on the already fragile Palestinian health system. The Israeli authorities must ensure the provision of health care in accordance with international humanitarian law. WHO must continue to address the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, and strengthen the coordination of humanitarian efforts. He urged the international community to take all necessary action to support the Palestinian health sector and ensure access to essential services.

The representative of LEBANON said that the ongoing occupation and blockade had led to a notable deterioration in physical and mental health indicators among the Palestinian people. The health conditions of prisoners and detainees in Israeli prisons were of additional concern. The restrictions imposed prevented the Palestinian health authorities from carrying out their work, including in combating the COVID-19 pandemic. Assistance from WHO and others was required to restore the right to health of the Palestinian people. The international community must increase funding for WHO programmes and meet the funding shortfalls faced by UNRWA. Updated and reliable information should be provided on the living and health conditions in the occupied Syrian Golan. He supported the draft decision and urged other Member States to do so.

The representative of PAKISTAN expressed deep concern regarding the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The blockade and restrictions had resulted in the denial of access to secondary and tertiary

health services, a lack of medicines and delayed vaccine delivery. He also noted with concern the increased impact of the occupation on mental health. Appreciating the support, including technical support provided thus far by WHO to modernize health services and ensure that the health system was able to respond to ongoing and emerging challenges, he emphasized that more needed to be done. Support must be provided to enable UNRWA to ensure the sustainable procurement of WHO prequalified vaccines and medicines, as well as medical equipment. He fully supported the draft decision and called for collective efforts to ensure a just, comprehensive and lasting peace.

The representative of IRAQ reaffirmed the need to provide technical support and facilitate capacity-building, in cooperation with the International Committee of the Red Cross, to ensure that Palestinians, including prisoners and detainees, had access to health care. International organizations must be granted access to the occupied Syrian Golan on a regular basis in order to adequately assess the health and living conditions. The policies of the occupying power had led to a deterioration of health and living conditions, reduced access to primary and secondary health care services and vaccines, and impacted the cost of health care services. He supported the draft decision, which would allow WHO to continue to fulfil its mandate.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA commended the humanitarian activities carried out by WHO and other United Nations agencies to alleviate the suffering of the Palestinian people. He supported the recommendations in the report, including the need to ensure that all Palestinians had access to health care, particularly during and after the COVID-19 pandemic. WHO should continue to support efforts to enhance health response capacities in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. He supported the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND remained deeply concerned regarding the health situation and needs in the occupied Palestinian territory. The conflict had affected the health and well-being of millions of civilians; a situation that had been compounded by the COVID-19 pandemic. He encouraged United Nations agencies, the Israeli Government and the Palestinian Authority to work together to ensure that essential medical supplies and health workers reached the most vulnerable areas, including Gaza. His Government was contributing financial, practical and medical support to the COVID-19 response in the occupied Palestinian territory. The restrictions placed on the freedom of movement of medical professionals, patients and their families between Gaza and the West Bank, including their effect on the delivery of health and humanitarian services and the professional development of humanitarian and health workers, were of particular concern. However, despite the many challenges, WHO must not become politicized and a uniform approach should be taken to all conflicts, civil wars and political impasses. Therefore, he did not support the draft decision.

The representative of ZIMBABWE reiterated his Government's support for the Palestinian people, particularly in the light of the deteriorating health conditions in the occupied Palestinian territory. He welcomed the ongoing support provided by WHO and the international community and expressed support for the draft decision.

The representative of LIBYA supported the draft decision. He reaffirmed his Government's support for the Palestinian people. Access to health care, especially primary health care services, must be restored in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

In response to a question raised by the representative of the Islamic Republic of Iran, the CHAIR said that Member States would be invited to take the floor in explanation of vote once the vote had been completed.

The CHAIR said that, at the request of the representative of Israel, the Committee would proceed to a recorded vote on the draft decision.

At the invitation of the CHAIR, the LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with paragraphs 14 and 15 of the special procedures for the Seventy-third World Health Assembly, contained in the Annex to document A73/42. Practical guidance on the voting procedure was provided in document A73/INF./5. The names of the Member States would be called in the French alphabetical order, starting with Tajikistan, the letter T having been determined by lot. 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: Antigua and Barbuda, Central African Republic, Chad, Comoros, Congo, Gambia, Guinea, Kiribati, Niue, Senegal, Solomon Islands, Somalia, South Sudan and Venezuela (Bolivarian Republic of).

The result of the vote was:

In favour: Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belgium, Belize, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brunei Darussalam, Chile, China, Cuba, Democratic People's Republic of Korea, Djibouti, Ecuador, Egypt, El Salvador, France, Guyana, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Japan, Jordan, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Malta, Mauritius, Mexico, Monaco, Morocco, Mozambique, Namibia, New Zealand, Nicaragua, Niger, Oman, Pakistan, Panama, Paraguay, Peru, Poland, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Singapore, South Africa, Spain, Sri Lanka, Sudan, Switzerland, Syrian Arab Republic, Thailand, Tunisia, Turkey, Uganda, United Arab Emirates, Viet Nam, Yemen, Zimbabwe.

Against: Australia, Brazil, Cameroon, Canada, Czech Republic, Eswatini, Germany, Honduras, Hungary, Israel, Micronesia (Federated States of), Slovenia, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Austria, Barbados, Bulgaria, Colombia, Croatia, Cyprus, Denmark, Dominican Republic, Estonia, Fiji, Finland, Greece, Guatemala, Haiti, Iceland, Italy, Kenya, Latvia, Lithuania, Madagascar, Montenegro, Netherlands, North Macedonia, Norway, Philippines, Republic of Moldova, Romania, San Marino, Slovakia, Sweden, Ukraine, Uruguay.

Absent: Albania, Andorra, Bahamas, Benin, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cook Islands, Costa Rica, Côte d'Ivoire, Democratic Republic of the Congo, Dominica, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Georgia, Ghana, Grenada, Guinea-Bissau, Kazakhstan, Lesotho, Liberia, Malawi, Mali, Marshall Islands, Mauritania, Mongolia, Myanmar, Nauru, Nepal, Nigeria, Palau, Papua New Guinea, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sao Tome and Principe, Serbia, Seychelles, Sierra Leone, Suriname, Tajikistan, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, United Republic of Tanzania, Uzbekistan, Vanuatu, Zambia.

The draft decision was therefore approved by 78 votes to 14, with 32 abstentions.¹

The Committee noted the report.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA73(32).

The representative of CANADA, speaking in explanation of vote, expressed concern at the continued inclusion of a stand-alone political item on the agenda of the Health Assembly, which was a technical body that should avoid politicization and focus on global health outcomes. That was particularly important in the context of the global COVID-19 pandemic. Her Government advocated a fair-minded approach and rejected one-sided solutions and any politicization of the issue; it remained supportive of efforts to obtain a comprehensive, just and lasting peace negotiated directly between the parties. It backed WHO support for health system strengthening and medical support for the Palestinian people, especially children and women, who were disproportionately affected by inadequate health care services and access to medicines; a situation exacerbated by the burden of COVID-19 on health care systems. However, as her Government had been concerned that the decision was still unduly politicized, it had been unable to support it.

The representative of NORWAY, speaking in explanation of vote and also on behalf of Iceland, said that the Health Assembly was no place for politics; its resolutions and decisions should be technical, results-oriented and serve global public health. She called on Israelis and Palestinians to work constructively with each other and with the Secretariat to reach a consensus in the future. While continuing to support the development of the Palestinian health system, the Governments of Norway and Iceland had abstained from the vote.

The representative of the ISLAMIC REPUBLIC OF IRAN said that health was a fundamental right, and it was regrettable that some people were deprived of that right as a result of the blockade. The health system in the occupied Palestinian territory was operating under severe pressure, with shortages in basic supplies and widespread damage to infrastructure and services. There were limitations on the freedom of movement of patients and health care personnel, as well as on the import of vaccines from particular countries, which jeopardized the vaccination programme and health security. Furthermore, WHO did not have unrestricted access to the occupied Palestinian territory or the occupied Syrian Golan to monitor the health situation on a regular basis. WHO should step up its work with other United Nations agencies and partners to enhance humanitarian health response capacities.

The representative of the SYRIAN ARAB REPUBLIC, exercising his right to reply, said that the digression from the agenda item had been to divert attention from the illegal practices of Israel as an occupying power. The representative of the occupation authorities had sought to provide a misleading picture of the situation in the Arab occupied territories. WHO, under its Constitution, was required to periodically assess the occupied Syrian Golan without any conditions or restrictions by the Israeli occupation authorities and present a comprehensive report on the situation. With regard to the report cited by the representative of the Israeli occupation authorities, the WHO field assessment team had been unable to conduct a comprehensive and thorough assessment in 2017 owing to the restrictions imposed and misleading data provided by the occupying authorities, and the previous Director-General had deemed the report incomplete. The Israeli regime had continued to restrict WHO field visits to the occupied Syrian Golan, in violation of its legal obligations and the relevant United Nations Security Council resolutions.

The representative of KAZAKHSTAN expressed support for the decision and the need to improve the health and living conditions of the populations in the occupied territory.

3. THIRD REPORT OF COMMITTEE B (document A73/47)

The RAPPORTEUR read out the draft third report of Committee B.

The report was adopted.¹

4. CLOSURE OF THE MEETING

After the customary exchange of courtesies, the CHAIR declared the work of Committee B completed.

The meeting rose at 14:05.

¹ See page 138.

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 A

First report¹

[A73/45 – 11 November 2020]

Committee A held its second and third meetings on 10 November 2020 chaired by Dr Bjørn-Inge Larsen (Norway).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Ms Tamara Mawhinney (Canada) and Dr Susie Perera De Silva (Sri Lanka) as Vice Chairs, and Dr Jane Ruth Aceng Otero (Uganda) as Rapporteur.

It was decided to recommend to the Seventy-third World Health Assembly the adoption of one resolution relating to the following agenda item:

Pillar 2: One billion more people better protected from health emergencies

- 13. Review of and update on matters considered by the Executive Board
 - 13.2 WHO's work in health emergencies
 - Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) [WHA73.8]

Second report²

[A73/48 – 13 November 2020]

Committee A held its sixth meeting on 12 November 2020, chaired by Dr Bjørn-Inge Larsen (Norway).

It was decided to recommend to the Seventy-third World Health Assembly the adoption of two resolutions and one decision relating to the following agenda items:

¹ Approved by the Health Assembly at its fourth plenary meeting.

² Approved by the Health Assembly at its sixth plenary meeting.

Pillar 1: One billion more people benefiting from universal health coverage

- 11. Review of and update on matters considered by the Executive Board
 - 11.3 Global vaccine action plan
 - Global road map on defeating meningitis by 2030 [WHA73.9]
 - 11.6 Epilepsy
 - Global actions on epilepsy and other neurological disorders [WHA73.10]
 - 11.8 Neglected tropical diseases
 - Road map for neglected tropical diseases 2021–2030 [WHA73(33)]

COMMITTEE B**First report¹**

[A73/44 – 11 November 2020]

Committee B held its first meeting on 9 November 2020, chaired by Mr Mamadou Henri Konate (Mali) and Mrs Elizabeth Wilde (Australia).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Ahmad Jawad Osmani (Afghanistan) and Mrs Elizabeth Wilde (Australia) as Vice-Chairs and Mr Tashi Penjor (Bhutan) as Rapporteur. In addition, and in accordance with the Rule 36 of the Rules of Procedure of the World Health Assembly, the Committee elected Mr Amadou Thiam (Mali) as Vice-Chair ad interim.

Committee B held its second and third meetings on 10 November 2020, chaired by Mrs Elizabeth Wilde (Australia) and Mr Amadou Thiam (Mali).

It was decided to recommend to the Seventy-third World Health Assembly the adoption of two resolutions and five decisions relating to the following agenda items:

Pillar 4: More effective and efficient WHO providing better support to countries

- 21. Audit and oversight matters
 - 21.1 Report of the External Auditor [WHA73(24)]
- 19. Appointment of representatives to the WHO Staff Pension Committee [WHA73(25)]

Pillar 3: One billion more people enjoying better health and well-being

- 15. Review of and update on matters considered by the Executive Board
 - 15.2 Maternal, infant and young child nutrition [WHA73(26)]

¹ Approved by the Health Assembly at its fourth plenary meeting.

Pillar 4: More effective and efficient WHO providing better support to countries

18. Review of and update on matters considered by the Executive Board

Managerial, administrative and governance matters

- 18.5 Evaluation of the election of the Director-General of the World Health Organization
Evaluation of the election of the Director-General of the World Health Organization: amendments to contract [WHA73.6]
Evaluation of the election of the Director-General of the World Health Organization: amendments to Annexes 1 and 2 to resolution WHA66.18 (2013) [WHA73(27)]
- 18.6 Data and innovation: draft global strategy on digital health
Global strategy on digital health [WHA73(28)]

Staffing matters

- 18.9 Amendments to the Staff Regulations and Staff Rules
Salaries of staff in ungraded posts and of the Director-General [WHA73.7]

Second report¹

[A73/46 – 12 November 2020]

Committee B held its fourth meeting on 11 November 2020, chaired by Mr Amadou Thiam (Mali).

It was decided to recommend to the Seventy-third World Health Assembly the adoption of three decisions relating to the following agenda items:

Pillar 4: More effective and efficient WHO providing better support to countries

20. Financial matters
- 20.1 WHO programmatic and financial report for 2018–2019, including audited financial statements for 2019 [WHA73(29)]
- 20.2 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution [WHA73(31)]

Pillar 1: One billion more people benefiting from universal health coverage

12. WHO Global Code of Practice on the International Recruitment of Health Personnel
Human resources for health [WHA73(30)]

¹ Approved by the Health Assembly at its fifth plenary meeting.

Third report¹

[A73/47 – 13 November 2020]

Committee B held its fifth meeting on 12 November 2020, chaired by Ms Elizabeth Wilde (Australia).

It was decided to recommend to the Seventy-third World Health Assembly the adoption of one decision relating to the following agenda item:

17. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan [WHA73(32)]
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¹ Approved by the Health Assembly at its fifth plenary meeting.