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WORLD HEALTH ORGANIZATION

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# **SEVENTY-FOURTH WORLD HEALTH ASSEMBLY**

**GENEVA, 24 MAY–1 JUNE 2021**

**SUMMARY RECORDS OF COMMITTEES  
REPORTS OF COMMITTEES**

**GENEVA  
2021**

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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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-fourth World Health Assembly was held virtually, using video conference technology and coordinated from WHO headquarters, Geneva, from 24 May to 1 June 2021, in accordance with the decision of the Executive Board at its 147th session.<sup>1</sup>

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<sup>1</sup> Decision EB147(7) (2020).



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  - 1.2 Election of the President
  - 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee
  - 1.4 Adoption of the agenda and allocation of items to the main committees
2. Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response
3. Address by Dr Tedros Adhanom Ghebreyesus, Director-General
4. Invited speaker(s)
5. Admission of new Associate Members
6. Executive Board: election
7. Awards
8. Reports of the main committees
9. Closure of the Health Assembly

### **COMMITTEE A**

10. Opening of the Committee<sup>2</sup>
- Pillar 4: More effective and efficient WHO providing better support to countries
11. Proposed programme budget 2022–2023
    - Sustainable financing

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

<sup>2</sup> Including election of Vice-Chairs and Rapporteur.

12. WHO results framework: an update

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13.3 Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products

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

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13.8 Immunization Agenda 2030

13.9 Integrated people-centred eye care, including preventable vision impairment and blindness

14. [transferred to Committee B]

15. [transferred to Committee B]

16. [transferred to Committee B]

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- Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)

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22. [transferred to Committee B]
23. [transferred to Committee B]

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

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##### 26.1 Update on the Infrastructure Fund

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

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- WHO reform: governance
- WHO reform: World health days
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- The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021
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Staffing matters

26.6 Human resources: annual report

26.7 Report of the International Civil Service Commission

26.8 Amendments to the Staff Regulations and Staff Rules

27. Appointment of representatives to the WHO Staff Pension Committee

28. Report of the United Nations Joint Staff Pension Board

29. Financial matters

29.1 WHO programmatic and financial report for 2020–2021, including audited financial statements for 2020

29.2 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

29.3 [deleted]

29.4 Scale of assessments 2022–2023

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29.6 Assessment of new Members and Associate Members



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31. Management and legal matters
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32. Collaboration within the United Nations system and with other intergovernmental organizations
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  - Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured
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  - WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments
  - The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond
34. Matters for information
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- A. Sustainable health financing structures and universal coverage (resolution WHA64.9 (2011))
- B. Prevention of deafness and hearing loss (resolution WHA70.13 (2017))
- C. Promoting the health of refugees and migrants (decision WHA72(14) (2019))
- D. Eradication of dracunculiasis (resolution WHA64.16 (2011))
- E. Progress in the rational use of medicines (resolution WHA60.16 (2007))
- F. <sup>1</sup>

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<sup>1</sup> Moved as document A74/55 under item 26.4.

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

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

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

- H. Water, sanitation and hygiene in health care facilities (resolution WHA72.7 (2019))

- I. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019))

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

14. Health in the 2030 Agenda for Sustainable Development

15. Health workforce

- Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)
- Global Strategic Directions for Nursing and Midwifery

16. Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

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

- Social determinants of health

23. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children

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A74/1 Rev.1	Agenda <sup>1</sup>
A74/1 Add.1	Proposal for supplementary agenda item
A74/2	Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response
A74/3	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A74/4	Admission of new Members and Associate Members Application for admission of the Faroe Islands to associate membership of the World Health Organization
A74/5 Rev.1	Proposed programme budget 2022–2023
A74/5 Add.1	Draft resolution: Programme budget 2022–2023
A74/6	Sustainable financing Report of the first and second meeting of the Working Group on Sustainable Financing
A74/7	WHO results framework: an update
A74/8	WHO results framework: an update Strengthening of health information systems
A74/9	Consolidated report by the Director-General
A74/9 Add.1	WHO's work in health emergencies Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)
A74/9 Add.2	WHO reform: World health days
A74/9 Add.3	Integrated people-centred eye care, including preventable vision impairment and blindness <sup>2</sup>
A74/9 Add.4	Immunization Agenda 2030
A74/9 Add.5	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>3</sup>

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

<sup>2</sup> See document WHA74/2021/REC/1, Annex 3.

<sup>3</sup> See document WHA74/2021/REC/1, Annex 4.

A74/10 Rev.1	Consolidated report by the Director-General
A74/10 Rev.1 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>1</sup>
A74/10 Add.1	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020
A74/10 Add.2	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases
A74/10 Add.3	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases Options paper on the global coordination mechanism on the prevention and control of noncommunicable diseases
A74/10 Add.4	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>1</sup>
A74/11	Implementation of the 2030 Agenda for Sustainable Development
A74/12	Health workforce Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)
A74/13	Health workforce: global strategic directions for nursing and midwifery
A74/14	Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)
A74/15	Update on implementation of resolution WHA73.1 (2020) on the COVID-19 response
A74/16	Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
A74/17	Implementation of the International Health Regulations (2005)

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<sup>1</sup> See document WHA74/2021/REC/1, Annex 4.

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A74/17 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>1</sup>
A74/18	Enhancement of laboratory biosafety
A74/19	Poliomyelitis Poliomyelitis eradication
A74/20	Poliomyelitis Polio transition planning and polio post-certification
A74/21	WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children
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A74/23	Update on the infrastructure fund Update on information management and technology
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A74/25	Human resources: annual report
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A74/28	WHO programme and financial reports for 2020–2021, including audited financial statements for 2020 WHO Results Report
A74/29	Audited Financial Statements for the year ended 31 December 2020

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<sup>1</sup> See document WHA74/2021/REC/1, Annex 4.

A74/30	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Situation in respect of 2019
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A74/34	Report of the External Auditor
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A74/42	The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond
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<sup>1</sup> See document WHA74/2021/REC/1, Annex 4.

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A74/44	Agreements with intergovernmental organizations Agreement between the World Health Organization and the International Organisation of La Francophonie <sup>1</sup>
A74/45	Special procedures
A74/46	Proposed programme budget 2022–2023 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly
A74/47	WHO results framework: an update WHO programme and financial reports for 2020–2021, including audited financial statements for 2020 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly
A74/48	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly
A74/49	Scale of assessments 2022–2023 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly
A74/50	Assessment of new Members and Associate Members Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly
A74/51	Report of the External Auditor Report of the Internal Auditor External and internal audit recommendations: progress on implementation Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly
A74/52	Update on the Infrastructure Fund Update on information management and technology Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly
A74/53	Human resources: annual report Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly

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<sup>1</sup> See document WHA74/2021/REC/1, Annex 1.

A74/54	Process for 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-fourth World Health Assembly
A74/55	Global technical strategy and targets for malaria 2016–2030
A74/56	Committee on Credentials Report
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A74/58	First report of Committee B
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A74/64	Third report of Committee A
A74/65	Fourth report of Committee A

**Information documents**

A74/INF./1	Awards
A74/INF./2	COVID-19 response Main report of the Independent Panel for Pandemic Preparedness and Response
A74/INF./3	WHO reform WHO presence in countries, territories and areas: 2021 report
A74/INF./4	Voluntary contributions by fund and by contributor, 2020
A74/INF./5	Admission of new Members and Associate Members Application for admission of the Faroe Islands to associate membership
A74/INF./6	Decision-making and procedural issues on the virtual system A practical guide



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### **Diverse documents**

A74/DIV./1 Rev.1	List of delegates and other participants
A74/DIV./2	Guide for delegates to the World Health Assembly
A74/DIV./3	List of decisions and resolutions
A74/DIV./4	List of documents



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

### **President**

Ms Dechen WANGMO (Bhutan)

Northern Ireland, United States of America,  
Zambia and Zimbabwe.

### **Vice-Presidents**

Professor Benjamin HOUNKPATIN (Benin)

Mr Enkhbold SEREEJAV (Mongolia)

Dr Hanan M. AL-KUWARI (Qatar)

Mr Tanel KIIK (Estonia)

Dr Amelia FLORES (Guatemala)

**Chair:** Ms Dechen WANGMO (Bhutan)

**Secretary:** Dr Tedros Adhanom

GHEBREYESUS, Director-General

### **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 on Credentials**

The Committee on Credentials was composed of delegates of the following Member States: Andorra, Australia, Cameroon, Haiti, Iceland, Mali, Monaco, Namibia, Panama, Singapore, Somalia and Thailand.

**Chair:** H.E. Ms Carole LANTERI (Monaco)

**Vice-Chair:** Dr Mohamed JAMA (Somalia)

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

### **Committee A**

**Chair:** Dr Adriana AMARILLA (Paraguay)

**Vice-Chairs:** Dr Zwelini MKHIZE (South Africa)

Dr Ali Muhammad Miftah AL-ZINATI (Libya)

**Rapporteur:** Professor Plamen DIMITROV (Bulgaria)

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

### **Committee B**

**Chair:** Dr Ifereimi WAQAINABETE (Fiji)

**Vice-Chairs:** Dr Søren BROSTRØM (Denmark)

Ms Kazi Zebunnessa BEGUM (Bangladesh)

H.E. Mr Md. Mustafizur RAHMAN (Bangladesh) ad interim

**Rapporteur:** Lt. Col. Jeffrey BOSTIC (Barbados)

**Secretary:** Ms Ivana MILOVANOVIC, Senior Policy Lead, Office of the Director-General's Envoy for Multilateral Affairs

## REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr Harsh VARDHAN (India)

Dr Ahmed Mohammed AL SAIDI (Oman)

Dr Patrick AMOTH (Kenya)

Mr Björn KÜMMEL (Germany)

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<sup>1</sup> In addition, the list of delegates and other participants is contained in document A74/DIV./1 Rev.1.



## **PART I**

# **SUMMARY RECORDS OF MEETINGS OF COMMITTEES**

# **GENERAL COMMITTEE**

## **FIRST MEETING**

**Monday, 24 May 2021, at 13:15**

**Chair:** Ms D. WANGMO (Bhutan)  
President of the World Health Assembly

### **1. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES (document A74/1)**

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 provisional agenda was contained in document A74/1. The preliminary timetable was contained in document A74/GC/1.

#### **Proposed supplementary agenda item**

The CHAIR drew attention to a proposal, referred to in document A74/1 Add. 1, for the inclusion of a supplementary agenda item, “Inviting Taiwan to participate in the World Health Assembly as an observer”,<sup>1</sup> on the provisional agenda of the Seventy-fourth World Health Assembly. The proposal had been received from 13 Member States. 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 the MARSHALL ISLANDS<sup>2</sup> reiterated his firm support for the inclusion of Taiwan<sup>3</sup> in WHO meetings, mechanisms and activities, and for a discussion on inviting Taiwan to participate in the Health Assembly as an observer. WHO should serve as a platform for international health coordination efforts and for ensuring the highest attainable standard of health was enjoyed by all human beings without distinction as to race, religion, political belief, economic or social condition. In excluding the population of the Republic of China (Taiwan), the Organization was not living up to that vision. The continued exclusion of Taiwan would create a gap in the global disease prevention and public health network; since the start of the coronavirus disease (COVID-19) pandemic, Taiwan had provided support to respond to COVID-19 globally, while also successfully managing the pandemic. The model COVID-19 response and universal health care system of Taiwan could benefit the entire international community, including countries like his. The lessons learned from the pandemic should be those that united the international community and encouraged it to do more and build back better.

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<sup>1</sup> The title of the proposal has 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.

<sup>2</sup> Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.

<sup>3</sup> Regarding this and all further such references in the record of the first meeting of the General Committee, World Health Organization terminology refers to “Taiwan, China”.

The prioritization of political considerations over global health could not bring the world together to overcome the pandemic. The inclusion of Taiwan would allow the full and effective prevention and control of epidemics, while leaving no one behind and ensuring health for all.

The representative of CHINA expressed his opposition to any participation by Taiwan, China, in the Health Assembly, 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). Since the authorities of Taiwan, China, obstinately retained their position on independence, the political foundation for the region's participation in the Health Assembly had ceased to exist. The Chinese central Government had made arrangements for Taiwan, China, to participate in global health affairs, had sent multiple notifications about COVID-19 to the region and had approved the participation of Taiwanese health experts in WHO's technical activities. There was no gap in international epidemic prevention and Taiwanese health experts did not lack channels through which to share their control and response practices with others.

The COVID-19 pandemic remained a global challenge and the Health Assembly should focus on scaling up international cooperation to fight that pandemic and on the discussion of other crucial health issues, including vaccine research and development and distribution. A small number of countries had put forward the proposed supplementary agenda item in an attempt to advance their political agenda of expanding the so-called international space and advocating for sovereign status. That attempt violated the one-China principle and disrupted the proper and orderly conduct of the Health Assembly, and would therefore hinder efforts to respond to the pandemic. In keeping with the international mood at the resumed session of the Seventy-third World Health Assembly held in November 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 SAINT KITTS AND NEVIS<sup>1</sup> said that her country had long enjoyed a positive relationship with Taiwan that had brought benefits including capacity-building in education and health and support to tackle noncommunicable diseases. The participation of Taiwan in the Health Assembly as an observer was crucial to international collaboration in combating the COVID-19 pandemic and would allow the United Nations and WHO to truly leave no one behind. The continuing pandemic rendered the participation of Taiwan in the Health Assembly more urgent than ever since Taiwan was a model of prompt and efficient pandemic response. The inclusion of Taiwan in the global health platform over the previous year would have benefited the world through greater sharing of its technical knowledge and expertise and its experience of a universal health system, and would have helped Taiwan tackle the recent wave of COVID-19 infections linked to a stronger variant of the virus. Since the onset of the pandemic, Taiwan had helped many countries by sharing its COVID-19 expertise and experience, and providing masks, medicine and medical equipment. Taiwan was developing two COVID-19 vaccines, which could help to address the global shortage in COVID-19 vaccines.

The objections to Taiwan's participation in the Health Assembly were unjustifiable; Taiwan had previously attended as an observer from 2009 to 2016. The Health Assembly should focus on people and their health, particularly given the need for global collaboration and a whole-of-society approach to tackle the COVID-19 pandemic. The Organization should learn from the past, prepare for the future and put lives first.

The representative of CUBA opposed the inclusion of the proposed supplementary item on the agenda, as the region of Taiwan was an inalienable and inseparable part of the territory of China. Participation by Taiwan in the activities of international organizations, including WHO, must be in line with the one-China principle; United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 provided a legal basis for that approach. The politicization of the participation of Taiwan in the Health Assembly was not a legitimate cause; the Government of the People's Republic of China was

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<sup>1</sup> Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.

the only legitimate representative of the Chinese people, including Taiwan. The Health Assembly should focus on its substantive work agenda.

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-fourth World Health Assembly.

**It was so agreed.**

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

The CHAIR said that, if there was no objection, three items on the provisional agenda would be deleted, namely item 29.3 (Special arrangements for settlement of arrears); item 29.5 (Amendments to the Financial Regulations and Financial Rules); and item 31.1 (International Agency for Research on Cancer: amendments to Statute).

**It was so agreed.**

#### **Amendments to agenda items**

The CHAIR noted that, under item 5 of the provisional agenda, the Health Assembly would consider the application submitted by Denmark for the associate membership of the Faroe Islands. It was therefore proposed that the reference to Members should be deleted from the title of that item, to clarify that discussion would focus on the admission of a new Associate Member. Item 5 of the provisional agenda would therefore be amended to read: "Admission of new Associate Members".

**It was so agreed.**

The CHAIR drew attention to the proposal by Zimbabwe to move progress report F on the global technical strategy and targets for malaria 2016–2030 to item 26.4 (Global strategies and plans of action that are scheduled to expire within one year), in order that a draft resolution on recommitting to accelerate progress towards malaria elimination could be considered by the Health Assembly. Seeing no objections, she took it that the Committee agreed to that proposal.

**It was so agreed.**

The CHAIR took it that the Committee wished to recommend the adoption of the agenda in document A74/1, 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 provisional agenda of the Health Assembly was prepared by the Executive Board in such a way as to indicate a proposed allocation of items between Committees A and B, on the basis of the terms of reference of the main committees. Seeing no objections, 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 Wednesday, 26 May 2021.**

The CHAIR drew attention to decision EB147(7) (2021), whereby the Executive Board had decided that the Seventy-fourth World Health Assembly should close no later than Tuesday, 1 June 2021. It was therefore proposed that the 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 change in the programme of work of the Health Assembly. It was 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 13:45.**

## **SECOND MEETING**

**Wednesday, 26 May 2029, at 17:35**

**Chair:** Ms D. WANGMO (Bhutan)  
President of the World Health Assembly

### **1. EXECUTIVE BOARD: ELECTION**

#### **PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD** (document A72/GC/2)

The CHAIR drew attention to the list of 12 Members that it was suggested should be elected to designate a person to serve on the Executive Board. The Members were: Afghanistan, Belarus, Denmark, France, Japan, Malaysia, Paraguay, Peru, Rwanda, Slovenia, the Syrian Arab Republic and Timor-Leste.

Seeing no objections, she took it that the Committee wished, in accordance with Rule 80 of the Rules of Procedure, to recommend that the Health Assembly elect the 12 Members as proposed.

**It was so agreed.**

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

The representative of PARAGUAY, speaking in her capacity as Chair of Committee A, said that, since discussions in Committee A had not yet led to the closure of any agenda items, a heavy programme of work remained.

A representative of the WHO SECRETARIAT, speaking on behalf of the Secretary of Committee B, reported that Committee B was expected to complete its work on Saturday, 29 May.

The CHAIR suggested that, in view of the slow progress in Committee A, she would hold consultations with the two chairs on possible adjustments to the programme of work of Committees A and B.

**It was so agreed.**

**The General Committee drew up the programme of work of the Health Assembly** for Thursday, 27 May and Friday, 28 May and the remainder of the Health Assembly.

**The meeting rose at 17:45.**

## **COMMITTEE A**

### **FIRST MEETING**

**Monday, 24 May 2021, at 15:20**

**Chair:** Dr A. AMARILLA (Paraguay)

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

The CHAIR welcomed the participants. She drew attention to a new approach to interventions by non-State actors that would be used on a trial basis during the meetings. This approach, whereby non-State actors would make statements in groups of constituencies, would be tested for two of the debates, on agenda items 17 and 18 and on 13.4, 13.6 and 13.7.

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

**Decision:** Committee A elected Dr Zwelini Mkhize (South Africa) and Dr Ali Muhammad Miftah Al-Zinati (Libya) as Vice-Chairs and Professor Plamen Dimitrov (Bulgaria) as Rapporteur.<sup>1</sup>

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

**It was so agreed.**

#### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE:** Item 13 of the agenda

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

**Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases:** Item 13.2 of the agenda (documents A74/10 Rev.1, A74/10 Add.1, A74/10 Add.2, A74/10 Add.3 and EB148/2021/REC/1, decisions EB148(6) and EB148(7))

- **Oral health** (documents A74/10 Rev.1 and EB148/2021/REC/1, resolution EB148.R1)

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<sup>1</sup> Decision WHA74(3).

**Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products:** Item 13.3 of the agenda (document A74/9)

**Integrated people-centred eye care, including preventable vision impairment and blindness:** Item 13.9 of the agenda (documents A74/9, A74/9 Add.3 and A74/9 Add.5)

The CHAIR drew attention to a draft decision on the role of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases, proposed by Belarus, Jamaica, the Russian Federation and Uruguay, which read:

The Seventy-fourth World Health Assembly,

**(PP1)** Having considered the consolidated report by the Director-General,<sup>1</sup> the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030,<sup>2</sup> and the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases: executive summary,<sup>3</sup> and the options paper on the WHO global coordination mechanism on the prevention and control of noncommunicable diseases;<sup>4</sup>

**(PP2)** Recalling resolution WHA66.10 (2013) on the endorsement of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, and decision WHA72(11) (2019) which extended the global action plan until 2030;

**(PP3)** Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (United Nations General Assembly resolution 66/2), which recognizes, inter alia, the primary role and responsibility of governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral responses for their prevention and control,

**DECIDED:**

**OP1.** to extend the current terms of reference of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases until 2030 with a mid-term evaluation in 2025;

**OP2.** to request the Director-General:

(a) to ensure the continued performance of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases and its functions, in line with WHO's Framework of Engagement with Non-State Actors, with a more focused approach to the delivery of its functions, and with clearly defined objectives and measurable and practical milestones that ensure that the work of the global coordination mechanism contributes to the achievement of the objectives set in the WHO global action plan on noncommunicable diseases 2013–2030, taking into consideration in a balanced manner the prevention, diagnosis and treatment of noncommunicable diseases;

(b) to develop, in consultation with Member States and non-State actors, a workplan for the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, to be submitted to the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, and to present

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<sup>1</sup> Document A74/10 Rev.1.

<sup>2</sup> Document A74/10 Add.1.

<sup>3</sup> Document A74/10 Add.2.

<sup>4</sup> Document A74/10 Add.3.

the work undertaken and results achieved so far to Member States and non-State actors in 2022 in order to receive their further guidance on the implementation of the workplan;

(c) to ensure that the WHO global coordination mechanism on the prevention and control of noncommunicable diseases carries out its functions in a way that is integrated with the Organization's ongoing work on noncommunicable diseases, including the following:

- (i) as an operational backbone for knowledge collaboration and the dissemination of innovative multistakeholder responses at country level, by raising awareness and promoting knowledge collaboration among Member States and non-State actors and by co-creating, enhancing and disseminating evidence-based information to support governments on effective multisectoral and multistakeholder approaches;
  - (ii) as an enabler for the global stocktaking of multistakeholder action at country level and for co-designing and scaling up innovative approaches, solutions or initiatives to strengthen effective multisectoral and multistakeholder action;
  - (iii) by providing and updating guidance to Member States on engagement with non-State actors, including on the prevention and management of potential risks;
  - (iv) as a global facilitator for the strengthened capacity of Member States and civil society to develop national multistakeholder responses for the prevention and control of noncommunicable diseases;
  - (v) as a convener of civil society, including people living with noncommunicable diseases, to raise awareness and build capacity for their meaningful participation in national noncommunicable diseases responses;
- (d) to submit an independent evaluation to the Seventy-eighth World Health Assembly in 2025 to assess the effectiveness of the new WHO global coordination mechanism on the prevention and control of noncommunicable diseases operating model, its added value, and its continued relevance to the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and its implementation roadmap 2023–2030, including its possible extension.

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

<p><b>Decision:</b> The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases</p>
<p><b>A. Link to the approved Programme budget 2020–2021</b></p>
<p><b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:</b></p> <p>3.2.2. Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society</p>

<b>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:</b>
Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>
Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>
10 years (2021–2031).
<b>B. Resource implications for the Secretariat for implementation of the decision</b>
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>
US\$ 21.55 million (staff: US\$ 10.95 million, activities: US\$ 10.6 million).
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>
US\$ 3.25 million (staff: US\$ 1.65 million, activities: US\$ 1.6 million).
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>
Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>
US\$ 3.4 million (staff: US\$ 1.7 million, activities: US\$ 1.7 million).
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>
US\$ 14.9 million (staff: US\$ 7.6 million, activities: US\$ 7.3 million).
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the decision in the current biennium:</b>
US\$ 2.9 million.
– <b>Remaining financing gap in the current biennium:</b>
US\$ 0.35 million.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2020–2021</b> resources already planned	Staff	–	–	–	–	–	–	1.65	1.65
	Activities	0.04	0.04	0.04	0.04	0.04	0.04	1.36	1.60
	Total	0.04	0.04	0.04	0.04	0.04	0.04	3.01	3.25
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2022–2023</b> resources to be planned	Staff	0.06	0.06	0.04	0.06	0.04	0.04	1.40	1.70
	Activities	0.08	0.08	0.08	0.08	0.08	0.08	1.22	1.70
	Total	0.14	0.14	0.12	0.14	0.12	0.12	2.62	3.40
<b>Future bienniums</b> resources to be planned	Staff	0.29	0.29	0.15	0.29	0.15	0.16	6.20	7.60
	Activities	0.48	0.48	0.48	0.48	0.48	0.48	4.40	7.30
	Total	0.77	0.77	0.63	0.77	0.63	0.64	10.60	14.90

<sup>a</sup> The row and column totals may not always add up, due to rounding.

The CHAIR also drew attention to a draft resolution on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes, proposed by Belarus, Botswana, China, Ecuador, Eswatini, Ethiopia, France, Indonesia, Jamaica, Kenya, Mozambique, Norway, Russian Federation, South Africa, Sudan, United Arab Emirates, Uruguay and Vanuatu, which read:

The Seventy-fourth World Health Assembly,

**(PP1)** Recalling WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the following five voluntary global diabetes-related targets for 2025:

- a 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
- halt the rise in diabetes and obesity
- at least 50% of eligible people receive medicinal treatment (including glycaemic control) and counselling to prevent heart attacks and strokes
- an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases (including diabetes) in both public and private facilities
- a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years;

**(PP2)** Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (United Nations General Assembly resolution 66/2 (2011)), which recognizes the primary role and responsibility of Governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral responses for their prevention and control;

**(PP3)** Recalling resolution WHA66.10 (2013) on the endorsement of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and decision WHA72(11) (2019), which extended the global action plan until 2030;

**(PP4)** Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

**(PP5)** Recalling the United Nations General Assembly resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target 3.4 of reducing the risk of premature mortality from diabetes and other major noncommunicable diseases by one third by 2030;

**(PP6)** Having considered Annex 11 of the report of the Director-General in document A74/10 Rev.1 on major obstacles to achieving the diabetes-related targets in the WHO global action plan for the prevention and control of noncommunicable diseases, including that halting the rising prevalence of diabetes, and reducing its impact, will not happen unless the five diabetes-related targets are achieved, including through reducing obesity;

**(PP7)** Reaffirming our commitment in United Nations General Assembly resolution 74/2 (2019) to progressively cover 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to achieving universal health coverage by 2030;

**(PP8)** Noting that more than 420 million people are living with diabetes worldwide today, and that this number is estimated to rise to 578 million by 2030, and 700 million by 2045;<sup>1</sup>

**(PP9)** Noting that the increasing number of people living with diabetes is strongly associated with insufficient prevention of risk factors that underly diabetes, such as overweight and obesity, unhealthy diets, physical inactivity and tobacco use, and related to socioeconomic status and the impact of the social, economic and environmental determinants of health;

**(PP10)** Highlighting also the commitment made to promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for diabetes, and to promote healthy diets and lifestyles;

**(PP11)** Concerned that the number of people living with diabetes is increasing when at the same time some types of diabetes can be largely prevented with healthy diets and physical activity;

**(PP12)** Aware that one in two adults living with diabetes type 2 are undiagnosed, and that four out of five adults living with diabetes live in low- and middle-income countries;

**(PP13)** Deeply concerned that, while the probability (risk) of premature death from any one of the four main noncommunicable diseases decreased by 18% globally between 2000 and 2016, diabetes is showing, for the first time ever, a 5% increase in premature mortality during the same period;<sup>2</sup>

**(PP14)** Noting with concern that, in high-income countries, the premature mortality rate due to diabetes increased in 2010–2016, following a decrease from 2000 to 2010, and that in low- and middle-income countries, the premature mortality rate due to diabetes increased across both periods;<sup>2</sup>

**(PP15)** Concerned that people living with noncommunicable diseases, including diabetes, have a higher risk of becoming severely ill or dying from coronavirus disease (COVID-19), and are among those most impacted by the COVID-19 pandemic;<sup>3</sup>

**(PP16)** Concerned also that complete or partial disruptions to diabetes prevention and control due to the COVID-19 pandemic, including in respect of early detection and diabetic complication management services, represent significant threats to the life and health of people living with diabetes;

**(PP17)** Noting that overweight and obesity with metabolic changes and hypertension can increase the risk of noncommunicable diseases, such as diabetes and other cardiovascular diseases;

**(PP18)** Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential timely measures and health services, promotion of lifestyle changes, healthy and balanced diets and regular physical activity and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these

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<sup>1</sup> See document A74/10 Rev.1.

<sup>2</sup> World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020, page 12 (<https://apps.who.int/iris/handle/10665/332070>, accessed 23 May 2021).

<sup>3</sup> In accordance with paragraph 9 of United Nations General Assembly resolution 74/306 (2020).



services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population;<sup>1</sup>

**(PP19)** Reaffirming also our commitment in United Nations General Assembly resolution 73/2 (2018) to further strengthen efforts to address diabetes as part of universal health coverage through intensified interventions at the primary health care level, including in low- and middle-income countries, on prevention and control of diabetes;

**(PP20)** Emphasizing the importance of prevention and control of diabetes over the life course, especially among children and adolescents and their families, through reducing major risk factors, including unhealthy diets and physical inactivity, as well as raising awareness of and reducing the impact of the main risk factors and recognizing that early detection of diabetes offers an opportunity for timely initiation of treatment to improve health and well-being and reduce morbidity, disability and mortality;

**(PP21)** Recognizing the role of insulin in the treatment of type 1 diabetes and of type 2 diabetes resistant to lifestyle changes and other drug therapies;

**(PP22)** Noting that, out of 420 million people living with diabetes, all require appropriate diabetes management, and an estimated nine million people with type 1 diabetes require insulin to survive and around 60 million people with type 2 diabetes require insulin to manage their condition; and further noting that the need for insulin required to treat type 2 diabetes is expected to increase by more than 20% by 2030;

**(PP23)** Recognizing that insulin is an essential life-saving medicine, but deeply concerned that despite being discovered 100 years ago in 1921, globally about half of the people in need of insulin have no or irregular access, with unacceptable inequities between and within countries;

**(PP24)** Concerned that insulin is largely unaffordable for people paying out-of-pocket and that its high prices are a burden for national health systems, and noting the significant role that markups along the value chain may play in pricing for patients and health systems;

**(PP25)** Recognizing the importance of international cooperation in support of national, regional, and global plans for the prevention and control of diabetes, including to increase access to treatment such as insulin, with a view to reducing the negative socioeconomic impact of diabetes that significantly affects the quality of life of persons with diabetes and their families in every country, especially in developing countries;

**(PP26)** Noting with appreciation the WHO Global Diabetes Compact initiative – launched on 14 April 2021 during the Global Diabetes Summit, co-hosted by the World Health Organization and the Government of Canada, with the support of the University of Toronto – which aims to reduce the risk of diabetes, and ensure that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care,

**OPI.** URGES Member States:<sup>2</sup>

- (1) to apply whole-of-government and whole-of-society approaches that place achievement of the five diabetes- and obesity-related global voluntary targets at the centre of the response;
- (2) to raise, within national noncommunicable disease responses, the priority given to the prevention and control of diabetes, including management of obesity, early diagnosis, treatment, care and management of complications, taking into account national priorities;
- (3) to strengthen policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for diabetes and promoting healthy diets and lifestyles;
- (4) to raise awareness about the national public health burden caused by diabetes, through a life course perspective, and about the relationship between diabetes, poverty and social and economic development, as well as the relationship between obesity and risk for developing type 2 diabetes;

<sup>1</sup> In accordance with paragraph 9 of United Nations General Assembly resolution 74/2 (2019).

<sup>2</sup> And, where applicable, regional economic integration organizations.

- (5) to ensure a continued focus on maintaining a high level of treatment and care for all people, regardless of the COVID-19 pandemic, including for people living with diabetes, especially in low- and middle-income countries, recognizing that necessary diabetes prevention and control efforts are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as by a global shortage of qualified health workers;
- (6) to ensure that national strategies for the prevention and control of noncommunicable diseases contain the necessary provisions to cover persons living with diabetes with quality essential health services and promote access to diagnostics and quality, safe, effective, affordable and essential medicines, including insulin, oral hypoglycemic agents and other diabetes-related medicines and health technologies for all people living with diabetes, in accordance with national context and priorities;
- (7) to strengthen health systems and high-quality, integrated and people-centred primary health services for all, health management information systems, and an adequate and well-trained and equipped health workforce, taking into account national contexts;
- (8) to improve prevention and control of diabetes throughout the life course through the reduction of modifiable and preventable risk factors for diabetes, including obesity and physical inactivity, and better access to safe, affordable, effective and quality essential diagnostics, medicines, and other related health products;
- (9) to strengthen health promotion and improve health literacy, including through access to understandable and high-quality, patient-friendly information and education;
- (10) to strengthen monitoring and evaluation of diabetes responses, through country-level surveillance and monitoring systems, including surveys, that are integrated into existing national health information systems, and by identifying priority areas for diabetes research;
- (11) to continue working collaboratively, in accordance with national and regional legal frameworks and contexts, to improve the reporting of information by suppliers on registered diabetes medicines, and other related health products;

**OP2. REQUESTS the Director-General:**

- (1) to develop, in collaboration with Member States,<sup>1</sup> and in consultation with non-State actors and people living with or affected by diabetes, recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, and recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard, and to submit these recommendations to the Seventy-fifth World Health Assembly for its consideration in 2022, through the Executive Board at its 150th session;
- (2) to develop pathways of how to achieve the targets for the prevention and control of diabetes, including access to insulin, throughout the life course within national noncommunicable disease responses to achieve Sustainable Development Goal target 3.4, and including providing support for strengthening diabetes monitoring and surveillance;
- (3) to provide concrete guidance to Member States, especially in low-income countries, on strengthening design and implementation of policies for diabetes prevention and control across all relevant sectors, including that for resilient health systems and health services and infrastructure;
- (4) to provide concrete guidance to Member States for uninterrupted treatment of people living with diabetes in humanitarian emergencies;
- (5) to promote convergence and harmonization of regulatory requirements for diabetes medicines, including insulin, biosimilars, and other related health products that facilitate availability and access to safe and effective and quality-assured products, meeting standards set by WHO and competent authorities;
- (6) to continue to analyse the availability of data on inputs throughout the value chain, including data on clinical trials and price information, with a view to assessing the

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

feasibility and potential value of establishing a web-based tool to share information relevant to the transparency of markets for diabetes medicines, including insulin, oral hypoglycaemic agents and related health products, including information on investments, incentives, and subsidies;

(7) to develop recommendations for adequate, predictable and sustained financing of diabetes prevention and control, including in resource-constrained settings, and to address the needs of disadvantaged and marginalized populations;

(8) to report on progress made in the implementation of the present resolution to the Health Assembly as part of the consolidated reporting on the progress achieved in the prevention and control of noncommunicable diseases, with an annual report to be submitted to the Health Assembly through the Executive Board, from 2022 to 2031.<sup>1</sup>

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

<b>Resolution:</b>	Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b>	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>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</p> <p>3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</p>
<b>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:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	10 years.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 94.5 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	US\$ 1.5 million.

<sup>1</sup> In accordance with paragraph 3(e) of decision WHA72(11) (2019).

<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>  Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>  US\$ 14.2 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>  2024–2025 US\$ 28.4 million.  2026–2027 US\$ 22.6 million.  2028–2029 US\$ 27.8 million.  Total: US\$ 78.8 million.
<b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>  – <b>Resources available to fund the resolution in the current biennium:</b> US\$ 1.5 million.  – <b>Remaining financing gap in the current biennium:</b> Not applicable.  – <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.

**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		
<b>2020–2021</b> resources already planned	Staff	–	–	–	–	–	–	0.4	0.4
	Activities	0.4	–	0.4	–	–	–	0.3	1.1
	Total	0.4	–	0.4	–	–	–	0.7	1.5
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2022–2023</b> resources to be planned	Staff	0.60	0.40	0.50	0.60	0.50	0.40	0.62	3.62
	Activities	1.50	1.70	1.60	1.50	1.60	1.70	0.98	10.58
	Total	2.10	2.10	2.10	2.10	2.10	2.10	1.60	14.2
<b>Future bienniums</b> resources to be planned	Staff	1.80	1.20	1.50	1.80	1.50	1.20	1.88	10.88
	Activities	10.82	10.82	10.82	10.82	10.82	10.82	3.00	67.92
	Total	12.62	12.02	12.32	12.62	12.32	12.02	4.88	78.80

The CHAIR invited the Committee to consider the draft decision on integrated, people-centred eye care, including preventable vision impairment and blindness, contained in document A74/9 Add.3.

The VICE-CHAIR OF THE EXECUTIVE BOARD, recalling the discussions held at the 148th session of the Executive Board, drew attention to decision EB148(6), the draft decision on the follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases recommended in decision EB148(7) and the draft resolution on oral health recommended in resolution EB148.R1.

The representative of the RUSSIAN FEDERATION said that noncommunicable diseases were a high-priority public health issue, especially in the context of the pandemic of coronavirus disease (COVID-19). Diabetes merited special attention given its increasing role in mortality and disability and the grave impact that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) had on people living with diabetes. Urgent intervention by Member States was needed to ensure progress in the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and Sustainable Development Goal 3. In recognition of the importance of a timely, appropriate response to the increasing risks related to diabetes, her Government had led the development of the draft resolution on the prevention and control of diabetes.

She expressed support for WHO's efforts to tackle preventable visual impairment and blindness. Her Government stood ready to support other countries in developing documentation on organizing ophthalmological care and introducing new treatments for myopia. Concerning access to treatment for cancer and rare diseases, she welcomed the increased transparency of prices for medicines and medical equipment, which had been achieved through international cooperation. She called on national regulators to adopt harmonized authorization procedures and incentivize scientific capacity-building and technology transfer to support the development of cutting-edge medical technologies.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, expressed deep concern that oral diseases disproportionately affected disadvantaged socioeconomic populations and that those inequalities had been exacerbated by the disruption to oral health services during the COVID-19 pandemic. She called for oral health to be effectively integrated into actions on noncommunicable diseases, universal health coverage, neglected tropical diseases and environmental health throughout the life course. In addition, oral health policies should be strengthened through international collaboration; the oral health workforce should incorporate task-shifting into its work; and oral health surveillance should be integrated into existing disease surveillance systems. She supported the draft resolution on oral health and requested the Secretariat to allocate adequate resources

for its implementation. Expressing support for the global targets proposed in the draft decision on integrated, people-centred eye care, she called for the effective integration of essential eye health services into primary and community health services and for progress towards the proposed targets to be monitored and evaluated in order to promote good leadership and governance practices.

Despite recent advances, access to safe, appropriate, effective and affordable health products remained a significant barrier to care. She commended the Secretariat for supporting Member States in the implementation and monitoring of hepatitis B and human papillomavirus (HPV) vaccination programmes and for increasing transparency by improving procurement practices, in particular through the Market Information for Access to Vaccines initiative. Patients with rare and orphan diseases were often overlooked in public procurement and reimbursement initiatives as they often needed complex, specialized care. It was concerning that access to cell- and gene-based therapies remained limited to a small number of high-income countries owing to high prices and patent barriers. She therefore made an urgent call for greater investment in research and development in low- and middle-income countries to encourage the development of context-specific medical technologies for the management of noncommunicable diseases and rare and orphan diseases, as well as support in using the flexibilities provided by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) to promote quality and sustainable local production of medicines and other health products. In addition, it would be important to make use of the Medicines Patent Pool to disseminate information on the status of patents and licences; step up international and regional collaboration and support for research into new cell- and gene-based therapies; promote transparency in the licensing of intellectual property rights in order to improve access; and strengthen regulatory systems and harmonize processes to ensure the compliance of vaccines and other medical products with international standards. The Organization should expand its prequalification programme to support Member States in improving access to, and the affordability of, medicines. The Member States of the African Region remained committed to working with the Secretariat to strengthen capacities to access health products in order to accelerate progress towards universal health coverage.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, 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 Georgia, aligned themselves with his statement. Expressing support for the draft resolution on oral health, he said that a global strategy on oral health was urgently needed as part of WHO's work on noncommunicable diseases and universal health coverage, especially since oral diseases were largely preventable and disproportionately affected deprived populations. The draft resolution reflected the importance of prevention in tackling oral diseases, which shared many risk factors with other noncommunicable diseases. He looked forward to receiving further details on the draft strategy and action plan on oral health.

Turning to the issue of integrated, people-centred eye care, he said that eye health was important throughout the life course and played a key role in universal health coverage, people's well-being and economic productivity. Expressing support for the draft decision, he called on WHO to incorporate its proposed targets into the indicators used to monitor progress towards universal health coverage and encouraged Member States and other stakeholders to implement national action plans to ensure that the targets would be met by 2030. The benefits of investing in eye care would considerably outweigh the cost of that investment.

The representative of AUSTRIA, recognizing the importance of diabetes as a public health issue, thanked the Secretariat for adding an annex on major obstacles to achieving the diabetes-related targets in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. Highlighting the importance of addressing noncommunicable diseases collectively in order to maximize impact, he stressed that focusing on health literacy in health systems and services was important for both the prevention and continuous management of noncommunicable diseases.

He expressed support for the proposed actions on oral health, including the development of a global strategy on oral health. He highlighted the role that the COVID-19 pandemic had played in

worsening inequalities and hindering access to oral health services and applauded WHO for its efforts in preventing noma. Improving oral health would increase people's general health and well-being and reduce treatment costs.

He commended WHO for maintaining its focus on the major public health challenge of eye health and expressed support for the proposed targets set out in the draft decision on integrated, people-centred eye care, which addressed the two leading causes of vision impairment and demonstrated the importance of eye health in achieving universal health coverage.

The representative of URUGUAY said that the COVID-19 pandemic had shown that noncommunicable diseases constituted the main public health issue faced by countries and threatened progress towards the Sustainable Development Goals. The collateral impact of the pandemic would need to be thoroughly evaluated and required an integrated, multisectoral response. She described steps taken to prevent noncommunicable diseases in her country, including cancer screening activities and maintaining access to medicines during the pandemic. Actions to address risk factors such as harmful alcohol use and poor nutrition had been insufficient at the national and international levels, in part because of the lack of a framework similar to the WHO Framework Convention on Tobacco Control and constant industry interference. She recognized the importance of the WHO Global Noncommunicable Diseases Platform, the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases in providing Member States with the tools needed to take cost-effective action to prevent and control noncommunicable diseases and protect public policy from industry interference. She welcomed the launch of the WHO Global Diabetes Compact and expressed support for the establishment of targets for the early detection and treatment of diabetes and for the prevention and management of obesity throughout the life course. She commended the Secretariat's work to develop guidance on the integrated management of children and adolescents with obesity at the primary care level.

The representative of JAPAN said that noncommunicable diseases were the major cause of mortality in his country and that his Government was taking measures to reverse a decline in physical activity and promote oral health. As host of the Tokyo Nutrition for Growth Summit 2021, his Government was committed to sharing its experiences with other countries and working closely with WHO to build global momentum for the integration of nutrition into universal health coverage programmes and prevention work.

The representative of CHINA agreed on the major obstacles to achieving the diabetes-related targets in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the related recommendations, highlighting the urgent need to strengthen public health measures for the prevention and control of diabetes. The functions and operating model of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases should be strengthened and the meaningful participation of stakeholders, including non-State actors, should be increased in order to create synergies. Noting that progress on the prevention and control of noncommunicable diseases and the promotion of mental health was insufficient, she called on the Secretariat to step up its efforts to resolve funding issues in that regard.

She requested the Secretariat to take more action on expanding the use of medicines for cancer and rare diseases in the light of the high cost of research and development, high medicine prices and inequalities in diagnostic and treatment capacities for those diseases, in particular in low- and middle-income countries. Those countries also faced challenges such as a lack of investment in research and development, insufficient regulatory capacity and weak infrastructure. Lastly, she outlined the action taken by her Government to promote the effective coverage of refractive error and cataract surgery.

The representative of NORWAY welcomed the road map for the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, stating that

air pollution and mental health must be fully integrated into the plans. She urged all Member States to step up their action on noncommunicable diseases and called on donors to support developing countries in that regard. The number of children with type 1 diabetes dying from the disease because their families could not afford insulin was deeply concerning; her Government had therefore sponsored the draft resolution on diabetes prevention and control and supported the establishment of a global target in that regard. She expressed strong support for a global price-reporting mechanism for insulin and said that the lack of transparency concerning the pricing of new medicines was undermining public trust in health systems. The functioning of the pharmaceutical market hinged on a complex set of interactions between innovation and authorization measures, market conditions and national approaches to pricing and evaluation; however, as the case of COVID-19 vaccines had shown that increased transparency throughout the supply chain was possible and had a positive impact, it would be important to reflect on the business models that had emerged during the COVID-19 pandemic and build on that momentum. Increased transparency would also require greater collaboration among national health authorities, international organizations and industry.

The representative of the PHILIPPINES said that she wished to be added to the list of sponsors of the draft decision on the role of the Global Coordination Mechanism. A road map for the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 would enable Member States to sustain progress on that work. The extension of the terms of reference of the Global Coordination Mechanism until 2030, with a mid-term evaluation in 2025, represented a prudent way forward; it was essential to maintain the only formal Member State-led mechanism within WHO to support cross-sectoral and multistakeholder collaboration in addressing noncommunicable diseases. She supported the call for capacity-building on strategies for engagement with non-State actors, including in relation to the prevention and management of conflicts of interest.

Underscoring the importance of addressing diabetes as a public health problem, she expressed support for a WHO prequalification programme for insulin, which would increase access to high-quality products at affordable prices. Concerning eye care, she called for strengthened support and collaboration to develop monitoring and evaluation frameworks and data systems, and integrate eye care into universal health coverage. She expressed support for a global strategy on oral health and for WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030; those issues shared common risk factors and could be tackled together.

The representative of SLOVENIA said that policies to prevent the harmful use of alcohol should be a public health priority, especially in the light of the trends emerging from the COVID-19 pandemic. There was much room for improvement in Member States' implementation of evidence-based policies in that regard. He supported the proposed analysis of the obstacles to implementing cost-effective best buy interventions. Member States would benefit from more frequent and timely reporting on the consumption and harmful use of alcohol and related policies, and from greater technical support to implement best buy interventions, including guidance and support to safeguard alcohol policy-making processes from industry interference. Bolder goals and action were needed to produce meaningful results. The WHO SAFER technical package should be strengthened, and global governance of alcohol policy should be improved by bringing back the focal point network, establishing a global leaders group and organizing a global ministerial conference on alcohol policy. Looking beyond WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, inspiration should be drawn from the success of tobacco control policies and the possibility of a more binding agreement, like the WHO Framework Convention on Tobacco Control, not excluded. Member States needed to work together through a multisectoral, multistakeholder approach.

The representative of the UNITED STATES OF AMERICA said that the COVID-19 pandemic had highlighted the importance of providing equitable access to care and services that addressed noncommunicable diseases and health inequalities. She commended the Secretariat and Member States for efforts to broaden the conversation around noncommunicable diseases and include a more diverse range of stakeholders and partners. The Global Coordination Mechanism should remain a neutral



platform that brought together a diverse group of stakeholders and focused on practical evidence-based action. As such, she supported the draft decision extending its current terms of reference until 2030. Efforts to intensify the prevention and control of noncommunicable diseases were welcome and the update on the major obstacles to achieving the diabetes-related targets in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 was appreciated. While she supported the draft resolution on the prevention and control of diabetes, more time to consider it would have been appreciated.

She supported the draft resolution on oral health recommended in resolution EB148.R1, underscoring the role of human papillomavirus in oral and pharyngeal cancers and the importance of vaccination against human papillomavirus as an evidence-based, preventive tool. The updates on cancer prevention and the control and transparency of markets for medicines, vaccines and other health products were welcome, as were the recommendations relating to integrated, people-centred eye care.

The representative of ARGENTINA reiterated the importance of international collaboration and solidarity in improving access to and the affordability of medicines, treatments, vaccines and other health technologies, including medicines essential to palliative care. Her Government had supported the WHO Fair Pricing Forum in April 2021, which had highlighted price transparency as an essential factor in social well-being, medicine-related policies and the elimination of discrimination. Recalling that the Doha Declaration on the TRIPS Agreement and Public Health should be interpreted and implemented in a manner that protected public health and promoted access to medicines for all, she said that Member States had an unprecedented opportunity to identify ways to promote technology transfer and intellectual property rights in order to increase the production of medicines and vaccines, thus ensuring access to them for the most vulnerable population groups.

The representative of AUSTRALIA said that the challenges of addressing the COVID-19 pandemic had shown that it was essential to strengthen health systems through integrated prevention and care of noncommunicable diseases, supported by WHO's normative work. She welcomed the update on progress towards implementation of WHO's comprehensive mental health action plan 2013–2030 but expressed concern that there had been little change between the findings of the 2017 and 2020 editions of the Mental Health Atlas, particularly given the impact of the COVID-19 pandemic on mental health.

She welcomed the options set out for the Global Coordination Mechanism and reiterated that its future work should include clear, measurable targets. While the Mechanism could support collaboration and the development of norms, standards and guidance, it needed to provide value for Member States and civil society to remain effective. She expressed support for the recommendations to strengthen the prevention, early detection, treatment and surveillance of diabetes at the country level and commended the launch of the WHO Global Diabetes Compact.

The continued focus on the global burden of vision impairment and blindness was welcome. The proposed global targets for the effective coverage of refractive error and of cataract surgery, developed through a comprehensive consultation process, were an important next step in addressing the vast inequalities in the prevalence of vision impairment and blindness.

The representative of THAILAND, outlining the measures taken by her Government to expand its antidote and antivenom procurement programme to other Member States regionally, called on the Secretariat and Member States to enhance collaboration for the procurement of medicines for rare and orphan diseases. Since oral health monitoring systems were crucial to the development of effective, evidence-based strategies in that field, essential oral health indicators should be integrated in the Global Health Observatory indicators. She expressed support for the proposed global targets for the effective coverage of refractive error and of cataract surgery. The increasing prevalence of diabetic retinopathy, however, called for the provision of Secretariat guidance on additional, optional indicators regarding access to early diagnosis of that condition.

The representative of CANADA expressed support for WHO's work on noncommunicable diseases and universal health coverage. Noting the draft resolution on oral health, she said that her Government looked forward to working with the Secretariat, other Member States and partners to implement the actions proposed in that draft resolution, including by developing a global strategy to tackle oral diseases.

Concerning the report on the prevention and control of noncommunicable diseases, she welcomed the new annex on the major obstacles to achieving the diabetes-related targets. Her Government had been proud to co-host the Global Diabetes Summit and hoped that the spirit of discovery and innovation fostered at that Summit would spur novel approaches to prevention and new interventions to reduce the risks associated with type 2 diabetes. She asked to be added to the list of sponsors of the draft resolution on the prevention and control of diabetes.

The representative of INDONESIA said that, since the global threat presented by noncommunicable diseases required an international, multisectoral and coordinated response facilitated by the Global Coordination Mechanism, she supported the draft decision extending its terms of reference. She also expressed support for the draft resolution on oral health, which highlighted the importance of preventive measures. Agreeing that global efforts were needed to address the most common causes of blindness, she supported the draft decision on integrated, people-centred eye care and the proposed targets for effective coverage of refractive error and of cataract surgery. Alongside preventive measures, it was important to ensure that people living with noncommunicable diseases had access to affordable, high-quality medicines and medical tools. Her Government was committed to global efforts to promote and facilitate price and market transparency. She asked to be added to the list of sponsors of the draft resolution on the prevention and control of diabetes.

The representative of BRAZIL expressed support for the draft decision extending the terms of reference of the Global Coordination Mechanism. It was important to tackle noncommunicable diseases on all fronts, including by promoting healthy diets, nutrition and physical activity, reducing the harmful use of alcohol, limiting the prevalence of tobacco use and guaranteeing access to medicines and other health technologies. His Government had therefore joined the HEARTS in the Americas initiative and wished to be added to the list of sponsors of the draft resolution on the prevention and control of diabetes. He outlined the measures taken by his Government to prevent and control cancer and ensure access to related medicines, including through private–public partnerships for local manufacturing.

The representative of BAHRAIN expressed support for the draft decision on the role of the Global Coordination Mechanism and the draft resolution on the prevention and control of diabetes, stressing the importance of implementing the related recommendations by the Secretariat. She also expressed support for the draft resolution on oral health, outlining the policies adopted at the national level to raise awareness of its importance.

Referring to the views expressed at the 148th session of the Executive Board on addressing the cost of cancer medicines and ensuring access to relevant medicines and vaccines, she emphasized the need for a clear policy on cancer treatment. The proposed global targets for effective coverage of refractive error and of cataract surgery were welcome.

The representative of PARAGUAY welcomed the recommendations in the report on noncommunicable diseases. The COVID-19 pandemic had demonstrated how important it was to step up efforts to address noncommunicable diseases, which would involve changing people's habits and prioritizing people's health over commercial interests. She welcomed WHO's focus on regulating the use of medicines for rare and orphan diseases and on supporting the development and implementation of national strategies and action plans aimed at ensuring equitable access to those medicines. Her Government remained committed to promoting healthy lifestyles, strengthening social cohesion and placing people at the centre of public health policies.

The representative of ISRAEL expressed support for the draft resolution on oral health and wished to be added to the list of sponsors. Given that oral health had been neglected during the COVID-19 pandemic, it was important to ensure that oral health interventions were maintained and provided in a safe manner. As such, he commended the publication of guidance on the provision of oral health services in the context of COVID-19 and encouraged the Secretariat to update that guidance as new evidence became available. It was imperative to understand and address the key risk factors for poor oral health and the associated burden of disease, and he encouraged the continued development of the draft strategy for tackling oral diseases.

The representative of SRI LANKA expressed concern that the mid-point evaluation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 had shown that progress on many indicators varied depending on countries' income levels, and that those inequalities had been further exacerbated by the COVID-19 pandemic. The Organization should help low-income countries ensure that they had the required financial support to implement the global action plan, and should issue guidance on maintaining services for noncommunicable diseases in the context of the pandemic, particularly with regard to screening. He welcomed the establishment of a virtual platform so that training programmes on noncommunicable diseases could continue to be provided, and Secretariat guidance and support for a review of the management of noncommunicable diseases in Sri Lanka. He endorsed the draft decision on the role of the Global Coordination Mechanism.

Considering the importance of ensuring timely treatment for people with refractive error and cataracts, and in view of the situation in his country, he fully supported the draft decision on integrated, people-centred eye care.

The representative of CUBA said that addressing noncommunicable diseases, particularly within the context of the COVID-19 pandemic, required global and national strategies based on surveillance, prevention and strengthened health systems. She outlined the health system in her country and its preventive approach to tackling noncommunicable diseases. She expressed support for the draft resolutions on oral health and on the prevention and control of diabetes, and for the draft decision on integrated, people-centred eye care. Member States should strengthen cooperation by sharing experiences and achievements.

The representative of INDIA, recognizing the threats posed by noncommunicable diseases, outlined the measures taken by his Government to tackle the risk factors and challenges of noncommunicable diseases through prevention and health promotion. Measures were also being taken to address the rising burden of mental disorders. Acknowledging global efforts to address the burden of blindness and visual impairment, he encouraged Member States to work together and share their knowledge and technical know-how, in order to eliminate preventable blindness from the globe.

The representative of NEW ZEALAND expressed support for the draft decision extending the terms of reference of the Global Coordination Mechanism, since that would ensure that the Mechanism remained focused on achieving WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and was well integrated into WHO's wider work on noncommunicable diseases. Despite the continued focus on the COVID-19 pandemic, it was important not to forget the substantial ongoing burden of noncommunicable diseases. As the Global Coordination Mechanism played a key role in bringing together stakeholders to share experience and lessons learned, he wished to be added to the list of sponsors of the draft decision on the role of the Mechanism.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that efforts to better include noncommunicable diseases in national and international public health actions had been inadequate, despite renewed commitment. Less than half of the Member States in the Eastern Mediterranean Region were on track to achieve the Sustainable Development Goal target of reducing premature mortality from noncommunicable diseases by a third by 2030, and the trend was particularly alarming for diabetes. While many countries in the

Region had developed strategies and plans to tackle noncommunicable diseases, there were major implementation gaps caused by insufficient investment and the lack of a monitoring framework. The COVID-19 pandemic had further highlighted the vulnerability of people living with noncommunicable diseases. Recovery from the pandemic needed to go hand in hand with accelerated implementation of action plans on noncommunicable diseases. She welcomed the draft decision recommended in decision EB148(7), which requested the development of an implementation road map for WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. She expressed support for the draft resolution on the prevention and control of diabetes, which would align action on diabetes with other measures aimed at curbing risk factors, including obesity.

Turning to the issue of integrated, people-centred eye care, she welcomed the draft decision and the proposed global targets for effective coverage of refractive error and of cataract surgery. She called on the Director-General to continue providing technical support to Member States, in keeping with resolution WHA73.4 (2020). She reiterated her Region's commitment to universal health coverage and renewed the call for decision-makers to establish a national vision in that regard.

The representative of KENYA welcomed the mid-point evaluation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the final evaluation of the Global Coordination Mechanism, including the related options paper. The draft resolution on oral health was welcome, as was WHO's work on integrated, people-centred eye care and the proposed targets in that regard. More funding was needed for eye care services, as well as greater coordination and increased funding at the global, regional and national levels for the prevention and control of noncommunicable diseases, including diabetes and cancer. He supported the draft decision extending the terms of reference of the Global Coordination Mechanism, and the draft resolution on the prevention and control of diabetes.

The representative of CHILE asked to be added to its list of sponsors of the draft resolution on the prevention and control of diabetes.

The representative of MALAYSIA, noting the slow progress on implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, called for clear guidance from the Secretariat on how to establish an effective multisectoral response to noncommunicable diseases in order to move forward. She welcomed the focus of the Global Coordination Mechanism; WHO should address risk factors such as the harmful use of alcohol and unhealthy diets in a similar way to tobacco use, drawing on tools such as the WHO Framework Convention on Tobacco Control. Initiatives to expand access to treatments for cancer and rare and orphan diseases and improve the transparency of markets for medicines, vaccines and other health products should be supported, since they would help Member States to ensure equitable access to those products. Her Government would appreciate capacity-building and technical support to carry out evidence-based assessments of new therapies for cancer and rare and orphan diseases, and vaccines and access schemes. Continued support for Member States in terms of guidance, training, regulatory system strengthening and collaboration for the management of those diseases was commendable.

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

**The meeting rose at 17:10.**

## **SECOND MEETING**

**Tuesday, 25 May 2021, at 10:15**

**Chair:** Dr A. AMARILLA (Paraguay)

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

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 17 of the agenda

**COVID-19 response:** Item 17.1 of the agenda (documents A74/9, A74/15 and A74/INF./2)

**Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 17.2 of the agenda (document A74/16)

**WHO's work in health emergencies:** Item 17.3 of the agenda (document A74/9)

- **Strengthening WHO's global emergency preparedness and response** (document A74/9)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (documents A74/9 and A74/9 Add.1)

**Implementation of the International Health Regulations (2005):** Item 17.4 of the agenda (documents A74/17 and A74/17 Add.1)

**MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC:** Item 18 of the agenda (documents A74/10 Rev.1, A74/10 Rev.1 Add.1 and EB148/2021/REC/1, decision EB148(3))

The CHAIR invited the Committee to consider the draft decision contained in Executive Board decision EB148(3) and the draft decision contained in document A74/17.

She drew attention to the draft resolution entitled Strengthening WHO preparedness for and response to health emergencies, proposed by Albania, Australia, Belarus, Canada, Chile, Costa Rica, Dominican Republic, Egypt, Georgia, Iceland, Japan, Montenegro, Norway, Paraguay, Philippines, Qatar, Republic of Korea, Republic of Moldova, Rwanda, Singapore, Sudan, Switzerland, Thailand, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Vanuatu and the Member States of the European Union, which read:

The Seventy-fourth World Health Assembly,  
(PP1) Recalling decision EB148(2) (2021) on strengthening WHO's global health emergency preparedness and response, which called for the development of a resolution in this regard;

(PP2) Reaffirming that the objective of WHO is the attainment by all peoples of the highest possible level of health;

(PP3) Reaffirming that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

(PP4) Reaffirming the functions set out in Article 2 of the WHO Constitution in order for the Organization to achieve its objective, inter alia: to act as the directing and coordinating authority in international health work; to stimulate and advance work to eradicate epidemic, endemic and other diseases; to furnish appropriate technical assistance, and, in emergencies, necessary aid upon the request or acceptance of governments; and to propose conventions, agreements and regulations, and make recommendations with respect to health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective; and acknowledging the Organization's work to achieve this and to perform the tasks assigned by Member States, including normative work;

(PP5) Reaffirming resolution WHA58.3 (2005) on the revision of the International Health Regulations and also reaffirming the principles of the International Health Regulations (2005) set out in its Article 3, including that the implementation of the Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons, and guided by the goal of their universal application for the protection of all people of the world from the international spread of disease as well as by the Charter of the United Nations and WHO's Constitution and the sovereign right of Member States to legislate and implement legislation in pursuance of their health policies in this regard;

(PP6) Recalling resolution WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) which, inter alia, urged Member States to fully comply with the Regulations and to take actions to implement the unmet obligations thereof;

(PP7) Recalling resolution WHA73.1 (2020) on COVID-19 response, which requested the Director-General to, inter alia, continue to build and strengthen the capacities of WHO at all levels to fully and effectively perform the functions entrusted to it under the International Health Regulations(2005);

(PP8) Underlining that preparing for, and responding to, health emergencies is primarily the responsibility and crucial role of governments;

(PP9) Recalling decision WHA69(9) (2016), which recognized the establishment of the WHO Health Emergencies Programme, allocated a budget to it and set up the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme;

(PP10) Acknowledging the importance of strengthened multilateral cooperation within the United Nations system taking into account, as appropriate, relevant United Nations General Assembly resolutions, including resolutions on the quadrennial comprehensive policy review of operational activities for development of the United Nations system in preparing for, and responding to, health emergencies and limiting their direct and indirect negative impacts;

(PP11) Acknowledging the key leadership role of WHO within the United Nations system in preparing for and in catalysing and coordinating a comprehensive, early, effective, transparent, sustainable response to health emergencies, that is age- and disability-sensitive and gender-responsive, ensures respect for human rights and fundamental freedoms, and recognizes the centrality of Member States' efforts therein;

(PP12) Recognizing WHO's role in the international humanitarian system, including through leadership and coordination of the Inter-Agency Standing Committee Global Health Cluster and as provider of last resort in health emergencies, acknowledging the role of other humanitarian actors including nongovernmental organizations and the Red Cross Red Crescent Movement therein and reaffirming the principles of neutrality, humanity, impartiality and

independence in the provision of humanitarian assistance, and in this regard recalling the United Nations General Assembly resolution 46/182 of 19 December 1991 on the strengthening of the coordination of humanitarian emergency assistance of the United Nations and all subsequent General Assembly resolutions on the subject, including resolution 75/127 of 11 December 2020 and underscoring that respect for international law, including international humanitarian law, is essential to respond to health emergencies in armed conflicts and mitigate their impact;

(PP13) Recognizing also that attacks on medical and health personnel result in long-lasting impacts, including the loss of life and human suffering, weaken the ability of health systems to deliver essential life-saving services and produce setbacks for health development, and recalling in that regard United Nations General Assembly resolution 75/125 of 11 December 2020 on the safety and security of humanitarian personnel and protection of United Nations personnel, as well as resolution WHA65.20 (2012);

(PP14) Noting with concern that the COVID-19 pandemic has revealed serious shortcomings in preparedness for, timely and effective prevention and detection of, as well as response to potential health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health emergencies;

(PP15) Acknowledging the importance of timely identification and notification of events that may constitute a public health emergency of international concern in accordance with relevant provisions of the International Health Regulations (2005), and acknowledging the critical role played by international cooperation and timely and transparent sharing of epidemiological and clinical data, biological samples, knowledge and information, including timely sharing of pathogen genetic sequence data, and in this context recalling the Convention on Biological Diversity and its objectives and principle and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity and its objective, taking into account relevant national and international laws, regulations, obligations and frameworks, in order to facilitate rapid responses to public health emergencies that equitably benefit all the countries, while taking note of the role that voluntary transfer of technology and know-how on mutually agreed terms plays for scaling up research and development and local manufacturing of health products;

(PP16) Recognizing the critical importance in preparing for future health emergencies of agile, well-coordinated and tested capacities in Member States, including core capacities required under the International Health Regulations (2005), necessary for an effective health emergency response, including strong public health expertise and effective science-based coordination to ensure evidence-based decision-making processes across government agencies;

(PP17) Recognizing that the COVID-19 pandemic and its health, economic and social consequences, including increasing gender and other inequalities, have further underlined the need for multilateral cooperation, unity and solidarity to protect public health and to prepare for and respond to health emergencies, across all sectors, using holistic, all-hazards and One Health approaches, recognizing the interconnectedness between the health of humans, animals, plants and their shared environment, including through collaboration among WHO, FAO, OIE and UNEP;

(PP18) Recalling United Nations General Assembly resolutions 74/270 (2020) on global solidarity to fight the coronavirus disease 2019 (COVID-19), 74/274 (2020) on international cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19, 74/306 (2020) on comprehensive and coordinated response to the COVID-19 pandemic, 74/307 (2020) on united response against global health threats: combating COVID-19, 75/17 (2020) on international cooperation to address challenges faced by seafarers as a result of the COVID-19 pandemic to support global supply chains, 75/27 (2020) on International Day of Epidemic Preparedness, 75/156 (2020) on strengthening national and international rapid response to the impact of the coronavirus disease (COVID-19) on women and girls and 75/157 on women and girls and the response to the coronavirus disease (COVID-19);

(PP19) Recalling United Nations General Assembly resolution 74/2 (2019), which recognizes that universal health coverage is fundamental for achieving the Sustainable Development Goals while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and well-being for all and recognizing that the COVID-19 pandemic is hampering the achievement of the Sustainable Development Goals, including universal health coverage;

(PP20) Recognizing the acute direct and indirect impacts of the COVID-19 pandemic, including increased violence against women and girls, particularly in fragile situations already affected by conflict, crime, violence, disasters, climate change and displacement and in this regard acknowledging the importance of the WHO Health Emergencies Programme's work in both acute and protracted crises;

(PP21) Acknowledging the importance of strong, resilient and agile health systems with integrated public health functions, competent and well-trained health workforce, timely and equitable access to quality health services including those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health, and maternal, newborn and child health, as well as equitable access to quality, safe, effective and affordable technologies and products to strengthen multisectoral collaboration among all stakeholders for achieving universal health coverage;

(PP22) Highlighting the role of WHO in facilitating universal and equitable access to quality health services without financial hardship, in all countries, particularly those with weaker health systems and affected by conflict, which is critical for preparedness and resilience during health emergencies;

(PP23) Recognizing that country responses to health emergencies will necessarily be tailored to national circumstances, and that WHO has a role in providing advice and support in assisting countries to achieve universal health coverage thus facilitating universal access to health services;

(PP24) Acknowledging the many negative consequences of the COVID-19 pandemic on society, public health, human rights and the economy, which have disproportionately affected certain groups, such as persons with disabilities, disrupted the provision of essential health services, and have caused challenges such as interruptions to routine care, delayed immunizations, postponed diagnoses, treatments and mental health care and limited resources for the health and care workforce to address these needs, as well as the multitude and complexity of necessary immediate and long-term actions with the ambition to achieve the Sustainable Development Goals;

(PP25) Acknowledging the impact of disruptions to global travel and trade on efforts to mobilize a robust, international response to COVID-19, as well as on efforts to sustain humanitarian assistance and vital longer-term development programmes;

(PP26) Recognizing the critical role of international collaboration in research and development, including in multicountry clinical and vaccine trials, as well as rapid diagnostics test and assay development, but acknowledging the need for further rigorous scientific evidence, protocols, standards and international collaboration to assess the role and impact of public health and societal interventions and for evidence-informed decision-making in public health emergencies;

(PP27) Underscoring that fair and equitable access to health products is a global priority and that the availability, accessibility, acceptability and affordability of health products and health services of assured quality are fundamental to tackling global public health emergencies and in this regard noting the role played by WHO in initiatives such as the Access to COVID-19 Tools (ACT) Accelerator and recognizing the collaborative and inclusive approach adopted by all of its participating international health partners and the development of voluntary patent pools and other voluntary initiatives, such as the WHO COVID-19 Technology Access Pool (C-TAP);



(PP28) Recognizing that due to the geographic location of landlocked developing countries and small island developing States, their dependence on transit countries for exports and imports of goods, access to health products has been particularly affected;

(PP29) Recognizing the need for sharing of health-related technologies on voluntary and mutually agreed terms and in line with relevant international obligations, in implementing and supporting public health measures and bolstering national response efforts to COVID-19 and other future public health emergencies of international concern;

(PP30) Recognizing the value of greater collaboration between the public and private sectors in facilitating transparency in investments and costs along the research, development and production chain and in facilitating affordability;

(PP31) Recognizing the potential of digital health technologies to strengthen secure communication in health emergencies, to implement and support public health measures, and bolster national response efforts to pandemics, epidemics and other health emergencies, to protect and empower individuals and communities, while ensuring personal data protection, including by building on the Global Strategy on Digital Health 2020–2025;

(PP32) Noting the negative impact of misinformation, disinformation and stigmatization on preparedness and response to health emergencies and people's physical and mental health, and the need to counter mis- and dis-information and stigmatization in the context of health emergencies, and recognizing that for all stakeholders to be part of the response they need to have access to timely and accurate information and to be involved in decisions that affect them;

(PP33) Noting also the need for whole-of-government and whole-of-society Member State coordination and inclusive collaboration among all stakeholders during public health emergencies;

(PP34) Noting the independent reviews and evaluations of preparedness and response following the severe acute respiratory syndrome (SARS-CoV) epidemic, the H1N1 influenza pandemics and the 2014–2016 Ebola virus disease epidemic, which have highlighted shortcomings in the global capacity to prepare for, detect, report and respond to outbreaks in a transparent and timely manner and have made numerous and specific recommendations to address these shortcomings;

(PP35) Recalling resolution WHA73.1 (2020), which requested that the Director-General initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, and noting that this included using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19;

(PP36) Taking note of the report of the Director-General, the report of the Independent Panel for Pandemic Preparedness and Response,<sup>1</sup> the report of the Review Committee on the Functioning of the International Health Regulations (2005),<sup>2</sup> the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme;<sup>3</sup>

(PP37) Taking note of the report of the Global Preparedness Monitoring Board;<sup>4</sup>

(PP38) Recalling the ongoing efforts to strengthen WHO, including through the WHO transformation agenda and the triple billion targets in WHO's Thirteenth General Programme of Work, 2019–2023;

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<sup>1</sup> Document A74/INF./2.

<sup>2</sup> Document A74/9 Add.1.

<sup>3</sup> Document A74/16.

<sup>4</sup> A world in disorder. Global Preparedness Monitoring Board annual report 2020. Geneva: World Health Organization; 2020 (available at [https://apps.who.int/gpmb/annual\\_report.html#:~:text=Annual%20Reports,-A%20World%20in&text=The%20Board%20called%20for%20five,robust%20global%20governance%20of%20preparedness,](https://apps.who.int/gpmb/annual_report.html#:~:text=Annual%20Reports,-A%20World%20in&text=The%20Board%20called%20for%20five,robust%20global%20governance%20of%20preparedness,) accessed on 24 May 2021).

(PP39) Stressing the need for effective and accountable management, enhanced inclusive and meaningful participation of, and engagement with, Member States at all levels of governance across WHO, including making full use of governing bodies, to enable Member States to provide informed advice and direction on WHO's work, especially during health emergencies;

(PP40) Stressing the need to strengthen the technical and normative role of WHO as the directing and coordinating authority for international health work and its capacity to provide technical advice and assistance in a timely manner to Member States, upon their request, including at the country level;

(PP41) Acknowledging that the international community's expectations, while varying according to national contexts, generally outweigh the current WHO capacities and its ability to support Member States in developing strong, resilient, quality, inclusive and efficient health systems for emergency outbreak prevention and response and that deliver high-quality, affordable services to all those in need, leaving no one behind;

(PP42) Acknowledging that WHO should be adequately and sustainably resourced to fulfil its functions in an effective, efficient and strategic way and that future reforms to facilitate this should take into account the outcome of the discussions of the Working Group on Sustainable Financing;

(PP43) Recalling decision EB148(12) (2020), which established the working group on sustainable financing to enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution and requested the working group to submit its final report with its recommendations and other findings to the Executive Board at its 150th session;

(PP44) Expressing its highest appreciation of, and support for, the dedication, efforts and sacrifices of health professionals, health workers and other relevant front-line workers, as well as all three levels of the Organization, who have gone above and beyond the call of duty in responding to the COVID-19 pandemic,

OP1. DECIDES to establish a Member States Working Group on Strengthening WHO preparedness and response to health emergencies, which is open to all Member States;<sup>1</sup>

OP2. REQUESTS the Working Group to consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, taking into account relevant work of WHO, including that stemming from resolution WHA73.1 (2020) and decision EB148(12) (2020) as well as the work of other relevant bodies, organizations, non-State actors and any other relevant information;

OP3. RECOMMENDS that, following regional consultations to be finalized by end of June 2021, the Working Group shall have a Bureau comprising six officers (two Co-Chairs and four Vice-Chairs, to be appointed at the first meeting), one from each WHO region;

OP4. REQUESTS that the Co-Chairs and Vice-Chairs shall facilitate the work of the Working Group in close dialogue with its membership;

OP5. REQUESTS the Member States Working Group to work in an inclusive manner and to define and agree on its working methods;

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<sup>1</sup> And regional economic integration organizations as appropriate.

OP6. REQUESTS the Working Group to submit a report with proposed actions for WHO, Member States, and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session;

OP7. URGES Member States:<sup>1</sup>

- (1) to increase and improve efforts to build, strengthen and maintain the capacities required under the International Health Regulations (2005) and continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using as appropriate, available tools included in the International Health Regulations (2005) monitoring and evaluation framework;
- (2) to strengthen core public health capacities and workforce for indicator-based and early-warning surveillance, based, inter alia, on disease-specific surveillance, syndromic surveillance, event-based surveillance of health-related behaviour, surveillance data relating to animal and environmental health enabling detection of public health events requiring rapid assessment, notification and public health response, in order to ensure that all relevant events are rapidly detected and controlled;
- (3) to adopt an all-hazard, multisectoral, coordinated approach in preparedness for health emergencies, recognizing the links between human, animal and environmental health and the need for a One Health approach;
- (4) to increase their capacity to detect new threats including through laboratory techniques, such as genomic sequencing;
- (5) to notify WHO of public health events within their respective territories according to relevant provisions of the International Health Regulations (2005), including any events that may cause a public health emergency of international concern, as well as any health measures implemented in response to those events; and continue to communicate to WHO timely, accurate and sufficiently detailed public health information and laboratory results available to them on these events, as well as on the difficulties faced and support needed in responding to these events;
- (6) to share with their population and the global community reliable and comprehensive information on health emergencies and the public health responses to be taken by local, national, regional and international public health authorities, and take measures to strengthen health literacy and to counter misinformation, disinformation and stigmatization, including by providing access to other sources of fact- and science-based information;
- (7) to strengthen cooperation to create mechanisms for communication, coordination and articulation of programmes and policies on health issues, considered of shared interest, between linked border localities, to adequately respond to risks and public health emergencies of international concern;
- (8) to work towards achieving strong and resilient health systems and universal health coverage, as an essential foundation for effective preparedness and response to public health emergencies, and adopt an equitable approach to preparedness and response activities, including to mitigate the risk that health emergencies exacerbate existing inequalities in access to services, including for immunization and nutrition, chronic infectious diseases and noncommunicable diseases, mental health, maternal and child health, sexual and reproductive health care services, rehabilitation and long-term care services;
- (9) to take steps to ensure that the response to health emergencies and pandemics does not exacerbate other global health challenges, including the ongoing necessity to address issues such as lack of access to health services and medicines, the burden of neglected diseases, and the necessity to preserve the efficacy of antimicrobials, particularly antibacterials, including through appropriate stewardship, prudent use and sustainable access;

- (10) to cooperate to facilitate cross-border travel of persons for essential purposes during a health emergency and avoid unnecessary interference with trade without undermining efforts to prevent the spread of the causative pathogen, in accordance with the International Health Regulations (2005);
- (11) to support stronger coordination with relevant multilateral organizations to improve understanding and mechanisms to address travel and trade considerations, including on how best to de-link travel from trade restrictions during public health emergencies of international concern, pursuant to the International Health Regulations (2005), with the goal of maximizing the effectiveness of public health measures while minimizing negative economic impacts, including by facilitating the manufacturing and movement of critical medical supplies essential to the public health response;
- (12) to take steps to prevent, within their respective legal frameworks and contexts, speculation and undue stockpiling that may hinder access to safe, effective and affordable essential medicines, vaccines, medical equipment and other health products, as may be required to effectively address health emergencies;
- (13) to keep transport networks and supply chains open in order to facilitate timely, equitable and affordable access to essential, safe, affordable, quality and effective medical products, especially for landlocked developing countries and small island developing States;
- (14) to support and work on enhancing regional and international cooperation mechanisms to ensure universal, timely and equitable access to, and fair distribution of, quality, safe, efficacious and affordable essential health technologies and products, including their components and precursors during global health emergencies;
- (15) to promote enhanced response to future pandemics based on the lessons learned from the COVID-19 pandemic and other public health emergencies of international concern, taking into account all the obstacles that impeded the effective response to, and treatment of, the disease as well as the need for all countries to have unhindered access to vaccines and essential health products;
- (16) to strengthen WHO's capacity to rapidly and appropriately assess disease outbreaks that may potentially constitute a public health emergency of international concern as early as possible, in close coordination and consultation with Member States, and to systematically communicate the results of such assessments to Member States;
- (17) to seek to ensure the adequate, flexible, sustainable and predictable financing of WHO's Programme budget including the WHO Health Emergencies Programme as well as the Contingency Fund for Emergencies and follow up on the recommendations of the Working Group on Sustainable Financing;

**OP8. CALLS ON international actors, partners, civil society and the private sector:**

- (1) to support all countries, upon their request, in implementing their multisectoral national action plans, in strengthening their health systems to respond to health emergencies, and in maintaining the safe provision of all other essential public health functions and services during them;
- (2) to strengthen partnerships, global coordination and cooperation in response to infectious diseases based on lessons learned from COVID-19 and previous public health emergencies of international concern and fostering a One Health, whole-of-society and health systems strengthening approach, including between WHO and relevant multilateral organizations, including the signatory agencies of the Global Action Plan for Healthy Lives and Well-Being for all;
- (3) to address – where relevant, in coordination with Member States – the proliferation of disinformation and misinformation particularly in the digital sphere, as well as the proliferation of malicious cyber-activities that undermine the public health response; and

to support the timely provision of clear, objective and science-based data and information to the public;

OP9. REQUESTS the Director-General, as soon as practicably possible and in consultation with Members States:<sup>1</sup>

(1) to strengthen the global, regional, national and subnational pandemic preparedness system, support implementation by States Parties of the International Health Regulations (2005) and of core capacities required under the International Health Regulations (2005), provide clear guidance regarding requirements for States Parties under the International Health Regulations (2005), build and strengthen tailor-made support and tools for States Parties through regional and country offices and continue working collectively and collaboratively with partners and States Parties to bridge identified gaps in core capacities required under the International Health Regulations (2005), including through international cooperation, when requested;

(2) to make recommendations to Member States to build a more robust, transparent, consistent, scientific, evidence-based and cohesive International Health Regulations (2005) monitoring and evaluation framework that enables accurate assessment and reporting on national capacities in consultation with States Parties as well as actions to improve International Health Regulations (2005) implementation;

(3) to develop a detailed concept note to be included in the report by the Director-General to the Seventy-fifth World Health Assembly for the consideration of Member States as they determine next steps on the voluntary pilot phase of the Universal Health and Preparedness Review mechanism, based on the principles of transparency and inclusiveness, and on how it builds on existing International Health Regulations (2005) monitoring and evaluation framework components with the aim to assess, improve and strengthen accountability, cooperation, trust and solidarity around overall preparedness;

(4) to lead an evidence-based process, in consultation with Member States,<sup>2</sup> relevant United Nations and other international organizations and other stakeholders, as appropriate, and taking into account the recommendations of the IHR Review Committee:

(i) to develop practical guidance for the implementation of the International Health Regulations (2005) to prevent, protect against, detect, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which do not unduly impede cross-border movement of people and supplies for essential purposes;

(ii) to prepare a report on the options, implications, benefits, possible consequences and potential risks of de-linking travel from trade restrictions during public health emergencies of international concern determined pursuant to the International Health Regulations (2005), with the goal of maximizing the effectiveness of public health measures while minimizing their economic impacts;

(iii) to develop recommendations, taking into consideration national circumstances, on the appropriate implementation of travel restrictions, including guidance to assist countries to facilitate the return of citizens and permanent residents to their territories and, vice versa, facilitate the departure from and transit through their territory of nationals and permanent residents of third countries;

(iv) to develop guidance on situations that may occur in the context of international conveyances, seafaring and aviation during public health emergencies, such as

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<sup>1</sup> And regional economic integration organizations as appropriate.

<sup>2</sup> And regional economic integration organizations as appropriate.

- outbreaks on international cruise ships, including the division of roles and responsibilities of the various actors concerned when responding to such situations;  
(v bis) to review and report on States Parties' experience with dispute settlement under Article 56 of the International Health Regulations (2005);
- (5) to develop strategies and tools for managing the impact of health emergencies on gender equality, health systems and health service delivery, including by comprehensively increasing the resilience and capacity of health systems, in particular the health workforce, in the provision of essential public health functions and quality essential health services including those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health and maternal, newborn and child health during health emergencies with a view to achieving universal health coverage;
- (6) to consider establishing risk communication strategies, adaptable to states and regions, including to facilitate specific local capacity-building, mobilize financial and technical resources and, eventually, assist countries in elaborating goal-directed development plans, including performance indicators, as a key feature of public health systems' responsiveness;
- (7) to develop a global framework to generate, monitor, compare and evaluate research and policies on public health and social interventions and assess their broader impact to harness global knowledge and expertise and to translate evidence into effective health emergency and preparedness policies;
- (8) to review and strengthen or reform, as applicable, existing tripartite reporting mechanisms, such as the Global Early Warning System for Major Animal Diseases (GLEWS) improving communication and information exchange across existing surveillance networks across the One Health sectors;
- (9) to build on and strengthen the existing cooperation among WHO, FAO, OIE and UNEP to develop options, for consideration by their respective governing bodies, including establishing a common strategy on One Health, including a joint workplan on One Health to improve prevention, monitoring, detection, control and containment of zoonotic disease outbreaks;
- (10) to report on efforts to accumulate expertise on and raise visibility of One Health issues with a specific view to zoonoses, including from wildlife, through the work of the "One Health High-Level Expert Panel";
- (11) to propose options to increase the transparency on the appointment, membership and deliberations of the IHR Emergency Committee including a more robust, transparent and inclusive risk assessment process, as well as detailed reporting of its proceedings, in particular in relation to its recommendations on declarations of, and suggested response measures to, public health emergencies of international concern, including options for the engagement of Member States with it;
- (12) to make concrete suggestions for potential intermediate and regional levels of alert, complementary to a public health emergency of international concern, with clear criteria and practical implications for countries;
- (13) to support countries, upon their request, in strengthening capacities to report on the information required under the International Health Regulations (2005), in particular under Articles 6–10, including the simplification and unification of reporting processes by States Parties and strongly encourage compliance with the International Health Regulations (2005), including reporting and sharing of information at the earliest possible stage of an outbreak of epidemic or pandemic potential in line with Article 44 requiring States Parties to collaborate with each other, to the extent possible, in the detection and assessment of, and response to, events as provided under the Regulations;
- (14) to make proposals on the use of digital technologies, by WHO and International Health Regulations (2005) States Parties and, as appropriate, other stakeholders, to upgrade and modernize communication on health emergency preparedness and response, including

for the improved implementation of International Health Regulations (2005) obligations, through the development of an interoperability framework for secure global digital health information exchange, and support measures to counter the spread of stigmatization, misinformation and disinformation;

(15) to work together with Member States, the medical and scientific community, and laboratory and surveillance networks, to promote early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens of pandemic and epidemic, or other high-risk, potential, taking into account relevant national and international laws, regulations, obligations and frameworks, including, as appropriate, the International Health Regulations (2005), the Convention on Biological Diversity and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization and the Pandemic Influenza Preparedness Framework and the importance of ensuring rapid access to human pathogens for public health preparedness and response purposes;

(16) to support countries, upon request, in developing and implementing national response plans to health emergencies, by developing, disseminating and updating normative products and technical guidance, learning tools, data and scientific evidence for public health responses, to provide accurate, timely and evidence-based information;

(17) in collaboration with Member States, to strengthen the capacities and capabilities of WHO to perform fully and effectively the functions entrusted to it under the International Health Regulations (2005), in particular through strategic health operations that provide swift support to countries in detection and assessment of, and response to, public health emergencies;

(18) to ensure that the advice and support provided by WHO to Member States to improve pandemic preparedness and response to public health emergencies takes into consideration different national circumstances and focuses, inter alia, on strengthening health systems;

(19) in collaboration with Member States,<sup>1</sup> other international organizations, civil society and the private sector, and based on lessons learned from the COVID-19 response and prior health emergencies, including experience in operationalizing the ACT Accelerator and the COVID-19 supply chain system, to propose strategies to enable rapid research, development, production and global equitable distribution of quality, safe, effective and affordable medical and other countermeasures and commodities at national, regional and global levels to respond to future health emergencies;

(20) to strengthen WHO's normative role, including by strengthening the technical capacity of the WHO Health Emergencies Programme, the Chief Scientist's Office, as appropriate and the data and analytics and delivery team, and further leveraging WHO collaborating centres and expert networks in order to enable WHO to rapidly disseminate high-quality, scientific, evidence-based timely, technical guidance that is practically applicable and tailored for country-level settings, and to make global expertise available to Member States, through all levels of WHO, including the WHO Academy;

(21) to strengthen global, regional and country preparedness and response capabilities and capacities for health emergencies by enhancing engagement of relevant stakeholders at all levels;

(22) to support efforts led by Member States to improve the transparency and effectiveness of United Nations system efforts on pandemic preparedness and response and work with the United Nations Secretary-General and all multilateral partners to enhance system-wide coherence;

(23) to strengthen the WHO Health Emergencies Programme's capacity to prepare for and respond to both acute and protracted humanitarian crises and health emergencies, including steps to reinforce WHO's leadership and coordination of the Inter-Agency

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<sup>1</sup> And regional economic integration organizations as appropriate.

Standing Committee Health Cluster and its complementarity to other humanitarian actors, taking into account the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme;

(24) to strengthen WHO's communications to Member States in advance of and during public health emergencies, including through governing bodies meetings, the use of Member State briefings, and complementary communications as appropriate to Member States' national focal points;

(25) to strengthen effective, representative and transparent governance, communication and oversight mechanisms, including by strengthening engagement with the Executive Board, that enable Member States to provide informed guidance to WHO's work, especially during health emergencies, and ensuring participation of Member States at different levels and structures of international health protection;

(26) to strengthen WHO's efforts to prevent and address sexual exploitation and abuse and sexual harassment, including in humanitarian emergencies when sexual exploitation and abuse and sexual harassment may be at greater risk of occurring;

(27) to review and, as appropriate clarify, in consultation with Member States, the roles, nomination procedures and mandates of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the Global Preparedness Monitoring Board and other relevant entities dealing with WHO emergency preparedness and response;

(28) to continue efforts to respond to recommendations of the IOAC and integrate them as appropriate into the systems, structures, planning, working methods and organizational culture of the WHO Health Emergencies Programme and WHO more broadly, including into the gender and geographical balance approach;

(29) to extend the mandate of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to 2023 and consider steps to further strengthen its mandate based on the review;

(30) to support the work of the Working Group on Sustainable Financing for WHO, established by the Executive Board at its 148th session, as an integral element of the process of strengthening WHO, and at the same time, increase the financial transparency and accountability at all levels of the Organization and based on the outcomes of its work:

(i) increase efforts to broaden the donor base, including through the WHO Solidarity Fund and the WHO Foundation, while ensuring transparency and accountability and full Member States' oversight of the process;

(ii) assess the role and strategy of the Contingency Fund for Emergencies, and consider implementing a sustainable financing and replenishment mechanism for it in coordination with the relevant funding mechanisms, including the World Bank's Pandemic Emergency Financing Facility, in responding to health emergencies;

(31) to support the Member States Working Group on Strengthening WHO preparedness and response to health emergencies, by:

(i) convening its first meeting no later than 17 September 2021, announcing the date of that first meeting no later than 30 July 2021 and convening it thereafter at the request of the Member States Working Group Bureau as frequently as necessary;

(ii) providing complete, relevant and timely information to the Working Group for its discussions;

(iii) allocating the necessary resources for the Working Group to carry out its mandate, and provide information on anticipated cost and source of funding;

(32) to present a report on the implementation of this resolution to the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.



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

<b>Resolution:</b> Strengthening WHO preparedness for and response to health emergencies	
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b>	<p>2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported</p> <p>2.1.2 Capacities for emergency preparedness strengthened in all countries</p> <p>2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards</p> <p>2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale</p> <p>2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens</p> <p>2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <p>2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</p> <p>4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts</p> <p>4.1.3. Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries</p>
<b>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:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Coordination of the Working Group process to strengthen preparedness for and response to health emergencies.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	Two and a half years (until end of 2023).
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	<p>US\$ 1477.8 million.</p> <p>Please note that this covers the estimated costs under strategic priority 2 and strategic priority 4 that can be determined at this stage with a reasonable level of certainty. Additional costs for strategic priority 1 and strategic priority 3 will need to be costed based on the outcome of the work of the Working Group.</p>

<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>
	US\$ 192.1 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>
	US\$ 5.0 million.
<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>
	US\$ 1280.7 million.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>
	Not applicable.
<b>5.</b>	<b>Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
	<b>– Resources available to fund the resolution in the current biennium:</b>
	US\$ 197.1 million.
	<b>– Remaining financing gap in the current biennium:</b>
	Zero.
	<b>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
	Not applicable.

**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		
<b>2020–2021</b> resources already planned	Staff	24.5	8.1	5.9	5.6	12.2	7.0	35.6	98.9
	Activities	32.5	13.6	8.1	4.0	11.0	8.1	15.9	93.2
	Total	57.0	21.7	14.0	9.6	23.2	15.1	51.5	192.1
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	2.0	2.0
	Activities	–	–	–	–	–	–	3.0	3.0
	Total	–	–	–	–	–	–	5.0	5.0
<b>2022–2023</b> resources to be planned	Staff	237.9	27.5	31.2	38.2	120.1	38.8	263.6	757.3
	Activities	135.0	50.0	40.6	35.3	103.3	61.9	97.3	523.4
	Total	372.9	77.5	71.8	73.5	223.4	100.7	360.9	1 280.7
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR drew attention to the draft decision entitled Special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response, proposed by Albania, Australia, Azerbaijan, Canada, Chile, Costa Rica, Dominican Republic, Egypt, Fiji, Georgia, Iceland, Indonesia, Kenya, Montenegro, Norway, Paraguay, Philippines, Qatar, Republic of Korea, Republic of Moldova, Rwanda, Senegal, South Africa, Sudan, Thailand, Tunisia, Turkey, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and the Member States of the European Union, which read:

The Seventy-fourth World Health Assembly,  
OP1. DECIDES:

- (1) to request the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to prioritize the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response and to provide a report to be considered at the special session of the Health Assembly referred to in paragraph OP1.2 of this decision;
- (2) to request the Director-General to convene a special session of the World Health Assembly in November 2021, and to include on the agenda of the special session only one item dedicated to considering the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response with a view towards the establishment of an intergovernmental process to draft and negotiate such convention, agreement or other international instrument on pandemic preparedness and response, taking into account the report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies referred to in paragraph OP1.1;
- (3) to request the Executive Board at its 149th session to determine, in accordance with Rule 2 of the Rules of Procedure of the Health Assembly, that the special session of the Health Assembly referred to in paragraph OP1.2 of this decision will be held from 29 November 2021 to 1 December 2021 at WHO headquarters, either in person or virtually, if limitations to physical meetings preclude the holding of the special session in person;
- (4) to suspend, in accordance with Rule 122 of the Rules of Procedure of the Health Assembly, and with respect to the above-referenced Special Session, the requirement of Rule 2 of the Rules of Procedure of the World Health Assembly under which the Director-General is to convene a special session of the Health Assembly within 90 days of the receipt of the request therefor.

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

<b>Decision:</b>	Special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:</b>	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
<b>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:</b>	Not applicable.

<p><b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b></p> <p>Convening of a special session of the World Health Assembly.</p>
<p><b>4. Estimated time frame (in years or months) to implement the decision:</b></p> <p>Seven months (June–December 2021).</p>
<p><b>B. Resource implications for the Secretariat for implementation of the decision</b></p>
<p><b>1. Total resource requirements to implement the decision, in US\$ millions:</b></p> <p>US\$ 1.55 million, assuming a face-to-face special session of the Health Assembly (duration: three days).</p>
<p><b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b></p> <p>Zero.</p>
<p><b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b></p> <p>US\$ 1.55 million.</p>
<p><b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 1.55 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Not applicable.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>

**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	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 additional resources	Staff	–	–	–	–	–	–	0.15	0.15
	Activities	–	–	–	–	–	–	1.40	1.40
	Total	–	–	–	–	–	–	1.55	1.55
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR informed the Committee that the discussion on the items would be divided into three parts: technical update and update on the coronavirus disease (COVID-19) response; update from the Chairs of the Independent Panel on Pandemic Preparedness and Response, the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme and the Review Committee of the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the implementation of the International Health Regulations (2005); and WHO's work in health emergencies and strengthening preparedness for health emergencies and mental health preparedness for and response to the COVID-19 pandemic. The draft decisions and resolutions would then be considered in turn.

### Technical update and update on the COVID-19 response

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), providing an update on the response to the pandemic of COVID-19, said that, as of 24 May 2021, over 166 million confirmed cases of COVID-19 and over 3.4 million deaths had been reported to WHO. However, the numbers of both cases and deaths were certainly underrepresented, particularly in rural areas and areas with limited laboratory testing capacity. Despite the recent decline in overall cases, the global situation remained fragile and volatile. Progressive peaks around the world had been fuelled by increased social mixing and mobility, the relaxation of measures, the emergence of more transmissible variants and unfair vaccine distribution. That situation put pressure on health workers and systems, leading to shortages in beds, clinical time and oxygen. Approximately 16% of cases of severe or critical illness resulted in death, but that estimate had declined from 40% in the early days of the pandemic thanks to earlier clinical care, the use of oxygen and dexamethasone, and the ability of health systems to surge to meet needs. In addition, it was estimated that 10% of patients had long-term effects resulting from their acute illness, experiencing a wide range of symptoms, although the prevalence was not yet fully understood. The vast majority of countries had also reported disruptions to their health care services, including in routine immunization for vaccine-preventable diseases, that would have consequences for future health and development. Although seroprevalence estimates varied substantially by region and by population group, a substantial amount of the world's population remained susceptible to infection.

The development of COVID-19 vaccines in record time was the result of substantial investment and collaboration to combat previous epidemic coronaviruses, as well as the work of organizations such as the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance, and public and private partners. WHO's strategy, supported by its partners and the COVID-19 Vaccine Global Access (COVAX) Facility, was to close the immunity gap as quickly as possible to protect

vulnerable lives and keep the health workforce safe and fully operational. Vaccines were significantly reducing illness and death in countries that had access to them but distribution was uneven and unfair. It was therefore critical to continue to implement proven public health and social control measures, which, when implemented effectively by communities supported by their governments, had reduced transmission and kept it low. Relaxing measures prematurely had contributed to surges in late 2020 and in 2021.

To date, WHO had designated four variants of concern and six variants of interest. Research suggested that variants of concern were more transmissible but that vaccines remained effective against them. Weak implementation of public health and social measures would allow variants of concern to spread rapidly and the best way to reduce the risk of further significant variants was to reduce transmission globally. WHO was working with partners to support geographically representative sequencing and the detailed analysis of epidemiologic, virologic, genomic and clinical data, to better understand the importance of each mutation and the public health impacts of each variant.

The WHO Strategic Preparedness and Response Plan, updated in 2021, had set out essential steps needed at all levels to suppress transmission, reduce exposure, protect the vulnerable and save lives. The Plan and the WHO incident management system provided a structured and coordinated mechanism to allow WHO to deliver its essential functions at all levels by bringing together the expertise of WHO, its partners and Member States to support the implementation of COVID-19 national action plans. The role of WHO staff at the regional and national levels, and United Nations Regional Coordination Mechanisms and country teams was vital. Within the United Nations system, WHO had led the United Nations Crisis Management Team for COVID-19. The Inter-Agency Standing Committee had also initiated a system-wide scaling up of the United Nations humanitarian response capacity to implement the COVID-19 response and preserve existing health action and commitments.

The primacy of partnerships was illustrated in WHO's COVID-19 Partners Platform. The Platform enabled governments, United Nations agencies, partners and donors to develop and fund national action plans aligned to the Strategic Preparedness and Response Plan, and monitor their implementation, in real time.

WHO facilitated access to the global health emergency workforce through the Global Outbreak Alert and Response Network and the Emergency Medical Teams initiative, deployed internationally to support countries in their pandemic response. In addition, the ACT-Accelerator had been launched for the rapid development of vaccines, diagnostics and therapeutics, and to ensure equitable access to those tools. Expert networks and technical and operations partnerships were essential to delivering an impact at the country level, and the Strategic Preparedness and Response Plan provided a template that countries could adapt and deliver with support from WHO and its partners. Thanks to the generosity of donors, the support provided to countries by WHO ranged from generating and gathering the data needed to drive evidence-based decision-making and inform the rapid formulation of guidelines to the translation and application of that knowledge, and the implementation and delivery of interventions and supplies on the ground. WHO had leveraged global networks of expertise to adapt and update a comprehensive set of technical guidelines for Member States, as well a readiness checklist and disease commodity package for supply chain management. All interventions, services, actions and essential commodities delivered at the local level required a multisectoral network of partners at all levels, and it was vital for those on the front line to be informed, engaged, trained, equipped, protected and supported. He thanked WHO's partners in the United Nations Supply Chain Task Force, which had delivered supplies worth US\$1.2 billion to 184 countries in 2020, over 50% of the stated demand of low- and lower-middle-income countries during the period.

WHO had brought together thousands of researchers worldwide to accelerate innovative research to contain the spread of COVID-19 and provide care for those affected. They had created new tools and used new technologies including artificial intelligence to pioneer new response methods, new ways of listening to and responding to communities. WHO had been able to support the essential health needs of communities in fragile, conflict-affected and vulnerable settings, had trained millions of people in the field and online in dozens of languages and had fixed broken supply chains to ensure that health workers

and responders had both the equipment and training they needed to do their job safely, and the essential medicines and diagnostics they needed to reduce mortality and suppress transmission.

In that regard, in the updated Strategic Preparedness and Response Plan for 2021, WHO had requested US\$ 1.96 billion to fund its role in ending the acute phase of the pandemic. As of May 2021, WHO had received US\$ 576 million and a further US\$ 410.4 million had been pledged. However, when only received funds were considered, there was a funding shortfall of more than 70%, which had left WHO in danger of being unable to sustain its core functions for its urgent priorities. That challenge was exacerbated as only 8% of funds received were unearmarked, which was already affecting WHO's operations. Nonetheless, it remained essential to maintain the continued implementation of effective public health and social measures with a focus on empowered and engaged communities. Governments must be supported in safely opening up their communities, with continuing risk management adapted to the local context, alongside efforts to increase preparedness in all areas.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change), speaking in his capacity as head of the ACT-Accelerator and highlighting its progress and priorities, said that the ACT-Accelerator had helped and continued to fundamentally help to tackle COVID-19 globally. The different pillars of the ACT-Accelerator had already contributed to the distribution of vaccines, diagnostics and therapeutics. More than 2 billion vaccines, 900 million rapid tests and 100 million courses of treatment courses had been pledged for future delivery. However, just as important as the tools themselves, was the ongoing work to ensure equitable access to and uptake of those tools at the country level, the focus of the Health Systems Connector Pillar.

One of the most important aspects of the ACT-Accelerator was the COVAX Facility. As at 25 May 2021, over 123 economies had received vaccines through the COVAX Facility, of which more than 50% were low or lower-middle-income economies; over half of those economies had only been able to start vaccination because of those vaccine donations. However, it remained a challenge to get vaccines into the COVAX Facility to address the increasing inequity of distribution through the cooperation and support of countries and companies. By 25 May 2021, some 83% of the 1.6 billion vaccine doses administered had been used in high- and middle-income economies, which accounted for 50% of the global population. There was a significant disparity in the number of doses administered per 100 people in high-income and low-income economies, and in the number of tests carried out per day as a result of challenges facing the procurement and roll-out of testing, as well as a shortfall of approximately 3.3 million oxygen cylinders per day for low- and middle-income economies.

In order to resolve the challenges of equitable access, first, it would be critical to close the US\$ 18.5 billion financing gap for 2021 (as at 25 May 2021), without which the ACT-Accelerator would be unable to manage the pandemic response in terms of testing, vaccine roll-out, personal protective equipment for health care workers, and treatments. However, financing alone would not be enough. The second crucial point was to share vaccine doses. He thanked the economies that had begun to share vaccine doses through the COVAX Facility, or that had pledged to do so, but said that at least 250 million more doses would be required to protect the most vulnerable and get to at least 10% coverage in all countries by September. In this regard, it was essential that those additional doses were received immediately in May and June 2021 or many lives would be needlessly lost. Parallel work was ongoing through the COVAX Manufacturing Task Force to increase vaccine production capacities both in the short and long term, especially in areas that were currently underserved. Third, closing the equity gap required integrating the Strategic Preparedness and Response Plan and the ACT-Accelerator, which would be crucial as the pandemic response moved from the development of products to their delivery. The Plan had four integrated priorities, including vaccine roll-out, research and development and regulatory work to optimize products and stay ahead of variants, and crucial work on the uptake and use of all diagnostics and therapeutics. Of the US\$ 18.5 billion funding gap, US\$ 1.2 billion was needed to fund those Strategic Preparedness and Response Plan capacities.

To move from successful product development to delivery in country, WHO must have a strong coordinating capacity. Numerous financing and procurement mechanisms had been established, such as the Gavi COVAX Advance Market Commitment and the World Bank Multiphase Programmatic

Approach, but such resources could only be accessed and optimized with correct planning and coordination mechanisms, including the WHO COVID-19 Essential Supplies Forecasting Tool. Outcomes should be shared through the COVID-19 Partners Platform and through the United Nations Supply Chain Task Force, coordinated by WHO to optimize impact at the country level. International cooperation was essential to exiting and recovering from the pandemic and the international community had the necessary tools to fundamentally change the dynamic and direction of the pandemic in the coming months.

The representative of CÔTE D'IVOIRE, speaking on behalf of the Member States of the African Region, said that, as of May 2021, there had been more than 3 million confirmed cases of COVID-19 and over 85 000 deaths in Africa, and record infection and mortality rates had been noted in the first quarter of 2021. In order to maintain the high levels of technical and operational support provided by WHO regional offices, it was essential to ensure sufficient funding. Thanks to the COVAX Facility, 47 countries in his Region had taken delivery of vaccine doses, but it was regrettable that less than 2% of the total number of COVID-19 vaccinations worldwide had been administered in Africa. The continued provision of routine vaccinations, as well as other essential health-care services, must not be overlooked during the roll-out of COVID-19 vaccines. He welcomed WHO efforts to disseminate science-based information to combat misinformation and vaccine hesitancy. Innovative communications tools should also be considered to raise awareness among reluctant populations. The COVID-19 response constituted an opportunity to improve health systems, and increase local production of medicines, laboratory equipment and personal protective equipment. He commended the Global Outbreak Alert and Response Network for its support of the African Region, and encouraged WHO to continue to publish technical guidelines on COVID-19 and maintain its epidemiological monitoring initiative. Member States in the Region also supported releasing intellectual property on COVID-19 vaccines and lifting restrictions on importing vaccine ingredients to some countries.

The representative of the PHILIPPINES called on WHO to foster regional and global partnerships for data sharing, and urged Member States to strengthen collaboration on global research. Such actions were critical to supporting timely decision-making at the local and regional levels, and to improving global technical and operational guidance. WHO should facilitate efforts to ensure that best practices were propagated and contextualized, potential avenues for response were pursued and lines of communication were strengthened. She requested that WHO mobilize strategic support for pandemic preparedness efforts in her country. WHO should also exercise leadership in ensuring the adequacy of the health workforce in the long term. Sustainable and equitable mechanisms were required in global health recruitment and she called for initiatives to ensure that migrants, overseas workers and expatriates were protected by their host countries. Migrant health had been underappreciated in the response to the pandemic and the rise in xenophobia and vaccine nationalism had underscored the urgency in that regard. In addition, lessons learned from the COVID-19 response should be used by WHO and Member States to protect the delivery of essential services, and to expand the gains made in implementing universal health coverage. WHO must also support countries by investing in health promotion, combining multisectoral action and private sector cooperation to find a balance between health and the economy.

The representative of INDONESIA said that scaling up the development, manufacturing and production of COVID-19 tools to improve equitable access to them was of great importance. A whole-of-government and whole-of-society approach had been implemented in her country in response to COVID-19, which included a national vaccination programme. To increase vaccine acceptance, the Government was collaborating with the media and civil society, and had established mass vaccination sites. Additional efforts were under way to strengthen the capacities and resilience of the national health system. At the regional level, as the current Chair of the Health Sector of the Association of South-East Asian Nations, the Government of Indonesia continued to promote a collective response to COVID-19 in the Region, in terms of cross-border movement and economic



recovery. She therefore encouraged the WHO Secretariat to share its lessons learned and experiences with regional organizations with regard to the potential treaty on pandemics.

The representative of PORTUGAL said that, in view of gaps in the implementation of the International Health Regulations (2005), the Universal Health and Preparedness Review initiative was of vital importance owing to its potential to successfully share policies, technical expertise and best practices across Member States and regions, and improve investment in preparedness. Those core capacities should be considered a global public good, especially in view of the health, economic and social disruptions experienced by countries and populations because of health emergencies. It was timely and necessary to evaluate the experiences of the first year of the pandemic, and those lessons should be taken into account to make sure that health systems became more resilient. He called on all Member States to strive for equitable global cooperation and solidarity in providing access to the tools needed to combat the pandemic.

The representative of BRAZIL said that the transformation agenda had bolstered health emergencies programmes at all levels of the Organization, especially the key role of country offices. The importance of the Solidarity Trial to help to find an effective treatment for COVID-19 could not be overstated and her Government was proud to have contributed to it. In addition, the WHO-convened global study of origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) would assist the international community in learning more about the origins and epidemiological pathways of SARS-CoV-2 and its closest common ancestors, allowing for better management and surveillance in the future. Highlighting the work of the ACT-Accelerator, she said that the Government of Brazil would contribute doses of vaccines produced locally and follow the Gavi COVAX Advance Market Commitment. The International Health Regulations (2005) were also an important tool for the rapid sharing of information on health surveillance and epidemiology. Her Government looked forward to working with the open-ended working group proposed under the draft resolution on preparedness and response to continue to address the limitations of the international system in preventing future crises.

The representative of the UNITED STATES OF AMERICA said that his Government would continue to play a leading role in the international vaccination effort; it had pledged to donate 80 million vaccine doses to the COVAX Facility and to provide additional financial support, and would continue to address intellectual property concerns. His Government would also contribute to efforts to reduce transmission and improve treatment in other countries. To ensure that Member States would be prepared to mitigate and successfully respond to future outbreaks and prevent another pandemic, a robust, comprehensive and expert-led inquiry into the origins of COVID-19 was required, and scientists, researchers and other technical experts had provided excellent recommendations to WHO on the second phase of the WHO-convened global study of origins of SARS-CoV-2. He called for new terms of reference for that study that reflected the priorities of all Member States.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries of North Macedonia, Montenegro and Albania, and the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. The European Union was the largest exporter of COVID-19 vaccines and would continue to increase global vaccine production capacities to meet global needs. The COVAX Facility had benefited from vaccines produced in and donated by the Member States of the European Union. The establishment of the COVAX Manufacturing Taskforce was welcome and the European Union supported the recommended evaluation of the ACT-Accelerator to guide the mandate of that work.

The European Union welcomed initiatives to strengthen the One Health approach and to leverage data, new technologies and cooperation in research and development. To anticipate and prevent the next pandemic, the One Health approach must be implemented across the whole of government and society. To reduce the risks of zoonotic outbreaks, there must be closer collaboration between governments and

international organizations to tackle increasing changes in land use and to mitigate risks resulting from global travel and transport, as well as to set stricter safety and hygiene standards for markets. Progress should also be made on the WHO-convened global study of origins of SARS-CoV-2 to allow Member States to fully understand and control the pandemic, and prevent and prepare for future pandemic outbreaks. WHO should continue to study all hypotheses in that regard, present a clear timeline for follow-up work and regularly brief Member States on plans and progress. Finally, the European Union supported an inclusive process towards creating an international treaty on pandemics to complement the International Health Regulations (2005) and to strengthen national, regional and global capacities and resilience to future pandemics.

The representative of CHINA said that his Government had been monitoring both human and material routes of transmission and had adopted precise and differentiated prevention and control measures in areas with different risk levels and in case of outbreaks. The vaccination rate among key populations in his country was steadily increasing. Since April 2020, there had been no cluster outbreaks of indigenous cases in China, and his Government was ready to share its successful practices with others. He supported the WHO-convened global study of origins of SARS-CoV-2 and called on all parties to adopt a transparent attitude to cooperating with WHO on origin tracing.

The representative of KAZAKHSTAN said that, to respond to the spread of COVID-19 and to carry out epidemiological monitoring and technical measures, the Ministry of Health had created working groups to develop measures for the diagnosis and control of COVID-19 and to identify outbreaks and transmission trends. Public controls had allowed businesses to open and enabled citizens to return to a state of normalcy. A proof of vaccination system was in place, and was being aligned with equivalent international systems. Testing had been scaled up, including at points of entry into Kazakhstan. A vaccination programme was being carried out in line with epidemiological control priorities and the vulnerability levels of different population groups.

The representative of MONACO said that her Government had put in place a series of measures to restrict the spread of COVID-19, including the establishment of health measures and the creation of an information platform and call centre for COVID-19, a testing centre and a vaccination centre. Her Government continued to fully support the ACT-Accelerator and the COVAX Facility, and the identification of effective treatments must remain a WHO priority. The Government would continue to ensure access to preventive services and treatments for patients suffering from COVID-19 and those affected by other diseases.

The representative of JAPAN commended WHO's role in procurement, the coordination of technical support and the development of surveillance systems. Recognizing the Director-General's assertion that universal health coverage would contribute to pandemic preparedness and response, it was also true that better coordination of health care systems and public health functions was required at the country and local levels to achieve universal health coverage. That would help to ensure equitable access to vaccines at all levels. He called for a rapid, independent, transparent, expert-led and unimpeded evaluation of the origins of COVID-19, which was essential to preventing future pandemics and asked when and how the next phase of the WHO-convened global study of origins of SARS-CoV-2 would be conducted. Finally, the international health system should be reviewed in relation to future pandemic preparedness, referring to good examples from specific regions, including Taiwan,<sup>1</sup> that had shown an effective public health response to COVID-19. Any such review should include all countries.

The representative of SINGAPORE said that the efforts made by WHO to provide practical guidance to Member States in the continued delivery of essential health services and infection control during the pandemic were of great benefit. Moreover, the importance of strengthening health systems

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

to prepare for and respond to infectious threats could not be over-emphasized. His Government had partnered with WHO to develop interim guidance on investing in preparedness during the COVID-19 pandemic, including in urban settings, and enhancing health systems at the national and global levels.

The representative of INDIA said that, throughout the pandemic, his Government had focused on a decentralized, unified approach and had quickly created a dedicated COVID-19 infrastructure, boosting domestic production and building the skills of the health care workforce. The pandemic had demonstrated the need to reform and strengthen the global health architecture to improve pandemic preparedness and response, taking into account technology and data-driven insights. There was therefore a need for hosted partnerships on pandemic management and digital health under the aegis of WHO. The timely sharing of transparent and standardized data on a global level could be facilitated by the efficient and increased utilization of available digital technologies and a global surveillance network.

While a vaccination campaign was under way in India, it was necessary to ensure equitable access to vaccines, diagnostics and therapeutics as global public goods. Technology transfers and voluntary licensing could catalyse global vaccination efforts and the waiver of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) for COVID-19 vaccines should come into effect immediately. The pandemic had highlighted shortcomings in the International Health Regulations (2005) and a need for WHO to provide greater guidance and technical support on how to strengthen the core capacities required by the Regulations and the capacities of National IHR Focal Points, and to build a global genomic sequencing infrastructure. There was also a need for policy reform in several areas, starting with establishing accountability frameworks and enhancing transparency of financial flows. WHO would benefit from the flexibility provided by unearmarked resources and sustainable financing. Finally, he requested that his Government be added to the list of sponsors of the draft resolution on Strengthening WHO preparedness for and response to health emergencies.

The representative of the REPUBLIC OF KOREA said that her Government was grateful for the ongoing dedication and commitment of the WHO Secretariat and leadership in efforts to combat the pandemic. Her Government had complied with the International Health Regulations (2005) by providing information on cases and testing. The guidance and information provided by WHO had been important in making national policy decisions throughout the COVID-19 response. Going forward, reports should be focused on improving vaccine supplies and vaccination rates, monitoring variants of concern and establishing global health emergency preparedness and response systems.

The representative of ETHIOPIA said that coordination and synergy across sectors and at all levels had been the cornerstone of the pandemic response in his country alongside the strict enforcement of testing and control measures and timely, evidence-based decision-making. The roll-out of the COVID-19 vaccine in Ethiopia had begun in March 2021, and his Government was supporting the delivery of vaccines to the rest of the continent. He called on all countries to work together to address vaccine shortages. The Government had also carried out a COVID-19 intra-action review at the national and subnational levels, which had been used to review existing response mechanisms and develop future measures.

The representative of AUSTRALIA said that her country had benefited from a strong and inclusive health system, and had incorporated lessons learned throughout the pandemic response to improve its strategies. A concerted effort had been made to protect all Australians, with vulnerable groups provided with increased levels of support. The Government was committed to a science-led suppression strategy, and taking action early in response to COVID-19 had helped to prevent a more widespread pandemic at the national level. Her Government supported the consideration of how to strengthen early warning systems for potential pandemics, including regarding declaring a public health emergency of international concern and communicating potential health emergencies that could require a public health response. It was important to ensure that the International Health Regulations (2005) were fit for purpose and effectively implemented at the national level. Moreover, Member States must

support the COVAX Facility to ensure equitable access to vaccines for all. WHO's advice on countering vaccine hesitancy was equally essential as misinformation had undermined public health efforts. Her Government had made concerted efforts to empower individuals and build community trust by providing reliable information. She appreciated the ongoing work by WHO on the One Health approach, and encouraged Member States to strengthen political commitment to and governance of that approach. Cross-agency collaboration at the national and global levels was key to addressing the growing multisectoral health risks posed by zoonotic disease and antimicrobial resistance.

The representative of KENYA said that the COVID-19 pandemic had exposed weaknesses in national, regional and global pandemic preparedness and response systems, as well as strengths that could be developed. The Government had strengthened coordination, diagnostics and surveillance systems and critical care services for the early detection and management of infections, and had introduced robust economic, social and public health measures aimed at interrupting transmission of COVID-19. A nationwide COVID-19 vaccine roll-out had begun, but he expressed concerns regarding vaccine inequity and current disruptions in global vaccine supply chain systems. He supported the actions recommended by the Independent Panel for Pandemic Preparedness and Response to increase vaccine access and urged the COVAX Facility to adopt a risk management approach that diversified its portfolio and manufacturers substantially. He requested an update on the outcome of the recent call for expressions of interest to promote regional and local manufacturing of COVID-19 vaccines.

The representative of MALAYSIA said that her Government had strongly advocated public health measures to curb the spread of COVID-19. Malaysia had established a national strategic plan on preparation and response to the COVID-19 pandemic, was committed to the global roll-out of vaccines and had established a national proof of vaccination system, which required a whole-of-society approach. In addition, the Ministry of Health was working with the Ministry of Defence to expand its treatment capacity. Her Government requested technical support and assistance from WHO to promote access to community mental health and psychosocial support services, and ensure the allocation of adequate funding and the prevention of mental illness through media campaigns focusing on schools, higher education institutions and workplaces.

The representative of MALDIVES said that, facing high rates of infection and death, his Government had taken a multisectoral whole-of-government and whole-of-society approach to the pandemic. However, controlling the pandemic continued to be challenging, and owing to ongoing travel restrictions, the dependence of Maldives on an expatriate workforce from neighbouring countries had led to a shortage of doctors, nurses and laboratory technicians. Despite good progress in the national vaccination campaign, cases of COVID-19 were rising, and the capacities of health-care facilities needed to be further expanded. It was essential for the international community to continue to implement resolutions WHA73.1 and WHA73.8, and to share experiences and knowledge.

The representative of ROMANIA said that the vaccination campaign was ongoing in Romania and highlighted the population's willingness to be vaccinated. However, universal access was essential for the immunization process to be effective, and the COVAX Facility had a key role to play in that regard. His Government would continue to contribute to response and vaccination efforts at the national and regional levels, particularly to ensure access to vaccinations for the most vulnerable, including refugees and asylum seekers. It was of the utmost importance for WHO and Member States to work together to ensure that citizens received necessary and correct information and to counter misinformation. Denial of the importance of vaccination, misrepresentation of the effects of vaccines, and minimization of the consequences of COVID-19 could negatively influence the impact of vaccination campaigns.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the second phase of the WHO-convened global study of origins of

SARS-CoV-2 must be timely, expert-driven and grounded in science. The United Kingdom had one of Europe's largest testing infrastructures, and the vaccine roll-out and the work of the COVID-19 Therapeutics Taskforce were central to her Government's strategy. It was vital to identify emerging variants, and her Government had expanded its genomic sequencing capacity and had supported Member States unable to develop that capability, in close cooperation with WHO. Its New Variants Assessment Programme would help to support global genomic work to detect and characterize new variants more quickly and thereby protect current vaccines and efforts to reduce cases and deaths. In the longer term, there would need to be a strengthened surveillance network globally, with a One Health approach that could detect threats more effectively and earlier, and support the rapid development of vaccines, treatments and tests. She welcomed the establishment of an implementation group chaired by WHO to build on ongoing work to develop a global pathogen surveillance network.

The representative of ISRAEL said that the publishing of guidance materials by WHO had been invaluable to his Government and its partners in managing their pandemic response. Transparent, evidence-based information had also been vital and the weekly WHO press briefings had helped to mainstream key messages and prevent misinformation and speculation. Member States should have been better prepared for the pandemic, but the sharing of data and best practices would ensure that WHO had the necessary tools to support health systems in the current context. It was essential to continue to strengthen the systems set up during the pandemic, including systems for the early detection and verification of new strains and reporting mechanisms. WHO must also be able to disseminate accurate information worldwide as soon as data was available and ensure maximum efficiency in dealing with future health crises. WHO had played a key role in preventing "pandemic fatigue" while ensuring that countries continued to support all health services, and it should continue to play a leading coordinating role in response to the pandemic.

The representative of FINLAND said that her Government was committed to supporting the COVAX Facility and global vaccine solidarity as part of European Union efforts. It had contributed more than 100 million euros to the COVID-19 response through cooperation in humanitarian, development and health-related areas, including to support the safe functioning of health systems. Protecting the health and care workforce had been central to the national COVID-19 response strategy. There had been no reported COVID-19-related deaths among the health and care workforce in Finland during the pandemic as of May 2021. Ensuring support for the mental health and well-being of the health and care workforce would remain critical in the recovery phase. Data and digitalization had proved essential in the pandemic response, and would play an important role in accelerating global public goods across the health-related Sustainable Development Goals in order to build back better.

The representative of CAMEROON said that it was vital to invest in health emergencies preparedness, which was important within the context of the COVID-19 pandemic and other health emergencies. His Government had been pleased to be one of the first to make itself available for an assessment of its preparedness. Equality between all countries and communities was essential to combating the pandemic, and Member States must therefore continue to contribute to the COVAX Facility. A convention on preparedness for epidemics would provide a more robust international framework to face future epidemics and a multisectoral approach must be implemented to guarantee better preparedness for emergencies at the international level. The capacities acquired during the pandemic must be maintained and included in national plans of action, especially those relating to health security.

The representative of BANGLADESH called on the international community to voluntarily share knowledge, intellectual property and data, and to participate in the WHO C-TAP. The WHO Strategic Preparedness and Response Plan, awareness-raising measures, technical support, online platforms for the dissemination of information, and efforts to mobilize international support and funding for counter measures were essential, especially for developing countries, as well as the ACT-Accelerator and vital

zoonotic research. In order to build back better after the pandemic, WHO must continue to scale up the sustainable supply of vaccines to developing countries through the COVAX Facility, and pursue comprehensive measures in all countries to ensure universal health coverage. The COVAX Manufacturing Task Force must also redouble its efforts to increase vaccine supply in the short term and build a platform for sustainable vaccine manufacturing. She urged Member States to consider predictable, sustainable and unearmarked financing to allow WHO to deliver its functions under the International Health Regulations (2005).

The representative of GHANA said that her Government had used a whole-of-government approach to the COVID-19 response and had been able to sustain gains made in relation to essential health services, especially maternal and child health. Her Government had stepped up local production of personal protective equipment and developed testing and case management systems. It had leveraged its robust electronic health records system to ensure the early and effective deployment of vaccines for certain segments of the population, and had addressed vaccine hesitancy. Moreover, in response to the global shortage of vaccines, the President had set up a task force to explore local vaccine production.

The representative of NIGERIA said that, although the rate of COVID-19 cases in Nigeria had remained relatively low, the country had implemented a response plan to build capabilities for the future. A vaccination programme was ongoing, and he called for the delivery of more vaccines through the COVAX Facility and the European Union transparency and authorization mechanism for exports of COVID-19 vaccines, strongly supporting the call for greater vaccine equity. He called on WHO to further strengthen its Health Emergencies Programme at all levels, noting that mechanisms such as the Hub for Pandemic and Epidemic Intelligence would be dependent on data and evidence generated primarily at the country level. He encouraged Member States to invest in effective detection and control efforts, including the integrated surveillance and response system in the African Region. His Government had relied on its previous investments in health security to deliver a science-led response to pandemic coordination and had provided training on emergency response to health care professionals. Moreover, it had successfully deployed digital tools for the real-time reporting of data, expanded molecular laboratories and developed genomic surveillance capabilities. He looked forward to reform of the International Health Regulations (2005), and recognized the importance of regional collaboration and the development of organizations such as the Africa Centres for Disease Control and Prevention and the West African Health Organization.

The representative of NEW ZEALAND, welcoming the global COVID-19 response, said that the pandemic had led to a loss of gains towards achieving the Sustainable Development Goals. Her Government had purchased enough COVID-19 vaccines to cover its eligible population, and to support vaccination efforts in neighbouring island States. It had implemented an elimination strategy through border control, and had begun to re-establish international connections to the extent allowed by public health protections, improved vaccination outcomes and increasing knowledge of SARS-CoV-2 and how to respond to it. Her Government's COVID-19 strategy had sought to avoid additional health inequities in its Maori and Pacific communities, and those experiencing socioeconomic deprivation. That focus would be maintained as the country moved into its vaccine roll-out. She asked that her Government be added to the list of sponsors of the draft decision contained in decision EB148(3), and the draft resolution on Strengthening WHO preparedness for and response to health emergencies.

The representative of SWEDEN said that it was essential for Member States to ensure that WHO had sufficient flexible, unearmarked funding for its operations. She welcomed the ambition to develop a pandemic treaty, but said that it was important to build on existing instruments, which would include strengthening the International Health Regulations (2005). The United Nations and WHO must be given a stronger mandate in terms of emergency preparedness. It was necessary to strengthen the ability of WHO to take on a strong leadership role, and enable better coordination at the national, regional and international levels while safeguarding national systems. The pandemic had led to increases in existing

health inequalities, and a new pandemic of stress-related mental health problems could be the result of recent experiences. While focusing on increased global health security, Member States must not lose sight of work to promote health and support strong and resilient health systems.

The representative of SLOVAKIA said that the International Health Regulations (2005) were a strategic pillar of international health security. However, reforms would be required to eliminate the shortcomings identified by the evaluation bodies on pandemic preparedness and the COVID-19 response. She emphasized the need for greater clarity regarding the roles and responsibilities of both States Parties to the International Health Regulations (2005) and WHO, with particular regard to Articles 40 to 43 of the Regulations. Concerning the functioning of the Regulations, the role of National IHR Focal Points suffered greatly from the insufficiency of the mandate and the lack of a unified reporting system; a survey on the organization of National IHR Focal Points had demonstrated that significant changes would lead to better performance at the global level. In order to make the system fit for purpose, communication should be improved between National IHR Focal Points, and more training and assessment should be provided.

The representative of BELGIUM said that his Government welcomed the final reports of independent global and regional evaluation bodies and said that the recommendations issued should be taken into account. He called for a structural solution to access to vaccines and medicines in times of crisis, which should be considered in the context of a potential pandemic treaty. Travel restrictions remained essential to controlling outbreaks, especially in view of the spread of variants of concern, and the question of why WHO had not recommended travel restrictions in January 2020 had not been sufficiently addressed. In addition, effective crisis preparedness should be based on the One Health approach, which should include consideration of the fundamental drivers of zoonotic diseases. There was a need to strengthen health systems and collaboration at the level of the United Nations and its institutions. He urged Member States and the Secretariat to consider the proposal on a global fund for social protection, to be discussed in June 2021 by the Human Rights Council, which would support preparedness efforts.

The representative of MEXICO said that the ACT-Accelerator had shown what the international community could achieve with sufficient political will; however, challenges remained regarding global access to health tools. It was essential to boost alliances between the public and private sector in areas including the transfer of technology and knowledge, particularly securing materials needed for the manufacture and use of vaccines. Bilateral connections such as those developed by his Government could be replicated worldwide and he commended the establishment of a working group within the COVAX Facility to further such alliances and regional initiatives. He hoped that the development of a map of vaccine equipment and material manufacture capacity in Latin America and the Caribbean would be one of its priorities. Despite the progress made, there were major delays in vaccine supplies and obstacles to vaccine availability remained. He called on Member States to improve the operation of the COVAX Facility and to ensure that vaccine doses and equipment for manufacture of vaccines were not restricted and that surplus doses were donated.

The representative of DENMARK said that the independent evaluations had shown that WHO had been insufficiently prepared to respond to a global health crisis. Member States should use the present political momentum to ensure an inclusive and ambitious process of strengthening WHO, with broad global support and strong multilateral cooperation. The recommendations from the Independent Panel for Pandemic Preparedness and Response should play a key role in that process. He welcomed the Panel's focus on the need for stronger leadership and better coordination at all levels and for improved systems for surveillance and alerts and timely sharing of information about outbreaks. Member States must also strengthen the Organization's financial independence by making funding flexible. Furthermore, WHO should reinforce its normative role as a guiding and standard-setting organization.

The representative of ZIMBABWE welcomed WHO's COVID-19 response efforts including those to counter misinformation. The COVID-19 pandemic had emphasized the importance of strong resilient health systems, primary health care, universal health coverage and multilateralism, but it had also exacerbated existing impediments and inequalities, as well as the devastating impact of unilateral coercive measures. The most urgent challenge was to ensure access to quality, safe, affordable and effective medical products and vaccines for COVID-19, particularly for developing countries. There was an urgent need to scale up manufacturing capacity to increase global vaccine supply through sharing technology, data and know-how and by waiving appropriate intellectual property rights. In addition, WHO should update its Guidelines on Evaluation of Similar Biotherapeutic Products and establish pathways for non-originator vaccines, which could support the local manufacture of approved COVID-19 vaccines.

The representative of SWITZERLAND said that the pandemic had shown that existing pandemic preparedness mechanisms had been insufficient and that the national implementation of the International Health Regulations (2005) should be better monitored. Her Government was committed to a universal health protection system and she said that WHO must be able to play the key role expected of it, while also increasing its accountability and effectiveness. The lessons learned from the pandemic must be translated into improved mechanisms and lead to more sustainable funding for the WHO Health Emergencies Programme. She expressed support for a pandemic treaty that would seek to strengthen the role of WHO in preparing for and responding to health crises and to ensure improved implementation of the International Health Regulations (2005).

The representative of PARAGUAY said that strengthening surveillance and monitoring systems was essential, and WHO should help Member States to prioritize their investments before emergencies happened, rather than in reaction to them. The notification systems for public health emergencies of international concern under the International Health Regulations (2005) should be strengthened, and he reiterated his Government's support for early warning systems. Cross-border cooperation in approaches to the pandemic, including coordination and cooperation in vaccination efforts, were very important, and it was hoped that WHO would do more to help to reduce health inequalities in politically and geographically sensitive areas. Member States needed to increase WHO's ability to implement and enforce the International Health Regulations (2005).

The representative of GERMANY welcomed the progress made regarding the WHO-convened global study of origins of SARS-CoV-2 and called for a clear timeline regarding the second phase of that study. He commended WHO's role in establishing the ACT-Accelerator and the COVAX Facility, but said that Member States had failed to provide the predictable resources WHO needed to fulfil its own expectations and those of the international community. In order to ensure that WHO could come out of the pandemic strengthened, Member States must provide flexible and sustainable financing. Future pandemics were inevitable, and the world needed a legal instrument that could comprehensively address current shortcomings in global health preparedness, and strengthen implementation, compliance and data-sharing under the International Health Regulations (2005). Finally, pandemics could only be overcome if the principle of inclusiveness was ensured, with the whole world able to benefit from WHO guidance and technical expertise, and to contribute to joint knowledge and efforts.

**The meeting rose at 13:00.**



### **THIRD MEETING**

**Tuesday, 25 May 2021, at 14:20**

**Chair:** Dr A. AMARILLA (Paraguay)

#### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 17 of the agenda (continued)

**COVID-19 response:** Item 17.1 of the agenda (documents A74/9, A74/15 and A74/INF./2) (continued)

**Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 17.2 of the agenda (document A74/16) (continued)

**WHO's work in health emergencies:** Item 17.3 of the agenda (document A74/9) (continued)

- **Strengthening WHO's global emergency preparedness and response** (document A74/9) (continued)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (documents A74/9 and A74/9 Add.1) (continued)

**Implementation of the International Health Regulations (2005):** Item 17.4 of the agenda (documents A74/17 and A74/17 Add.1) (continued)

**MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC:** Item 18 of the agenda (documents A74/10 Rev.1, A74/10 Rev.1 Add.1 and EB148/2021/REC/1, decision EB148(3)) (continued)

**Update by the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and implementation of the International Health Regulations (2005)**

The CO-CHAIRS OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE, speaking in turn to present the Panel's main report, provided an overview of the recommendations contained in the report. Thousands of people continued to die worldwide from coronavirus disease (COVID-19). Although vaccines represented a means of combating the pandemic, the world risked becoming divided into those who had been vaccinated, and those who had not. The immediate recommendations called for by the Panel included: urgently redistributing existing vaccine doses equitably; removing barriers to scaling up manufacturing of vaccines by sharing intellectual property and transferring knowledge and technology; scaling up voluntary licensing; and fully funding the Access to COVID-19 Tools (ACT) Accelerator. Implementation of those recommendations would

result in a huge return on investment both for global health and for economies, but must be coupled with proven public health measures to reduce transmission of the disease.

WHO played an indispensable role in responding to global health emergencies, notably through the quality, timing and clarity of its technical advice, and should remain the leading organization for health in the international system. However, the Organization had been assigned new tasks without sufficient authority or resources to implement them. The Panel recommended that WHO should focus on providing normative, policy and technical guidance, including on building capacity for pandemic preparedness and response. In addition, Member States should further empower the Organization, including by agreeing to establish its financial independence, strengthen the authority and independence of the Director-General, and adequately equip its country offices.

The pandemic had occurred in the context of a lack of coordinated high-level political engagement at the global and national levels, with insufficient attention accorded to pandemic preparedness. The Panel therefore proposed establishing a global health threats council to be constituted at the Head of State and Government level, with participation from the private sector and civil society. The role of the council would be to maintain political commitment to pandemic preparedness, promote maximum cooperation and collective action across the international system, monitor progress towards the goals and targets set by WHO, hold actors accountable and guide the allocation of resources.

A financing facility should also be created to provide reliable, long-term financing for preparedness that was capable of delivering rapid surge financing during the early stages of response. Those resources should fill gaps in funding for global public goods at the national, regional and global levels; the intention was not to create a new global fund, but rather a modality for raising additional resources to be disbursed through existing structures. Adequate capacities, organization and financing for preparedness were also required at the national and subnational levels to ensure that countries did not repeat the devastating experience of not being prepared.

The Panel's other recommendations included redesigning the global surveillance and alert system, which should empower WHO to report on and investigate threats without delays and without the need for Member State approval. The Panel further recommended transforming the ACT-Accelerator from its current market-based model to one aimed at delivering global public goods. It also supported the negotiation of a pandemic framework convention under Article 19 of the WHO Constitution to address gaps in the current legal framework, clarify responsibilities between States and international organizations, and reinforce legal obligations and norms.

The current health crisis was the consequence of ignoring similar reviews in the past; the world had not been prepared for the emergence of a novel respiratory pathogen, and lives and livelihoods were still being destroyed worldwide nearly 18 months later. Concrete and meaningful political action was required. Although many of the necessary actions at the international and national levels could be driven by the health sector, Member States must also ensure whole-of-government engagement and the participation of Heads of State and Government. The Panel therefore recommended convening a special session of the United Nations General Assembly before the end of 2021 for the purpose of agreeing on a political declaration that set out a road map to transform the current international system for pandemic preparedness and response, with the objective of making the COVID-19 pandemic the last pandemic.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME, introducing the Committee's report contained in document A74/16, provided an overview of the main findings and recommendations contained in the report. She acknowledged the progress made over the past five years in WHO's response to and management of health emergencies and welcomed the Director-General's commitment to implementing the Committee's recommendations.

The COVID-19 pandemic had exposed failings in pandemic preparedness and response, as well as a shortfall in health security and equality. However, it had also led to numerous examples of global solidarity and collaboration, as well as remarkable progress in research and development. Despite the challenges, WHO had maintained and strengthened its leadership position in the global response to the pandemic. The political and financial commitment of Member States was fundamental to achieving the potential of the ACT-Accelerator, and the Secretariat should support Member States in developing a

global strategy for its roll-out. Member States should also be supported in fully implementing all public health measures and in strengthening surveillance, monitoring and testing efforts. In addition, the international community should address supply chain constraints to ensure the equitable distribution of vaccines under the COVID-19 Vaccine Global Access (COVAX) Facility and guarantee investment to reduce the socioeconomic impacts of the pandemic.

The Committee endorsed many of the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, which would help to address shortcomings in the Regulations. It was still concerning that the broad binary nature of the mechanism for declaring a public health emergency of international concern did not provide a sufficient or actionable indication to Member States of the nature or severity of epidemic or pandemic risks. The Secretariat must work with Member States to improve and clarify alerts and risk assessments and empower National IHR Focal Points to take informed action. Furthermore, temporary recommendations issued by emergency committees must be tied to concrete actions and response measures, with Member States held accountable for implementing recommendations on health crisis preparedness, readiness and response. The Secretariat should further streamline the reporting process and review the existing framework for national and international preparedness. The role and impact of travel restrictions and other border measures should also be reviewed.

The proposed international treaty for pandemic preparedness and response should: support States Parties to comply with the International Health Regulations (2005); build national, regional and global resilience for pandemic response; mobilize financial resources collectively; and ensure universal access to diagnostics, treatments and vaccines. WHO representatives should be empowered to lead the public health response to COVID-19 at the country level. To improve human resources capacity, the country business model should be revised and adjusted to country-specific requirements in line with the regional human resources plan, based on the principle of a single human resources plan. In addition, the current structure of and vision for the incident management system should be reviewed to ensure adequate capacity, resilience and sustainability, while core technical expertise should be enhanced within the WHO Health Emergencies Programme, including by strengthening collaboration and expanding partnerships.

Although significant improvements had been made in WHO's external communications, the Secretariat should build momentum, accelerate the implementation of a corporate communications strategy, and increase and sustain investment in communications. The Organization should also build capacity to deploy proactive countermeasures against the deeply concerning prevalence of misinformation and attacks on social media, and invest in risk communication as an essential component of epidemic management. The Committee welcomed the progress made in updating and improving the Emergency Response Framework and urged the Global Policy Group to implement the agreed changes and adopt the updated version of the Framework. It was also positive to see that progress had been made in implementing previous recommendations issued by the Committee on establishing dedicated teams within the centralized functional divisions, as well as specific recommendations related to WHO security management.

She expressed concern at the slow progress of the fact-finding process regarding the allegations of sexual exploitation linked to the Ebola virus outbreak response in the Democratic Republic of the Congo. WHO must immediately implement preventive and response measures in areas where there was a high risk of sexual exploitation and abuse, and should conduct an Organization-wide review of the tools, structures and processes for preventing, mitigating and managing potential risks linked to emergency operations for both staff and communities.

The Committee commended Member States' leadership in establishing a working group on sustainable financing and recommended that the predictability and sustainability of funding for the WHO Health Emergencies Programme should be improved through an increase in assessed contributions, non-specified multi-year funding arrangements for core voluntary contributions, and a wider donor base. It was also necessary to increase the proportion of WHO core flexible funding allocated to the Programme.

Increased investment in resilient health systems and universal health coverage was needed to protect the delivery of essential health services. In the longer term, Member States should review

whether WHO had the strategic capacity to support country preparedness and response, and whether its funding was adequate for the WHO Health Emergencies Programme to lead multidimensional, large-scale emergencies such as the COVID-19 pandemic alongside an increasing number of graded emergencies. It was time to take the bold decisions required to strengthen WHO by equipping it with the necessary authority and resources to coordinate pandemic prevention and response, and build an overarching global health architecture based on solidarity and equity. The Committee would continue to hold WHO accountable, but Member States and other partners must also play their part; global health was a shared responsibility.

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 at the request of Member States. Since September 2020, the Review Committee had held 28 plenary meetings and seven open meetings, which had been attended by over 100 representatives of Member States, international organizations and non-State actors, and had interacted regularly with the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response and the Chair of the Independent Oversight and Advisory Committee.

Summarizing the findings of the Review Committee contained in document A74/9 Add.1, he said that the failure to prevent the COVID-19 pandemic and contain severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) had been due to: weak national capacity to prevent, detect and respond to public health risks; the length of time taken for international alert, risk assessment and training; and the inefficient initial public health response in many countries. However, those failings were not due to the design of the International Health Regulations (2005), but rather to the way in which they were interpreted and implemented by both WHO and States Parties. Indeed, the Regulations continued to provide a framework for global health protection. A universal periodic review mechanism should be developed to enhance States Parties' accountability for implementing and ensuring compliance with the Regulations. Sufficient preparedness could only be achieved, however, with sustained political attention at the national and international levels and adequate financing.

WHO should develop more standardized forms to collect the information required to conduct a realistic risk assessment. In addition, the Organization should develop a mechanism for States Parties to automatically share the real-time emergency information needed by WHO for risk assessment, building on relevant global and digital systems, and proactively make use of the provisions of Article 11 of the Regulations to share information about public health risks with States Parties, including unofficial information, without seeking prior agreement from the States Parties concerned. Options should be developed to strengthen and build genomic sequencing infrastructure and maximize its use.

The Review Committee had agreed that introducing an intermediate level of alert would not solve the issue of delayed readiness and response. Instead, it recommended a new approach, termed the "World Alert and Response Notice" (WARN), which would inform countries of the level of risk posed by specific health emergencies and the actions required to respond to them. WHO's mandate to issue such an alert should be further strengthened.

In relation to early response and coordination, WHO should be given a mandate to proactively support individual States Parties when information about high-risk events became known; currently it could only provide such support upon request. In addition, the Organization should strengthen work with relevant networks to coordinate and offer immediate technical support for outbreak investigations and risk assessments. States Parties should accept such offers and provide a prompt explanation in cases where support was refused. WHO should also strengthen the evidence base for determining the impact and advisability of applying travel and trade restrictions during a public health emergency, with particular attention given to developing a more practical and conceptual interpretation of the term "unnecessary interference with international traffic".

Further efforts were needed to strengthen the capacities of the National IHR Focal Points; their performance and functioning should be assessed by WHO using appropriate criteria and with full transparency, and the findings reported to the Health Assembly. WHO should also work with States Parties to identify additional stakeholders capable of supporting advocacy, implementation and

monitoring of the Regulations, while networks such as the International Association of National Public Health Institutes could raise awareness of the Regulations at the global, regional and national levels and across government sectors. States Parties should periodically review legislation and ensure that appropriate legal frameworks were in place to manage health risks and health emergencies, while WHO should engage with partners and support States Parties by providing tools and technical guidance on using national legislation for implementation of the Regulations. Given that many aspects of the response to international health crises fell outside the scope of the Regulations, consideration should be given to developing a legal instrument, such as a convention on pandemic preparedness and response.

States Parties must provide the Organization with the funding it needed to perform its vital functions, and the Organization should conduct more in-depth analysis of the resources required. The Review Committee had made numerous other recommendations, including in relation to risk communication and “infodemic” management. Timely and structured implementation of the Review Committee’s recommendations was essential to improve global preparedness and response to health crises. The Regulations could not play their role in keeping people safe unless governments, communities, civil society, businesses and public health leaders worked together in solidarity, in accordance with the principles of trust and transparency.

The DIRECTOR-GENERAL commended the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response for their timely and thorough evaluations of the global response to the COVID-19 pandemic and thanked all those who had contributed to that work. Their recommendations would be vital in strengthening WHO and global health security, and he looked forward to working with Member States on their implementation.

The representative of SOUTH AFRICA, speaking on behalf of the sponsors of the draft decision on convening a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response, said that the COVID-19 pandemic had highlighted the lack of preparedness at both the national and international levels and the need for immediate action to implement fundamental changes in order to improve pandemic preparedness and response. He therefore welcomed the draft decision to enable consideration of the benefits of a convention, agreement or other international agreement, which would strengthen the multilateral health architecture, including the International Health Regulations (2005). Immediate collective action was needed to capitalize on the current strong support for global cooperation and build the stronger, more agile defences that were needed to address future pandemics. A pandemic treaty would be central to those efforts.

The representative of TOGO, speaking on behalf of the Member States of the African Region, said that in view of the challenges faced by both national and international systems during the COVID-19 pandemic, the Independent Oversight and Advisory Committee’s recommendation to increase investment in resilient health systems and universal health coverage was highly relevant. As the harm caused by the pandemic continued, it was critical to save lives, in particular by guaranteeing equitable access to health products, including vaccines. Noting the actions set out to improve the effectiveness of the ACT-Accelerator and the COVAX Facility and the call to expand production capacity across all regions, he stressed the need for all Member States to be involved in the design, implementation and financing of international initiatives. It was indeed true that no one was safe until everyone was safe. Although progress had been made in the implementation of the International Health Regulations (2005), they should be reviewed in order to address the critical gaps in legislation that reduced the effectiveness of the coordinated response to international crises. In conclusion, although it was prudent to plan for the future, the response to the current pandemic should be prioritized.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries 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 Georgia aligned themselves with his statement. Noting that Member States had been unprepared for a pandemic of such magnitude, he stressed the need to fully implement the International Health Regulations (2005) and hold States Parties accountable. He supported the recommendations to reinforce the mandate and authority of National IHR Focal Points and develop a universal periodic review mechanism, and emphasized the importance of enhanced laboratory capacities for surveillance and sequencing. In addition, the indicators used to assess preparedness must take into account the adaptability of health systems and the capacity to address socioeconomic challenges. He also supported the recommendations that WHO should be given the explicit authority to publish information on outbreaks with pandemic potential immediately, without requiring the prior approval of national governments, and to investigate pathogens with pandemic potential in all countries with short-notice access to relevant sites. Further discussion on a possible intermediate level of alert was required given the diverging views on the issue.

The Secretariat should facilitate discussions among experts on the need to assume that emerging respiratory pathogens were transmissible from human to human unless the evidence indicated otherwise, and on implementing precautionary travel measures to facilitate a rapid response to emerging pathogens with pandemic potential, and report back to Member States. The COVID-19 pandemic had demonstrated that the Regulations were insufficient to ensure a national and global response and did not include measures for the rapid and equitable delivery of life-saving health technologies. A complementary international treaty on pandemics was therefore required. Urgent action was also required to avoid repeating the mistakes of the past. The draft resolution on strengthening WHO preparedness for and response to health emergencies was an important first step in that process.

The representative of the UNITED STATES OF AMERICA said that, although considerable progress had been made in building the capacity of countries to prevent, detect and respond to global health threats, further urgent and concerted action was needed. Four key steps should be taken as part of a united effort to achieve global health security. First, existing institutions must be reformed and modernized to make them agile and fit for purpose, with strong commitment from their members. Secondly, it was vital to ensure full adherence to the norms that enabled global health security, and establish new norms if required and based on the lessons learned from the pandemic. The third step was to ensure predictable and sustainable financing for global health security, in particular for country-level capacity-building. Lastly, to guarantee their success, those steps should be carried out in line with the principles of oversight, transparency and accountability. Real and actionable commitments, resources and political will were crucial.

The representative of NORWAY said that the COVID-19 pandemic had highlighted the failure of the international community to learn lessons from previous outbreaks and ensure sufficient preparedness and response. It was time to take decisive action and implement the changes required to prepare for the next pandemic, even as efforts to curb the COVID-19 pandemic continued. Indeed, the unique momentum generated by the current crisis should be harnessed to establish lasting commitments to ensure global health preparedness and response. In that regard, he welcomed the recommendations of the review mechanisms, including the emphasis on the need for a multisectoral, whole-of-government approach and increased financing at both the national and global levels, and supported the development of an international treaty on pandemic preparedness and response.

The representative of AUSTRALIA welcomed the ambitious and decisive actions recommended by the Independent Panel, notably the need to prioritize efforts to end the current pandemic, including through the development of a road map under the leadership of WHO. She further supported the recommendations to build an authoritative and independent WHO, reduce the transmission of zoonotic diseases, enhance the global pandemic preparedness system and strengthen WHO operations on the ground. All efforts should be underpinned by strong political leadership. New mechanisms to strengthen

global surveillance and deliver a more agile response should fit into the existing system and avoid duplication or overcomplication. In addition, Member States should support the key reforms recommended by the review mechanisms, in particular by granting WHO the authority to quickly access and investigate outbreaks of unknown diseases, strengthening compliance with the International Health Regulations (2005) and formalizing a One Health approach. The proposed convention on pandemic preparedness and response must be comprehensive and enforceable, and facilitate significant and sustainable reform. The prevention of future pandemics depended on understanding the origins of the current one through a rapid, transparent, evidence-based process that prioritized work on the most likely hypotheses. Her Government stood ready to work with international partners on global health preparedness and response, and build a strong and capable WHO at all levels.

The representative of the REPUBLIC OF KOREA acknowledged the need for a global system to address the wide range of actions required to improve pandemic preparedness and response, including by strengthening implementation of the International Health Regulations (2005), boosting global surveillance of emerging health threats through a One Health approach, establishing a global supply system for essential tools, equipment and diagnostics, and establishing research and development strategies. She hoped that discussions on the draft resolution on strengthening WHO preparedness and response and the draft decision on developing an international treaty on pandemic preparedness and response would be constructive and productive, based on transparency and trust. Difficult discussions might be needed to find ways of successfully implementing the recommendations of the review mechanisms. Immediate action and solidarity were required to combat the COVID-19 pandemic, with a focus on the production and development of vaccines and treatments, and on strengthening the surveillance system for variants of concern.

The representative of the RUSSIAN FEDERATION expressed reservations regarding the recommendation to shift responsibility for response from the national level to WHO. Although WHO played a central coordinating role in addressing global health challenges, governments with strong health systems were able to take their own decisions on how best to protect the public health of their population. Regarding the recommendations on compliance with the International Health Regulations (2005), it would be unacceptable to disseminate unverified information on disease outbreaks or establish any type of parallel structure or informal interactions with States Parties; such an approach would weaken WHO. In addition, there was no evidence that States Parties that had undergone a joint external evaluation were better able to respond to the pandemic, and there were clearly flaws in the Global Health Security Index. Efforts should instead focus on enhancing the role of National IHR Focal Points, supporting national capacity-building, building laboratory networks, combating the circulation of unreliable information and guaranteeing biological security. Fundamental changes to WHO's operations or a potential treaty should only be considered after COVID-19 had been defeated. In-depth analysis was needed to understand why current instruments were not working and develop a future health architecture. His Government would continue to share expertise and looked forward to reaching consensus regarding the draft resolution on strengthening WHO preparedness and response.

The representative of BAHRAIN said that, despite extensive national, regional and international efforts, the COVID-19 pandemic had highlighted the deep inequalities between countries. With regard to the recommendations on enhancing preparedness and response, greater emphasis should be placed on the importance of modernizing health care systems, improving research and development capacities and strengthening vaccination campaigns. Although some lessons had been learned from previous crises, the recommendations issued by the Independent Panel must be taken seriously to improve future preparedness and response, and Member States should support the Organization in its efforts to implement them. There was also a clear need to improve implementation of the International Health Regulations (2005), including by strengthening WHO's leadership role and building national core capacities.

The representative of FRANCE stressed the importance of multilateralism in matters of global health. Immediate action was needed to strengthen the global health architecture, with WHO at its centre, improve implementation of the International Health Regulations (2005) and strengthen health emergency preparedness and response. It was therefore vital to reach consensus regarding the draft resolution on strengthening WHO preparedness and response. He welcomed the work and recommendations of the Independent Panel, noting that further in-depth discussions on its long-term recommendations were required, notably those concerning governance and financing. He also agreed with the analysis of the Independent Oversight and Advisory Committee, in particular regarding the need to improve the alert system for health emergencies and establish a robust accountability mechanism; his Government was pleased to be participating in the pilot phase of a universal periodic review mechanism. The Review Committee had also highlighted necessary improvements, such as strengthening laboratory capacity. His Government looked forward to participating in the proposed open-ended Member States working group on strengthening WHO preparedness and response to health emergencies. An international treaty on pandemics would be an effective way of bringing about reform.

The representative of MONACO commended the detailed analyses provided in the reports of the review mechanisms, which should be closely examined to learn lessons for improving future pandemic preparedness. The COVID-19 pandemic had highlighted gaps in preparedness within both Member States and the Organization, and had demonstrated the need for profound changes in the collective response. Her Government wished to be added to the list of sponsors of the draft decision on developing an international treaty on pandemic preparedness and response and the draft resolution on strengthening WHO preparedness and response, and would participate in the proposed working group.

The representative of NEW ZEALAND said that global public health should be founded on international collaboration, trust and transparency, in addition to solidarity and equity. Her Government supported a number of the technical recommendations of the Review Committee, including more assertive use by WHO of the provisions of Article 11 of the International Health Regulations (2005), standardization of the template used for statements issued following emergency committee meetings, and increased collaboration with international human rights bodies during health emergencies. It also supported the ambitious recommendations of the Independent Panel. High-level political commitment was required to effect change. Addressing the wider social and economic impacts of the COVID-19 pandemic required a whole-of-government and whole-of-society approach; the same principle applied to WHO's work. Outlining her Government's efforts to promote equitable access to vaccines, including through the COVAX Facility, she welcomed the Independent Panel's call to address inequality through collective action and to increase funding for the ACT-Accelerator. Emphasizing the importance of maintaining efforts to address other communicable and noncommunicable diseases, she called on Member States to redouble their commitment to achieving the Sustainable Development Goals. Lastly, her Government wished to be added to the list of sponsors of the draft decision on developing an international instrument on pandemic preparedness and response.

The representative of the NETHERLANDS said that a collective commitment would be required to implement the recommendations of the review mechanisms, including to improve WHO's independence through more predictable and sustainable funding. It was essential to strengthen national health systems and improve implementation of the International Health Regulations (2005). Vulnerable Member States should be able to rely on the support of the international community, particularly regarding vaccine availability, which should be improved by strengthening local production capacity. Enhancing pandemic preparedness would require high-level political commitment over both the short and long term; an international framework convention would enable Member States to remain focused on those efforts. Digital systems should be established for the immediate sharing of reliable information. In addition, a One Health approach was key to preventing and detecting zoonotic pathogens. She requested the Secretariat to follow up with a report on the risks of "wet markets" and discuss with Member States the steps required to reduce the associated zoonotic health risks. Lastly, the next phase



of the global study of the origins of SARS-CoV-2 should begin as soon as possible, with Member States engaged in the process and updated on progress.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, called for all recommendations of the review mechanisms to be implemented in order to make COVID-19 the last pandemic. It was particularly important to strengthen global health security and public health governance, especially for health emergency preparedness, although there should also be continued emphasis on the importance of national responsibility. The proposed global health threats council and international treaty on pandemic preparedness and response would require further examination. The International Health Regulations (2005) had enhanced global capacity to contain pandemics and should be strengthened. Global supply systems should also be improved, with WHO playing a key role, particularly during the early phases of health emergencies. Given the huge cost of the current pandemic, there was a need for greater investment in preparedness, including by providing WHO with the sustainable financing it needed to perform its vital mandate.

The representative of SRI LANKA welcomed efforts to improve implementation of the International Health Regulations (2005) and bring the COVID-19 pandemic under control. She detailed the work undertaken by her Government to improve public health security. Highlighting the importance of vaccination as part of a range of preventive measures, she expressed appreciation for the vaccine doses provided via the COVAX Facility and requested further support with vaccine supply.

The representative of CAMBODIA underscored the importance of political leadership at the national level in ensuring long-term pandemic preparedness. A whole-of-government and whole-of-society approach was key to ending the COVID-19 pandemic, with early detection and response central to controlling the spread of the virus. Investment in pandemic preparedness and health systems would translate to investment in the economy. As part of its leadership role in coordinating the global response to health emergencies, the Secretariat should provide greater support to Member States, in particular regarding resource mobilization and the implementation of pandemic response plans. That in turn would require increased and sustainable investment in the Organization, including financial and human resources. Ensuring access to vaccines was critical. Future challenges could be anticipated and addressed by sharing information and technology; building resilient health systems in accordance with the national context; and ensuring full implementation of the International Health Regulations (2005).

The representative of KENYA welcomed the findings and recommendations of the Independent Panel, expressing particular support for the proposed development of a pandemic framework convention. His Government therefore endorsed the draft decision on developing an international treaty on pandemic preparedness and response and urged other Member States to do the same. The reports of the Review Committee and the Independent Oversight and Advisory Committee also contained important recommendations. Member States should review the recommendations of the three review mechanisms in the spirit of inclusivity, trust, transparency and solidarity. Immediate action must be taken to prevent a future pandemic.

The representative of MEXICO said that urgent and far-reaching changes should be considered to prevent another health emergency occurring on a similar scale to the COVID-19 pandemic. Her Government would actively participate in the proposed working group on strengthening WHO preparedness and response. It was particularly important to improve implementation of the International Health Regulations (2005), including by introducing a universal periodic review mechanism. Strengthened political will was essential to ensure implementation of valuable instruments such as the Regulations and avoid repeating the same mistakes. Equally, although the current political momentum should be maintained and rapid steps taken to strengthen WHO and the international system, preparedness and response measures should be discussed by all Member States through an inclusive and constructive process, taking into account the differing levels of emergency care among countries, in order to strengthen the legitimacy of any decisions. Agreements were also needed on numerous issues

outside the health sector, including international trade, research and development, human rights, scientific cooperation, and equitable access to relevant products. Her Government supported the draft resolution on strengthening WHO preparedness and response and the draft decision on developing an international treaty on pandemic preparedness and response.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND commended the ambitious and comprehensive reports of the three review mechanisms, particularly the call for stronger cross-sectoral global and regional surveillance systems; a clearer process for independent epidemiological on-site assessments; prompt information sharing; improved early warning systems with clear actions required of Member States; and improved compliance with the International Health Regulations (2005). It was essential to ensure sustainable financing to enable WHO to fulfil and enhance its core normative role. An international treaty on pandemic preparedness and response should be developed to drive further reforms and catalyse global cooperation and action. There had been a clear failure to learn lessons from past emergencies; Member States should take immediate action to enhance preparedness. Multilateral partners, including WHO, must also be held to account. Her Government was ready to collaborate on the concrete changes required to strengthen preparedness and response.

The representative of BOTSWANA welcomed the recommendations of the Independent Panel, including the need to scale up vaccine roll-out equitably and urgently and build manufacturing capacity in Africa, Latin America and other low- and middle-income regions. His Government would work with international and regional partners to that end, and looked forward to participating in the first World Local Production Forum in June 2021. In relation to implementation of the International Health Regulations (2005), continued efforts were needed to improve primary health care for the delivery of quality essential health services, strengthen the health workforce, and improve supply chains. His Government supported in principle the draft decision on developing an international instrument on pandemic preparedness and response and looked forward to participating in the proposed working group on strengthening WHO preparedness and response.

The representative of FIJI said that the COVID-19 pandemic had demonstrated the vital need to strengthen preparedness for health emergencies and invest in public health. Although the COVAX Facility was a beacon of hope for many Member States, further efforts were needed to promote equitable vaccine distribution. He welcomed the timely recommendations of the Independent Panel. The effects of climate change on small island States such as Fiji made it particularly urgent to review and strengthen public health preparedness and response. There was also a need to improve multisectoral coordination and the provision of predictable and sustainable financing, enhance risk communication and community engagement, and share information on zoonotic diseases.

The representative of AFGHANISTAN commended the work of the Independent Panel and the leadership and support of WHO, including during the COVID-19 pandemic, which had revealed a collective failure to invest in emergency preparedness and response, primary health care and resilient health systems. Stressing the need for solidarity, including in addressing unequitable access to vaccines, he urged Member States in a position to do so to support the ACT-Accelerator by ensuring that it was fully funded and to donate surplus vaccine doses to the COVAX Facility. He welcomed the recommendation to adopt a pandemic framework convention.

The representative of JAPAN expressed appreciation for the work of the review mechanisms. Equitable access to vaccines and other health resources was key to controlling the COVID-19 pandemic. Highlighting the importance of ensuring that the ACT-Accelerator was funded, he looked forward to strong funding commitments from Heads of State and Government at the Gavi COVAX Advance Market Commitment Summit in June 2021. It was important to consider all recommendations on ensuring predictable and sustainable financing for WHO, including adequate funding for the WHO Health Emergencies Programme during the initial phase of outbreaks. The Secretariat should

address the issue of instability arising from dependency on a limited number of donors. Regarding information sharing and application of the precautionary principle to events that could constitute a public health emergency of international concern, he asked the Secretariat how it planned to manage the additional work and risks generated by such an approach. Lastly, he recognized the need for stronger international cooperation, increased political commitment, robust leadership and accountability as part of actions to reinforce the global health architecture, with a strong WHO at its core.

The representative of DENMARK said that comprehensive preparedness planning was needed to make COVID-19 the last pandemic. Although the COVID-19 pandemic had exposed insufficiencies in the International Health Regulations (2005), they would remain a cornerstone of future pandemic preparedness and response; it was therefore vital to implement and strengthen the national core capacities required under the Regulations. Continuous learning from and evaluation of the current pandemic and other health emergencies would help to improve global health security and foster resilient health systems, while multilateral collaboration should also be improved to prevent future global crises. Coordination before, during and after health crises would ensure a united and effective global response. His Government looked forward to further dialogue on improving the global response to international health emergencies.

The representative of FINLAND stressed the importance of integrating readiness and successful cooperation models into future preparedness planning. His Government supported the recommendations on strengthening the integration of gender equality in preparedness and response efforts. It was crucial to strengthen the WHO Health Emergencies Programme and foster synergies across the strategic pillars of the Thirteenth General Programme of Work, 2019–2023; the recommendations to formalize the accountability structures and processes of the WHO Health Emergencies Programme were therefore welcome. Highlighting the need to invest in strong and resilient health systems and essential public health functions at the national level and to ensure the sustainable financing of WHO, he requested further information from the Independent Panel regarding the proposed financing mechanism for the ACT-Accelerator. Greater cooperation on the interface between humans, animals and the environment was needed. In addition, strengthened multisectoral linkages in national health security strategies and implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030 would support preparedness for all hazards. His Government looked forward to engaging in constructive discussions on the recommendations and on ways of securing strong political commitment to improve preparedness. A horizontal approach to societal well-being and resilience could benefit both health and the economy.

The representative of CANADA said that work to strengthen the global health security architecture should focus on equity, prioritize the most vulnerable populations and maximize the capacity of health systems. Immediate steps should be taken to bolster surveillance and alert systems, ensure the clear and rapid communication of real or potential threats, and enable the rapid sharing of scientific and epidemiological information. However, other recommendations, such as mechanisms for the timely sharing of pathogen specimens and genome sequences, could require longer-term implementation strategies or new international instruments. Sustainable financing and a whole-of-government and whole-of-society approach would be key to implementing many of the recommendations. Any new structures must be coordinated, cohesive, efficient and aligned with existing mechanisms, such as the International Health Regulations (2005), and care must be taken to avoid further fragmentation. The draft resolution on strengthening WHO preparedness and response and the draft decision on developing an international treaty on pandemic preparedness and response reflected the need for Member States to lead the action required. His Government looked forward to participating in the proposed working group on strengthening WHO preparedness and response.

The representative of the UNITED REPUBLIC OF TANZANIA said that although the International Health Regulations (2005) played a crucial role during public health emergencies, efforts were needed to bridge the gaps in implementation of and compliance with the Regulations and ensure an effective response to pandemics. He supported the draft decision on developing an international

instrument on pandemic preparedness and response but stressed that the inclusive and active participation of all Member States, regardless of their level of development, must be ensured in the associated discussions. In addition, the proposed assessment by the working group on strengthening WHO preparedness and response should specify how the instrument would strengthen the Regulations, its relationship with other international agreements, and how it would ensure equitable and timely access to goods, services and technologies during a pandemic. Lastly, he asked the Secretariat to provide further support to strengthen the capacities of National IHR Focal Points, mobilize resources for emergency preparedness and response, and align national legal frameworks with the Regulations. It was imperative to implement the recommendations of the review mechanisms.

The representative of TURKEY outlined the measures taken by his Government to combat the COVID-19 pandemic. Given the major impact of the pandemic on the economy, health policy-makers had significant responsibilities, as their decisions on health matters also affected livelihoods. It was therefore time to effectively implement the whole-of-government and One Health approaches that had been under discussion for years. The pandemic had demonstrated the leading role played by WHO in coordinating the international response to pandemics. It was vital to ensure open, inclusive discussions on how to strengthen international systems and the Organization.

The representative of ZAMBIA detailed the work undertaken in his country to strengthen public health security. Collaboration with international partners on capacity-building had helped his Government to improve its response to public health emergencies and the COVID-19 pandemic and strengthen implementation of the International Health Regulations (2005). However, continued support was needed at the country level, particularly from the WHO Health Emergencies Programme, which should be adequately funded. His Government supported the draft decision to consider developing an international treaty on pandemic preparedness and response and wished to be added to the list of sponsors.

**The meeting rose at 17:00.**

## **FOURTH MEETING**

**Wednesday, 26 May 2021, at 10:30**

**Chair:** Dr A. AMARILLA (Paraguay)

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 17 of the agenda (continued)

**COVID-19 response:** Item 17.1 of the agenda (documents A74/9, A74/15 and A74/INF./2) (continued)

**Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 17.2 of the agenda (continued) (document A74/16)

**WHO's work in health emergencies:** Item 17.3 of the agenda (document A74/9) (continued)

- **Strengthening WHO's global emergency preparedness and response** (document A74/9) (continued)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (documents A74/9 and A74/9 Add.1) (continued)

**Implementation of the International Health Regulations (2005):** Item 17.4 of the agenda (documents A74/17 and A74/17 Add.1) (continued)

**MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC:** Item 18 of the agenda (documents A74/10 Rev.1, A74/10 Rev.1 Add.1 and EB148/2021/REC/1, decision EB148(3)) (continued)

**Update by the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programmes and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and implementation of the International Health Regulations (2005)** (continued)

The representative of the PHILIPPINES underlined the need to strengthen interdisciplinary and international cooperation for emergency preparedness and response. The report by the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme was a valuable step forward to improve health emergency risk reduction and response. She called on the Secretariat to contextualize the report's recommendations according to the experiences and needs of the global South to make the report more meaningful. Concrete steps to ensure that nobody was left behind included: creating supply chains that were resilient to pandemics, especially in low- and middle-income countries; providing appropriate digital solutions to countries with poor information technology infrastructure; and

ensuring that the technical advice provided by country offices was followed up with actionable ways forward.

To ensure that commitments under the International Health Regulations (2005) strengthened countries' surveillance systems, the Secretariat and National IHR Focal Points should create guidelines and platforms to facilitate information sharing between Member States. The Secretariat should take further steps to enable focal points to develop and implement national action plans that were built on lessons learned and that were more responsive to future public health emergencies. The Secretariat should facilitate responses to requests for information in line with national data privacy laws and strengthen case detection and contact tracing between borders.

The integration of mental health in preparedness and response initiatives would require a re-examination of many assumptions regarding the provision of mental health services. Such services should be community-based and multidisciplinary, and vulnerable populations should be prioritized. Her Government fully supported the endorsement of the updated comprehensive mental health action plan 2013–2030 and urged Member States to implement it soon.

The representative of CHINA called for global solidarity and cooperation in efforts to respond to the coronavirus disease (COVID-19) pandemic. He expressed support for a One Health surveillance system, a whole-of-government and whole-of-society response approach, and the improvement of the International Health Regulations (2005). Promoting the equitable distribution of, and access to, COVID-19 vaccines worldwide was crucial to overcoming the pandemic. His Government would continue to promote the accessibility and affordability of vaccines for developing countries. While he generally agreed with the recommendations in the reports, he said that mechanisms for expert investigation and the review of national capacities must follow the basic principle of sovereign equality and be based on consensus with relevant States Parties, and required consultation. His Government stood ready to work with the international community in examining the creation of a global health threats council.

The representative of SUDAN said that inequalities needed to be addressed to ensure resilience after the COVID-19 pandemic and sustainable responses to health emergencies. Response efforts should be clearly planned and executed with the support of political commitments from Member States. She called on the Secretariat to provide support to her country in developing advanced training on the detection and rapid assessment of chemical events and environmental pollution and in the establishment of public health laboratories, food safety surveillance systems and a poison control centre.

Her Government acknowledged the work of the WHO Health Emergencies Programme in establishing WHO's information network for epidemics. To be better prepared for future emergencies, public health institutions and government entities must develop effective risk communication methods that promoted positive risk behaviours. She requested the Secretariat to provide support in implementing health measures to address new variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Her Government welcomed the call for the Secretariat to support politically unstable countries and countries in conflict-affected areas in providing essential health services.

The representative of GHANA said that the International Health Regulations (2005) were the driving force to ensure health security. He agreed that standards should be developed to produce a digital version of the International Certificate of Vaccination and Prophylaxis in consultation with States Parties and partners. The Organization should urgently examine issues relating to digital vaccination certificates, such as mutual authentication and data security. He advised States Parties to comply with Article 43 of the Regulations when implementing additional health measures that restricted international traffic. States Parties must strictly adhere to the Article's required time frame for informing WHO of such measures and the public health rationale for their implementation.

The representative of THAILAND said that the COVID-19 pandemic had highlighted WHO's shortcomings in preparing for and managing health emergencies. She expressed concern about the lack of sustainable financing for the WHO Health Emergencies Programme and regarding the Organization's

staff capacity and the efficiency of administrative procedures. Her Government supported the draft decision on the implementation of the International Health Regulations (2005) and WHO's role in ensuring compliance with the temporary recommendations issued by the Director-General under the Regulations.

She expressed concern about the underinvestment in core capacities required by the Regulations. National IHR Focal Points must be empowered, funded and better managed to ensure their active engagement and coordination with other sectors, particularly security entities. Responses to outbreaks should be evidence-based and guided by epidemiological information; the Organization's normative function to develop international guidance was crucial. It was important to avoid overlap between the WHO's Strategic and Technical Advisory Group on Infectious Hazards and other technical groups. Noting her concern about inequitable access to vaccines, medicines and supplies, she highlighted the recommendations of the Independent Panel for Pandemic Preparedness and Response to establish stronger regional manufacturing capacities, support technology transfer and facilitate voluntary licensing.

The representative of JAMAICA, expressing his concern about the unequal implementation of the International Health Regulations (2005), said that it was critical for the Secretariat to continue supporting Member States in strengthening health systems to prepare for, and respond to, pandemics. He expressed gratitude for initiatives such as the Health Services Learning Hub and Boost initiative. It was important to address misinformation and disinformation to curb vaccine hesitancy and other challenges in achieving herd immunity. Developing and disseminating normative products, technical guidance and other publications were vital in that regard.

He appreciated the reports and key recommendations of the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. He looked forward to continuing discussions on the establishment of a new international treaty for pandemic preparedness and response and on other key issues. In that connection, the work of the open-ended Member States working group on strengthening WHO preparedness and response to health emergencies in considering the review committees' findings and recommendations would be essential. He expressed support for the draft resolution on strengthening WHO preparedness for and response to health emergencies.

The representative of EGYPT said that he appreciated WHO's efforts to respond to the COVID-19 pandemic and the support provided by the Secretariat to his country. The establishment of an international treaty for pandemic preparedness and response would help to build national and global capacity to deal with future pandemics, bridge gaps laid bare by the current pandemic, draw on knowledge gained and ensure that efforts were peaceful and cooperative. He hoped that the treaty would be based on the principle of ensuring health for all. The Organization should play a stronger role in international efforts and promoting multilateral coordination in health. He supported the draft resolution on strengthening WHO preparedness and response to health emergencies.

The representative of INDONESIA said that the recommendations of the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response must be fulfilled in line the One Health approach. Member States needed to take prompt, collective action to address the socioeconomic inequalities between high- and low-income countries and improve global, regional, and national preparedness for health emergencies. To increase equitable access to, and availability of, COVID-19 tools, it was necessary to work with public and private partners to share existing products, including through the COVID-19 Vaccine Global Access (COVAX) Facility. Voluntary licensing agreements and technology and knowledge transfer should also be promoted.

To build a better early warning system and enhance global resilience, there was a need to improve national, regional and global capacities for monitoring and detecting potential health emergencies and

to strengthen data and information sharing. All countries must benefit from the rapid sharing of pathogens, specimens and surveillance information and the development of countermeasures. Finally, global cooperation was essential to ensure resilience to future health emergencies. Her Government would continue to work with Member States in support of an international treaty for pandemic preparedness and response.

The representative of COLOMBIA said that it was necessary to mobilize resources and build strategies to strengthen countries' local production of COVID-19 vaccines, diagnostic tools and therapeutics. She urged WHO and other agencies to continue their efforts in that regard.

She expressed concern about many countries' challenges in implementing the International Health Regulations (2005), noting that appropriate legal frameworks, independent monitoring mechanisms, and incentives for cooperation would strengthen countries' capacities for emergency preparedness and response. Global and regional expert networks should be established to strengthen capacities and promote the implementation of the International Health Regulations. She called on the Secretariat to continue developing instruments and technical guidelines to support States Parties in implementation. The Secretariat and Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response should facilitate external evaluations and self-assessment of core capacities. Support from the Secretariat was essential for countries to design procedures and protocols for the implementation of national action plans. It was important to have international standardized procedures with respect to *free pratique*; the Secretariat should facilitate that work and ensure progress in the development of certification procedures at points of entry.

Noting the importance of the working group on strengthening WHO preparedness and response, she said that it was essential to ensure that action was taken to meet the recommendations of the Review Committee, the Independent Panel for Pandemic Preparedness and Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and to develop a road map for implementation of the Regulations while countries prepared for new challenges of the COVID-19 recovery.

The representative of ARGENTINA reiterated her Government's commitment to strengthening global health emergency preparedness and response and the implementation of the International Health Regulations (2005). She stood ready to consider new tools and strategies aimed at increasing international solidarity and cooperation, including an international pandemic treaty, and looked forward to constructively participating in the working group on strengthening WHO preparedness and response. She welcomed the establishment of an intergovernmental process to draft and negotiate a convention, agreement or other international instrument on pandemic preparedness and response, noting the importance of drawing from relevant recommendations and lessons learned from the pandemic. To be effective, the international pandemic treaty must be adopted based on the consensus of Member States.

The representative of BRAZIL said that his Government looked forward to participating in the Member States working group on strengthening WHO preparedness and response. To overcome the COVID-19 pandemic, it was important to strengthen technical cooperation and promote technology transfer. His Government supported the recommendation to strengthen engagement in responding to public health emergencies and Member States' core capacities in surveillance and response. He welcomed discussions on the development of an international framework or instrument that took into account WHO's reform process, in particular its leadership role in responding to health emergencies, and the central role of the International Health Regulations (2005). It was essential that negotiations had an adequate time frame so that progress could be made based on consensus. He supported the development of efficient information-sharing mechanisms that strengthened the role of National IHR Focal Points.

The representative of ANDORRA underlined the importance of strengthening WHO's emergency preparedness and response system and the implementation of the International Health Regulations (2005) in all countries. His Government wished to be added to the list of sponsors of the draft resolution



on strengthening WHO preparedness for and response to health emergencies and draft decision on the special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. Noting that multilateralism was essential to overcome the COVID-19 pandemic, he said that more equitable access to COVID-19 vaccines, diagnostic tools and therapeutics, and efforts to build stronger and more sustainable health systems globally were critical to achieve the triple billion targets. Consideration should be given to the limited human and material resources available in smaller Member States, which could have an impact on their implementation of decisions and resolutions.

The representative of CHILE, welcoming the reports of the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, said that he agreed with the Review Committee's recommendation that National IHR Focal Points should be appropriately resourced and positioned within government, with sufficient seniority and authority to meaningfully engage with all relevant sectors. He also supported the recommendation that National IHR Focal Points should receive regular training and workshops organized by WHO to better respond to public health emergencies. He welcomed the recommendation to develop a mechanism for States Parties to the International Health Regulations (2005) to automatically share real-time emergency information, including genomic sequencing, needed by WHO for risk assessment. WHO must be able to share information with the public to facilitate decision-making by States Parties on health measures in the event of potential public health emergencies.

He called for continued efforts to develop an international instrument for pandemic preparedness and response, highlighting that a global approach would be needed to prepare for and respond to future health emergencies. He hoped that by adopting a spirit of cooperation and multilateralism, countries would overcome the current pandemic and future challenges.

The representative of ECUADOR said that the report by the Independent Panel on Pandemic Preparedness and Response had been particularly helpful in analysing weaknesses in the response to the COVID-19 pandemic. His Government welcomed the report's findings and noted in particular its recommendations to: ensure that preparedness and response efforts were driven by political leadership at the highest level; strengthen the independence, authority and financing of WHO; invest in preparedness immediately to avoid future crises, and raise new international financing for pandemic preparedness and response. Noting that his Government was committed to further strengthening implementation of the International Health Regulations (2005), he called on other Member States to take coordinated action at the local, regional and global levels. He supported the draft decision on a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.

The representative of ALGERIA expressed appreciation for initiatives such as the COVID-19 Technology Access Pool (C-TAP) and Access to COVID-19 Tools (ACT) Accelerator, highlighting their importance in information sharing, capacity-building and the procurement of medical supplies and vaccines. The COVID-19 pandemic required a multidimensional solution that was based on solidarity, equity, transparency and inclusiveness and that addressed other key issues such as intellectual property and access to health technologies and products. He reaffirmed his Government's readiness to continue to contribute to regional and international efforts to face the challenges posed by the COVID-19 pandemic, underscoring that better preparedness was essential for facing the next global health emergency.

The representative of GERMANY said that the current status quo in pandemic preparedness was unacceptable and that it was essential to learn from experiences to effectively overcome future health emergencies. Member States had failed to learn from past health crises and to create the political momentum needed for change. The consensus reached to convene a special session of the World Health

Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response had been a critical step in changing the current approach to global health preparedness. A robust global agreement on pandemic preparedness and response would provide the needed framework for a safer world in the future. The Independent Panel for Pandemic Preparedness and Response should continue to engage with the Secretariat until the special session of the World Health Assembly.

The representative of SPAIN said that she supported the draft decision on the implementation of the International Health Regulations (2005). The COVID-19 pandemic had highlighted the need for greater political coordination, more in-depth risk analysis, improved early warning systems and more efficient response efforts involving all stakeholders. Effective international mechanisms should be developed to facilitate countries' access to the necessary tools for responding to pandemics. The special session of the World Health Assembly in November 2021 would provide a good opportunity to negotiate a treaty on pandemic preparedness and response. She encouraged Member States to accede to and support such a treaty, noting that it would complement and improve the implementation of the International Health Regulations (2005). She called for health systems strengthening that was supported by a stronger and renewed WHO, involved Member States at the highest level, and that would lead to tangible results for all within a reasonable time frame. Her Government supported an increase in flexible contributions to WHO and universal access to COVID-19 products.

The representative of the BAHAMAS outlined the steps taken by her Government to enhance health emergency preparedness and response during the COVID-19 pandemic. She urged the Secretariat to continue strengthening the capacities of National IHR Focal Points, providing clear guidance on their requirements under the International Health Regulations (2005) and taking into account disparities in resources across Member States.

The representative of SINGAPORE said that the recommendations of the Independent Panel for Pandemic Preparedness and Response required careful consideration. Member States should ensure that WHO had the necessary resources to carry out its mandate as the leading and coordinating authority in global health. He commended the WHO Regional Office for the Western Pacific for strengthening COVID-19 testing capacities in the Region. An international instrument for pandemic preparedness and response would require support and commitment by all Member States. It was equally important for all Member States to invest in their public health capacities.

The representative of MADAGASCAR, outlining measures taken in his country to respond to COVID-19, called for global solidarity to ensure equitable access to vaccines. He thanked WHO, Gavi, the Vaccine Alliance, and other technical and financial partners for helping low-income countries to strengthen their health systems through effective international collaboration. Implementation of the International Health Regulations (2005) remained a major challenge during the COVID-19 pandemic.

The representative of CUBA, outlining the steps taken in her country in response to the COVID-19 pandemic, said that her Government recognized the importance of the International Health Regulations (2005) and called for their effective implementation. She said that health and social protection services, technology and material resources must be accessible to all and that it was necessary to continually update and exchange information so that Member States could adapt their response strategies and be better prepared for future health emergencies. Her Government supported the draft resolution on strengthening WHO preparedness for and response to health emergencies and called for more international solidarity and cooperation.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA underlined the importance of strong governmental leadership and coordination and timely action in responding to the COVID-19 pandemic. He recommended that WHO should update the International Health Regulations (2005) by drawing on the experiences and lessons learned from the pandemic so that States Parties to

the Regulations could better respond to future pandemics. He outlined steps taken in his country to strengthen its core capacities required by the Regulations and to control COVID-19.

The representative of ANGOLA said that WHO should lead efforts to introduce a universal COVID-19 vaccination certificate in order to avoid discrimination and leave no one behind. He called on all Member States to work together with the common objective of ending the pandemic and building a healthier world. He underlined the need for the Member States working group on strengthening WHO preparedness and response to assess the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response and to provide a report to be considered at the special session of the World Health Assembly in November 2021.

The representative of URUGUAY highlighted the need for an efficient early warning system for health emergencies and to urgently address the increasing number of deaths and economic impacts resulting from COVID-19. He noted the importance of an international treaty or convention for pandemic preparedness and response and the critical role of WHO and international cooperation in overcoming current and future health challenges.

The representative of AFGHANISTAN commended WHO for managing and coordinating global efforts in response to COVID-19 and outlined measures taken in his country to respond to the pandemic. Despite efforts, COVID-19 remained a global challenge, with low-income countries at higher risk. He hoped that Member States would work towards ensuring equitable allocation of COVID-19 vaccines in high- and low-income countries.

The representative of BHUTAN expressed gratitude to the WHO Regional Office for South-East Asia for its support to his country in responding to the COVID-19 pandemic. It was important to continue to learn from the pandemic to contain it and prevent pandemics in the future. All Member States needed to work together to that end. He thanked the Secretariat for reporting on progress in the implementation of the International Health Regulations (2005). He acknowledged the need to continue managing the pandemic through temporary recommendations issued by the Director-General on the advice of the International Health Regulations (2005) Emergency Committee for COVID-19 and supported the draft decision on the implementation of the International Health Regulations (2005).

The representative of the DOMINICAN REPUBLIC said that sustainable financing of WHO and a stronger Organization were critical to prevent future pandemics. Recognizing the need to assess the benefits of a convention, agreement or treaty on pandemic preparedness and response, she said that an effective mechanism should be created to enable the Secretariat and Member States to assess risks and take the best decisions based on lessons learned and science. She supported the convening of a special session of the World Health Assembly to consider the development of a WHO convention, agreement or other international instrument on pandemic preparedness and response, and to make fast and effective decisions on the basis of transparency, consensus and inclusiveness.

Noting that COVID-19 vaccines should be treated as global public goods, she urged the international community to consider the waiver of intellectual property rights for COVID-19 vaccines. She supported proposed initiatives to address mental health during the pandemic, noting that the promotion of mental health was critical in pandemic preparedness and response efforts. Her Government would continue to work in solidarity with countries to overcome the pandemic.

The representative of VANUATU welcomed the report by the Independent Panel on Pandemic Preparedness and Response and the level of inclusiveness and ambition that the report reflected. Transparency, appropriate funding, and a clear and realistic pathway for strengthening WHO's pandemic response were required to overcome the current and future pandemics. He was pleased that new COVID-19 vaccines were being developed and encouraged technology transfer to reduce barriers in vaccine manufacturing. He thanked partners for their support to his country during the pandemic.

An international treaty on pandemics would be a testament to Member States' objective of achieving cohesiveness among countries. He hoped that all Member States would fully consider and support the recommendations contained in the report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. He supported the draft decision on a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that, since the outbreak of severe acute respiratory syndrome in 2003, his Region had continually invested in pandemic preparedness in collaboration with the WHO South-East Asia Region. Through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, the WHO Regional Office for the Western Pacific had supported Member States in developing their core capacities required by the International Health Regulations (2005).

To respond to the COVID-19 pandemic and prepare for future health emergencies, his Region would incorporate recommendations by the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. He noted that the implementation of certain recommendations would require long-term planning. Synchronized efforts at the national and subnational levels would be necessary to maximize global solutions for pandemic preparedness and response. He was committed to working with WHO headquarters and others to plan the way forward.

The REGIONAL DIRECTOR FOR THE AMERICAS said that all Member States in her Region had been working tirelessly to overcome the challenges of COVID-19 and roll out vaccines. Although equitable access to vaccines was a priority, vaccines were limited in many Latin American and Caribbean countries.

Important issues remained with respect to leadership, stewardship and governance, epidemic intelligence, health systems and services delivery networks, and emergency response and supply chains. Health emergencies must be governed with clear objectives and through clear processes and procedures. She highlighted the importance of strengthening the role of WHO's governing bodies and the Secretariat and of a renewed commitment to improving global emergency preparedness and response. She called for greater transparency and accountability in the evaluation of response efforts and in the formulation of recommendations. It was important to learn from the experiences of Member States that were dealing with technical, social, political and economic challenges in the context of COVID-19. She called for full cooperation and the sharing of responsibilities to curb the impacts of the pandemic.

The REGIONAL DIRECTOR FOR AFRICA said that, although Member States in her Region had taken early action to respond to the COVID-19 pandemic, the crisis had come at a great economic cost. Countries in the Region had also been dealing with outbreaks of Ebola virus disease, measles, yellow fever and other diseases, as well as humanitarian crises, and had been working to sustain hard-won health gains. The pandemic had highlighted the importance of equity to protect the most vulnerable people and the value of investing in preparedness. She expressed gratitude to countries that had started to share vaccines, but said that more work was needed to support low-income countries in accessing COVID-19 products.

Member States in her Region were determined to produce their own essential commodities, including vaccines, to build resilience and ensure self-reliance. The piloting of the universal health and preparedness review mechanism would facilitate the planning of future work in that regard. All Member States in the Region had undergone external evaluations of their core capacities required by the International Health Regulations (2005) and were therefore well positioned to participate in the universal health and preparedness review process. She said that countries had developed road maps to close the gaps identified in the evaluations, and she urged partners to support the financing of efforts to strengthen health systems and scale up preparedness in the Region. She remained committed to working with

partners to support Member States in the African Region in making the necessary changes to make health systems more resilient and enhance capacities for outbreak preparedness and response.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Secretariat would work directly with Member States to address the concerns raised. He hoped that concrete, collective action would be taken to ensure a safer, fairer and more sustainable world and a focus on the interface between human, animal and environmental health. It was vital that Member States were ready to respond to health emergencies together and were committed to health security, science and solidarity and to finding solutions.

The CO-CHAIR OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE said that transformative change was urgently needed to prevent future pandemics and that prompt action had to be taken to meet the Panel's recommendations. The COVID-19 pandemic was a preventable global crisis and Member States had an opportunity to make the political decisions that were necessary for progress. International health and emergency systems must be more coherent to improve pandemic response across all health, social and economic domains. She called for the leadership of heads of State and governments and support from civil society and the private sector.

She appreciated that Member States had recognized the potential of a pandemic treaty and had welcomed a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. Member States should use the time before the special session to act on the Panel's recommendations to build a stronger and more independent WHO. The special session could also provide an opportunity to make progress on other recommendations that were critical to ensure that the current pandemic was the last one. A special session of the United Nations General Assembly would complement the important work of WHO and secure political agreement on a road map for strengthening international pandemic preparedness and response, which would include the establishment of a global health threats council to support multisectoral coordination and the development of a secure financing mechanism.

The sharing of COVID-19 vaccine doses must be increased and accelerated; more progress was needed to meet the target of redistributing 1 billion doses by 1 September 2021. The Panel's Co-Chairs and panelists would be monitoring the implementation of the Panel's recommendations and would be available to support efforts where necessary. She appreciated the broad support and contributions that had made the Panel's work possible.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME said that the Secretariat and Member States were each accountable for global health and would be able to implement the Committee's recommendations collectively. Bold decisions had to be taken and acted upon immediately to strengthen WHO and build a global health architecture that was based on solidarity and equity. She commended Member States for establishing a working group on strengthening WHO preparedness and response to ensure the implementation of the Committee's recommendations. The Committee looked forward to supporting the working group and was committed to providing oversight and advice to the Secretariat. Member States and partners must also do their part in helping the Organization to fulfil its role in protecting populations worldwide.

The CHAIR OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE COVID-19 RESPONSE said that the COVID-19 pandemic had presented an important opportunity to strengthen preparedness for future pandemics. He highlighted that it was the responsibility of Member States to ensure that the International Health Regulations (2005) were successfully implemented. He thanked Member States for their fruitful comments.

The DIRECTOR-GENERAL thanked Member States for their guidance. He said that he looked forward to implementing the recommendations of the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, noting that all the mechanisms to support those efforts should be set up. He appreciated the work and dedication of the Co-Chairs of the Panel, Chair of the Independent Oversight and Advisory Committee and Chair of the Review Committee, and the timely submission of the high-quality reports. The Secretariat looked forward to continuing to work and consult with the Co-Chairs and Chairs and to receiving their support.

**Technical update and update on the COVID-19 response** (continued from the second meeting)

The representative of CANADA said that it would be important to continue to strengthen the role of WHO regional and country offices and leverage the United Nations system and other global health actors to achieve common objectives following the COVID-19 pandemic. Noting that the pandemic had exacerbated inequalities, including for women and girls, he called on WHO to follow a gender-, equity- and rights-based approach when responding to emergencies. Global response efforts should be sufficiently resourced to support the most affected and disadvantaged people. To that end, his Government had made significant contributions, including to the ACT-Accelerator, which must be supported by all Member States.

His Government would continue to work with the international partners, including WHO, to harness research efforts to improve health outcomes. He highlighted the importance of strengthening international scientific collaboration and ensuring transparent, rapid information sharing in support of the One Health approach. The deployment of an international mission to China to study the origins of SARS-CoV-2 had been an important initiative, but additional data-driven studies involving broad expertise were needed. There was a need to stay vigilant in responding to COVID-19 by monitoring variants of concern and implementing public health measures.

The representative of ARGENTINA said that it should be a priority for all Member States to guarantee equitable access to medicines and vaccines, which was a prerequisite for promoting people's right to enjoy the highest attainable standard of physical and mental health. Inequities in access to medicines and vaccines were unjust and contrary to the interests of the international community. WHO and WTO played a key role in alleviating bottlenecks in supply chains and the production of vaccines. As a participant of the COVAX Facility, his Government had experienced challenges regarding indemnity and liability-related arrangements with vaccine manufacturers, the predictability of allocation rounds, and deliveries. He highlighted the importance of the local production of medicines, therapeutics, vaccines and other health technologies, effective technology transfer, a temporary waiver of intellectual property rights for COVID-19 products, and the flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to strengthen response efforts and overcome the pandemic.

The representative of CAMBODIA outlined steps taken by her Government to prevent and respond to COVID-19 in her country, including: ensuring whole-of-government and whole-of-society efforts, solidarity and cooperation; investing in health security; carrying out effective risk communication, contact tracing, surveillance and testing; and promoting community engagement. Her Government had also strengthened the health system to improve preparedness for future emergencies.

The representative of the PHILIPPINES underlined the importance of WHO's leadership role in building more prepared, secure and resilient health systems. He supported all initiatives to make the WHO Health Emergencies Programme more responsive to countries' dynamic and complex needs. Early alert and notification systems, both at the international and national levels, were needed to respond to emergencies early, facilitate coordination and promote trust. It was critical for countries to build their capacities for emergency preparedness, surveillance and response; continued collaboration between

global health stakeholders was essential in that regard. He thanked the Secretariat for its technical leadership and support during the pandemic.

The representative of HUNGARY outlined measures taken in her country to respond to COVID-19, including efforts to vaccinate the population. Her Government was ready to engage in multilateral efforts at the international level to end the pandemic and prevent pandemics in the future. The work and recommendations of the Independent Panel for Pandemic Preparedness and Response, 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 would be important in that process.

The representative of SAUDI ARABIA outlined steps taken by his Government to respond to the COVID-19 pandemic, including in the areas of vaccination, surveillance and testing, and noted that services had been provided in a non-discriminatory manner. Other measures included the introduction of travel restrictions and monitoring of laboratory capacities.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that governments in her Region had been working quickly and in solidarity to respond to the COVID-19 pandemic, but that challenges remained regarding the availability and supply of COVID-19 vaccines. Member States had made bold political commitments and shown a strong will to strengthen health systems. However, the pandemic had highlighted many challenges, including in human resources, supply chains and financing. Countries had to work together to overcome the COVID-19 pandemic, and more global cooperation and solidarity was needed to enhance equity and inclusiveness.

She welcomed the recommendations of the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. Strengthening WHO at all levels, including through adequate and flexible funding, was critical for the Regional Office for South-East Asia and country offices to serve their missions.

**The meeting rose at 13:10.**

## **FIFTH MEETING**

**Wednesday, 26 May 2021, at 14:15**

**Chair:** Dr A. AMARILLA (Paraguay)

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 17 of the agenda (continued)

**COVID-19 response:** Item 17.1 of the agenda (documents A74/9, A74/15 and A74/INF./2) (continued)

**Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 17.2 of the agenda (document A74/16) (continued)

**WHO's work in health emergencies:** Item 17.3 of the agenda (document A74/9) (continued)

- **Strengthening WHO's global emergency preparedness and response** (document A74/9) (continued)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (documents A74/9 and A74/9 Add.1) (continued)

**Implementation of the International Health Regulations (2005):** Item 17.4 of the agenda (documents A74/17 and A74/17 Add.1) (continued)

**MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC:** Item 18 of the agenda (documents A74/10 Rev.1, A74/10 Rev.1 Add.1 and EB148/2021/REC/1, decision EB148(3)) (continued)

**Technical update and update on the COVID-19 response** (continued)

The representative of SOUTH AFRICA expressed appreciation for WHO's support in tackling the unfolding coronavirus disease COVID-19 pandemic in her country, which had the highest number of cases in the African Region. The global health crisis had highlighted the importance of the International Health Regulations (2005) and the primary role of Member States in preparing for and responding to outbreaks and emergencies. The Organization had maintained its leadership position in the global pandemic response while concurrently managing 65 graded emergencies over the 2020–2021 period. Recognizing the need for sustainable resourcing to strengthen WHO and ensure that it could respond appropriately to future pandemics, she expressed support for the draft resolution on strengthening WHO preparedness for and response to health emergencies.

Despite the progress achieved through the Access to COVID-19 Tools (ACT) Accelerator, including the COVID-19 Vaccine Global Access (COVAX) Facility, and the focus on equity, access



and solidarity in the discussions held the previous year, access to vaccines remained unequal. At the recent Global Health Summit, there had been a readiness to share vaccine doses with developing countries, thus recognizing the importance of regional and global collaboration to tackle the current and future pandemics.

She supported the recommendations of the Independent Panel for Pandemic Preparedness and Response and requested the Secretariat to implement the recommendation on developing an international treaty on pandemics. Expressing support for the draft resolution on strengthening local production of medicines and other health technologies to improve access, she said that local production should ensure capacity-building and resource availability not only for vaccines but also for other tools and commodities.

The representative of MADAGASCAR noted that governments had responded to the COVID-19 pandemic according to their means. Countries must work together to avoid putting short-term needs and interests first and bringing health security into conflict with universal health coverage. A clear health financing policy was needed. While health security and universal health coverage were closely linked, clear distinctions must be made between action on health benefits and services, health financing and governance. The health financing system must guarantee sufficient funding for public health goods and related public health functions, such as health surveillance, regulatory measures and communication and information campaigns. Many countries urgently needed secure funding to strengthen health emergency response mechanisms and routine health activities.

Governments should adopt new budgeting and public financial management measures to prioritize and increase allocations to emergency response and ensure health activities. Mechanisms should be introduced to ensure that funds were complementary, in order to provide an adequate defence. Collaboration and global solidarity were essential to tackling the pandemic and future national emergencies.

The representative of THAILAND, speaking in his capacity as the Chair of the Steering Group of the Global Health Security Agenda, said that robust health security systems and universal access to prevention, diagnosis, treatment and vaccines were key to effective pandemic response. Health system capacities should be maintained to sustain essential health services, especially for the treatment and prevention of life-threatening diseases, particularly those addressed by the Sustainable Development Goals.

At the Sixth Ministerial Meeting of the Global Health Security Agenda, hosted by his Government, countries had committed to intensifying efforts to achieve global health security by applying the whole-of-government and whole-of-society approaches, enhancing the multisectoral One Health approach, strengthening surveillance and early warning systems, and ensuring timely access to all relevant medical supplies. The environmental sector would be encouraged to fully engage with other sectors at the global and national levels. Ministers also reaffirmed their commitment to enhancing health system resilience and maintain essential health services during pandemics.

The representative of GEORGIA, thanking the Secretariat for its invaluable support to combat the pandemic, said that, despite huge efforts, deaths from COVID-19 remained high, and acute, emerging challenges were complicating the management of the pandemic. The primary goal should therefore be to improve national and global preparedness. Timing, flexible yet consistent decision-making and prior assessment of main gaps and outlying needs were critical in developing effective mechanisms to respond to the challenges posed by the pandemic.

Comprehensive mechanisms, such as active biosurveillance and epidemiological prognosis, must be improved. Capacity-building was needed for diagnosis and treatment, and in-house preventive measures. Equitable access to COVID-19 vaccine, now the main weapon for ending the pandemic, was vital. Describing the measures taken in her country to strengthen the health care system in response to the pandemic, she said that it was essential to ensure access to all public health benefits, pool global resources and share best practices to combat the current and future pandemics.

The representative of the REPUBLIC OF MOLDOVA said that, in the context of the pandemic, his Government had undertaken a number of activities to monitor and evaluate its implementation of the International Health Regulations (2005). Those activities included a joint external evaluation, an assessment of core capacities at point of entry, and annual self-assessment and reporting, all of which had made a useful contribution to the management of COVID-19 in his country. In addition, a public health emergency preparedness and response plan had been developed.

The representative of TONGA said that her country remained free of COVID-19. Efforts to prevent the spread of COVID-19 involved training and the vaccination of more than 25% of the target population, including non-Tongan nationals. The leadership and support shown by WHO during the pandemic should be commended. She expressed appreciation for the commitment of the leaders of the developed world to equitable vaccine access for the vulnerable Pacific islands, and for the technical and financial support received from development partners, Governments and through the COVAX Facility. Member States must remain vigilant to the continuing threat of COVID-19, strengthen and upgrade health systems and adopt a coordinated, multisectoral, whole-of-government and whole-of-society approach at the national, subnational and local levels.

The representative of TUVALU applauded the continuous efforts of health workers and response teams around the world to tackle the pandemic. Although his country remained free of COVID-19, his Government had taken measures to protect citizens. Multisectoral coordination was aimed at improving public health surveillance and maintaining preparedness, while continuing to manage noncommunicable diseases and strengthen primary health care systems. Appreciative of the COVID-19 vaccine doses received through the COVAX Facility, he urged countries to hasten the development and equitable distribution of safe COVID-19 vaccine in the face of emerging variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). He acknowledged WHO's leadership in pandemic response and the support for response efforts provided by technical agencies and development partners, in particular by the Government of Taiwan,<sup>1</sup> and called for that country to be included in the World Health Assembly.

The representative of COLOMBIA, looking forward to continued support from the Secretariat to implement national COVID-19 preparedness and response plans, said that the ACT-Accelerator represented the global commitment to an early exit from the crisis. The COVAX Facility, had been hampered by restrictive and unilateral measures. Since many low- and middle-income countries faced low vaccine availability, she called for the urgent mobilization of resources for the COVAX Facility and the fair and timely distribution of surplus vaccine doses through that Facility. The demographic, social and economic factors affecting the pandemic in each country should be considered, in order to promote an equitable and fair allocation of vaccines.

WHO had endeavoured to adapt its response to the current emergency without neglecting the other strategic priorities of the Thirteenth General Programme of Work, 2019–2023. That balance would be necessary to comprehensively address the public health challenges of not only the pandemic but also other phenomena, such as continuous migration and the nexus of human and animal health and the environment. Member States should renew their commitments of political, financial and technical support to WHO to address the pandemic and strengthen the Organization's response to future emergencies.

The representative of NORWAY said that implementation of public health and societal interventions, based on the best available evidence, must continue, alongside efforts to ensure global access to quality COVID-19 tests, treatments and vaccines. Calling for the full funding of the ACT-Accelerator, she said that all stakeholders must do more to enable vaccine dose redistribution, maximize vaccine manufacture and ensure that all vaccines were put to good use. Her country had

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

recently announced that it would share 5 million doses as part of the “Team Europe” approach, primarily through the COVAX Facility.

The Secretariat and Member States had a responsibility to make better preparedness for future crises the main outcome of the current Health Assembly, by implementing the recommendations and guidance contained in the reports of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Global Preparedness Monitoring Board. WHO had worked commendably and demonstrated its pivotal role in responding to the pandemic. Member States must therefore ensure that WHO had the necessary resources and the independence to deliver on its mandate.

Long-term pandemic prevention systems and infrastructure required strengthened health systems, investment in universal health coverage and assured preparedness and control through binding international collaboration. The Regulations provided a solid legal framework, but stronger implementation and capacity-building were required. Science-based understanding of epidemics and their spread must be improved, and the effects of pharmaceutical, societal and public health interventions must be evaluated to minimize the negative implications of the current and future pandemics.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that, despite the Secretariat’s laudable coordination efforts, the current international response to the COVID-19 pandemic had fallen short on global solidarity. The accelerated research and development work on vaccines had not been supported by mechanisms to ensure equitable and timely access to them for all countries, resulting in enormous challenges in developing countries.

The report on implementation of resolution WHA73.1 (2020) on the COVID-19 response had not addressed the critical challenges faced by low and middle-income countries, such as ensuring adequate, affordable and sustainable supplies to tackle COVID-19. The resolution specifically requested the Director-General to identify and provide options, including use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), for scaling up development, manufacturing and distribution capacities needed for transparent, equitable and timely access to diagnostics, therapeutics, medicines, and vaccines for the COVID-19 response. No information was provided on the Secretariat’s work in that regard. The Secretariat should report urgently on the current status of vaccine availability and access for developing countries, the challenges faced by the COVAX Facility and options to overcome those challenges, including the use of the flexibilities provided in the TRIPS Agreement.

The Secretariat should also report on the existing regulatory approval pathways for vaccines and the support that it could provide, especially to developing countries. A time-bound expert working group should be established to consider the existing technical and scientific evidence on vaccines currently under development or in the pipeline, and to establish a shortened regulatory approval pathway to support the scaling up of supplies through local vaccine production by non-originator manufacturers. She called for immediate global action – coordinated by a strengthened WHO – to ensure the availability of COVID-19 diagnostics, treatments and preventive products to all Member States, and the treatment of all knowledge and inventions, including medical devices, as global public goods.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, noting the serious impact of the pandemic on young people, said that the six major youth organizations had joined forces with WHO and the United Nations Foundation to launch the Global Youth Mobilization initiative, to improve the lives of young people and communities after the COVID-19 pandemic. Following the holding of a virtual Global Youth Summit in April 2021, governments, companies and policy-makers were invited to support the Global Youth Mobilization to invest in and scale up youth-led solutions and youth development programmes across the world in response to the pandemic.

The observer of GAVI, THE VACCINE ALLIANCE, noting the immense social and economic consequences of the pandemic, said that COVID-19 had highlighted both the severe inequities in vaccine

access, and the contribution of routine immunization and strong health systems to pandemic preparedness and response efforts. The COVAX Facility was the only globally coordinated effort to guarantee fair, equitable and timely access to safe and efficacious vaccines. To date, it had delivered over 67.3 million doses to 124 economies. She urged Member States to raise an additional US\$ 1.6 billion by June 2021, to deliver 1.8 billion doses by 2022.

States should share COVID-19 vaccines through COVAX, facilitate the distribution of COVID-19 vaccines and components, support technology transfer and increase manufacturing capacity to ensure equitable access. They should also include high-risk populations and the most vulnerable populations, regardless of their legal, social and economic status, in national COVID-19 vaccination plans; maintain, restore and strengthen routine immunization and prioritize reaching zero-dose children and marginalized communities; and boost pathogen surveillance and reporting capacity to improve subnational coverage of diagnostic services and timely outbreak detection.

The representative of UNFPA said that COVID-19 had not only resulted in huge loss of life and placed enormous stress on health systems worldwide, but had also negatively affected the rights, health and well-being of women and girls. There was projected to be a significant increase in gender-based violence and unintended pregnancies, and girls' inability to attend school had set back efforts to prevent child marriage and female genital mutilation. Essential sexual and reproductive health service provision had been reduced due to public health measures, staff redeployment and a lack of personal protective equipment. Fear of contracting the virus in health centres had discouraged women from attending, and income loss had limited access to services, medicines, and contraceptives.

Mindful that women represented 70% of the global health workforce, and often performed tasks that increased their risk of infection and burnout, UNFPA had been supporting the delivery of personal protective equipment. He urged governments to ensure that sexual and reproductive health services were an integral part of national response plans, including by strengthening health system capacity to deliver safe, high-quality services for pregnant and lactating mothers.

The representative of IAEA said that the COVID-19 pandemic had underscored the importance of international cooperation during global crises. As a member of the United Nations Crisis Management Team with longstanding experience in assisting countries to tackle animal and zoonotic diseases, IAEA had launched its largest ever cooperation project to provide equipment, materials and technical advice and guidance to laboratories around the world in response to the pandemic.

The pandemic had highlighted gaps in the science and infrastructure that prevented a coordinated international response to zoonotic disease outbreaks. In that regard, the IAEA Zoonotic Disease Integrated Action initiative aimed to provide countries with access to training, equipment and expertise on implementing detection and diagnostic techniques, to aid science-based decision-making at the national and international levels.

The representative of IOM outlined the action taken to address the health needs of migrants, including internally displaced persons, as part of her organization's overall COVID-19 strategic response and recovery efforts. Migrants continued to face significant barriers to access to COVID-19 vaccine; in line with the principles of universal health care, governments must ensure equitable access for all migrants, no matter their legal status. Noting the report by the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response, IOM would continue advocating for the inclusion of migrants in national COVID-19 response and pandemic preparedness plans and in essential health services, and would support Member States in that regard. The United Nations Network on Migration stood ready to support governments in addressing and reducing vulnerabilities faced by migrants.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), welcoming recognition of the work of WHO staff at all levels to tackle the pandemic, said that the Organization would focus on improving pathogen surveillance, understanding variants and expanding sequencing. The Secretariat would collaborate with the G7 pathogen surveillance initiative and continue work on the WHO Hub for Pandemic and Epidemic Intelligence, hosted in Berlin. Global surveillance alone did not work; a new

framework, with a strong focus on local surveillance and capacities, would be developed through a consultative process involving extended partnerships in epidemic intelligence.

Despite their immense and widely celebrated sacrifices, health and care workers had not been adequately protected, trained or resourced to deal with the pandemic. Those shortcomings must be remedied, so that they could save lives. He took note of comments focusing on the One Health approach and taking a multisectoral approach, and on vulnerable populations and ensuring that no one was left behind. Mental health and psychological well-being had been neglected during the pandemic, as in all emergencies. Dealing with misinformation, disinformation, risk communication, the science of trust, and “infodemics” had also posed challenges, and the Secretariat would continue its efforts in that respect.

Acknowledging the issues raised regarding the Universal Health and Preparedness Review, he thanked the Member States that were participating in the pilot for their transparency and leadership. He welcomed the efforts of Member States that had conducted major preparedness exercises and interaction reviews using an adapted methodology during the pandemic, and those that were both hosting and contributing to the WHO BioHub System for pathogen storage, sharing and analysis, to allow specimens to be shared rapidly during a crisis.

On the origins of SARS-CoV-2, he thanked all those involved in the WHO-led joint study mission, in particular Chinese colleagues for their collaboration. A major first step, the mission had produced a tremendous amount of useful information and would be followed up with a series of further studies, taking into consideration Member States’ input and suggestions. Research, development and innovation had been a huge part of the COVID-19 response. Priorities and funding were aligned in many areas, including diagnostics, vaccination, personal protective equipment and infection prevention and control, and animal, human and epidemiological investigations were being conducted in eight areas by 15 working groups. That work took place under the WHO research and development blueprint for action to prevent epidemics, and specifically the COVID-19 Global Research and Innovation Forum, and involved thousands of researchers.

The CHIEF SCIENTIST, thanking Member States for their useful remarks on collaboration in science and research, said that multiple expert and advisory groups and networks continued to follow up on the first Global Research and Innovation Forum by openly sharing research and data to advance the science as quickly as possible.

The highly successful solidarity trial for COVID-19 therapeutics had involved more than 500 institutions and hospitals across 30 countries. Its second phase would soon begin, and it was hoped that the immunomodulatory medicines to be tested would have some impact in moderately severe and critical illness. The Secretariat looked forward to collaboration on a proposed solidarity vaccine trial platform that would accelerate the development of second-generation vaccines that were produced by smaller companies and had not yet been through clinical trials.

Given the rapid pace of scientific advances regarding COVID-19 and to ensure timely and the highest quality guidance, “living guidelines” had been introduced, which would be updated in real time as new evidence became available. They would be provided to Member States for integration into their national guidelines.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) thanked the Member States for supporting the work of the ACT-Accelerator, in particular COVAX, the vaccines pillar, which were seen as the exit strategy from the pandemic, and for supporting WHO’s central role in that endeavour. He recognized the emphasis on the full package of interventions and the urgent need for oxygen and diagnostics. Research was under way within the ACT-Accelerator and beyond to ensure the availability of preventive and life-saving therapeutics.

Regarding vaccine rollout, he appreciated the prioritization of health care workers and older populations. Member States’ commitments to share doses, especially through the COVAX Facility, and to advance the sharing of doses to June or July 2021 would help to achieve at least 10% vaccine coverage in all countries by the end of September and more than 30% by the end of 2021. The emergency use listing of additional products was being accelerated to diversify the portfolio. Those measures would

improve vaccine supply in the near term to address the low coverage and availability in low and lower-middle-income countries, which stood at less than 1% in many areas. The Secretariat would work with middle-income countries on challenges regarding indemnification and liability, and no-fault compensation.

The COVAX Manufacturing Task Force had been established to boost local production by increasing input supplies, expanding fill and finish capacities and establishing new production facilities, particularly in poorly served or underserved areas. With respect to the proposed COVID-19 mRNA vaccine technology transfer hub to scale up global manufacturing, 18 offers to provide mRNA technology and/or host a hub had been received, with 21 expressions of interest in obtaining that technology. To ensure that all doses were put to good use, the Secretariat was working with countries to solve problems concerning in-country financing, workforce expansion, pharmacovigilance and, most importantly, vaccine confidence and hesitancy. Noting that the challenges to the ultimate success of the ACT-Accelerator were financial and political, he welcomed the leadership shown by the Co-Chairs of the ACT-Accelerator Facilitation Council.

In terms of coverage, there must not be any blank spaces on the map, not only with regard to vaccines but all tools. The Secretariat would do its utmost to ensure that everyone, everywhere, could be vaccinated. That required the immediate closure of the US\$ 18.5 billion funding gap in the ACT-Accelerator for 2021; immediate dose-sharing through the COVAX Facility; scaled-up manufacturing; and full support for WHO's COVID-19 strategic preparedness and response plan for 2021.

### **Health emergencies and strengthening preparedness for health emergencies, and mental health preparedness for and response to the COVID-19 pandemic**

The representative of EGYPT, highlighting her country's strong cooperation with WHO on technological development and scientific research during the COVID-19 pandemic, said that maintaining the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases would allow the comprehensive achievement of goals.

In view of the mental health challenges posed by the pandemic, it was essential to strengthen psychological support, particularly for health care workers, patients in quarantine hospitals or with addiction, the elderly and those with children, and to be mindful of the double stigma faced by psychiatric patients in quarantine hospitals. A strategy should be developed for dealing with mental health patients during emergencies in order to protect them and safeguard their rights to receive psychological and medical treatment and care.

The representative of SUDAN, expressing her Government's commitment to strengthening emergency preparedness and response, said that the lessons learned from the COVID-19 pandemic and the major reports presented at the meeting would support the strengthening of her region's overall health emergency management capacities. That was especially important to protracted humanitarian crises, which required consistent application of the humanitarian–development–peace nexus.

Greater focus was needed on mental health in emergencies. Her Government was committed to integrating mental health fully into its COVID-19 preparedness, response and recovery plans, but such action must go beyond the pandemic, with more consistent application of tools and approaches to supporting people's mental health and well-being during crises. Addressing the issue of mental health was critical to achieve the Agenda for Humanity and the 2030 Agenda for Sustainable Development. Increased national investment in health emergency preparedness must also support mental health and well-being.

The representative of MEXICO noted that social distancing measures instituted during the COVID-19 pandemic had transformed interaction with those requiring mental health care. There was a growing need for psychological or psychiatric treatment, including among frontline health workers, children and adolescents, and families experiencing isolation, domestic violence or bereavement. He outlined action taken by his Government to address mental health, including the development of a

national mental health strategy for COVID-19 and the holding of the first mental health fair for Latin America and the Caribbean, aimed at Mexicans living throughout the region.

The representative of PERU, recognizing frontline workers' daily efforts against COVID-19, said that the slow response to the pandemic had revealed a global unpreparedness that jeopardized the sustainability of many achievements. The profoundly unequal access to and distribution of COVID-19 vaccine was inconsistent with the declarations of international cooperation and solidarity made at international forums. The international community must reflect deeply to avoid repeating the same errors in preventing future pandemics. A global crisis demanded a global response – inaction was not an option.

Her Government supported the draft resolution on strengthening WHO preparedness for and response to health emergencies and was committed to working constructively and decisively in the proposed working group to identify concrete multilateral action to that effect. It also wished to sponsor the draft decision on holding a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.

With respect to the COVAX Facility and equitable access to vaccines, the simple division between high- and upper-middle-income economies and low- and lower-middle-income economies concealed the diverse situations and pressing challenges faced by upper-middle-income economies like Peru in access to and distribution of vaccines, treatments, diagnostics and personal protective equipment. A truly global response must recognize vaccines and other tools against COVID-19 as global public goods.

The representative of TUNISIA said that the psychological and emotional impact of COVID-19 in her country had generated significant demand for mental health care among health care workers and the general population. Her Government had taken a series of steps in response, including the creation of a free of charge psychology platform and the establishment of psychological support teams.

The representative of the BAHAMAS said that her country remained committed to improving services for the prevention and management of mental health issues at all levels. Despite significant work on the training and recruitment of mental health professionals, there was a need for a mental health strategy that was integrated into the health service. The Secretariat should provide further information and educational materials to increase awareness of the importance of seeking and preserving good mental health.

The representative of SRI LANKA said that his Government was committed to taking urgent, concrete steps to address the psychological distress and rights of persons and families affected by emergencies, and outlined the measures taken on mental health in his country. In line with the actions recommended in the United Nations Policy Brief of 13 May 2020 on COVID-19 and the need for action on mental health, countries should adopt a whole-of-society approach to promote, protect and care for mental health; ensure widespread availability of emergency mental health and psychosocial support; and support recovery from the COVID-19 pandemic by building mental health services for the future. A mechanism for stronger multistakeholder collaboration and a sustainable monitoring mechanism for the comprehensive coordination of those actions should be developed, facilitated by technical support from the Secretariat.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the International Federation on Ageing, the International Hospital Federation, International Physicians for the Prevention of Nuclear War, the World Organization of Family Doctors, the World Federation of Occupational Therapists and The International League of Dermatological Societies, said that effective control of SARS-CoV-2 required a high level of partnership and mutual trust between governments and skilled frontline professionals, trade unions and communities. The Secretariat and Member States should ensure the availability of treatments and vaccines to everyone, everywhere; transform the COVAX Facility into a COVID-19 solidarity pooling platform to share knowledge and boost production capacity; and increase preparedness for future pandemics by improving health literacy and reducing health and social

inequalities. National strategies should be built on a human rights-based approach to guarantee equal access to the highest attainable standard of health.

The representative of CAMBODIA said that the COVID-19 pandemic response provided an opportunity to strengthen health systems for the future. The measures taken in his country for mental health included developing a five-year strategic action plan on mental health and substance abuse with technical support from the Secretariat and working with WHO and other United Nations agencies to enhance the quality of mental health and psychosocial support services.

The representative of the REPUBLIC OF KOREA highlighted the widespread stress and depression resulting from prolonged social distancing measures. Her Government was striving to ensure universal access to mental health services. Research and development activities would be expanded to assess and address the impact of COVID-19 on mental health. She endorsed the updated comprehensive mental health action plan 2013–2030. The Secretariat should convene a forum for countries to share their face-to-face and non-face-to-face mental health policies and sociopsychological policies for the general public and people with mental illnesses.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, acknowledging the huge achievements of the WHO Health Emergencies Programme, said that a paradigm shift was needed to prevent future pandemics. That would necessitate a strengthened WHO; new, legally binding obligations on Member States and associated compliance assurance measures, including for the International Health Regulations (2005); and adequate, sustainable financing for pandemic prevention and preparedness. His Government therefore supported the draft resolution on strengthening WHO preparedness for and response to emergencies, which laid the foundations for immediate reform in the most important areas. Commending the European Union's stewardship of that draft resolution, he looked forward to collaborating on implementation through the related working group.

The draft decision on the holding of a special session of the Health Assembly in November 2021 to develop a new pandemic treaty or convention was geared towards the longer-term delivery of that paradigm shift. His Government also welcomed decision EB148(3) on promoting mental health preparedness and response for public health emergencies.

It was essential to strengthen the functional capacities of the WHO Health Emergencies Programme, including human resources, deployment processes and administrative and reporting capabilities, and increase capacity in priority countries facing emergencies. The commission examining sexual exploitation and abuse in the Democratic Republic of the Congo demonstrated the increased risk of such issues in the context of emergencies and conflict. WHO systems in all contexts must be fully equipped to prevent and respond to such abuses. The exponential demand placed on the programme's incrementally increasing budget was unsustainable. His Government provided a significant and fully flexible core contribution to the programme and encouraged others to continue to invest in that vital, collective endeavour.

The representative of ANGOLA, welcoming the initiative to strengthen and improve the International Health Regulations (2005), said that the COVID-19 pandemic had been the most important test of their application. Rapid transmission and insufficient coordination had posed a great challenge to implementing the recommended action in her country at first, but the response had gradually improved. Strong commitment and concrete action were needed to make COVID-19 vaccines effectively available to all countries, since inequitable access would continue to undermine States' efforts to control the spread of the pandemic.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Pharmaceutical Federation and The World Medical Association, Inc., encouraged Member States to provide health professionals with timely access to up-to-date, accurate and comprehensive information on COVID-19 and on best practices; ensure the



continuity of essential health, diagnosis and treatment services; and invest in immunization infrastructure and update regulations, giving precedence to priority groups in the global vaccination rollout. Science and politics should be separated in order to involve health professionals in decision-making. Member States should support the call to negotiate a legal instrument on pandemics; establish a funding mechanism to help developing countries strengthen their health and education systems; ensure positive environments for staff at health care facilities; include emergency preparedness and response in all health professional education and training; and foster collaboration between health professions to strengthen care delivery and resilience. COVID-19 recovery plans should prioritize mental health and psychosocial well-being.

The representative of BRAZIL, stressing the need for collaboration at all levels to control and mitigate the impact of the COVID-19 pandemic, said that WHO must have the necessary tools and resources for preparedness for an effective and coordinated multisectoral, evidence-based response to public health emergencies. The Organization's institutional capacity should be enhanced, and its decision-making process should be rendered more efficient, but also more transparent and inclusive to take into consideration differing needs across regions and countries.

Outlining his Government's response to an increase in mental health conditions during the pandemic, he expressed support for the updated comprehensive mental health action plan 2013–2030 and the draft decision contained in document A74/10 Rev.1. Universal access to mental health services was fundamental to mitigating not only the physical but also the psychological and psychosocial consequences of COVID-19. There was a growing need to invest in and develop strategies and actions to address mental health problems, including establishing online services and offering full treatment coverage for health workers and other frontline professionals.

The representative of PARAGUAY expressed support for the draft decision contained in document A74/10 Rev. 1, which was timely and would strengthen Member States' response capacity in the area of mental health. Support to ensure a regulatory framework for mental health services, including regulations on funding management, were vital to providing appropriate care and treatment in minimally restrictive community settings. As part of her Government's reform of the mental health system under the WHO Special Initiative for Mental Health, it would continue to implement the national COVID-19 response plan.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the Framework Convention Alliance on Tobacco Control, the International Alliance of Patients' Organizations, the International Diabetes Federation, the International Society of Nephrology, the World Hypertension League and the World Stroke Organization, said that the COVID-19 pandemic had exposed the inequities in population health and health systems in almost every country. The combined impact of disrupted services for mental health and noncommunicable diseases, cardiac complications due to COVID-19 and interrupted care for people living with circulatory conditions would place a significant burden on health systems following the pandemic. She urged Member States to urgently address the hidden synergistic epidemic of noncommunicable, and in particular circulatory, diseases and COVID-19. Countries should prioritize ongoing prevention, screening and treatment for circulatory conditions in national COVID-19 response and recovery plans; tackle risk factors for noncommunicable and circulatory diseases, including by taxing unhealthy commodities; integrate data and monitoring on cardiovascular and other noncommunicable diseases into pandemic preparedness, resilience and response measures; and strengthen primary health care to ensure equitable access to essential health services.

The representative of KENYA said that his Government had taken measures to implement the International Health Regulations (2005). A joint external evaluation carried out in 2017 had resulted in the development of an action plan for improvements, which required further funding. Measures had also been taken to address mental health in the context of the COVID-19 pandemic. He expressed support for WHO's commitment to progressively ensure health coverage for one billion more people living with

mental health conditions by 2023. Member States should boost investment in mental health management and request the Director-General to ensure adequate human and financial resources for mental health departments.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and also on behalf of IntraHealth International, Inc., International Women's Health Coalition Inc., PATH, The Save the Children Fund, The Task Force for Global Health, Inc., United Nations Foundation Inc., Women Deliver and World Vision International, said that inequities in access to vaccines and lifesaving tools were due to inadequate investment and policy responses. Collective action by WHO was critical to both ending the pandemic and an equitable recovery. She urged Member States to maximize dose-sharing through the COVAX Facility, fully fund the ACT-Accelerator and support the COVID-19 Technology Access Pool. They should also address barriers to expand vaccine supply, commit political leadership to oversee response and recovery, and increase investment in health systems. WHO must urgently improve global coordination, increase sustainable financing for preparedness and invest in more effective surveillance systems and field epidemiology training. National and global responses to future health emergencies must include investment in national leadership, multisectoral coordination and global health security; prioritization of regional research and manufacturing capacity; and strengthening of medical supply chains. An all-of-society approach should be adopted to meaningfully engage civil society and address the roots of health inequities.

The representative of URUGUAY, underlining the mental health impact of COVID-19 public health measures, said that mental health was an integral part of overall health and required committed investment. Summarizing action taken by her Government, she endorsed the updated comprehensive mental health action plan 2013–2030, which provided tools for mental health and psychosocial support services, particularly in the context of the COVID-19 pandemic and as part of efforts to restore essential services and maintain the gains made in universal health coverage.

The representative of CHINA, appreciative of the Secretariat's tireless efforts to continue responding to multiple health emergencies, said that current epidemics, natural disasters and conflicts hindered health emergency responses in developing countries. The Organization should maximize its core leadership role, strengthen the three levels of coordination and utilize the existing financial and other resources to help poor countries to promote health emergency core capacity and protect the physical and mental health of women and children in particular. The Director-General's role concerning material and financial resources should be strengthened and international coordination mechanisms should be improved. In addition, investments should be made more flexible, with greater support provided to developing countries experiencing emergencies. Developed countries should actively honour their international obligations, better fulfil their responsibilities and play a more important role in protecting One Health. His Government wished to sponsor the draft resolution on strengthening WHO preparedness for and response to health emergencies.

The representative of JAPAN said that his Government supported the draft resolution on strengthening WHO preparedness for and response to health emergencies. Coordination and collaboration between WHO and other United Nations agencies and with governments and civil society was needed more than ever, and his Government wished to contribute to discussions on international instruments on pandemics.

A stronger Executive Board would ensure transparency and accountability, and enable WHO to play a greater leading, convening and coordinating role in emergency response, while providing technical advice and support functions. Regarding health emergencies, the Secretariat should express its view on how different stakeholders could fulfil their roles in future, without duplicating functions, based on the recommendations made by the Independent Panel, the Review Committee and the Independent Oversight and Advisory Committee.

Welcoming the draft decision on the updated mental health action plan, he expressed appreciation for the emphasis on suicide prevention and the mental health of vulnerable groups throughout the life

course and of frontline health and social care workers. His Government looked forward to new data and future WHO guidelines in that regard and was eager to share lessons learned and experiences.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Self-Care Federation, said that innovative health industries were at the forefront of global efforts to develop and manufacture tests, therapeutics and vaccines to address SARS-CoV-2. To remedy inequitable COVID-19 vaccine distribution in the short term, governments should work with WTO to eliminate all barriers to export and facilitate cross-border supply, and prioritize the movement of the skilled vaccine manufacturing workforce. They should also rapidly deploy available COVID-19 vaccine doses and mitigate the risks to the production and deployment of other essential vaccines. Furthermore, governments should guarantee immediate and unhindered access to pathogens and associated information regarding SARS-CoV-2 variants to support the development of new vaccines and treatments. She looked forward to discussions on a pandemic treaty.

The representative of AUSTRALIA, noting the importance of solidarity and collective action, said that her Government had provided 623 million Australian dollars to assist Pacific and South-East Asian countries to access COVID-19 vaccine, including through the Gavi COVAX Advance Market Commitment. A plan should set out priorities and clear actions to direct the implementation of reforms by the Secretariat and Member States in the immediate and longer term.

Her Government endorsed the recommendations of the Review Committee in relation to strengthening integration of the core capacities required by the International Health Regulations (2005) in the broader health system and essential public health functions in order to improve emergency preparedness, surveillance and response, and continued to support countries in the region in that regard. A strong emergency response delivered by strong health systems was vital to achieve the Sustainable Development Goals. Since monitoring and evaluation enhanced implementation, recommendations to strengthen country preparedness through peer review systems and transparent reporting were also welcome. The Secretariat should provide an update on the pilot of the Universal Health and Preparedness Review.

Effective governance of the One Health approach across multiple United Nations agencies and a focus on reducing health threats to human populations were critical to addressing high-risk human–wildlife interactions that gave rise to zoonotic disease transmission and their environmental drivers, such as urban encroachment and wildlife habitat loss. Her Government endorsed the updated comprehensive mental health action plan 2013–2030.

The representative of NORWAY, noting the need to strengthen WHO's preparedness for and capacity to coordinate global responses to health emergencies, said that her Government had backed the WHO Health Emergencies Programme since its inception and had consistently supported the WHO Contingency Fund for Emergencies. As recognized in United Nations Security Council resolution 2286 (2016), attacks on health care systems during conflicts were a growing challenge. States must invest in better protective measures in emergency operations at all levels, including community engagement, and ensure quality health care. WHO had an important role to play in providing data to help relevant stakeholders address the different facets of such attacks.

As one of the most neglected areas of health, mental health service provision should be ensured as part of primary health care during the pandemic. Access to services for the most vulnerable groups, including children and young people, would prevent a deterioration in people's overall health and increased demand for services after the pandemic.

The representative of CANADA underlined the critical nature of WHO's work in health emergency preparedness and response during the COVID-19 pandemic. States must work together to address the secondary impact of the pandemic, including on mental health, and to strengthen the international system against similar future crises. Those whose mental health and well-being had been

disproportionately affected by the pandemic, including frontline, health and care workers, who were mostly women, must continue to be prioritized.

The updated comprehensive mental health action plan 2013–2030 and its updated targets and recommended interventions were robust and timely. Member States needed to commit to transparent and regular reporting on the implementation of that action plan to get back on track to achieve the Sustainable Development Goals, in particular those concerning universal health coverage, and support the building of resilience for future health emergencies. Communities should be engaged in efforts on mental health because their insights could contribute to more responsive and innovative approaches.

The representative of INDONESIA, noting the need to strengthen resilience and mental health, called for an inclusive, multistakeholder approach and early detection in the community. In that regard, the steps taken by WHO to mitigate the impact of the COVID-19 pandemic on mental health and other aspects of health were welcome.

She supported WHO's initiatives on strengthening preparedness for health emergencies; the implementation of those initiatives should respect the principles of equity, equality and transparency. Experiences and lessons learned should be exchanged to promote accountability and improve the global preparedness and response system, including through compliance with the International Health Regulations (2005). A whole-of-government, whole-of-society approach to improving global public health preparedness required strong political commitment. Her Government supported the draft resolution on strengthening WHO preparedness for and response to health emergencies and looked forward to contributing meaningfully to the related working group.

The representative of ISRAEL, noting that there was no health without mental health, expressed support for WHO's work on mental health during the COVID-19 pandemic and its recommendation to strengthen mental health services and include them in universal health coverage packages. Describing action taken by his Government on mental health during the pandemic, he called for health rehabilitation services in the community to be bolstered. Mental health must be incorporated in national emergency preparedness.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, endorsed the Review Committee's report and urged the full implementation of the recommendations contained therein. She welcomed the updated comprehensive mental health action plan 2013–2030, including the WHO Special Initiative for Mental Health. The Secretariat should support Member States in promoting mental health and psychosocial well-being and in strengthening preparedness, response capacity and resilience for future public health emergencies, taking into account context-specific solutions geared towards individuals and local communities. The Member States of the African Region supported the draft resolution on strengthening WHO preparedness for and response to health emergencies.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, expressed appreciation for WHO's leadership of the global mental health initiative to enhance access to inclusive, integrated, evidence-based primary and community mental health services and psychosocial support, particularly in Bangladesh and Nepal. As mental health remained the most neglected area across WHO's work, decision EB148(3) would pave the way to strengthening Member States' mental health preparedness and response capacity for public health emergencies.

Mental health must continue to be prioritized at the global, regional and national levels to ensure an effective and comprehensive response to current and emerging needs and challenges in mental health and address the existing service gaps exposed by the COVID-19 pandemic. Governments should shift from institutionalization towards community-led mental health services and integrate provision into family health care to improve availability and accessibility, especially for those in vulnerable situations and hard to reach areas. Moreover, sustainable and adequate funding should be made available at all

levels, and culturally acceptable mental health service norms should be developed according to needs, contexts and priorities across regions.

Research and monitoring systems were needed to better understand the magnitude of mental health problems, unmet needs and service use, and the impact on patients and families during health emergencies. Mental health and community residential care should be standardized through implementing an inclusive, multistakeholder approach, in line with WHO's approach to mental health and psychosocial support. Mental health literacy and awareness should be promoted to reduce stigma. Adequate technical support should be provided for mental health training and capacity-building, particularly in low-income countries. Member States should be supported to implement the updated comprehensive mental health action plan 2013–2030 in the context of public health emergencies.

The representative of SPAIN, expressing support for decision EB148(3), said that the foundations must be laid for higher quality mental health care after the pandemic. Highlighting the steps taken by her Government to reorient and integrate mental health management in line with the WHO model, she noted the need to support and care for frontline health professionals – who continued to experience stress as a result of the pandemic – and to address the pandemic's impact on vulnerable groups.

The representative of PORTUGAL, congratulating WHO on its leading role during the COVID-19 pandemic, noted the need to ensure preparedness, response and recovery capacities for health emergencies and to build resilient health systems. Member States had demonstrated their commitment to multilateral cooperation and international solidarity by supporting countries and the work of WHO; however, gaps remained in the implementation of the International Health Regulations (2005). In that connection, the Universal Health and Preparedness Review allowed the sharing of policies, technical expertise and best practices, to scale up investment in preparedness.

The core capacities required by the Regulations should be regarded as a global public good, especially considering the health, economic and social disruptions triggered by health emergencies. The experience gained and lessons learned during the first year of the pandemic should be evaluated to enhance health system resilience. A strong recovery would only be possible if all Member States strove towards global cooperation and solidarity for equitable access to the right tools to fight the pandemic everywhere.

The representative of DENMARK welcomed the updated comprehensive mental health action plan 2013–2030 and the related draft decision. The restrictions, health measures and disruptions associated with COVID-19 had affected the mental health and well-being of all, especially those who already struggled in that regard. Existing mental health patients should not be neglected and the focus on mental health must not be abandoned once the pandemic ended. Lessons learned must be applied to future health crises and to the broader management and organization of mental health. Efforts must be made to eliminate stigma and discrimination and ensure that people with mental health disorders received the same quality of care, prevention, early detection, treatment, rehabilitation and follow-up as people experiencing physical illness.

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

**The meeting rose at 17:20.**

## **SIXTH MEETING**

**Thursday, 27 May 2021, 10:10**

**Chair:** Dr A. AMARILLA (Paraguay)

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

#### **1. BUDGET MATTERS**

**Proposed programme budget 2022–2023:** Item 11 of the agenda (documents A74/5 Rev.1, A74/5 Add.1, A74/9 and A74/46)

- **Sustainable financing** (documents A74/6 and A74/46)

**WHO results framework: an update:** Item 12 of the agenda (documents A74/7, A74/8 and A74/47)

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD presented the report on the Committee's consideration of the Proposed programme budget 2022–2023, contained in document A74/46. The exchanges between the Committee and the Secretariat had been fruitful and discussion had focused, in particular, on sustainable financing. The Secretariat should submit a revised Programme budget 2022–2023 to the Executive Board at its 150th session, and guidance on the impact of the polio transition on the strategic budget space allocation. He drew attention to the draft resolution on the Proposed programme budget contained in document A74/5 Add.1, and recommended its approval.

Introducing the report on the Committee's consideration of the WHO results framework for the Thirteenth General Programme of Work, 2019–2023, contained in document A74/47, he said that the Committee recognized the Secretariat's efforts to support the data collection and breakdown at the national level, use data to achieve the triple billion targets and make health data available in a single depository. The first output scorecard exercise had been satisfactory. The Secretariat should make efforts to improve the scorecard and simplify the reporting process.

The representative of GHANA, speaking on behalf of the Member States of the African Region, noted with concern that some donors provided flexible funding to WHO partners but consistently opted for earmarked funding for WHO. He called for a special dialogue with donors on how to increase the flexibility of voluntary contributions. A lasting solution to funding problems would require Member States to tackle the issue of assessed contributions; a reluctance to increase such contributions had resulted in the growing influence of a few major donors, which had undermined the Organization's institutional integrity and its ability to meet objectives and performance targets.

As an element of sustainable financing, equity would be necessary to address the inequitable distribution of funding across the three levels of the Organization, its major offices and outcomes. Priority for sustainable financing should be given to low-income countries and those whose indicators for the achievement of the Sustainable Development Goals and universal health coverage were below the median. To ensure WHO's essential functions were financed sustainably, the entire base segment of the budget should be funded through a phased approach, starting with minimum structures and capacities, and expanding until the entire segment was covered. The Member States of the African Region remained open to discussing other options that would define essential functions based on the

content of programmes or on greening the heatmap of outcomes. The approach adopted should be flexible, in order to accommodate the specific characteristics of different regions and countries.

He expressed support for the draft resolution. The recommendation that the Secretariat should submit a report on the impact of the polio transition on the strategic budget space allocation to the Executive Board at its 150th session was welcome. The Director-General should safeguard the Health Assembly's decision on that matter, so as to minimize the negative budgetary impact of the polio transition in the regions and countries with the greatest need. To improve the output scorecard methodology, he recommended further clarity on the attributes and criteria on gender equity and human rights; a simplified process for applying that methodology; and automated aggregation of scores and reports from all reporting levels to promote accuracy and efficiency.

The representative of the PHILIPPINES expressed support for the draft resolution and noted the emphasis in the Proposed programme budget 2022–2023 on equity and the health needs of marginalized populations. Additional information on the outcomes and outputs for strategic priority 3 for the bienniums 2020–2021 and 2022–2023 was appreciated. Noting reduced correspondence with output 3.1.2 on equitable access to safe, health and sustainably produced foods, across all regions, she expressed appreciation for the set of outcomes focused on the links between economic, commercial, nutritional and environmental factors as determinants of health. Noting the evident difference in the proportion of assessed and voluntary contributions financing the budget, she stood ready to support initiatives to increase assessed contributions. The dedication of the Secretariat and the Working Group on Sustainable Financing to finding the best approach to ensure sustainable financing for the Organization should be recognized. The heatmap had revealed the need to establish equity as a foundation in financing target outcomes in major offices. To correct static assessed contributions and an overreliance on earmarked voluntary contributions, emphasis should be placed on how the latter could enable resources to flow towards underfunded, high-priority programmes in regions and countries. It would be expedient to consider the associated costs and sunseting of the resolutions and decisions adopted during the current Health Assembly. The results framework made health data more timely, reliable, accessible and usable. Highlighting national efforts to improve access to health data through the creation of an e-health system, she expressed support for WHO's work in strengthening health information systems to promote transparency and accountability.

The representative of JAPAN expressed appreciation for the revisions made to the Proposed programme budget 2022–2023 in the light of the pandemic of coronavirus disease (COVID-19), particularly with regard to strengthening countries' capacities. The integration of approaches to health security and to the strengthening of primary health care-oriented systems was vital. He supported the draft resolution. Since the programme budget increased every year, the Secretariat should enhance transparency and accountability. The Organization should implement the budget efficiently and achieve the expected outcomes based on countries' needs, through a bottom-up approach and country ownership. Given the need for sustainable financing, WHO should focus on its comparative advantage among global health actors. The findings of the independent review bodies, including the Independent Panel for Pandemic Preparedness and Response, were appreciated. Given the ongoing discussion on WHO's management of health emergencies, challenges remained regarding how to proceed with discussions on sustainable financing. All recommendations should be considered and his Government looked forward to working with other Member States to develop action plans on predictable and sustainable financing.

The representative of MONACO, welcoming the Proposed programme budget 2022–2023, expressed regret over the late publication of that document. In line with WHO's policy of multilingualism, documents must be made available in all languages in advance, so as to ensure sufficient time for review. She took note that her Government's comments at the 148th session of the Executive Board had been taken into account in the latest version of the Proposed programme budget. The integration of core polio functions into the base budget was welcome, since the COVID-19 pandemic had demonstrated the relevance of the work of polio eradication teams; the related capacities should be integrated into national health systems. The establishment of the Working Group on

Sustainable Financing and the report on its meetings were welcome. She agreed with the comments and recommendations on sustainable financing made by the representative of Japan. She supported the draft resolution.

The representative of KENYA took note of the four key areas of strategic focus that had shaped the Proposed programme budget 2022–2023 and expressed support for the increased focus on country offices, in order to build resilience by strengthening primary health care-oriented systems and the provision of essential public health functions for all. Given the impact of the COVID-19 pandemic, the recommendation to extend the deadline for achievement of the triple billion targets was welcome. Welcoming the establishment of the Working Group on Sustainable Financing, she said that WHO was not adequately enabled to effectively play its role in global health governance. A frank discussion was needed on the Organization's financing to ensure that Member States' priorities remained the guiding light for the Secretariat. That discussion should be comprehensive and balanced, and explore action for reform and for a Board-assessed and voluntary contribution. Equity should remain an overarching principle at subsequent discussions.

With regard to the results framework, she welcomed the launch of the SCORE (Survey, Count, Optimize, Review, Enable) technical package and recognized the need for reliable data and strong health information systems to measure population health outcomes. Member States, WHO and donors were urged to mobilize international and domestic technical and financial resources to support countries in strengthening health information systems.

The representative of the REPUBLIC OF KOREA remarked that the Proposed programme budget 2022–2023 demonstrated consideration of the need to respond to changes arising from the COVID-19 pandemic and to strengthen Member States' capacities. The budget for pillar 4, which had been less prominent in the Twelfth General Programme of Work, 2014–2019, was as important as the budgets for the triple billion targets. The budget would help build data-based policies across WHO and increase transparency and accountability.

Noting the need for predictable and flexible financing to respond more proactively and comprehensively to international health emergencies, she expressed appreciation for the efforts of the Working Group on Sustainable Financing. The identification of WHO's essential functions was a first step, and their definition by the Working Group would lead to greater efficiency in the Organization's work. She would welcome active discussions on flexible funding, limits on Member States' contributions and sources of financing. Alongside reform of WHO's financial structure, sustainable financing presented an opportunity to harness the Organization's potential.

The representative of SRI LANKA welcomed the flexibility demonstrated with regard to the revision of the Proposed programme budget 2022–2023 as required, including its revision for consideration by the Seventy-fifth World Health Assembly. The proposed extension of the achievement date for the Thirteenth General Programme of Work, 2019–2023, reflected the destructive impact of the COVID-19 pandemic. Noting the significant increase in the base budget compared to the Programme budget 2020–2021, he said that the pandemic would redefine regional and global needs and priorities. To that end, efforts should be redoubled to mobilize resources domestically and internationally; financial protection packages under universal health coverage could require review. Despite technological advancements, digital health and innovative delivery models, the technological and digital divide between countries needed to be addressed. In that connection, advocacy and assistance to mobilize additional health resources should be prioritized. He highlighted the need to address dengue and other prevalent vector-borne diseases, malnutrition, child stunting and migrant health in his Region. Robust public health intelligence and a risk communication strategy would help to combat the challenges posed by rumours, infodemics and myths spread through social media. He supported the draft resolution.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the four key areas of strategic focus of the Proposed programme budget 2022–2023, and the extension of the Thirteenth General Programme of Work, 2019–2023 and



its triple billion targets. The additional time should be used to get back on track. She also welcomed efforts to trim the proposed budget increase, and supported the draft resolution and the initiative to revisit the budget in response to the evolving situation. Greater engagement with the next phase of the process was vital: the presentation of a budget concept outline at the regional committees would be welcome, and the recommendations of the independent review bodies, and their cost implications, would need to be considered with respect to WHO's future role and strategic focus. There was a need for transparency on all new initiatives and for their inclusion in a clear transformation strategy.

The Working Group on Sustainable Financing had performed valuable work by boosting Member States' understanding of WHO's budget and financing. The consideration of recommendations from interim reviews would require honest and realistic conversations about what WHO could and should do, where it added value, and how its planning and budgeting processes worked in synergy. Member States' expectations of the Organization should be linked to and matched by their willingness to fund it.

The results framework and efforts for its implementation represented a welcome change in reporting. All Member States should support and increasingly align their monitoring with that results framework. Further developments, including external peer review and transparency of results, particularly country-level scorecards, would also be welcome. Any proposed changes to the framework and indicators should be discussed through structured consultations with Member States. Standing technical meetings would provide regular reviews where Member States could consider and propose updates.

The representative of MALAYSIA said that she looked forward to working with the WHO country office to produce impactful outcomes in line with the four key areas of strategic focus in the Proposed programme budget 2022–2023. Investment in health emergencies and preparedness was vital to strengthen global health security and readiness. To sustain universal health coverage, her Government supported the prioritization of funding for essential health services to empower communities and integrate multisectoral action. She supported the extension of the achievement date for the triple billion targets and the adoption of the draft resolution. Welcoming the meeting reports of the Working Group on Sustainable Financing, she expressed a preference for a more structured method of defining essential functions by reference to the six core functions identified in the Thirteenth General Programme of Work, 2019–2023. She looked forward to further deliberations on sustainable financing.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the Proposed programme budget 2022–2023 and the related consultation process. The absence of a proposal to increase assessed contributions was also welcome. While there should be universal financial responsibility among all Member States to cover WHO base operations, consideration should be given to the ability of major contributors to provide financing within their own constraints. In line with that approach, her Government would endeavour to provide a flexible voluntary contribution to WHO in the near future. She sought clarity on whether any gaps could result from the shifting of the polio eradication segment of the Proposed programme budget to the base segment for non-endemic countries. Further details would be welcome on funding for accountability, transparency and compliance, and of whether funds would go primarily to staff at headquarters. She supported the draft resolution and noted the reference therein to the revision of the programme budget after one year, if necessary. Clarity would be appreciated on the planned consultations with Member States regarding that revision.

She welcomed the Working Group on Sustainable Financing's commitment to its work and the progress achieved. The ultimate goal was not increased funding alone but rather sustainable financing that was aimed at addressing specific gaps in countries' capacities to prevent, detect and rapidly respond to epidemic and pandemic threats. It would be key to establish and maintain connections between deliberations on sustainable financing and the work that would be launched by the draft resolution on strengthening WHO preparedness for and response to health emergencies. With respect to the results framework, progress on the outputs scorecard methodology trials and efforts to strengthen health information systems were appreciated.

The representative of SWEDEN welcomed the focus in the Proposed programme budget 2022–2023 on delivering results in challenging times and noted the revisions made to that document following the 148th session of the Executive Board. The Proposed programme budget illustrated the need to increase investment in preparedness and response on a global level. The Secretariat should provide Member States with information on the costing of the budget well ahead of the 150th session of the Executive Board. Further details would be appreciated on how WHO could be made fit for purpose, in order to address the pandemic and deliver on other goals. It would be premature to enter into detailed discussions before the recommendations on the Organization's preparedness capacity had been costed and included in the Proposed programme budget. The Secretariat's work over the previous year and its efforts to clearly present the need for investment and increased resources was commendable. Since WHO's work was closely scrutinized, the work of the Science Division, in ensuring high-quality work, was particularly welcome. Resources for response at the regional and country levels should be prioritized. The ambition in the Proposed programme budget to improve alignment across the three levels of WHO and deliver resources where needed, in line with the Thirteenth General Programme of Work, 2019–2023, was welcome.

The representative of SINGAPORE noted that Member States would need to find consensus on the recommendations from the independent review bodies concerning the response to the COVID-19 pandemic. Given the impact of such decisions on the Proposed programme budget 2022–2023 and the results framework, the decision-making process should be inclusive and collaborative, to ensure broad-based support. Since the quality of decisions depended on the quality of available data and information, she welcomed plans to strengthen health data systems. Such data was crucial in ensuring accurate evaluation and implementation of the Proposed programme budget and its outcomes. Member States and the Secretariat should seek an agreed approach to deal with cases where official government data differed from that provided by other parties.

The representative of BRAZIL, welcoming the Proposed programme budget 2022–2023 and the Working Group on Sustainable Financing, expressed support for the recommendations of the Programme, Budget and Administration Committee regarding both matters. Discussions on WHO's financing were fundamental to better shaping the Organization for the future; dependence on earmarked voluntary contributions had long affected its capacity to prioritize and implement its mandates, and governments were under severe fiscal constraints in responding to the COVID-19 pandemic. The Working Group on Sustainable Financing would therefore allow Member States to discuss ways to boost the efficiency of WHO's budget and improve the quality, flexibility, predictability and sustainability of the Organization's resources. Timely and comprehensive consultations on the programme budget were essential; complex mandates required time for more informed decision-making by Member States and programmatic decisions should be fully aligned with discussions at the Health Assembly.

The representative of SWITZERLAND thanked the Secretariat for preparing the Proposed programme budget 2022–2023 and supported the draft resolution. Given WHO's leading role in global health emergency preparedness and response, its normative, technical and operational mandate must be reinforced with adequate, predictable and sustainable resources. In that connection, sustainable funding should cover the entire base segment, or at least the six core functions. She would support an increase in assessed contributions from Member States. Any agreement on voluntary contributions should be flexible and established for the medium-term. The allocation of flexible funds should be more transparent, traceable and efficient. The recommendations from the independent review bodies and the work on reform should be taken into account in discussions on sustainable financing. The connection between work at the global and regional levels must serve to ensure sustainable and solid financing.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that she supported the Proposed programme budget 2022–2023 and the related draft resolution. Guidance provided by Member States following the discussions on sustainable financing should be taken into account when financing that Proposed programme budget. Specific focus

should be given to increasing the share of budget allocation and financing at the country level to build and sustain integrated systems, while efforts and investment in WHO's normative functions should continue. The mid-term revision of the Proposed programme budget would be significant, and she supported the extension of the Thirteenth General Programme of Work, 2019–2023 to 2025.

She expressed support for the Working Group on Sustainable Financing, and for approaches 1 and 2b contained in the report of the working group's second meeting. The Secretariat should elaborate on the contents of the Organization's normative functions, as requested by the working group. The Secretariat needed to negotiate with major donors on the extension of donation periods to four years or more, improved flexibility and restrictions on preliminary earmarking. Efforts were also needed to extend the donor base and explore innovative financing for health and sustainable development. In order to reduce the reporting burden on countries, reporting on the Sustainable Development Goals should be aligned with the results framework for the Thirteenth General Programme of Work, 2019–2023. She recognized the Secretariat's efforts to address data gaps as a matter of high priority; work with the countries in greatest need to improve the capacity of their data and health information systems; and foster collaboration across entities and partners beyond health ministries.

The representative of the RUSSIAN FEDERATION thanked the Secretariat for the Proposed programme budget 2022–2023. He noted with satisfaction the discussion on the draft proposed programme budget within the Programme, Budget and Administration Committee and the Secretariat's willingness to take further steps to ensure transparency on resource utilization, which would enhance the trust Member States and other donors placed in WHO. He called upon the Secretariat to make it easier for Member States to understand future programme budget proposals. Approved resolutions on the budget, including those concerning the allocation of funds for the strategic priorities, should be fully consistent with the text of the Proposed programme budget. His Government stood ready to cooperate with the Secretariat on that matter. In the interests of transparency, proposals on the distribution of resources within the base segment by outcome, as shown in table 3 of document A74/5 Rev.1, should specify whether funding would be derived from assessed or voluntary contributions. He supported the efforts of the Working Group on Sustainable Financing and noted that constructive dialogue would continue in that respect. Documents must be published in advance and in all WHO official languages.

The representative of CANADA welcomed the four key areas of strategic focus in the updated Proposed programme budget 2022–2023. She welcomed additional investment in enabling functions, which would increase the Organization's internal oversight capacities. Despite the commendable commitment to integrate gender, equity and human rights-focused approaches in health policies and programmes, and to strengthen the Secretariat's capacity in that regard, that function remained under-resourced. The mainstreaming of public health functions carried out by the polio eradication programme into the base budget was welcome, but the eradication of polio should remain a priority. Accountability for the overall eradication agenda and the efforts needed for resource mobilization should be set out clearly within that integrated budget model. She expressed appreciation for the details on how lessons learned from the COVID-19 pandemic were reflected in the Proposed programme budget. Initiatives arising from those lessons should be considered in discussions on the global pandemic response and next steps, and any adjustments reflected in the revision of the Proposed programme budget. Engaging with Member States during the design and implementation of those initiatives would increase their uptake and ultimate impact. She urged the Secretariat to communicate plans for the revision to the Proposed programme budget and to prepare that document in a transparent manner. Frequent opportunities should be provided for meaningful consultation with Member States.

The representative of AUSTRALIA said that it was critical to ensure that WHO was equipped to end the pandemic and positioned to advance the findings of the Independent Panel for Pandemic Preparedness and Response. Sustainable, flexible and predictable funding underpinned WHO's ability to strengthen its capabilities across all levels of the Organization. Her Government was committed to improving WHO's sustainability through the Working Group on Sustainable Financing and the revision of the Proposed programme budget 2022–2023. Those processes required prioritization and realistic

budget aspirations. She expressed support for the four key areas of strategic focus, particularly building resilience through strengthening health systems and investing in emergency preparedness, and reiterated the importance of delivering impact at the country level through increased support for regional and country offices. The suggestions made by the Working Group on Sustainable Financing were appreciated; those relating to governance issues should be taken forward separately.

With regard to the results framework, the widespread implementation of the output scorecard across the three levels of the Organization was commendable, since measuring meaningful outputs was critical to promoting accountability. She supported the process for identifying lessons learned from the first roll-out, including feedback to simplify the process. Further information would be welcome on refining the impactful integration of gender, equity and human rights, and on progress to improve outcomes in that area, in particular for output 1.1.1 for the Western Pacific Region. She urged WHO to address the priority areas of the Thirteenth General Programme of Work, 2019–2023 to ensure progress during the pandemic, particularly on universal health coverage.

The representative of BELGIUM welcomed the ambition and clear strategic choices in the Proposed programme budget 2022–2023, noting that the proposed budget increase reflected the impact of the COVID-19 pandemic. The significant increase for pillar 1 would enable WHO to switch from a vertical and disease-based approach to a horizontal and country-based approach. The following month, the United Nations Human Rights Council would discuss a proposal to set up a global fund for social protection, which would provide an opportunity for WHO to achieve its ambition on universal health coverage. His Government would continue to provide unearmarked contributions and called on all Member States to do the same. At least two thirds of WHO's budget should be financed in a sustainable way, as recommended by the Independent Panel for Pandemic Preparedness and Response. The Independent Panel for Pandemic Preparedness and Response should continue to participate in the Working Group on Sustainable Financing, so as to allow the in-depth discussion of recommendations. He supported the draft resolution.

The representative of INDIA said that efforts should be expedited in the four key areas of strategic focus. Emphasis should be placed on agile, resilient and coordinated health care and governance systems to better respond to public health emergencies, and detect and prevent potential public health threats. Member States should focus on improving primary health care service delivery systems to support universal health coverage and health security. Data-driven insights and technological solutions would be key to health service delivery. Improved capacity for pandemic prevention, preparedness, and response would require sustainable financing of the funding base for public health emergencies, with a higher burden of responsibility assumed by developed nations. Regular contributions from Member States should be increased, as their predictability would reduce WHO's dependency on a donor base. Extra-budgetary or voluntary contributions should be unearmarked so that they could be used where most required and distributed equitably across global health initiatives. Disbursement and utilization of voluntary contributions should be transparent. Efforts must be combined to establish a comprehensive health care infrastructure that was sufficiently resilient to address not only health emergencies but other public health initiatives that required equal attention.

The representative of ALGERIA supported the draft resolution. Sustainable financing would be key to empowering WHO to address current and future global health issues and emergencies. Although all financial options remained on the table, there was a widely-shared view that WHO should ultimately be given appropriate financial independence and flexibility. In that connection, the recent colossal global economic losses put the issue of sustainable financing into perspective, especially with respect to the full provision of the base segment and flexible and predictable funding. He looked forward to continuing the discussion, which should be anchored in the principle of equity, to ensure that all contributed according to their means and received according to their needs.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, commended WHO for its preparation

and implementation of the results framework and the online publication of the Results Report for the Mid-Term Programme Budget 2020–2021. To fulfil its responsibility to collect and disseminate global health data, WHO needed trustworthy data from Member States. She therefore welcomed work on strengthening health information systems to fill data gaps, including in the monitoring of progress towards the Sustainable Development Goals. Accountability required that WHO should be able to provide high-quality and reliable data and information based on the best possible methods. Building on the synergies between the Science Division and other areas of WHO's work would be critical for success. Information on the areas that lacked sufficient data was welcome; it was important to understand which data were based on estimates. Transparency in methods of estimation was central, in particular concerning the triple billion indices and the health-adjusted life expectancy indicators. She expressed concern over the projected progress towards the triple billion targets, in particular universal health coverage, as the impact of the pandemic had not yet been taken into account. She noted the findings and supported the recommendations of the external audit on the lack of progress on the results framework in country offices and on the incongruent data on the triple billion dashboard. She looked forward to the further development of the balanced output scorecard methodology.

Speaking in her national capacity, she expressed support for the Proposed programme budget 2022–2023 and the related draft resolution. The current funding structure of the Organization, however, did not lend itself to long-term planning and alignment with the Thirteenth General Programme of Work, 2019–2023 and the proportion of assessed contributions was low. While the increase in softly earmarked thematic voluntary contributions was encouraging, stronger commitment and prioritization was needed from Member States and partners. She looked forward to further discussions on the options identified by the independent review bodies. She expressed appreciation for the establishment of the Council on the Economics of Health for All, which could provide valuable input into understanding the value of health and help to influence national budgetary decisions on health, including on supporting WHO.

The representative of NORWAY said that the expectations of Member States had long exceeded their willingness to provide sufficient funding. He therefore supported a fundamental increase in assessed contributions. That would be crucial to securing WHO's independence and normative role, especially when funding was received from the private sector through the WHO Foundation. There was widespread support for the independent review bodies' suggestion to strengthen WHO's financing. He expressed interest in the proposal by the Independent Panel for Pandemic Preparedness and Response concerning the increase of Member States' fees to two thirds of the budget for the base programme. The Working Group on Sustainable Financing should follow up on the suggestions from the independent review bodies at its next meeting. It was up to Member States to discuss and take action on those proposals; such decision should be made at the highest levels of government.

The representative of THAILAND noted that data and information drove the work of WHO, but many Member States faced challenges such as data fragmentation and limited capacities to collect and make use of that data. The World Health Data Platform and World Health Data Hub should support countries to improve data and generate new knowledge through research on health policies and systems for more efficient decision-making. She welcomed the four key areas of strategic focus in the Proposed programme budget 2022–2023, in particular advancing WHO's leadership in science and data and, given that the COVID-19 pandemic had delayed progress on the triple billion targets and the Sustainable Development Goals, efforts to accelerate progress towards their achievement. The Organization needed sustainable financing, since sustainability would strengthen its independence. The Working Group on Sustainable Financing represented an innovative step in that regard.

The representative of BANGLADESH supported the draft resolution. The specific needs of countries should be prioritized in addressing the disproportionate impact of the COVID-19 pandemic and substantial investment made in significantly improving health services, particularly in developing countries. WHO should attach the utmost importance to innovation and data to build a robust global health system. Accountability and monitoring of financial arrangements and investments were critical

for the effective delivery and operation of programmes. In that respect, she supported the increase in the base and total programme budget, which should strengthen country capacity and ensure a resilient and responsive global health system.

She welcomed the meeting reports of the Working Group on Sustainable Financing. When elaborating policy guidelines on sustainable financing, consideration should be given to the static nature of assessed contributions, the role of earmarked voluntary contributions, the precedent of unearmarked government contributions to other international organizations and the under-funding of some critical health areas. Equity should be added to the definition of sustainable financing. The Organization must continue to strive for unearmarked long-term voluntary contributions from donors and increase assessed contributions from Member States for sustainable financing.

The representative of MEXICO expressed support for the draft resolution. He welcomed the establishment of the Working Group on Sustainable Financing, in which his Government would continue to actively engage, and the corresponding work of the Secretariat. Full participation of Member States in the Working Group's discussions was fundamental for WHO to identify ways to ensure the resources to fulfil its mandate. Attention should also be focused on efficiency and transparency, and monitoring the allocation of resources that had an impact on countries. Improvements to WHO's governance on sustainable financing were also necessary.

The representative of INDONESIA took note of the increase in the proposed budget for the biennium 2022–2023 compared to the previous biennium, and the significant decrease in the proposed budget for outcome 2.2. Clarification was needed to ensure that the proposed budget for that outcome was sufficient for proper implementation. He commended WHO's efforts to advance science and data, especially with regard to mitigating the impact of the COVID-19 pandemic. Budgetary elements should be adjusted following the lessons learned from the pandemic, with a view to strengthening country capacity in the four key areas of strategic focus. Given the importance of ensuring sustainable financing for the medium to long-term, the Secretariat and Member States must work together to decide on a systemic approach to identifying the essential work that must be funded sustainably. With respect to the results framework for the Thirteenth General Programme of Work, 2019–2023 and its update, he noted the output scorecard methodology and requested information on how the Secretariat could further strengthen capacity for data collection, analysis, use and dissemination in the light of the pandemic.

The representative of BHUTAN noted that the four key areas of strategic focus of the Proposed programme budget 2022–2023 had been selected to promote health in a world undergoing many changes, including the ways in which individuals sought health care services. He welcomed the decision to extend the achievement date of the triple billion targets to 2025, which would help countries to reflect on the health gains made thus far and those that had been thrown off track by the COVID-19 pandemic. He commended the Secretariat for upholding the importance of a planned approach to the preparation of the Proposed programme budget.

The representative of FRANCE, expressing support for the Proposed programme budget 2022–2023, commended the Secretariat for taking into account the requests made by Member States at the 148th session of the Executive Board and the initial lessons learned from the response to the COVID-19 pandemic in its development. The continued decrease in assessed contributions posed a threat to sustainability and would require closer attention; he therefore welcomed the establishment and work of the Working Group on Sustainable Financing. WHO's essential functions must be financed in a sustainable manner and the Organization should not have to rely on unpredictable contributions to fund its governance structures and essential normative activities. A gradual increase in assessed contributions should be considered, as should a review of the budgeting process, which should explore how to strike a balance between expectations of WHO and the resources available and enhance transparency, accountability and clarity. The options contained in the report of the Working Group would require further consideration.

The representative of BOTSWANA welcomed the Secretariat's efforts to set priorities in the Proposed programme budget 2022–2023 through the four key areas of strategic focus. She supported the call for a stronger WHO that could take a global leadership role in public health and applauded the Secretariat for reaffirming its commitment to United Nations development system reform and the health-related Sustainable Development Goals. She noted with appreciation that over 70% of the Proposed programme budget would be allocated towards the triple billion targets, with pillar 1 given the biggest share, but expressed concern that the budget would mostly be financed through voluntary contributions. Such heavy reliance on earmarked and potentially inflexible funds could compromise WHO's integrity and ability to deliver on its constitutional mandate. She commended the Working Group on Sustainable Financing for identifying and recommending appropriate options to sustainably finance WHO's core and essential functions, and emphasized the need to ensure equity in outcomes and financing across all major offices. The financing option ultimately chosen should not contradict the spirit and intent of the Sustainable Development Goals. She expressed support for the Proposed programme budget 2022–2023.

The representative of CHINA said that WHO, as the main global health authority, should be provided with sufficient and stable funding to support its functions. Member States should assume common but differentiated responsibilities and the Secretariat should consider a balanced approach of both raising assessed contributions and increasing the flexibility of voluntary contributions, instead of relying on one or the other, to ensure sustainable financing. Member States should also be able to determine priority areas of work through consultations on WHO's essential functions. The list of priority areas should be discussed during the biennial budget development process and adjusted as needed to take into account potential health risks and shifts in priorities. In addition, specific projects on the list of priority areas and the amount of sustainable financing required should be recorded. Finally, after the establishment of the methodology for selecting priority areas, the focus of the discussions should shift towards the implementation of sustainable financing. His Government stood ready to continue actively engaging in discussions with WHO on that matter.

The representative of DENMARK said that previous reform processes had improved the Organization's effectiveness, agility and transparency. His Government would continue to support efforts to ensure good governance, sound financial management and an efficient, effective and accountable WHO. To that end, a more sustainable financing model would be critical. Stagnation in the level of assessed contributions and the increase in the level of voluntary contributions, which were often earmarked, had left certain areas chronically underfunded. He supported the important work of the Working Group on Sustainable Financing and called for further efforts to explore solutions to achieve long-term financial sustainability, such as securing more flexible funding from all donors and expanding the group of Member States providing long-term core support. His Government's decision to double its voluntary, flexible, core support should be seen in that perspective.

The representative of NEPAL called for more cross-cutting collaboration on health systems and health security programmes as well as increased collaboration across health systems, functions and programme areas. A mechanism should be developed to support those functions within WHO and to help Member States to prepare for the future by strengthening their existing health systems. He requested the Secretariat to increase budgetary and human resources at the country and regional levels to support local activities.

The representative of the NETHERLANDS, thanking the Secretariat for incorporating Member States' views in the Proposed programme budget 2022–2023, expressed support for its overall strategic priorities and the proposal to hold a mid-term review. He commended the Secretariat and the Chair of the Working Group on Sustainable Financing for facilitating important and ambitious discussions on sustainable financing. Guidance from the recent reviews on the response to the COVID-19 pandemic, including the recommendation of the Independent Panel for Pandemic Preparedness and Response regarding access to financial resources, should be incorporated into its future discussions. He called

upon donors to honour their commitments and increase their share of flexible and predictable funding in contributions to organizations in the United Nations Development System, including WHO. He applauded the Secretariat's work on the output scorecards and its intention to further integrate gender and human rights in output areas, indicators and analysis, although further disaggregation of age and gender in data would be useful. Future programme budgets should include greater detail on WHO's enabling functions to help Member States to assess, for example, whether efforts to prevent sexual exploitation, abuse and harassment were adequately funded.

The representative of SOUTH AFRICA welcomed the progress made towards the triple billion targets in spite of the global impact of the COVID-19 pandemic and commended the Secretariat on the launch of the triple billion dashboard. She noted with concern, however, that progress on universal health coverage appeared to be lagging behind the other triple billion targets and called on the Secretariat to redouble its efforts to close that gap. Predictable, sustainable financing should be made available to WHO to allow for flexibility in the implementation of programmes, particularly in emergency settings. It would be important to ensure the predictability of budget allocations for several years by negotiating with partners and securing their sustained support; in that respect, she welcomed the establishment of the Working Group on Sustainable Financing.

Since the review of the Independent Panel for Pandemic Preparedness and Response had been published concurrently with the finalization of the Proposed programme budget 2022–2023, the Panel's recommendations had not been incorporated into the proposals; she therefore looked forward to discussions on how to act on those recommendations. She welcomed the Proposed programme budget, including its four key areas of strategic focus, and agreed with the proposal to extend the achievement date for the triple billion targets to 2025. She welcomed the proposal to fund the budgetary increase through voluntary contributions and avoid an increase in assessed contributions, commending the Secretariat's robust efforts and resource mobilization to achieve that outcome. She supported the draft resolution.

The representative of ARGENTINA said that, in the light of the COVID-19 pandemic, the four areas of strategic focus would prove crucial to efforts to ensure preparedness and fulfil WHO's mandate. She welcomed the proposed budget increases allocated to the outcomes concerning health emergency response, to the Region of the Americas and to country offices, but called on the Secretariat to allocate the correct amount to her region. She noted the importance of the work of the Working Group on Sustainable Financing given the need to address the funding challenges faced by WHO while at the same time acknowledging that the financial circumstances of many Member States had been adversely affected by the pandemic and greater efforts would therefore be required to meet current obligations. She looked forward to further constructive participation in the Working Group with a view to identifying appropriate and sustainable solutions.

The representative of ZIMBABWE supported the extension of the achievement date of the triple billion targets to 2025. The COVID-19 pandemic had demonstrated the need to build resilience by strengthening primary health care-oriented health systems, which would require sufficient resources to be provided at all levels in order to achieve impact at the country level. Turning to the discussions of the Working Group on Sustainable Financing, she said that any approach to be adopted should enable WHO to fulfil its constitutional mandate and safeguard its independence and integrity as a leading technical organization. Welcoming the acknowledgement of the relevance of equity across the three levels of the Organization, she said that attention should be paid to data on neglected topics such as noncommunicable diseases in order to make meaningful progress, and regional specificities relating to disease burden and population distribution should be taken into account to ensure equitable resource allocation. A phased approach to sustainable financing, including the setting of ambitious milestones and time frames, could help to redress the balance between assessed and voluntary contributions. She noted that organizations including the Global Fund and Gavi made use of flexible funding, but that those same funds were often channelled back to WHO, which involved complexities and inefficiencies.



The representative of the UNITED REPUBLIC OF TANZANIA commended the Secretariat for its work on the Proposed programme budget 2022–2023 and for sharing the lessons learned from recent health emergencies and the implementation of the Programme budget 2020–2021. She applauded the Secretariat for demonstrating its continued commitment to its overarching mission through the four key areas of strategic focus. She affirmed her Government's commitment to mobilizing domestic and external resources to ensure sustainable financing of the public health sector and called upon the Secretariat to continue strengthening country capacities to mobilize resources. She commended the Secretariat for its work in the challenging circumstances and applauded the Director-General for his exemplary leadership and tireless efforts to support Member States in responding to the COVID-19 pandemic.

The representative of SUDAN commended efforts to ensure resilience and sustainability in health financing. As the COVID-19 pandemic continued to evolve, the future landscape would be uncertain, particularly for countries that were less able to cope. The strategies and solutions proposed by WHO would help countries to transition from responding to health emergencies to building the foundations of sustainable health system financing, which would be a key factor in countries' efforts to attain universal health coverage. To that end, Member States should align their budget priorities with their capacities by adopting an approach to budgeting that would allow for those priorities to be adjusted in response to changing circumstances. She advocated for the creation of a strong political alliance to explore approaches promoting resilient and sustainable financing. She emphasized the need for efficient, synchronized efforts to maintain financial stability by identifying which WHO core functions relied on sustainable financing and supporting the areas that were key to the delivery of those functions. She welcomed the recognition of health information systems as a priority area, which would help countries to improve national indicators and support evidence-based decision-making. Her Government was working with the WHO country office to address health priorities at the national level.

The representative of ECUADOR supported the Proposed programme budget 2022–2023. It was necessary to keep watch on the level of contributions made by Member States, especially given the significant economic and public health challenges laid bare by the COVID-19 pandemic. He noted with satisfaction the transparency, accountability and clarity reflected in the Proposed programme budget, as well as the Secretariat's efforts to identify and mitigate risks. He called for continued efforts to ensure the full financing of the Proposed programme budget, especially in areas with significant gaps; the fair distribution of funding across activities and regions; and the continuous optimization of cost efficiencies. Given the financial challenges facing most countries, it would not be appropriate to increase Member State contributions at present. He welcomed the discussions of the Working Group on Sustainable Financing on the definition of WHO's essential functions, which could underpin the development of an appropriate framework on the financing of the Organization's priorities. He recognized the challenges involved in establishing priorities, which would vary between countries. The priority-setting process should be accompanied by efforts to find long-term financing solutions to ensure more flexible and predictable financing.

The representative of JAMAICA said that the COVID-19 pandemic had emphasized the critical need for reliable, strong data and health information systems and expressed support for WHO's work to strengthen those systems. Despite the concerted approach and focus on improving health data gaps, countries often did not have sufficient data to guide policy responses at all stages of the pandemic. Small island developing States faced unique obstacles regarding data collection and analytics; he therefore supported the proposal to help those States to improve their health information systems and data management capacities, which would accelerate progress towards national development objectives, the health-related Sustainable Development Goals and the triple billion targets. He thanked the Secretariat for launching the SCORE for Health Data Technical Package and for its work to address countries' data gaps. Turning to sustainable financing, he looked forward to receiving equitable, pragmatic solutions on the sustainable financing of WHO from the Working Group on Sustainable Financing and stressed the

importance of addressing high priority areas that remained chronically underfunded while taking into account national and regional specificities.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) thanked Member States for their support. Responding to a question raised by the representative of the United States of America, he explained that the Polio Oversight Board of the Global Polio Eradication Initiative had decided in recent years to focus on poliovirus outbreaks and countries in which poliovirus was endemic. The Proposed programme budget 2022–2023 reflected the Secretariat's strong commitment to maintain the important public health functions carried out through the Initiative, as well as activities facilitated by the polio infrastructure, such as surveillance and routine immunization. The Secretariat was holding negotiations with the Initiative on funding; however, as more than half of the amount allocated to polio eradication would not be funded by the Initiative, the Secretariat would need to locate other resources to fund that allocation and avoid funding gaps that could put public health functions at risk. In response to a question from the representative of Indonesia on an apparent reduction in funding allocated to outcome 2.2, he recalled that polio transition had been captured in output 2.2.4 in the Programme budget 2020–2021, whereas elements of polio mainstreaming had been incorporated under outcomes 1.1 and 2.3 in the Proposed programme budget 2022–2023. The reduction in funding allocated to outcome 2.2 in the Proposed programme budget was therefore offset by the increase in funding allocated to outcomes 1.1 and 2.3.

Responding to a question on the increase in funding allocated to improving accountability, transparency and compliance, he recalled that the draft proposed programme budget 2022–2023 submitted to the Executive Board at its 148th session had contained a proposed increase in funding to regional and country offices only. Following the Board's discussions, especially those concerning sexual exploitation and abuse, the Secretariat had decided to allocate an additional US\$ 28 million to the relevant outputs, most of which would be allocated to WHO headquarters. The overall increase in the funding allocated to outcomes 4.2 and 4.3 in comparison to the Programme budget 2020–2021 would be US\$ 80 million, of which only US\$ 26 million would be allocated to headquarters, with the rest allocated to regional and country offices. The Secretariat would also continue to improve the scorecard methodology, the presentation of the Proposed programme budget and transparency and accountability.

The revised Proposed programme budget 2022–2023 would be submitted for consideration at the sessions of the regional committees and Member States would be kept informed regarding the development of the final document; however, he asked Member States for their patience and flexibility in that regard given the extraordinary circumstances and the limited time available to revise and translate the document prior to those meetings. Similar timing issues also applied to the work of the Working Group on Sustainable Financing, since its recommendations would need to be submitted to the regional committees to allow Member States the opportunity to suggest changes to the programme budget in advance of the Seventy-fifth World Health Assembly.

The Secretariat would seek to strengthen its science and data functions in response to the call from several Member States in that regard; however, those functions were currently financed using flexible resources as it was difficult to raise voluntary contributions for those areas. Strengthening those functions would therefore likely require a fundamental change in WHO's financing model.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) thanked Member States for their support and continued engagement during the development of the Proposed programme budget 2022–2023. The Secretariat would align its reporting with reporting carried out elsewhere in the United Nations system and would use data to demonstrate to Member States how it was leveraging efficiencies to make the most of its resources. The WHO Results Report for the Programme budget 2020–2021 reflected the Secretariat's efforts to illustrate the impact of WHO funding at the country level. Provision had been made for the report to become a quarterly exercise. Increasing WHO's enabling functions would allow the Secretariat to strengthen its operations at the country level; however, that objective would not be achievable without the requisite level of financing. The Secretariat would support the efforts of the Working Group on Sustainable Financing to develop an appropriate model that worked for WHO and its Member States.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery) thanked Member States for their support during the development of the results framework of the Thirteenth General Programme of Work, 2019–2023. Every country should have strong, well-financed, and self-reliant health information system capacities; however, *World Health Statistics 2021* had highlighted that shortcomings in data and health information system capacities in many countries had led to underestimates in deaths attributable to COVID-19, and a recent global assessment had found that few countries had sustained capacity to detect health risks or report on births, deaths and causes of death. The lack of disaggregated data further hindered efforts to reduce inequalities. The Secretariat was uniquely positioned to support Member States and partners in strengthening institutional data and health information capacity in a trusted and transparent way. WHO must strengthen its position as a modern science- and data-driven organization and as the world's most trusted source of health data to ensure that it could be more accountable to its Member States and the people it served, which would in turn help Member States to meet their responsibilities under the Sustainable Development Goals and deliver on the triple billion targets. Greater commitment and investment would be needed to fulfil the mandate of the Thirteenth General Programme of Work, 2019–2023 in that regard. The Secretariat would continue to support countries in data, analytics and delivery and to report on the progress achieved.

The DEPUTY DIRECTOR-GENERAL reassured Member States that polio transition would remain on the agenda of governing bodies sessions, including the 150th session of the Executive Board. An extensive briefing for Member States on polio transition had taken place prior to the Seventy-fourth World Health Assembly and would be repeated for every major governing body session. The figures presented in the Proposed programme budget 2022–23 were the result of extensive work undertaken with the Regional Offices over the prior six months. As Chair of the Steering Committee on Polio Transition, she had regularly met with directors of programme management and their teams in the regions, which had led to the regional and country plans that were reflected in the Proposed programme budget. Those efforts would continue until every country had a polio transition plan. Since polio eradication and polio transition were increasingly interlinked, a joint narrative and joint communication were needed. She agreed that achieving eradication was a priority. At the same time, efforts towards transition were also necessary: first, to retain polio expertise, which was an asset for WHO and for Member States, and second, to strengthen the resilience of health systems. Those efforts should advance in an active and intensive way, and polio assets should be integrated into immunization, the detection of health threats, surveillance and essential public health functions and primary health care. Resource mobilization for the base budget for the polio transition was a key issue and she looked forward to working closely with Member States in that regard.

She acknowledged the concerns expressed regarding the shortfall of 710 million with respect to the target of one billion more people benefiting from universal health coverage, for which the results framework and delivery stocktakes were crucial in monitoring progress. The Secretariat was fully committed to making progress on that target. Calculations indicated that the shortfall could be reduced by a further 400 million by the end of the implementation period of the Thirteenth General Programme of Work, 2019–2023 to close the period with a 30% gap if sufficient, flexible and sustainable funding was at the disposal of Member States and the Secretariat for such work. The same applied to the gap of 100 million with respect to the target for healthier populations. The Secretariat had developed a road map on healthier populations, which required a paradigm shift towards more prevention and health promotion that had been reflected in the revised Proposed programme budget 2022–23. The main issues and funding remained the same, however, and the draft resolution on social determinants of health would be crucial.

The Secretariat had worked towards better alignment across the three levels of the Organization, alongside efforts for internal integration, strength and accountability as part of the transformation process. The mid-term review of the Programme budget 2020–2021 showed that the Organization was on track to achieve an implementation rate of at least 85–90%. The balance scorecard had proved extremely useful in the internal exercise to monitor the progress of WHO core functions.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft resolution contained in document A74/5 Add.1.

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

The DIRECTOR-GENERAL said that accountability, transparency and results would be the foundation of all WHO work. He welcomed the guidance from Member States on advancing WHO's leadership in science and data and on strengthening the Secretariat's relationship with the Executive Board.

## **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

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

**Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases:** Item 13.2 of the agenda (documents A74/10 Rev.1, A74/10 Add.1, A74/10 Add.2, A74/10 Add.3, and EB148/2021/REC/1, decisions EB148(6) and EB148(7)) (continued from the first meeting, section 2)

- **Oral health** (documents A74/10 Rev.1 and EB148/2021/REC/1, resolution EB148.R1) (continued)

**Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products:** Item 13.3 of the agenda (document A74/9) (continued from the first meeting, section 2)

**Integrated people-centred eye care, including preventable vision impairment and blindness:** Item 13.9 of the agenda (documents A74/9, A74/9 Add.3 and A74/9 Add.5) (continued from the first meeting, section 2)

The representative of SENEGAL said that the COVID-19 pandemic had demonstrated the urgent need to rethink how noncommunicable diseases were addressed in health development policies. She highlighted a number of measures implemented by her Government to subsidize costly treatment for noncommunicable diseases and recommended the adoption of similar measures in low- and middle-income countries. Risk factors for noncommunicable diseases should be integrated into road maps and multisectoral plans. Welcoming the progress made in the fight against cataracts and refractive error thus far, she was optimistic that further advances would be made towards universal coverage of cataract surgery and refractive error by 2030. She called for quality human resources training and the opening of eye care units for the most remote and disadvantaged populations. She supported the draft resolutions and decisions.

The representative of FIJI welcomed the draft resolution on the global coordination mechanism on the prevention and control of noncommunicable diseases. Tackling the noncommunicable diseases crisis currently facing Pacific island States, which was causing a devastating and costly impact on communities, would require bold and coordinated multisectoral actions including awareness-raising activities and effective measures to reduce risk factors and prevent disease progression. While the

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA74.3.

mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 provided useful guidance on policy implementation, it should be reviewed holistically with Member States in mind. Small island developing States in the Pacific were also exposed to challenges such as climate-related natural disasters and disease outbreaks, which required sustainable and predictable funding for the prevention, early detection, equipment and treatment of noncommunicable diseases. He requested further support from WHO and development partners in tackling noncommunicable diseases in his country. He took note of the preparatory process leading to the fourth high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases and looked forward to engaging constructively in the proposed Small Island Developing States Health Summit.

The representative of ANGOLA supported the political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases as well as the proposal for a mid-term evaluation of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases in 2025. Changes in demographics, epidemiological patterns and lifestyles had led to the tragic multiplication of chronic noncommunicable diseases in the African Region, which had been aggravated by the impact of the COVID-19 pandemic on health services, including the diversion of human and financial resources. He described his Government's efforts to tackle chronic diseases and mental health conditions through its primary health care network and to reduce antimicrobial resistance in his country.

The representative of ETHIOPIA described measures implemented by her Government to prevent and control noncommunicable diseases in her country, noting in particular its efforts to improve the management of diabetes, and expressed support for the draft resolution on the prevention and control of diabetes. She strongly supported the integration of eye care services into health care systems rather than the implementation of a vertical approach.

The representative of LEBANON endorsed the recommendations to improve the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, particularly those relating to prevention and control at the primary health care level, engagement of people with lived experience and sustainable funding mechanisms. Diabetes continued to pose a major threat to health and well-being at the national and global levels; efforts to tackle diabetes should therefore be intensified, and countries' contexts should be taken into account in interventions. She thanked the Secretariat for its relentless efforts to advance the noncommunicable diseases agenda. She supported the draft decision recommended in decision EB148(6) and wished for her Government to be added to the list of sponsors of the draft resolution on the prevention and control of diabetes.

The representative of SUDAN commended WHO for its efforts to ensure better oral health and more integrated, people-centred eye care. Oral health services were often inaccessible in her country, particularly to those from disadvantaged socioeconomic backgrounds; she therefore called on the Secretariat to support her Government's efforts to integrate oral health services into essential health care service packages. She urged WHO to support the development of national oral health policies and strategies and an oral health information and surveillance system, and requested guidance on preventing disruption to oral health services during health emergencies. Despite the considerable progress achieved in the prevention of vision impairment and blindness in her country, challenges in improving eye care remained.

**The meeting rose at 13:00.**

## **SEVENTH MEETING**

**Thursday, 27 May 2021, at 14:10**

**Chair:** Dr A. AMARILLA (Paraguay)

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)**

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

**Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases:** Item 13.2 of the agenda (documents A74/10 Rev.1, A74/10 Add.1, A74/10 Add.2, A74/10 Add.3 and EB148/2021/REC/1, decisions EB148(6) and EB148(7)) (continued)

- **Oral health** (documents A74/10 Rev.1 and EB148/2021/REC/1, resolution EB148.R1) (continued)

**Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products:** Item 13.3 of the agenda (document A74/9) (continued)

**Integrated people-centred eye care, including preventable vision impairment and blindness:** Item 13.9 of the agenda (documents A74/9, A74/9 Add.3 and A74/9 Add.5) (continued)

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND outlined measures taken in his country to address obesity, prevent diabetes and reduce air pollution. He welcomed efforts to address the increasing prevalence of diabetes globally, particularly type 2 diabetes, and supported the inclusion of air pollution in the monitoring framework for WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. He was also pleased to see an update on oral health and references to community-based water fluoridation and the accessibility of effective fluoride toothpaste in the report contained in document A74/10 Rev.1.

The representative of the UNITED REPUBLIC OF TANZANIA underscored the importance of strengthening human resources to control noncommunicable diseases and promote oral health, mental health and eye care, and supported the development of affordable technologies for improving access to safe drinking water. She noted with concern that coverage of cataract surgery was below the recommended level to achieve universal health coverage in most countries and emphasized that partnerships were key to ensure increased access to people-centred eye care. She looked forward to continuing to collaborate with WHO and other partners, including manufacturers of low-cost eye care supplies. She urged the Secretariat to continue working with Member States to address the growing

burden of noncommunicable diseases. She took note of the reports and their recommendations and supported the draft resolution on oral health.

The representative of PORTUGAL applauded WHO's leading role in providing strategies for measuring, monitoring and managing medicine prices that were appropriate to national contexts and health care systems. To ensure access to affordable medicines and other health products, it was necessary to improve market transparency throughout the supply and distribution chain. She acknowledged the importance of WHO's initiatives, including the Fair Pricing Forum, in that regard. She called for increased collaboration in research, innovation and development to promote affordable and equitable solutions for accessing essential medicines and other health products. Increased resource mobilization and regulatory capacities for ensuring price and cost transparency were also needed.

The representative of SOUTH AFRICA welcomed the Secretariat's support to Member States in addressing noncommunicable diseases, including through the Global strategy to accelerate the elimination of cervical cancer as a public health problem. She outlined measures taken by her country to prevent and control noncommunicable diseases, including the introduction of legislation and regulations on salt content in food and taxes on sugar-sweetened beverages. She congratulated the Russian Federation on its leadership on the draft resolution on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes. She also supported the draft decision on integrated people-centred eye care, including preventable vision impairment, and draft resolution on oral health.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that universal health coverage could only be achieved through equitable access to medicines and vaccines. Her Government wished to be added to the list of sponsors of the draft resolution on the prevention and control of diabetes.

The representative of IRAQ, supporting the draft resolution on the prevention and control of diabetes, recommended a focus on efforts in the preschool setting, the inclusion of a target related to organ damage in patients with diabetes, and measures to promote home-based self-monitoring by patients and compliance with treatment. She welcomed the updated comprehensive mental health action plan 2013–2030. With regard to integrated, people-centred eye care, she welcomed the recommendations on effective coverage for refractive error and cataract surgery, which would require the reinforcement of integrated essential eye care services.

The representative of MALAYSIA supported the draft decision on the role of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases. Her Government was committed to collaborating at the national and regional levels to control preventable risk factors of diabetes and noncommunicable diseases. It supported the draft resolution on the prevention and control of diabetes.

The representative of ECUADOR, expressing support for WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, said that addressing noncommunicable diseases should be high on the global health agenda, especially given mortality rates and the burden placed on health care services. His Government supported the adoption of the draft resolution on the prevention and control of diabetes. He highlighted the need for strategic intergovernmental plans to reinforce national implementation strategies, improve primary health care, increase the availability of medicines, enhance research and implement new resource mobilization mechanisms. It was essential to continue to engage through the WHO Global Noncommunicable Diseases Platform, which had made valuable contributions to the global action plan. His Government supported the draft decision on the role of the Global Coordination Mechanism. He called for greater commitment by Member States to work together with the support of the Secretariat and other

intergovernmental organizations to improve the health of people with chronic noncommunicable diseases, in particular vulnerable groups.

The representative of SRI LANKA expressed support for the draft resolution on oral health. He underlined the urgent need of a global strategy on tackling oral diseases, in particular since oral diseases were largely preventable and since the burden of poor oral health reflected inequalities worldwide. More work was needed to successfully integrate oral health into global health policies; his Government remained committed to supporting those efforts. He supported the draft resolution on the prevention and control of diabetes.

The representative of ZIMBABWE called for more financial investment in addressing noncommunicable diseases and support to countries in integrating oral health into routine monitoring systems. He called for recommendations on how to give more priority to diabetes prevention and control in countries' national programmes. He expressed concern that only about 50% of people had access to the insulin they needed and that inequities persisted between and within countries. He also noted with concern that critical gaps remained in access to effective treatments for cancer and rare and orphan diseases. More efforts were needed to increase transparency in pharmaceutical pricing and to clarify the relationship between research and development costs and pricing to facilitate fairer pricing and better access to treatments. Funding was needed to strengthen capacities in research and innovation, including in the area of neglected diseases, especially in developing countries. He supported the draft resolution on the prevention and control of diabetes and draft resolution on oral health.

The representative of the BAHAMAS said that more research and support were needed to promote patients' compliance with medication, dietary and exercise regimes. Mental health screening should also be a part of annual checks for people with hypertension and diabetes. More emphasis should be placed on training nurses and doctors in identifying and stabilizing mental health problems in the general population at the primary care level. He welcomed the WHO Model List of Essential Medicines and the work of the PAHO Strategic Fund.

The representative of JAMAICA outlined measures taken by his Government to reduce preventable vision impairment and blindness. He supported the proposed global targets for effective coverage of refractive error and cataract surgery and welcomed support from the Secretariat and partners in attaining the targets and overcoming challenges caused by the pandemic and other issues affecting health care delivery. He expressed concern that there had been insufficient progress in addressing diabetes as a public health problem due in part to limited funding.

The representative of CHILE called on WHO to continue to drive action for the prevention and control of noncommunicable diseases through international forums. More efforts were needed to promote access to effective treatments for cancer and rare and orphan diseases and to integrated people-centred eye care. He outlined progress made by his Government in the diagnosis and treatment of refractive error and cataracts and thanked the Secretariat for its continuous support in that regard.

The representative of GHANA said that her Government was committed to achieving the goals of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases; she commended WHO for its leadership in that regard. She outlined domestic measures taken to strengthen noncommunicable disease prevention, control and surveillance. She highlighted the need to develop a global strategy to tackle oral diseases that was aligned with the WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and called for support from the Secretariat and partners in developing and implementing a comprehensive oral health policy. Noting that major challenges remained in the prevention and control of noncommunicable diseases, including with regard to funding and data management, she said that domestic and international resource mobilization was needed to support efforts.



The representative of COLOMBIA said that he supported the draft decision extending the terms of reference of the Global Coordination Mechanism, noting that the latter should include indicators on healthy food consumption. He highlighted the importance of cooperation and technical support to promote the national implementation of the objectives of the Global Coordination Mechanism and global action plan for the prevention and control of noncommunicable diseases 2013–2030. Cooperation and support should be suited to addressing countries' challenges. Expressing his support for the draft resolution on the prevention and control of diabetes, he said that it was critical to ensure universal access to essential health services, medicines, diagnostic tools and quality, safe, affordable and effective health technologies to prevent and control the disease. He called on WHO to ensure that addressing oral health remained a priority.

The representative of GEORGIA said that, despite the COVID-19 pandemic, efforts to develop sustainable health systems must continue. She outlined steps taken by her Government to promote universal access to health care services, including the introduction of a sustainable health financing system and telemedicine. Her Government had introduced other digital technologies to reduce the spread of COVID-19 and strengthen its health information system.

The representative of TONGA welcomed the draft resolution on oral health. He outlined measures taken by his Government to improve oral health in the country, including oral health education and the introduction of taxes on sugar-sweetened beverages. More work was needed in routine immunization and addressing noncommunicable diseases. He looked forward to continuing to work with the Secretariat and other Member States and requested further support to his country.

The representative of VANUATU described his Government's efforts to address noncommunicable diseases, including measures to reduce tobacco use and consumption of sugar-sweetened beverages. He sought support from the Secretariat in implementing WHO technical packages such as SAFER, the SHAKE technical package for salt reduction and the HEARTS technical package for cardiovascular disease management in primary health care. He also requested support in integrating efforts to prevent and control noncommunicable diseases and promote mental health into primary health care, including by facilitating community-based services and improving the quality of data on noncommunicable diseases as an integral part of the health information system.

The representative of CUBA said that Member States' public policies must guarantee access to quality, safe and effective medicines and vaccines, which were crucial to improving people's health.

The representative of EGYPT said that, to prevent and control cancer, it was critical to focus on causes and risk factors, particularly in developing countries. He outlined initiatives taken in his country for the early detection of breast and cervical cancers, diabetes, obesity and hepatitis C and to control kidney disease. It was important to promote a culture of routine health check-ups, especially during the COVID-19 pandemic.

The representative of MADAGASCAR outlined steps taken by her Government to address noncommunicable diseases, including multisectoral collaboration, the introduction of legislation and a facility to stem tobacco consumption, training of health workers, and the development of a national strategic plan. She welcomed WHO's efforts to develop the Global Coordination Mechanism.

The representative of BARBADOS expressed concern that oral diseases such as periodontal disease and caries were linked to an increased risk of stroke and heart disease in persons with noncommunicable diseases. As a result, oral health should be integrated into strategies for the prevention and control of noncommunicable diseases and health promotion. He outlined measures taken by his Government to control noncommunicable diseases and improve primary oral health care.

The representative of TUNISIA outlined actions taken by her Government to control noncommunicable diseases, such as the development of multisectoral strategy that supported a health-in-all-policies approach and included targets for the promotion of healthy diet and physical activity, tobacco control and the screening and management of diabetes and obesity. She thanked the WHO Regional Office for the Eastern Mediterranean and WHO office in Tunisia for their support in the strategy's implementation.

The representative of the UNITED NATIONS OFFICE FOR PROJECT SERVICES (UNOPS), speaking on behalf of the Scaling Up Nutrition Movement, expressed concern that progress in reducing undernutrition had stalled while obesity rates continued to rise, noting that such trends had been exacerbated by the COVID-19 pandemic. She called on the Secretariat, Member States and all health stakeholders to make clear and measurable commitments during the 2021 UN Food Systems Summit and Nutrition for Growth Summit to emphasize the crucial impact of nutrition on the delivery of all 17 Sustainable Development Goals and make healthy diets affordable and accessible for all.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, said that risk factors including smoking, obesity and salt consumption were closely linked to neurological noncommunicable diseases such as stroke and Alzheimer's disease. WHO's efforts to address such risk factors should also be geared toward preventing and controlling neurological noncommunicable diseases. He called for increased attention to noncommunicable diseases during the COVID-19 pandemic given that COVID-19 presented significant risks to people with neurological noncommunicable diseases.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, said that rehabilitation could decrease the effects of noncommunicable diseases, reduce the length of hospital stays, slow or stop the deterioration of people's health and increase people's participation in activities. However, rehabilitation was not prioritized and remained unaffordable and inaccessible for many people. She called on Member States to integrate rehabilitation services into health systems at all levels and across the continuum of care for noncommunicable diseases and ensure the availability of community-based services.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIR, said that the most common risk factor for liver cancer was chronic hepatitis B and C infection. He emphasized that treatment and prevention strategies could drastically reduce deaths from liver cancer and that it was possible to eliminate hepatitis by 2030 and therefore reduce the global burden of noncommunicable diseases. The hepatitis B vaccine was highly effective in preventing liver cancer, yet only 43% of newborns received their birth dose. To eliminate liver cancer, noncommunicable diseases and viral hepatitis, joint efforts were needed.

The representative of the INTERNATIONAL FEDERATION OF SURGICAL COLLEGES, speaking at the invitation of the CHAIR, stressed the importance of surgical and anaesthesia care in the diagnosis, treatment and long-term care of patients, especially those with cancer. Essential surgical care in first-level hospitals was important for cancer diagnosis and primary treatment. Human resources, equipment and infrastructure were also critical to manage acute cancer presentations and advanced disease. He therefore requested that surgical care should be recognized as an essential health technology in the treatment of cancer patients, especially in low- and middle-income countries.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and on behalf of the International Association for Dental Research, International Diabetes Federation, International Society of Nephrology, World Heart Federation and World Stroke Organization, urged Member States to approve the draft resolution on oral health and ensure its implementation by: addressing orofacial clefts, access to affordable fluoridated toothpaste and community-based water fluoridation; promoting research, including on the links between oral diseases

and other noncommunicable diseases such as diabetes, heart disease, stroke and kidney disease, and on affordable and accessible alternatives to dental amalgam; engaging with people living with oral diseases, oral health professionals and national dental associations; and ensuring that future processes such as the implementation road map for WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 were aligned with the draft resolution on oral health. Member States should ensure that oral health was integrated into national noncommunicable disease strategies and health budgets by focusing on shared risk factors, consolidating universal health coverage benefits packages, strengthening oral health workforces, and improving oral health surveillance.

The representative of the INTERNATIONAL DIABETES FEDERATION, speaking at the invitation of the CHAIR, said that diabetes was a leading cause of stroke, cardiovascular and kidney diseases, blindness, oral diseases and lower-limb amputation. Millions of people, including tens of thousands of individuals with type 1 diabetes, could not access the insulin they needed. She urged Member States to: approve the draft resolution on the prevention and control of diabetes and work with the Secretariat to implement the WHO Global Diabetes Compact; develop targets and agree on how to achieve them; take steps to increase access to effective and high-quality products, including insulin; and ensure market transparency for diabetes medicines and supplies.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that her organization was committed to working with WHO to control and eliminate neglected tropical diseases, which were concentrated in disadvantaged populations that were unable to afford testing or treatment. The small market for diagnostic tests was a disincentive to commercial producers; as a result, there was a lack of accurate and affordable tests needed for effective treatment and surveillance. Coordinated action led by WHO was needed to address those challenges. Efforts should include the introduction of financial incentives for test development and the reduction of regulatory barriers that impeded the inclusion of tests in health programmes.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, said that it was essential to recognize that access to innovative, safe, effective, quality-assured and affordable genomic medicines and artificial intelligence-enabled medical devices would become a fundamental human right of patients. Member States must work in solidarity to create a global health ecosystem that expanded access to effective treatments for cancer and rare and orphan diseases, including vaccines, diagnostic tools, assistive products, cell- and gene-based therapies and other health technologies.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, reaffirmed her organization's commitment to accelerating the availability and sustainability of essential treatments for cancer in low- and middle-income countries. Some of the cancer medicines submitted for inclusion in the WHO Model List of Essential Medicines could provide significant clinical benefits to cancer patients in low- and middle-income countries. Her organization was keen to work with WHO and other stakeholders in developing strategies to improve access to cancer medicines. It was important to focus on the early identification of breakthrough therapies so that comprehensive strategies for increasing access could be developed early on.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, commended WHO's work to develop global targets for integrated people-centred eye care for 2030. More than 1 billion people were living with poor vision because they lacked access to basic eye care services. The two global targets were vital to monitor progress not only on eye health but also on universal health coverage. She encouraged WHO to include the targets in universal health coverage monitoring frameworks and called on Member States to ensure that the targets were achieved by 2030.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft resolution on oral health and was pleased that efforts would be intensified to control noma. WHO should recognize noma as a neglected tropical disease of the highest importance. She welcomed the draft resolution on the prevention and control of diabetes and called on Member States and the Secretariat to transparently document prices of insulin, insulin delivery devices and blood glucose monitoring supplies. The Secretariat should guide Member States in increasing sources of quality-assured biosimilars. She supported WHO's proposal to set global targets for diabetes diagnosis, treatment and control. Member States must prioritize access to insulin for the people who needed it.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended WHO's efforts towards achieving universal health coverage. She called on the Secretariat and Member States to involve young people at all stages of policy development to ensure the transparent and equitable roll-out of vaccines and in initiatives to improve the prevention and care of noncommunicable diseases. Member States should ensure that the perspectives of young people and civil society were continually integrated into high-level commitments through the Global Coordination Mechanism.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that she supported the extension of the Global Coordination Mechanism's terms of reference. She expressed concern that, according to the 2020 WHO report on cancer, only 12 countries were on target to achieve Sustainable Development Goal target 3.4. Governments should step up efforts in cancer prevention, harness innovative health technologies, manage medicine shortages and expand access to effective cancer treatments, including for rare cancers. She urged governments to ensure universal access to essential, affordable and effective cancer and palliative care services. Her organization would be pleased to collaborate with WHO, sharing its experience in leading the Rare Cancers Europe and Rare Cancers Asia initiatives.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that WHO should establish an intergovernmental working group on expanding access to and affordability of effective treatments for cancer and rare and orphan diseases, including cell and gene therapies. The Secretariat should provide technical support to Member States in creating exceptions to patent rights for treatments that could be classified as services, such as autologous chimeric antigen receptor T-cell therapy. WHO should also oversee the establishment and governance of a global registry for rare diseases that included information on their incidence, prevalence and natural history, information on access to treatments and demographic data.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, expressed concern that countries in the global South still lacked access to effective biotherapeutics including mRNA technologies and that publicly funded research on cancer and rare and orphan diseases did not lead to accessibility of health technologies. Transparency of research and development and manufacturing costs would lead to more accountability and affordable pricing.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, strongly supported the development of recommendations for the prevention and management of obesity over the life course and the submission of such recommendations to the Seventy-fifth World Health Assembly. She urged Member States to: recognize obesity as a chronic disease and a risk factor for other noncommunicable diseases such as diabetes; call on the Secretariat to review the implementation of the recommendations of WHO's Commission on Ending Childhood Obesity and develop a monitoring and accountability framework; advocate for people-centred care and ensure that people living with noncommunicable diseases were included in the development and evaluation of interventions and guidelines; and support the Secretariat in developing recommendations to be used for

a future road map on addressing obesity, including a resolution on the prevention, treatment and management of the disease.

The representative of THE FRED HOLLOWS FOUNDATION, speaking at the invitation of the CHAIR, highlighted the importance of access to affordable, high-quality eye care. He urged Member States to adopt the global targets for effective coverage of refractive error and effective coverage of cataract surgery, include the targets in WHO's monitoring framework for universal health coverage and disaggregate data to ensure that no one was left behind, especially women and girls, persons with disabilities, indigenous people and those living in low-income settings.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, called on Member States to: adopt the draft resolution on the prevention and control of diabetes; commit to actions to improve the availability and affordability of quality-assured insulin, delivery devices and blood glucose monitoring tools; develop and promote health policies and systems that recognized differences between type 1 and type 2 diabetes and supported people-centred care; ensure the transparency of markets for insulin and related commodities; and work with the Secretariat to ensure that the WHO Global Diabetes Compact had tangible outcomes.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, said that it was critical to integrate child and adolescent health into efforts to address noncommunicable diseases and to include the prevention of noncommunicable diseases in efforts to promote maternal, newborn and child health. There was an urgent need to ensure greater access to effective treatments, including medicines and cell and gene therapies, vaccines, medical devices, diagnostic tests, and assistive products for cancer and rare diseases, especially for children with special health care needs.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, supported the adoption of the 2030 global targets for effective coverage of refractive error and effective coverage of cataract surgery. The targets were key to monitoring progress in providing integrated, quality and people-centred eye care and achieving universal health coverage. The targets should be included in frameworks to monitor progress towards universal health coverage, and the data collected should be disaggregated by gender, age, disability and group to monitor progress and ensure that coverage was universal. She thanked Member States for their support and the Secretariat for its leadership in those efforts.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat had prioritized its work on noncommunicable diseases over the past year, especially given the widespread lack of access to care and negative impacts of the COVID-19 pandemic. Even small investments led to major health, social and economic benefits at the country level; the prevention, early diagnosis and treatment of noncommunicable diseases at the primary health care level were inexpensive and would significantly reduce gaps in universal health coverage and ensuring healthier populations. The Secretariat was firmly committed to collaborating with Member States, and she thanked governments for supporting initiatives to address noncommunicable diseases, in particular the Government of Norway for its official development assistance in that area. The WHO NCD/WIN Working Group on COVID-19 and NCDs had worked well in coordinating the Secretariat's work on noncommunicable diseases, and significant progress had been made over the past year in partnerships, for example with IARC and IAEA in addressing cancer, with UNDP and UNICEF in creating the Multi-Partner Trust Fund and with the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure that efforts related to HIV and tuberculosis were integrated with work to address noncommunicable diseases.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that the Secretariat had established a clear process to develop an implementation road map for the global action plan for the prevention and control of noncommunicable

diseases 2013–2030. Governments should identify and implement a set of noncommunicable disease accelerators and pathways based on their public health needs. The Secretariat had been developing guidance on designing and implementing policies to build resilient health systems to treat noncommunicable diseases and prevent and control risk factors. The Secretariat had also been analysing data on COVID-19 and noncommunicable disease comorbidity and would forecast the long-term upsurge in premature deaths from noncommunicable diseases resulting from disruptions in health services. Its findings would be submitted to the Executive Board at its 150th session in early 2022 and could serve as input for the special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.

He highlighted four imperatives of the WHO Global Diabetes Compact, namely: to develop global diabetes targets and monitor progress; to identify pathways to improve care and increase access to essential diabetes medicines, technologies and essential health services for prevention, early diagnosis and treatment in primary health care settings; to improve the availability and quality of diabetes data; and to encourage people living with diabetes to participate in the creation of solutions. Member States' support and commitment to global diabetes targets were crucial to improve the treatment and outcomes of type 1 and type 2 diabetes, prevent type 2 diabetes and ensure access to comprehensive, affordable and high-quality care.

The Secretariat agreed that oral health should be addressed through a multisectoral, community-based approach integrated into primary health care and universal health coverage. The Secretariat would develop a comprehensive global monitoring framework including indicators and a set of voluntary global targets for prevention and control of oral diseases in collaboration with Member States and partners. A set of oral health indicators would also be integrated into the triple billion targets and Thirteenth General Programme of Work, 2019–2023.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that the Secretariat would discuss with Member States on how to scale up obesity prevention and management through actions related to early nutrition and the food and built environments and through the management of obesity at primary health care level. The Nutrition For Growth Summit in December 2021 would provide an opportunity to address the issue. To implement the WHO global action plan on physical activity 2018–2030, the Secretariat had developed the ACTIVE technical package as a practical tool to support implementation by Member States. WHO had launched the year-long campaign “Commit to Quit” to encourage 100 million people to give up tobacco. The Secretariat had just released technical guidance on tobacco taxation and continued to develop guidance on preventing harmful use of alcohol. The Secretariat continued to address air pollution and was facilitating the Health and Energy Platform of Action to ensure universal access to clean and sustainable energy to protect health. To improve health equity, it was important to address the root causes of ill-health and ensure that the most vulnerable were not left behind.

The REGIONAL DIRECTOR FOR EUROPE said that noncommunicable diseases led to inequalities in health and had catastrophic economic consequences, which was why the Government of the Russian Federation and WHO had convened the First Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control in 2011. The outcome of the conference, the Moscow Declaration, had placed controlling noncommunicable diseases on the worldwide political agenda. During the COVID-19 pandemic, efforts had to be stepped up on all fronts. The Regional Office for Europe had been increasing its work on prevention and control of noncommunicable diseases through innovative technologies and approaches and in accordance with the European Programme of Work, 2020–2025. The WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow was at the centre of that work, boosting epidemiological surveillance capacities in countries and encouraging innovation and investment. Important steps had been taken to reduce overweight in children, including the development of the CLICK monitoring framework, which helped to control and limit the marketing of unhealthy food and drink products to children to encourage healthy eating. Diabetes must be controlled from the earliest possible age; the draft resolution on the prevention and

control of diabetes was therefore timely and appropriate. Governments were responsible for the health of every child in their countries; his Regional Office stood ready to provide support in that regard.

The ASSISTANT DIRECTOR-GENERAL (Medicines and Health Products), highlighting the difficulties in access to insulin and cell and gene therapies in many countries, said that, within the framework of the WHO Global Diabetes Compact, a report on insulin availability and affordability would be published by World Diabetes Day in 2021. A cost–benefit analysis of insulin analogues would be conducted at the upcoming meeting of the WHO’s Expert Committee on the Selection and Use of Essential Medicines in June and July 2021.

She commended the small island developing States that had agreed on a pooled procurement programme for its constituencies to increase access to affordable medicines, noting that the Secretariat had produced guidelines on medicines pricing policies. She expressed concern that messenger RNA technologies, cell and gene therapies, monoclonal antibodies and other therapies were costly and concentrated in some countries. Research and development should meet the needs not only of low- and middle-income countries, but also of specific population groups.

To increase the availability and affordability of cancer medicines, the Secretariat had launched global initiatives on breast, childhood and cervical cancers and was supporting more than 30 countries in that regard. It was also supporting countries in three regions in initiatives for cancer medicine pricing and procurement. In addition, WHO, in collaboration with partners, would launch a major programme of work to increase access to childhood cancer medicines in low- and middle-income countries with a view to closing the gaps in the health outcomes of children with cancer in high-income countries compared with those in low- and middle-income countries.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that WHO, in collaboration with relevant stakeholders, had undertaken a number of activities to support the monitoring of the two global eye care indicators, effective coverage of refractive error and effective coverage of cataract surgery, including generating baseline coverage estimates. To facilitate the collection of data on effective coverage of refractive error and effective coverage of cataract surgery, a feasible and financially viable survey methodology had been developed and a standardized vision module was being integrated into the WHO STEPwise survey. In consultation with international experts, the Secretariat was developing a comprehensive menu of indicators for Member States in order to facilitate the monitoring of eye care strategies and actions at the national and subnational levels. The menu would include an indicator for diabetic retinopathy detection and management. The Secretariat was taking a cross-programmatic approach to address diabetes and diabetic retinopathy and stood ready to provide technical support to Member States in implementing essential eye care interventions and collecting data.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA, noting that the South-East Asia Region bore 30% of the global burden of blindness and 32% of global burden of visual impairment, said that her Region was committed to ensuring access to integrated eye care and addressing preventable vision impairment and blindness. Two countries in her Region had recently eliminated trachoma, the leading cause of preventable blindness of infectious origin. Lessons learned during the COVID-19 pandemic on the use of digital technologies would be harnessed to expand coverage of integrated eye care, including screening for refractive error and diabetic retinopathy. Efforts to strengthen eye care through primary prevention and care approaches were actively pursued in the Region as part of work to address noncommunicable diseases.

Expressing her support for an indicator on access to early diagnosis of diabetic retinopathy, she said that the Regional Office for South-East Asia had developed guidance on strengthening diagnosis and treatment of that condition. To promote access to eye care, the Regional Office would support cross-fertilization between Member States within and outside of the Region. That work would be facilitated by a network of WHO collaborating centres that had been working with experts and stakeholders on the integration of eye care services into primary health care services. The Regional

Office remained committed to working with Member States in the Region to achieve a 40% increase in effective coverage of refractive error and 30% increase in effective coverage of cataract surgery by 2030.

The CHAIR invited the Committee to note the reports contained in documents A74/9, A74/10 Rev.1, A74/10 Add.1, A74/10 Add.2 and A74/10 Add.3.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft decision recommended in decision EB148(7) on the follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

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

The CHAIR invited the Committee to approve the draft decision on the role of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases.

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

The CHAIR took it that the Committee wished to approve the draft resolution on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes.

**The draft resolution was approved.<sup>3</sup>**

The CHAIR invited the Committee to approve the draft resolution recommended in resolution EB148.R1 on oral health.

**The draft resolution was approved.<sup>4</sup>**

The CHAIR invited the Committee to approve the draft decision contained in document A74/9 Add.3 on integrated people-centred eye care, including preventable vision impairment and blindness. The financial and administrative implications for the Secretariat of the adoption of the draft decision were set out in document A74/9 Add.5.

**The draft decision was approved.<sup>5</sup>**

The DIRECTOR-GENERAL thanked Member States for their guidance. The implementation road map for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 would generate knowledge and policy advice to inform the significant work needed to achieve Sustainable Development Goal target 3.4, through accelerators and pathways for specific noncommunicable diseases and risk factors. The WHO Global Diabetes Compact would boost WHO's efforts to prevent risk factors for diabetes and bring diabetes treatment and care to all who needed it. He thanked the Government of Canada for co-hosting the Global Diabetes Summit and the Government of the Russian Federation for its leadership in preparing the resolution on the prevention and control

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA74(10).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA74(11).

<sup>3</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA74.4.

<sup>4</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA74.5.

<sup>5</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA74(12).



diabetes. To address childhood cancer, WHO was partnering with St. Jude Children's Research Hospital, which was increasing its investment and support to countries in that area.

The resolution on oral health provided an opportunity to address the public health challenges posed by oral diseases and re-position oral health as part of the global health agenda in the context of universal health coverage. He thanked the Government of Sri Lanka for its leadership in developing the resolution and setting out a pathway for WHO until 2025. The Secretariat would provide support to Member States in implementing essential eye care interventions and in collecting data to monitor the two global eye care indicators. He looked forward to receiving input from Member States in the development of a comprehensive set of indicators for the national monitoring of eye care and diagnosis and treatment of diabetic retinopathy. The resolution on integrated people-centred eye care would encourage greater coordination in efforts related to eye care and other global development priorities and would require cross-sectoral collaboration.

The SIDS Summit for Health taking place in June 2021 would provide an opportunity to address the major health challenges facing small island developing States, in particular noncommunicable diseases and climate change. He congratulated the small island developing States that had developed a pooled procurement mechanism for medicines, which was fully supported by the Secretariat. Lastly, he noted the guidance and support from Member States for extending the terms of reference of the Global Coordination Mechanism and strengthening its role in supporting WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases.

**Global action on patient safety:** Item 13.1 of the agenda (documents A74/10 Rev.1, A74/10 Add.4 and EB148/2021/REC/1, decision EB148(5))

**Antimicrobial resistance:** Item 13.5 of the agenda (document A74/10 Rev.1)

**Immunization Agenda 2030:** Item 13.8 of the agenda (documents A74/9 and A74/9 Add.4)

The CHAIR drew attention to the reports contained in documents A74/9, A74/9 Add.4 and A74/10 Rev.1.

The VICE-CHAIR OF THE EXECUTIVE BOARD, recalling the discussions held at the 148th session of the Executive Board, drew attention to the draft decision recommended in decision EB148(5) on global action on patient safety.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, expressed full support for the draft global patient safety action plan 2021–2030. She called on Member States to intensify collaboration, particularly with low- and middle-income countries, as well as research, training and leadership to improve the safety of patients, who must be closely involved in that process. The Secretariat should continue to support Member States in addressing challenges affecting the safety of patients and health care workers at the global, regional and national levels.

Controlling antimicrobial resistance must be a political priority of governments, and efforts must be pursued through the One Health approach. Governments in her Region were committed to developing national plans to maximize and converge efforts to curb antimicrobial resistance in the human, animal and environmental health sectors, with the collaboration of WHO, OIE, FAO and UNEP.

Member States in her Region supported the Immunization Agenda 2030, which required countries to review, adopt and adapt national plans so that everyone had equitable access to vaccines and vaccination services, following a life course approach. She expressed concern about the unequal access to COVID-19 vaccines in her Region compared with other WHO regions and disruptions of other vaccination services. She called for continued efforts to boost confidence in vaccines and strengthen health care systems for vaccine delivery. Member States should document and share best practices for an effective roll-out of vaccines during the COVID-19 pandemic. Promoting community engagement and partnerships were key in implementing the Immunization Agenda 2030. She asked the Secretariat to report on the distribution of COVID-19 vaccines.

The representative of CANADA, speaking on behalf of Afghanistan, Albania, Andorra, Australia, Brazil, Colombia, the Dominican Republic, Ecuador, the Member States of the European Union, Ethiopia, Guatemala, Indonesia, Jamaica, Japan, Monaco, Montenegro, Norway, Qatar, Republic of Moldova, Sweden, Switzerland, Ukraine, the United Kingdom of Great Britain and Northern Ireland and the United States of America, thanked the Secretariat for developing the operational elements of the Immunization Agenda 2030. Reaffirming her commitment to the Agenda and its framework for action, she encouraged all stakeholders to make the Agenda operational, including through regional and national strategies. To ensure that people of all ages benefited from routine immunization, there was a need for new delivery methods and investments in scalable and resilient vaccine logistics, infrastructure, manufacturing and supply chains. Member States must recommit to fully immunizing every child and use measles as a tracer indicator to identify where to reach zero-dose children. The decline in vaccine confidence and the misinformation and disinformation concerning vaccine safety and effectiveness must be addressed. Ensuring that everyone received routine childhood vaccines would provide an exceptional return on investment and help to create and strengthen critical infrastructure to keep the world safe from future pandemics.

World leaders and the global health and development community should commit to the Agenda, recognizing that immunization was the backbone of the primary health care system and a critical component of pandemic preparedness and response. Governments should develop, update and implement national immunization plans that aligned with the Agenda and its framework for action, involving civil society and communities, and implement robust campaigns to promote vaccine confidence and trust in science, increase access to vaccines over the life course and leave no one behind. Donors should invest in vaccine research and innovation, development, manufacturing and delivery, with a renewed focus on the needs of underserved, vulnerable and marginalized populations. Governments and funders should continue to work closely with the pharmaceutical industry and scientists to accelerate vaccine research and development, increase the supply of quality, safe, effective and affordable vaccines to meet global needs, and apply lessons learned from COVID-19 to other diseases.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries 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 his statement. He supported the adoption of the draft global patient safety action plan and the launch of the Immunization Agenda 2030. The impact of COVID-19 on routine immunization had underlined the need to strengthen health systems and prevent backsliding in progress, particularly with respect to poliomyelitis and measles. He called for a renewed focus on addressing vaccine hesitancy through community engagement, with WHO playing a leading role in countering misinformation. He welcomed the progress made in vaccination against COVID-19; however, noting with concern that access to COVID-19 vaccines had been unequal across and within countries, he called on Member States to ensure equitable access to quality, safe and effective vaccines for all. Member States should support the Access to COVID-19 Tools (ACT) Accelerator and COVID-19 Vaccine Global Access (COVAX) Facility, which were critical to ensure equitable access. The European Union and its Member States had committed over €2.5 billion in funding and guarantees to the COVAX Facility. He called on other high-income countries to act in solidarity in vaccine sharing.

Antimicrobial resistance must be addressed through a coordinated, multisectoral, inclusive One Health approach. WHO, FAO, OIE and UNEP and the One Health Global Leaders Group on Antimicrobial Resistance were important to maintain the urgency and visibility of antimicrobial resistance on the global health agenda and to enhance cooperation. Action at the national level was also needed, including accelerating implementation of One Health national action plans and strengthening health systems to enhance pandemic prevention and preparedness. The current pandemic had resulted in the increased misuse of antimicrobial agents, including in COVID-19 patients, which underlined the need for strengthened antimicrobial stewardship involving health workers and incentivized research and development on, and equitable access to, antimicrobial agents. While the tripartite Antimicrobial

Resistance Multi-Partner Trust Fund was an important financing mechanism, Member States should work towards ensuring sufficient and sustainable funding for actions specific to antimicrobial resistance across the One Health spectrum, including at the country level.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, appreciated WHO's efforts to overcome antimicrobial resistance, including in implementing the global action plan on antimicrobial resistance, despite the COVID-19 pandemic. He welcomed the establishment of the One Health Global Leaders Group on Antimicrobial Resistance and was pleased that 144 countries had already developed national antimicrobial resistance action plans. He expressed concern that many countries, particularly low- and middle-income countries, were facing many challenges in implementing their plans.

He called for collective efforts to drive forward global, regional and national action plans to achieve goals in antimicrobial resistance containment, addressing antibiotic-resistant priority pathogens causing bloodstream infections and ensuring equitable access to essential antimicrobial medicines. Member States should strengthen surveillance and improve infection prevention and control to address both COVID-19 and antimicrobial resistance, and develop guidelines, policies and programmatic actions. He called for sufficient and sustainable financing for specific and sensitive antimicrobial resistance actions, with a focus on low- and middle-income countries, and the encouragement of public-private partnerships for investment in antimicrobial resistance containment. Lastly, there was a need to ensure equitable access to affordable, safe and effective antimicrobial agents through technology transfer and the sharing of scientific knowledge and to raise global public awareness of antimicrobial resistance through political commitment and partnerships between Member States.

The representative of CUBA said that preventing and controlling antimicrobial resistance required an increasingly scientific, systemic and efficient approach supported by comprehensive and integrated policies and consistent action by all stakeholders. She outlined measures taken in her country to address antimicrobial resistance and prevent and control nosocomial infections, and said that future pandemics could only be prevented by taking the One Health approach.

The representative of BAHRAIN outlined steps taken by her Government to promote patient safety, including the development of a national action plan and road map to ensure quality, sustainable health services. She supported the draft decision on global action on patient safety. Welcoming the discussions on antimicrobial resistance in the WHO governing bodies, she described actions taken by her Government to address antimicrobial resistance and recommended that the Health Assembly should: set a time frame for Member States to establish their national action plans; organize workshops for the sharing of expertise and experiences; and create a committee to exchange lessons learned. She was pleased that the Immunization Agenda 2030 was flexible and could be adapted to local contexts.

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

**The meeting rose at 17:05.**

## **EIGHTH MEETING**

**Friday, 28 May 2021, at 10:50**

**Chair:** Dr A. AMARILLA (Paraguay)

### **1. FIRST REPORT OF COMMITTEE A (document A74/60)**

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

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

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)**

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

**Global action on patient safety:** Item 13.1 of the agenda (documents A74/10 Rev.1, A74/10 Add.4 and EB148/2021/REC/1, decision EB148(5)) (continued from the seventh meeting)

**Antimicrobial resistance:** Item 13.5 (document A74/10 Rev.1) (continued from the seventh meeting)

**Immunization Agenda 2030:** Item 13.8 (documents A74/9 and A74/9 Add.4) (continued from the seventh meeting)

The representative of SENEGAL, welcoming the draft global patient safety action plan 2021–2030, noted the role of patient safety in achieving universal health coverage and outlined the measures taken by her Government to manage infection risk in health care settings. Antimicrobial resistance was a serious public health issue for Africa and a priority for her Government, which encouraged a One Health approach to tackling the issue by expanding surveillance to the animal, food and environmental sectors. Efforts at the international level, and in the African Region in particular, to combat antimicrobial resistance were appreciated.

The representative of CAMBODIA, noting the importance of patient safety in the response to the pandemic of coronavirus disease (COVID-19), expressed support for the draft global patient safety action plan. He outlined the patient safety measures taken by his Government, which had been the first in its region to receive support from the Antimicrobial Resistance Multi-Partner Trust Fund. Outlining the measures taken by his Government to strengthen immunization, he expressed support for the Immunization Agenda 2030 and the development of the regional strategic framework for vaccine-preventable diseases and immunization in the Western Pacific for 2021–2030.

The representative of the PHILIPPINES reaffirmed her Government's commitment to improving patient safety for all and welcomed the draft decision on global action on patient safety. She expressed

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<sup>1</sup> See page 308.

support for the global action plan on antimicrobial resistance, noting that the COVID-19 pandemic had demonstrated the need to redouble efforts on antimicrobial stewardship by working with partners in the human and animal health sectors. She supported the Immunization Agenda 2030 and was committed to building strong and sustainable national immunization systems that were guided by the Agenda's principles.

The representative of MALTA noted that, while the COVID-19 pandemic had highlighted the growing threat of antimicrobial resistance, it had also created an opportunity to educate and empower citizens in that regard. She welcomed the establishment of the One Health Global Leaders Group on Antimicrobial Resistance and its role in keeping antimicrobial resistance high on the global political agenda. Further comprehensive multisectoral action and collaboration were needed across the human, animal and environmental sectors to tackle antimicrobial resistance through a One Health approach, and she called on the Secretariat to continue supporting Member States in that work. Proper implementation of national action plans was critical to global control and could be improved by establishing key performance indicators. All Member States should join the Global Antimicrobial Resistance Surveillance System. Lastly, the joint procurement of COVID-19 vaccines by Member States of the European Union had demonstrated that advance purchase agreements could promote research and development in antimicrobial resistance.

The representative of FIJI said that the draft global patient safety action plan would provide important global standards and a road map for patient safety interventions at all levels of the health system. Sustainable financing mechanisms must be available to small and vulnerable economies, including those in conflict situations. Given the multiple health threats faced by small island economies, the WHO technical package on quality of care in fragile, conflict-affected and vulnerable settings should prove helpful. WHO and other development partners should continue to prioritize patient safety in order to protect both patients and health care workers. In addition, he called on WHO to maintain its focus on antimicrobial resistance and the One Health approach. He requested further support in establishing an integrated national surveillance system specific to antimicrobial resistance in the animal health sector and in investigating and addressing changes in the epidemiological pattern of climate-sensitive zoonotic diseases in his country.

The representative of BOTSWANA commended efforts to coordinate the One Health approach and to support Member States in tackling antimicrobial resistance through improved surveillance and laboratory systems, together with evidence-based policy and practice. The tripartite partnership between OIE, FAO and WHO was crucial to ensuring a global response to antimicrobial resistance. Progress on the implementation of the Immunization Agenda 2030 was welcome, as was the proposed ownership and accountability framework and elements such as the use of data for action, tailored scorecards and the integration of disease-specific initiatives. She expressed support for the draft global patient safety action plan.

The representative of MALAYSIA said that the draft global patient safety action plan was comprehensive and covered the essential areas of patient safety through its seven strategic objectives. The action plan's systematic and practical approach took into consideration the various measures taken by Member States across the globe to reduce patient harm. She reaffirmed her support for WHO initiatives to combat antimicrobial resistance, and her Government's commitment to collective action through the tripartite collaboration between OIE, FAO and WHO, as well as the Global Antimicrobial Resistance Surveillance System and the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance. Welcoming the dedicated Immunization Agenda 2030 website, she said that the proposed frameworks for ownership and accountability and for monitoring and evaluation would help her Government to strengthen its immunization programme. Technical support from WHO and UNICEF in selecting country indicators was appreciated. Continued support and guidance from WHO headquarters and the Regional Office for the Western Pacific would ensure the smooth implementation of the regional

strategic framework for vaccine-preventable diseases and immunization in the Western Pacific for 2021–2030.

The representative of the REPUBLIC OF KOREA expressed her agreement with the direction of WHO's work on antimicrobial resistance and on immunization. Her Government played a leading role in tackling antimicrobial resistance internationally, including as chair of the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance. Her Government stood ready to support Member States at the upcoming sessions of the Ad hoc Task Force and the Codex Alimentarius Commission to work on the proposed revision of international standards for the management of antimicrobial resistance, in order to incorporate comments from various sectors and reflect a One Health approach. The COVID-19 pandemic was affecting immunization programmes in many Member States, and the dedicated Immunization Agenda 2030 website was appreciated. Given vaccine supply shortages and disparities across regions, international cooperation would be crucial to ensure fair access to and the equitable distribution of vaccines in order to overcome the global public health crisis.

The representative of GHANA commended the incorporation of Member States' comments into the draft global patient safety action plan, as well as the strengthened monitoring and reporting. Expanded access to health care was meaningless unless linked to the safe provision of services. Member States should earmark funding for patient safety and related activities and facilitate collaboration between health ministries and other departments, including water and sanitation, roads, transport, the environment and housing. Member States should integrate water, sanitation and hygiene, and infection prevention and control into patient safety activities, while leveraging the lessons learned from the COVID-19 pandemic and improving general health literacy. Welcoming the establishment of the Antimicrobial Resistance Multi-Partner Trust Fund, the Global Leaders Group and the Tripartite Joint Secretariat on antimicrobial resistance, she recommended providing strategic funding to implement national action plans on antimicrobial resistance. Advocacy in the veterinary and agricultural sectors should go beyond World Antimicrobial Awareness Week, and Member States should introduce antimicrobial resistance champions to facilitate the integration of relevant activities across all sectors.

The representative of the UNITED STATES OF AMERICA welcomed the operational elements of the Immunization Agenda 2030 and its framework for action and encouraged all stakeholders to operationalize the Agenda, including through regional and national strategies. Current immunization programmes must address vaccine-preventable diseases and be sustained and strengthened, despite the impact of the COVID-19 pandemic. Calling for global COVID-19 response activities, and in particular the COVID-19 Vaccine Global Access (COVAX) Facility, to quickly receive full funding, she said that her Government would work to facilitate equitable global access to COVID-19 vaccines, including by supporting the waiver of intellectual property protections for COVID-19 vaccines. The global community must take concerted steps to address disinformation and misinformation concerning COVID-19 vaccines and public health guidance. She called on the Secretariat and Member States to continue efforts to promote confidence and trust in vaccines.

She applauded global progress on patient safety and antimicrobial resistance, despite the difficulty of sustaining efforts in the context of a global pandemic. The collective commitment to keeping antimicrobial resistance high up the political agenda demonstrated at the United Nations General Assembly High-level Interactive Dialogue on Antimicrobial Resistance was encouraging. She supported the adoption of the draft global patient safety action plan and looked forward to working with the Secretariat, other Member States and all stakeholders, including the private sector, on its implementation.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed appreciation for the draft global patient safety action plan and the consultative process for its development, and support for the related draft decision. The guiding principles of the global action plan reflected the true essence of safety and were based on science and centred on people. While the seven strategic objectives and corresponding strategies were

comprehensive and practical, more emphasis was needed on the key role of infection prevention and control, which should be a cornerstone of health care systems at all levels and considered a core competency for all health care workers. The COVID-19 pandemic had demonstrated the importance of health care workers' education for patient safety, and simulation technology could be used to prepare the future workforce and improve knowledge of safety practices. Patient safety was fundamental to quality health care, particularly in fragile and vulnerable settings, and posed a particular challenge for low- and middle-income countries, which struggled with limited resources. In that regard, ensuring the availability of basic resources and minimum requirements, such as access to water, sanitation and hygiene facilities, would have a positive impact on patient safety.

The representative of KENYA supported the adoption of the draft global patient safety action plan and commended the Secretariat for the progress made in the implementation of resolution WHA72.6 at all levels, including individual health care facilities. She outlined the action taken in her country in that regard and with respect to antimicrobial resistance. The Organization's support for activities on patient safety and antimicrobial resistance through the Global Patient Safety Collaborative and the Antimicrobial Resistance Multi-Partner Trust Fund, respectively, was appreciated. Challenges to the achievement of targets on antimicrobial resistance included the misuse of antibiotics, the weak regulatory environment for infection prevention and control practices, weak laboratory capacity and poor public awareness. Her Government joined calls for strengthened technical support from the Secretariat to implement the global action plan on antimicrobial resistance by addressing the challenges outlined in the report, taking a One Health approach, enhancing access to quality diagnostics, ensuring sustained political commitment and leadership, and increasing financing and targeted capacity-building.

The representative of BRAZIL said that the discussion on antimicrobial resistance must be firmly based on scientific studies and risk analyses, and promote access to high-quality medicines by decoupling research and development costs from final sales prices. The efficacy of antimicrobial agents, and antibacterial agents in particular, should be preserved through appropriate administration, prudent use and sustainable access. With respect to multisectoral coordination on the issue, WHO's efforts must take account of the diverse factors that contributed to antimicrobial resistance and the importance of preserving the mandates of different intergovernmental organizations to ensure successful and legitimate collaboration between WHO and other United Nations agencies. The establishment of the Global Leaders Group was a welcome development that could contribute to discussions on promoting access to affordable, safe, effective and quality medicines, expanding research and development, and fostering the appropriate use of antimicrobial agents. He expressed support for the main goal of the Immunization Agenda 2030 of ensuring universal access to routine immunization in primary health care. The COVID-19 pandemic had disrupted immunization campaigns in various regions. Greater engagement was needed from the international community to ensure vaccination coverage and universal health coverage.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA recognized the importance of controlling antimicrobial resistance through the One Health approach. The finalization, in consultation with Member States, of the operational elements of the Immunization Agenda 2030 was welcome. The Agenda must be prioritized as a means of eradicating existing and emerging infectious diseases. The proposed monitoring and evaluation framework and the impact goals and indicators had been developed in a realistic and practical way. The addition of monitoring indicators based on country context would be useful, given that implementation would take place in a variety of public health contexts. He described the measures taken to strengthen immunization in his country.

The representative of GERMANY welcomed the draft global patient safety action plan, which was the result of a truly consultative process. The action plan provided Member States and other stakeholders with a rich and up-to-date toolbox to strengthen patient safety. Reducing critical incidents and building a safety culture would provide a basis for trust in health care systems and thus help to improve their resilience, the importance of which had been demonstrated by the COVID-19 pandemic.

Tackling antimicrobial resistance required a multifaceted approach at different levels, and the development, manufacture and distribution of new antibiotics was an important element. Noting that WHO's 2020 annual review of the clinical and preclinical antibacterial pipelines had concluded that clinical pipelines and recently approved antibiotics were not enough to tackle the increasing emergence and spread of antimicrobial resistance, she called on Member States to support global action in that regard. Her Government was a major donor for that work, including for initiatives to develop new treatments, such as the Global Antibiotic Research and Development Partnership, and for the Tripartite Joint Secretariat and the Antimicrobial Resistance Multi-Partner Trust Fund.

The representative of the RUSSIAN FEDERATION expressed support for the draft global patient safety action plan and the related draft decision. In the light of the risks of running modern medical facilities, quality management systems must be a compulsory component of legislation relating to patient safety. He expressed his Government's readiness to share its experience in order to strengthen professional cooperation between countries and boost interest in the economic and social aspects of patient safety around the world, which would help to achieve the goals set out by WHO.

He welcomed the report on antimicrobial resistance, noting that his Government played an active part in the implementation of the relevant international documents and initiatives and was committed to the One Health approach. His Government had taken a range of measures to control antimicrobial resistance and treated it as a biological threat in legislation. Political commitment to the global action plan on antimicrobial resistance and the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance were key to the success of national strategies. Efforts to develop monitoring and evaluation and ownership and accountability frameworks for the Immunization Agenda 2030 were welcome, as was the latest guidance on vaccine-preventable diseases.

The representative of SRI LANKA expressed appreciation for the draft global patient safety action plan. Her Government had provided input to the global and regional action plans on patient safety and shared its experiences through global platforms. Describing the action taken to improve patient safety in her country, she noted that the implementation issues faced by Member States that had only recently developed patient safety programmes were different from those faced by developed countries. The country-specific context should therefore be taken into account in the implementation and evaluation of patient safety programmes.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Immunization Agenda 2030 must remain adaptable to allow the integration of new vaccines, including COVID-19 vaccines. The COVID-19 pandemic had demonstrated the need for strong systems to protect all countries against vaccine-preventable diseases. Member States were encouraged to continue working together to achieve the collective goal of a world where everyone, everywhere, at every age benefited from vaccines. Work to address the silent pandemic of antimicrobial resistance while responding to COVID-19 was welcome, including the initial work of the Global Leaders Group. She called for the establishment of an independent panel on evidence for action against antimicrobial resistance and a partnership platform. Noting that WHO's leadership in addressing antimicrobial resistance across all levels and sectors was vital, she called on the Secretariat to commission external monitoring and evaluation to provide objective insight into the impact of WHO's work and make corrections where necessary. Patient safety was a global health priority, particularly given the additional strain the pandemic had placed on health systems. The draft global patient safety action plan would ensure that momentum was maintained in tackling the issue within the wider context of health systems strengthening. Her Government was committed to working with other Member States to make progress towards eliminating avoidable harm in health care.

The representative of CHINA expressed appreciation for the positive role played by WHO on global patient safety, antimicrobial resistance and immunization. The two concerns regarding the draft global patient safety action plan raised by her Government at the 148th session of the Executive Board had been taken into account in the revised draft. International exchanges and the sharing of best practices



and strategies among Member States and stakeholders should be strengthened, and low- and middle-income countries should be provided with training and technical guidance to help them to develop patient safety policies and initiatives tailored to country-specific circumstances. Member States should be encouraged to integrate patient safety and health into all relevant policy areas. The prevalence of emerging infectious diseases such as COVID-19 had highlighted antimicrobial resistance as a major public health challenge. Guidance was needed to help countries, especially low- and middle-income countries, to set priorities and seize the opportunity to integrate primary health service delivery into the COVID-19 response and implement a One Health approach. With respect to the Immunization Agenda 2030, the Secretariat should provide technical and financial support to countries with low vaccination rates in order to improve access to vaccines and health care services.

The representative of EGYPT welcomed all efforts to improve patient safety and tackle antimicrobial resistance. He expressed support for the Immunization Agenda 2030, which would contribute to reducing morbidity and mortality from vaccine-preventable diseases, promote the equitable distribution of vaccines and help countries to integrate immunization infrastructure into primary health care services. To achieve universal health coverage, all elements of health systems needed to be strengthened, including preventive measures, such as immunization, and governance mechanisms. It was important to translate the Agenda's vision and strategic priorities into concrete measures, adapt the Agenda to regional and national contexts and ensure that all stakeholders were engaged in its implementation.

The representative of PORTUGAL said that antimicrobial misuse had increased during the COVID-19 pandemic and the implementation of many national plans on antimicrobial resistance had stalled. Expressing concern at the rise in the number of new and newly resistant organisms and the poverty and mortality caused by drug-resistant diseases, he urged Member States to use the opportunity afforded by the pandemic to highlight the global impact of infectious diseases and raise awareness of the importance of infection prevention and control among the general public. On the basis of lessons learned, existing surveillance systems should be adapted to create global networks to enable countries to share knowledge and respond efficiently to threats. Global surveillance and rapid testing would be key to the early detection and monitoring of outbreaks and mutations.

The One Health approach should be applied widely to minimize the emergence and spread of antimicrobial resistance. He congratulated the Secretariat for underscoring the importance of multisectoral commitment in its work with FAO and OIE and called for international collaboration to build national antimicrobial resistance surveillance, prevention and control capacities.

The representative of the BAHAMAS, expressing support for the Decade of Patient Safety 2020–2030, said that policies and legislation were needed to make patient safety a key pillar of primary health care and universal health coverage. Turning to the Immunization Agenda 2030, she said that ongoing vigilance was needed to tackle vaccine hesitancy and that the global re-emergence of diseases that had been nearly or fully eliminated in the Region of the Americas demonstrated the need for continued work on vaccine development, advocacy, procurement and delivery. She thanked the Secretariat and the Regional Office for the Americas for deploying electronic immunization registries, which were invaluable tools for securing public trust in vaccines. Since immunization against COVID-19 would be key to ending the pandemic, any adjustments to the Immunization Agenda 2030 should take such activities into account. WHO must ensure equitable access to vaccines, as the pandemic had shown that vaccine inequity led to disproportionate health care delivery, morbidity and mortality. Although the support provided through the COVAX Facility was welcome, small economies struggled to access vaccines beyond those allocated through the COVAX Facility. Lessons learned from the COVID-19 vaccine development process should be applied to other diseases affecting lower-income countries lacking vaccine development and financing capacities. She strongly supported the implementation of the Immunization Agenda 2030, which should prioritize neglected tropical diseases and conditions with high mortality rates.

The representative of INDONESIA expressed support for the draft global patient safety action plan and said that the implementation of patient safety strategies should be sustainable, be guided by local and cultural contexts and use resources efficiently. Describing the steps taken by his Government to improve patient safety and combat antimicrobial resistance, he encouraged Member States to complete the tripartite annual antimicrobial resistance country self-assessment survey. Investment in the research and development of new antimicrobial agents, an area in which progress had been slow, should be promoted to facilitate the discovery of new intervention models, diagnostic tools and alternatives to antibiotics. Furthermore, while antimicrobial stewardship and surveillance and the promotion of the rational use of antibiotics remained the best interventions, preventive measures such as vaccination should also be prioritized. Although global efforts were currently focused on COVID-19 vaccination, it was important to continue vaccinating against poliovirus, measles and rubella; he therefore supported the operationalization of the Immunization Agenda 2030.

The representative of THAILAND said that the COVID-19 pandemic had highlighted the importance of health care personnel in efforts to ensure patient safety. The draft global patient safety action plan would be a crucial tool for concrete actions at the country level; he therefore supported the related draft decision. He expressed concern at the uneven progress in the fight against antimicrobial resistance since the adoption of the global action plan on antimicrobial resistance and highlighted the increase in foodborne antimicrobial resistance in low- and middle-income countries. A more critical and comprehensive review of the global action plan's progress was needed to help Member States to understand its implementation and monitor and evaluate its outputs, outcomes and impact. The review would also help stakeholders to assess whether their national action plans needed to be amended in response to the COVID-19 pandemic. He urged the Secretariat to facilitate global engagement with regard to the Immunization Agenda 2030 and support Member States in strengthening immunization through primary health care services in order to ensure equitable access to existing and novel vaccines, especially vaccines against pandemic pathogens.

The representative of ZIMBABWE welcomed the draft global patient safety action plan, which would help to address gaps at the country level. Safe infrastructure, technologies and medical devices were crucial components of patient safety, and government departments in charge of water should be included in multisectoral work on patient safety to increase the provision of clean water in health facilities. Expressing his gratitude to the Secretariat for providing training to his Government on antimicrobial resistance in the context of the COVID-19 pandemic, he emphasized the need to integrate relevant antimicrobial resistance activities, infection prevention and control measures and water, sanitation and hygiene initiatives into the COVID-19 response and general pandemic preparedness efforts. To improve access to new and existing antimicrobial agents, WHO should help countries to leverage procurement mechanisms to ensure affordability and should provide guidance on increasing local production and public sector manufacturing capacities, especially for developing countries.

The representative of COLOMBIA, expressing concern about the negative impact of the COVID-19 pandemic on global routine immunization activities, said that there was a risk that progress made in the fight against vaccine-preventable diseases could be reversed. WHO should redouble its efforts to support Member States in ensuring rapid, safe and equitable access to vaccines and in implementing national immunization campaigns and action plans. He thanked the Secretariat for the activities carried out during World Immunization Week 2021 and encouraged WHO to continue to support initiatives that sought to strengthen national vaccination efforts.

The representative of INDIA said that, given the urgent nature of the COVID-19 crisis, the Secretariat must provide technical support to Member States and rapidly scale up the global patient safety network to facilitate the sharing of approaches, best practices and tools among key stakeholders. He supported the development of infection prevention and control guidelines and policies at the different levels of health care to stem the spread of antimicrobial resistance. He called for transparent and traceable supply chain logistics for antimicrobial agents, including prescription auditing, and for the

One Health approach to be prioritized within WHO. Member States should take the opportunity afforded by the COVID-19 pandemic to build robust cold chain mechanisms and digital vaccine tracking and monitoring systems to streamline the supply of vaccines.

The representative of AUSTRIA said that the importance of patient safety had been demonstrated during the COVID-19 pandemic, a crisis that could only be resolved with international and multisectoral cooperation, and underlined the importance of immunization, particularly COVID-19 vaccinations for health care workers. WHO had long provided patient safety guidelines, and his Government was proud to be part of the Organization's patient safety community. He expressed support for the draft global patient safety action plan, which had the potential to significantly strengthen patient safety worldwide.

The representative of PARAGUAY said that the Immunization Agenda 2030 indicators would help to sustain the progress made in disease outbreak control, elimination and eradication. The challenge of maintaining immunization coverage against the backdrop of the COVID-19 pandemic should be tackled with the involvement of stakeholders outside the sphere of health, including decision-makers, communicators and educators, to emphasize the importance of vaccination beyond the COVID-19 crisis. The high risk of a resurgence in vaccine-preventable diseases required renewed vigilance, in particular by reinforcing public awareness of the importance of prevention. She described the steps taken to scale up vaccination in her country and thanked WHO for providing ongoing support to her Government's immunization efforts.

The representative of CHILE described the steps taken by his Government to implement the global action plan on antimicrobial resistance and enhance patient safety. It would be important to capitalize on the opportunities afforded by the COVID-19 pandemic in order to bolster efforts on patient safety; in particular, infection prevention and control activities should be strengthened, as they helped to reduce risks to patients, suppress antimicrobial resistance, improve the management of clinical cases and resources, support occupational health and enhance epidemic and pandemic preparedness and response efforts. He supported the draft decision and expressed hope that Member States would rise to the challenges of the Decade of Patient Safety 2020–2030.

The representative of JAPAN said that her Government was proud to support global research and collaboration on antimicrobial resistance, an urgent issue requiring a global response, and called on WHO, FAO, OIE and UNEP to strengthen their cooperation in order to promote the One Health approach. She welcomed the establishment of the Global Leaders Group, which should perform advocacy and advisory functions to ensure that action was taken to combat antimicrobial resistance. The Secretariat should ensure that the technical support provided to Member States was grounded in scientific evidence and that it was effective in reducing the threat of antimicrobial resistance. Given the potential synergies between COVID-19 and antimicrobial resistance response activities, such as hand hygiene and vaccination, WHO should consider promoting effective and practical collective actions against antimicrobial resistance in clinical and administrative settings during the COVID-19 pandemic and supporting Member States in that regard. Since progress in the implementation of the global action plan on antimicrobial resistance had been limited thus far, she requested the Secretariat to describe how it was working to achieve the objectives set out in the global action plan during the COVID-19 pandemic. Her Government had endorsed the regional strategic framework for vaccine-preventable diseases and immunization in the Western Pacific for 2021–2030 and would continue to work with the Regional Office for the Western Pacific to support Member States' efforts to vaccinate against COVID-19.

The representative of KIRIBATI summarized the immunization activities being implemented in his country, highlighting his Government's collaboration with WHO and other United Nations agencies in that regard.

The representative of BHUTAN, taking note of the operational elements of the Immunization Agenda 2030, said that the Agenda provided the impetus for continued progress on immunization, and Member States should translate it into action to achieve the unmet goals of the global vaccine action plan. He commended the Secretariat for launching the Solidarity trial for COVID-19 therapeutics, expressing his confidence that WHO would continue to play a critical role in ensuring the availability of vaccines for low-income countries. He requested the support of WHO and partners in addressing the financial barriers to the achievement of full vaccination coverage, especially in the least developed and other low- and middle-income countries, and expressed appreciation to WHO and its partners for launching the COVAX Facility and the Gavi COVAX Advance Market Commitment to ensure that high-risk groups in the most vulnerable nations would be immediate beneficiaries of COVID-19 vaccines.

The representative of the UNITED REPUBLIC OF TANZANIA outlined the steps taken by his Government to combat antimicrobial resistance. He expressed support for the draft decision on global action on patient safety, and his Government undertook to implement the draft global patient safety action plan in accordance with the country context; it would also examine how best to track the progress made on its implementation.

The representative of NORWAY, welcoming the proposed frameworks for the Immunization Agenda 2030, said that operationalizing the Agenda would be challenging, in particular in the context of the COVID-19 pandemic. However, many countries had established or improved their surveillance systems and vaccination registries in response to COVID-19, which should prove useful for other immunization programmes. Since extending COVID-19 vaccination to younger age groups would stretch existing resources, there needed to be a sustained focus on both current and future immunization programmes in order to secure life-saving vaccines for all children.

The COVID-19 pandemic had shifted attention away from the issue of antimicrobial resistance, which risked exacerbating the problem; however, the increase in the number of countries implementing national action plans on antimicrobial resistance was positive. She supported the calls to link antimicrobial resistance activities with plans and financing for universal health coverage, primary health care and health security issues and for health ministries to provide enhanced feedback on the revision of the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance. The pandemic had underlined the importance of addressing patient safety in efforts to improve health worker safety; she therefore supported the draft global patient safety action plan, expressing particular appreciation for the focus on building a safety culture.

The representative of AUSTRALIA described his Government's efforts to tackle antimicrobial resistance at the national and regional levels. He encouraged Member States to take all opportunities to address the issue, including by implementing their national action plans, and to support the finalization and adoption of the revised Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance and the guidelines on integrated monitoring and surveillance of antimicrobial resistance.

He welcomed the coordinated approach of the Immunization Agenda 2030, which was aligned across the national, regional and global levels. Strong governance, monitoring and evaluation mechanisms that promoted alignment, transparency and accountability would be crucial to the Agenda's success. He expressed appreciation for the inclusion of cold chain storage and supply mechanisms in its targets and strategic priorities, but requested further information on how the Secretariat would support the operationalization of those elements given their importance to COVID-19 vaccination efforts. He supported the focus on vaccination communication strategies tailored to target populations in order to combat vaccine hesitancy and disinformation.

The representative of BARBADOS described his Government's efforts to implement its national action plan on antimicrobial resistance and expressed support for the Antimicrobial Resistance Multi-Partner Trust Fund and the revision of the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance.

The representative of the DOMINICAN REPUBLIC said that, in order to maximize the impact of national immunization programmes, it was important to ensure that all age groups were provided with the full course of vaccines. The international community must increase its investment in related infrastructure, manufacturing and vaccine supply chains and logistics, ensure rapid, equitable access to vaccines and make sustainable commitments in the framework of the Immunization Agenda 2030. She called on Member States to update their immunization plans in line with the Agenda, with COVID-19 immunization as the immediate priority. Public-private partnerships played a key role in immunization initiatives at the national level, and Member States should therefore work with the pharmaceutical industry and the scientific community to foster vaccine research and development and strengthen alliances with donors, whose contributions were crucial to vaccination coverage.

The representative of AZERBAIJAN said that antimicrobial resistance was a growing global threat to public health and described the steps taken in her country to combat antimicrobial resistance and improve immunization rates. The most recent regional report on antimicrobial resistance had provided an opportunity to conduct a systematic review of the data. She expressed support for the draft decision on global action on patient safety.

**The meeting rose at 13:00.**

## **NINTH MEETING**

**Friday, 28 May 2021, at 14:05**

**Chair:** Dr A. AMARILLA (Paraguay)

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

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

**Global action on patient safety:** Item 13.1 of the agenda (document A74/10 Rev.1, A74/10 Add.4 and EB148/2021/REC/1, decision EB148(5)) (continued)

**Antimicrobial resistance:** Item 13.5 of the agenda (document A74/10 Rev.1) (continued)

**Immunization Agenda 2030:** Item 13.8 of the agenda (documents A74/9 and A74/9 Add.4) (continued)

The representative of IRAQ expressed support for the global action plan on antimicrobial resistance. Her Government had adopted a comprehensive, multisectoral national plan using a One Health approach to support implementation of the global action plan. The national plan called for addressing antimicrobial resistance through information exchange, awareness-raising, surveillance systems and a protocol for antimicrobial stewardship at the primary, secondary and tertiary levels of care, among other activities. Her Government was also working to implement related WHO-led mechanisms and participating in global surveillance systems.

The representative of SPAIN expressed support for the draft global patient safety action plan 2021–2030. Her Government had a national patient safety strategy that aligned with WHO's recommendations and had carried out initiatives in the context of the third WHO Global Patient Safety Challenge: Medication Without Harm. The operational elements of the Immunization Agenda 2030 were welcome. She outlined her country's life course approach to immunization and strategy for vaccination against COVID-19. Her Government supported equitable, universal access to COVID-19 vaccine through knowledge-sharing, increased vaccine production and distribution, and platforms such as the COVID-19 Technology Access Pool (C-TAP) and COVID-19 Vaccine Global Access (COVAX) Facility.

The representative of the SYRIAN ARAB REPUBLIC described her country's immunization programmes, noting that coverage rates had been impacted by conflict in the country. In 2020 and 2021, her Government had developed a multi-year plan to strengthen immunization, including against measles and poliomyelitis. The updated plan took into account the Immunization Agenda 2030 and Gavi 5.0 – the strategy developed by Gavi, the Vaccine Alliance for the period 2021–2025 in order to reach unimmunized children and achieve immunization for all.

The representative of ANGOLA expressed support for the new vision and strategy for vaccines and immunization. Vaccines must be considered as public goods since immunization was a central

element in achieving universal coverage of primary health care. The new vaccination technologies developed in response to the COVID-19 pandemic could be used to control neglected tropical diseases, tuberculosis and AIDS. It was necessary to continue investing in new technologies so that immunization could be accessible to all.

The representative of ECUADOR said that the Immunization Agenda 2030 should be implemented through national and regional strategies that included mechanisms for accountability, monitoring and evaluation. He outlined his Government's immunization priorities, including during the COVID-19 pandemic. COVID-19 vaccines must be administered as rapidly and widely as possible, not just for public health but also for economic recovery. It was important to continue pursuing all immunization objectives to prevent the re-emergence of diseases and adverse economic and social consequences. He stressed the importance of strengthened coordination to overcome the pandemic and reaffirmed his Government's commitment to the Agenda.

The representative of the ISLAMIC REPUBLIC OF IRAN outlined his Government's efforts to address patient safety, including the development of a national patient safety action plan, analysis of the root causes of patient harm, proactive risk management in hospitals, training of health workers and the launch of a system for adverse event reporting. Countries should publish patient safety information in accordance with their domestic laws and regulations. Experience gained in establishing patient safety standards for inpatient settings should be applied to other health care settings.

The representative of TONGA said that global progress to control antimicrobial resistance was welcome, but more work was needed. He called on all countries to work together, highlighting that small island developing States were vulnerable and impacted by actions in larger countries. The rational use of antibiotics and improved surveillance, infection prevention and control, and water, sanitation and hygiene systems were necessary to overcome the threat of antimicrobial resistance. His Government had prioritized addressing antimicrobial resistance following outbreaks of infectious diseases that had overburdened the country's health system. A national multisectoral action plan on antimicrobial resistance had been developed, and he looked forward to the continued support of WHO and development partners in its implementation.

The representative of SUDAN said that the COVID-19 pandemic had highlighted the threat of communicable diseases and their potential impact on antimicrobial resistance. She encouraged Member States to join the 2021 Call to Action on Antimicrobial Resistance and expressed strong support for WHO's approach to enhancing the implementation of national action plans. She called for the enforcement of a monitoring system for antibiotic use in animals and the reactivation of an antimicrobial resistance governance structure in line with the One Health approach.

Her Government supported the draft global patient safety action plan. She described efforts in her country to promote patient safety and called on the Secretariat to support capacity-building and strategies to ensure effective implementation of patient safety practices and enhance reporting and learning systems.

The representative of MADAGASCAR described actions taken by her Government to control antimicrobial resistance, including participation in the Global Antimicrobial Resistance Surveillance System and the establishment of a multisectoral antimicrobial resistance committee. Her Government had adopted a national action plan that was aligned with WHO's global action plan on antimicrobial resistance. The plan's implementation would require increased laboratory capacity and financial support from partners.

The observer of GAVI, THE VACCINE ALLIANCE congratulated Member States on the adoption of the Immunization Agenda 2030 and urged them to commit to vaccine equity, not just between countries, but also within countries. Specifically, governments must develop highly

differentiated and targeted subnational strategies to reach zero-dose children and missed communities and ensure that they were provided with a full course of vaccines and essential primary health care.

The representative of the SOUTH CENTRE said that developing countries required more support from the Secretariat to build technical capacities to respond to antimicrobial resistance. They also required international support to improve infection prevention and control, including by: upgrading sanitation, clean water and health infrastructure; strengthening human resources; improving access to diagnostic tools, treatments and vaccines; and building laboratory capacities for cross-sectoral antimicrobial resistance surveillance. The One Health Global Leaders Group on Antimicrobial Resistance should prioritize the mobilization of funding to speed up the implementation of national action plans. WHO should promote access to affordable existing and new antimicrobial agents, including through support for pooled procurement, local production and public-sector manufacturing in developing countries. She highlighting the need to ensure antimicrobial stewardship and access to antimicrobial agents based on needs.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, called for: increased international support to strengthen capacities to diagnose antibiotic-resistant infections in resource-poor settings; expedited efforts to stimulate research and development on antimicrobial resistance; more technical and financial investments to catalyse implementation of national action plans, including through partnerships such as the Global Antibiotic Research and Development Partnership; and international pooled procurement mechanisms to mitigate shortages of, and promote access to, essential antibiotics.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, outlined her organization's work to drive action to control antimicrobial resistance. She was pleased that 144 countries had a national antimicrobial resistance action plan; her organization had called on national pharmacy associations to play an active role in the development and implementation of such plans.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, expressed concern about the limited engagement of oral health professionals in multisectoral working groups and national action plans on antimicrobial resistance, even though dentists prescribed up to 10% of all antibiotics. She urged Member States to recognize the role of dental teams in raising awareness, preventing and controlling oral infections and engaging in antimicrobial stewardship. Member States should support initiatives to promote research on oral antimicrobial resistance.

She welcomed actions for infection prevention and control to minimize antimicrobial resistance set out in the draft global patient safety action plan. Antimicrobial stewardship was crucial given patients' risks of severe allergic reactions and infections. She was pleased that the safety of health workers was recognized as essential for patient safety, and requested Member States to include oral health professionals in efforts to promote health worker safety. The role of dentists in administering vaccines should be considered to support the roll-out of immunization programmes.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR and also on behalf of the International AIDS Society, International Diabetes Federation, International Ergonomics Association, International Hospital Federation, International Federation of Pharmaceutical Manufacturers and Associations, World Federation of Public Health Associations, International Society of Nephrology and World Organization of Family Doctors, welcomed the draft global patient safety action plan. A patient safety culture must be established in the design and delivery of health care services to promote safe, people-centred, accessible, affordable and high-quality care. The action plan's implementation should involve patients, their families and caregivers to promote safety and build trust in health systems, health professionals and medical products. She urged the Committee to approve the draft decision.



The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended the work of WHO and other stakeholders in finalizing the Immunization Agenda 2030. Noting that young people played an important role in immunization research, education, support and awareness-raising, she called on Member States to meaningfully engage with young people when designing, implementing and evaluating immunization programmes, including for COVID-19. Member States should collectively ensure that COVID-19 vaccines were equitably distributed.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, said that her organization was committed to closely collaborating with WHO. She highlighted the role of family doctors in promoting patient safety and building trust in vaccines. She encouraged governments to invest in strong, safe primary health care to support the health workforce and enhance health information systems to achieve universal health coverage and address global health risks.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that health workers, medical students and vulnerable populations in low- and middle-income countries must receive COVID-19 vaccine before younger and less vulnerable people in high-income settings. She urged Member States to swiftly act on the recommendations of the Independent Panel for Pandemic Preparedness and Response to provide the billions of doses needed in low- and middle-income countries. The sharing of vaccines was in countries' public health and economic interests. Nurses and nursing organizations should be involved in the planning, management, implementation and monitoring of immunization programmes at all levels.

The representative of THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE COMPANY LIMITED BY GUARANTEE, speaking at the invitation of the CHAIR, supported the draft global patient safety action plan and was committed to facilitating dialogue on policies, strategies and actions to eliminate all sources of avoidable harm to patients and health workers. His organization would ensure that the guiding principles and values of the action plan underpinned its work during the Decade of Patient Safety 2020–2030. It would continue to support the global initiative on national quality policy and strategy to help governments to develop strategies for safe, people-centred, high-quality care.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, expressed her organization's commitment to supporting the Secretariat and other partners in operationalizing the Immunization Agenda 2030 framework for action, building inclusive, cross-cutting and coordinated constituencies that were rooted in community needs. The Agenda played a crucial role in achieving universal health coverage and the Sustainable Development Goals. She looked forward to explicit commitments from governments, the private sector, global health leaders and the development community to strengthen immunization programmes, including for poliomyelitis and measles, and achieve common goals.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that her organization's work was aligned with several priorities of the Immunization Agenda 2030. Her organization was establishing a coalition to support the implementation of the Agenda and the new global immunization strategic framework of the United States of America Centers for Disease Control, with an emphasis on the role of immunization in achieving global health security.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR and also on behalf of PATH, urged Member States to strengthen vaccine research and innovation according to communities' needs, particularly for underserved populations. Attention

should be paid to the full spectrum of innovations that supported immunization programmes, including for vaccine storage, manufacturing and administration, and service delivery that generated vaccine confidence. Member States should integrate accountability mechanisms into their commitments under the Immunization Agenda 2030, including annual progress reports to the Executive Board and Health Assembly, and invest in new tools to control antimicrobial resistance.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that Member States could prepare for the silent pandemic of antimicrobial resistance by: investing in the development of medical countermeasures; developing new mechanisms to ensure access to existing and new treatments for all; expanding global cooperation in line with the One Health approach; and ensuring that low- and middle-income countries were equal partners in a comprehensive global response.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, said that routine immunization services for children had to be revamped and strengthened. He described his organization's efforts to reduce vaccine hesitancy through health worker training. He fully supported the Immunization Agenda 2030.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, urged Member States to develop guidelines that prioritized and protected the well-being of health workers, which was inextricably linked to patient safety. Member States should also work with her organization's member societies to implement the International Standards for a Safe Practice of Anaesthesia, published by her organization jointly with WHO.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on governments, health professionals and other stakeholders to work together to address patient safety, acknowledging the key role of young health professionals in implementing patient safety principles. Training and education should be widely provided to raise awareness of patient safety issues, and WHO should increase the involvement of young people in all related initiatives. Member States should also recognize and include young people and civil society in their national action plans on antimicrobial resistance.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that multidisciplinary collaboration between health workers and patients was needed to drive cultural change and promote patient safety in women's health care. She highlighted the importance of a culture that balanced the need for open and honest reporting with a quality learning environment. There was a need to shift the focus from errors and outcomes to system design and the management of health workers' behaviours. To reduce maternal morbidity and mortality, it was critical to ensure adequate birthing environments. Universal health coverage and access to care improved women's chances of healthy pregnancy.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that a robust global immunization strategy should encourage health systems strengthening, research and development and local production of vaccines. The Immunization Agenda 2030 should: address the barriers to vaccine access posed by intellectual property rights; indicate how governments would be assisted in making full use of the flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement); promote transparency on the vaccine market; and address health worker shortages.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIR, said that poor-quality and substandard medicines were often under-recognized as drivers of antimicrobial resistance. Noting that the problem of antimicrobial resistance

had been exacerbated by the COVID-19 pandemic, he said that his organization supported a comprehensive global approach to addressing antimicrobial resistance, including by preserving the global supply of antimicrobial agents.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that it was critical to accelerate actions to address antimicrobial resistance in order to improve cancer care and noncommunicable disease outcomes. She urged governments to: ensure the provision of data to the Global Antimicrobial Resistance Surveillance System; adopt multisectoral policies that promoted access to, and rational use of, antimicrobial agents and diagnostic tools; address the issue of substandard and falsified medicines; engage in multisectoral partnerships; make sustained investments in the development of novel antimicrobial agents and rapid diagnostic tests; and engage with relevant stakeholders, including in the cancer community, to raise awareness of antimicrobial resistance, share best practices and build research and development capacities.

The DEPUTY DIRECTOR-GENERAL, responding to comments on global action on patient safety, said that the Secretariat had received valuable and constructive feedback on the draft global patient safety action plan, and that Member States' inputs had been carefully considered. The Decade of Patient Safety 2020–2030 would be highly conducive to the action plan's implementation; the Secretariat would provide technical and normative guidance as well as tools and customized support for the development of national patient safety action plans. WHO's work on patient safety should be linked with efforts in infection prevention and control and hand hygiene, which had to be scaled up. She agreed that patient safety depended on the safety of health workers. The Secretariat would be reporting on progress of the draft global patient safety action plan to the Health Assembly through 2030.

Regarding antimicrobial resistance, it was important to focus on capacity-building to accelerate the implementation of national action plans, which remained a challenge in lower- and middle-income countries. She agreed that the One Health approach and high-level commitment were needed in that regard. The Secretariat had significantly scaled up its efforts to implement the One Health approach in collaboration with FAO, OIE and UNEP; the first meetings of the Global Leaders Group on Antimicrobial Resistance and the One Health High-Level Expert Panel were a clear indication of progress in that area. WHO's internal organization had also been adapted to the horizontal, cross-cutting nature of antimicrobial resistance. Particularly in the context of COVID-19, it was essential that all governments prioritized activities and integrated modes of service delivery that were aligned with the pandemic response through enhanced infection prevention and control, laboratory and surveillance capacity, antimicrobial stewardship, water, sanitation and hygiene and supply-chain management. As the response to COVID-19 continued, efforts must also be accelerated to confront the silent pandemic of antimicrobial resistance.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance) said that the Secretariat would continue to engage with governments and partners to identify and implement innovative solutions to respond to antimicrobial resistance. It would continue to work with Member States to accelerate the implementation of their national action plans, with a focus on multisectoral coordination supporting the One Health approach. The Secretariat was committed to building sustainable capacities at the national level, and sustainable financing mechanisms and funds were needed to support national responses. Antimicrobial stewardship, diagnostic tools, vaccines and waste management were necessary to curb the misuse of antimicrobial agents. A healthy environment must be created in which all lives were taken into consideration, with hygiene and infection prevention and control playing a central role. Human lives must be protected by ensuring access to effective and affordable antimicrobial agents.

The new Sustainable Development Goal indicator on bloodstream infections due to selected antimicrobial-resistant organisms required strengthening of the Global Antimicrobial Resistance Surveillance System and laboratory networks and justified the priority accorded to antimicrobial

resistance under the United Nations Sustainable Development Cooperation Framework. The political momentum being built by the Global Leaders Group on Antimicrobial Resistance was also encouraging. She thanked Member States for their commitments and achievements and looked forward to continued collaboration.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that all countries in her Region had multisectoral national action plans on antimicrobial resistance that reflected the One Health approach, but that challenges remained in their implementation. All countries in the Region had been participating in the Global Antimicrobial Resistance Surveillance System and had carried out the tripartite antimicrobial resistance country self-assessment survey. The Region's active participation in the tripartite Antimicrobial Resistance Multi-Partner Trust Fund had highlighted its Member States' strong commitment to the issue. Across the Region, efforts were being made to enhance regulatory capacities and antimicrobial stewardship, including through the AWaRe classification database. The Regional Office for South-East Asia had a multidisciplinary antimicrobial resistance working group and a technical advisory group that included renowned global experts. Her Region was committed to preventing and controlling antimicrobial resistance as a global threat to health and development.

The DEPUTY DIRECTOR-GENERAL, responding to comments on the Immunization Agenda 2030, said that the Agenda positioned immunization as an integral part of primary health care to help to achieve universal health coverage and the Sustainable Development Goals. It provided a framework for all issues related to immunization and offered guidance on developing national and regional operational frameworks. Political will and technical and financial resources would be needed to support country plans and maximize the benefits of vaccines. She thanked Member States for their continued support and looked forward to their strong engagement in implementing the Agenda's framework for action. Member States' support for routine and COVID-19 immunization programmes was greatly appreciated.

The DIRECTOR (Immunization, Vaccines and Biologicals) welcomed the strong support for the vision, strategy and operational elements of the Immunization Agenda 2030. It was inspiring that governments were encouraging one another to develop tailored national and regional immunization plans to ensure that the Agenda was implemented. Essential immunization programmes impacted by the COVID-19 pandemic must be a top priority, and forthcoming estimates of global vaccine coverage in 2020 would shed light on the extent of the disruption. She noted Member States' comments and said that the Secretariat was pleased with their commitment to ownership and accountability mechanisms to reach country-specific goals under the Agenda. Achieving the level of impact set out in the Agenda would require unrelenting commitment.

The REGIONAL DIRECTOR FOR AFRICA said that routine immunization coverage in her Region had stalled over the past ten years at well below the 90% target rate. Operationalizing the Immunization Agenda 2030 was therefore a top priority. A regional immunization framework had been developed and was aimed at improving immunization coverage using a primary health care approach. Increased domestic investment and support from partners was needed to achieve the goal of universal access to immunization set by African leaders in the 2017 Addis Declaration on Immunization.

Noting calls for equitable access to COVID-19 vaccine, she said that immunization campaigns for other priority diseases such as measles, yellow fever and poliomyelitis were equally important to sustain progress and control outbreaks. Special attention should be paid to reaching children in poorer families, underserved communities and people living in conflict-affected areas. Efforts must be redoubled to address growing vaccine hesitancy and motivate caregivers to have their infants and children vaccinated. Scaling up vaccine manufacturing in African countries was an important medium-term strategy for building more resilient supply chains and increasing access. Such efforts were met by high political commitment in her Region. The Regional Office for Africa was supporting governments and encouraging additional investment to control vaccine-preventable diseases.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that governments in his Region had unanimously endorsed a regional strategic framework for vaccine-preventable diseases and immunization that served as an implementation plan for the Immunization Agenda 2030, tailoring the Agenda's global vision to the regional context. Noting the common challenge of ageing populations in the Western Pacific, he said that immunization services were being expanded beyond childhood. Governments were improving their surveillance systems and services to ensure that no one was left behind. The Regional Office for the Western Pacific and country offices had been working together to fully utilize the regional strategic framework to support countries in rolling out COVID-19 vaccines. The Regional Office was committed to working with Member States to leverage the experience of COVID-19 immunization to lay the groundwork for future immunization systems and achieve the goals of the Immunization Agenda 2030.

The CHAIR invited the Committee to note the reports contained in documents A74/9, A74/9 Add.4 and A74/10 Rev.1.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft decision recommended in decision EB148(5) on global action on patient safety. The financial and administrative implications for the Secretariat of the adoption of the draft decision were set out in document A74/10 Add.4.

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

The DIRECTOR-GENERAL highlighted the need to focus on the implementation of the draft global patient safety action plan, with results being delivered at the country level. He noted Member States' comments that the safety of health workers was vital for patient safety; investment in health worker safety was therefore critical.

He agreed that antimicrobial resistance should be at the highest level of the global public health agenda, but said that it must also be a top priority in national and subnational agendas and on the front lines of care. WHO was committed to continue coordinating the multisectoral response to antimicrobial resistance through the One Health approach. He thanked the co-chairs of the Global Leaders Group on Antimicrobial Resistance and highlighted the role of the high-level meeting of the General Assembly on antimicrobial resistance in increasing awareness and generating political commitment at all levels.

The Secretariat would focus on addressing the impact of the COVID-19 pandemic on routine immunization and the challenges identified by Member States. He reiterated that the inequitable distribution of COVID-19 vaccine across countries was unacceptable. Uneven distribution would hamper the pandemic response and could lead to the emergence of variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that could render existing vaccines ineffective. It was therefore in the interest of every country that vaccine coverage was increased as soon as possible. He requested Member States' support in advocating and taking action for vaccine equity.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA74(13).

**Global strategy and plan of action on public health, innovation and intellectual property:** Item 13.4 of the agenda (document A74/9)

**Substandard and falsified medical products:** Item 13.6 of the agenda (document A74/9)

**Standardization of medical devices nomenclature:** Item 13.7 of the agenda (document A74/9)

The CHAIR drew attention to a draft resolution on strengthening local production of medicines and other health technologies to improve access, proposed by Argentina, Australia, Brazil, Canada, China, Colombia, Costa Rica, Dominican Republic, Ecuador, Egypt, Iceland, Indonesia, Libya, Mexico, Morocco, Norway, Paraguay, Peru, Philippines, Russian Federation, Sudan, Switzerland, Thailand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Member States of the African Group and Member States of the European Union, which read:

The Seventy-fourth World Health Assembly,

**PP1.** Recalling resolutions WHA60.20 (2007), WHA61.21 (2008), WHA62.16 (2009), WHA63.12 (2010), WHA65.17 (2012), WHA65.19 (2012), WHA66.22 (2013), WHA67.20 (2014), WHA67.21 (2014), WHA67.22 (2014), WHA68.7 (2015), WHA71.8 (2018) and WHA72.8 (2019), all of which encompass aspects of the need to promote access to quality, safe, effective and affordable medicines and other health technologies;<sup>1</sup>

**PP2.** Recalling resolution WHA61.21 (2008), decision WHA71(9) (2018) and document A71/12 (2018), insofar as they address the role of technology transfer and local production of medicines and other health technologies in improving access;

**PP3.** Recalling also United Nations General Assembly resolution 74/306 (2020) and resolution WHA73.1 (2020) on comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic, which call for intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic and its consequences through responses that are people-centred and gender-sensitive, with full respect for human rights;

**PP4.** Recalling also the Human Rights Council resolution 12/24 (2009) on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

**PP5.** Recalling further the 2030 Agenda for Sustainable Development and its aim of ensuring that no one is left behind;

**PP6.** Recalling the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also recalling the 2001 Doha Declaration on the TRIPS Agreement and Public Health, which affirms that the TRIPS Agreement can and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices;

**PP7.** Noting the discussions in WTO and other relevant international organizations including on innovative options to enhance the global effort towards the production and equitable distribution of COVID-19 medicines and other health technologies through local production;

**PP8.** Acknowledging Member States' commitment to achieve the Sustainable Development Goals including those that relate to local production of medicines and other health technologies in various ways (for example, Goals 3, 8 and 9);

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<sup>1</sup> Medicines and other health technologies includes pharmaceuticals, vaccines, biopharmaceuticals, medical devices.

**PP9.** Recognizing that some countries face problems in accessing medicines, vaccines and other essential health technologies due to factors such as low manufacturing capacity and high prices, among others, and that such problems can be exacerbated in times of public health emergencies and/or overwhelming demand, such as during the COVID-19 pandemic;

**PP10.** Recalling WHO's road map for access to medicines, vaccines and other health products 2019–2023<sup>1</sup> as part of comprehensive support for access and strategic local production while considering regional plans and initiatives;

**PP11.** Emphasizing the need to improve access to quality, safe, effective and affordable medicines and other health technologies, inter alia, through building capacity for local production, especially in low- and middle-income countries, technology transfer on voluntary and mutually agreed terms, cooperation with, support to and development of voluntary patent pools and other voluntary initiatives, such as the WHO COVID-19 Technology Access Pool (C-TAP) and the Medicines Patent Pool, and promoting generic competition in line with WHO's road map for access to medicines, vaccines and other health products 2019–2023;

**PP12.** Recognizing that integration of local production into overall health systems strengthening can contribute to sustainable access to quality-assured, safe, effective and affordable medicines and other health technologies, help to prevent or address medical product shortages, achieving universal health coverage and strengthening of national health emergency preparedness and response and minimizing public health hazards;

**PP 13.** Recognizing also that local production can contribute to other national development goals, such as catalysing local capacity in innovation, strengthening human capital and expertise and building a knowledge-based economy;

**PP14.** Recognizing further that the COVID-19 pandemic has highlighted the critical need to prepare for potential disruptions of the supply chain for essential medicines and other health technologies, including through the strengthening of local production;

**PP15.** Recognizing the importance of promoting competition to improve availability and affordability of health technologies consistent with public health policies and needs, inter alia through the production and introduction of generic versions, in particular of essential medicines, in developing countries;

**PP16.** Noting that the local production of medicines and other health technologies can provide for greater sustainability of supply chains, especially in public health emergencies;

**PP17.** Noting that the inter-agency statement on promoting local production<sup>2</sup> signed by six organizations (the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UNCTAD, UNICEF, UNIDO and WHO) calls for a holistic approach, close partnership, interministerial and relevant stakeholder cooperation, and global synergy in promoting quality and sustainable local production of safe, effective, quality and affordable medicines and other health technologies;

**PP18.** Recognizing the work of the Interagency Pharmaceutical Coordination Group hosted by the WHO and the role of Unitaid and the Medicines Patent Pool to help countries to enhance their access to medicines particularly for HIV/AIDS, tuberculosis and malaria;

**PP19.** Recalling also the launch of the Access to COVID-19 Tools (ACT) Accelerator, which is a global collaboration that seeks to accelerate development, production, and equitable access to COVID-19 diagnostics, therapeutics, and vaccines and supported by the health systems connector;

**PP20.** Noting that, with globalization and the variety of country contexts, there is no “one size fits all” approach in promoting local production;

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<sup>1</sup> <https://apps.who.int/iris/handle/10665/330145>.

<sup>2</sup> Interagency statement on promoting local production of medicines and other health technologies. [https://www.who.int/phi/implementation/tech\\_transfer/Interagency-statement-on-promoting-local-production.pdf?ua=1](https://www.who.int/phi/implementation/tech_transfer/Interagency-statement-on-promoting-local-production.pdf?ua=1), accessed 7 January 2021.

**PP21.** Recognizing that the small size of some Member States economies poses a challenge for local production, which could be addressed by regional market integration;

**PP22.** Emphasizing the need to ensure the quality, safety, efficacy, effectiveness and affordability of locally-produced medicines and other health technologies including through effective manufacturing and regulatory systems;

**PP23.** Noting that the benefits and sustainability of local production are dependent on, among others, a functioning pharmaceutical value chain: from research and development, manufacturing and regulation through to pricing and reimbursement, supply chains, and prescribing and dispensing by health workers as well as stewardship to ensure judicious and appropriate use;

**PP24.** Acknowledging with appreciation the many existing national, regional and global efforts, as well as the achievements made by the Member States, to promote quality and sustainable local production of safe, effective and affordable medicines and other health technologies to benefit public health needs;

**PP25.** Noting that local production can contribute towards achieving the triple billion goals of WHO's Thirteenth General Programme of Work, 2019–2023;

**PP26.** Noting with concern that Member States still face many challenges in establishing and strengthening sustainable local production of quality-assured, safe, effective and affordable medicines and other health technologies to benefit public health systems and public health needs,

**OPI. Urges Member States**, where appropriate, based on the national context:<sup>1</sup>

**OPI. (1)** to strengthen their leadership, commitment and support in promoting to establish and strengthen quality and sustainable local production of medicines and other health technologies that follows good manufacturing practices;

**OPI. (2)** to align their national and regional policies and strategies related to local production and leverage regional economic integration and coordination platforms to support products with sizeable regional demand to expand access to markets and enhance sustainability of local production;

**OPI. (3)** to develop evidence-based holistic national and regional policies, financing mechanisms, strategies and plans of action and to explore appropriate mechanisms to support the sustainable implementation of the national/regional strategies for local production in collaboration with stakeholders for strengthening the local production of quality, safe, effective and affordable medicines and other health technologies;

**OPI. (4)** to enhance interministerial policy coherence and to create incentives and an enabling business environment for local production to be quality-assured and sustainable;

**OPI. (5)** to apply a holistic approach in strengthening local production by considering, for example, promoting research and development, transparency of markets for medicines and other health technologies, regulatory systems strengthening, access to sustainable and affordable financing, development of skilled human resources, access to technology transfer on voluntary and mutually agreed terms for production and needs-based innovation, the aggregation of national and regional demand, and appropriate incentives for private-sector investment, particularly in the context of achieving universal health coverage;

**OPI. (6)** to engage in global, regional and subregional networks related to promoting sustainable local production of quality, safe, effective and affordable medicines, and to further enhance multistakeholder collaboration;

**OPI. (7)** to further engage in North–South and South–South development cooperation, partnerships and networks to build and improve the transfer of technology related to

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



health innovation on voluntary and mutually agreed terms and in line with their international obligations;

**OP 1. (8)** to take into account the rights and obligations in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), including those affirmed by the Doha Declaration on the TRIPS Agreement and Public Health, in order to promote access to medicines and other health technologies for all;

**OP2. Requests the Director-General:**

**OP2. (1)** to continue to support Member States by strengthening actions related to WHA61.21 (2008), WHA66.22 (2013) and WHA67.20 (2014);

**OP2. (2)** to strengthen WHO's role in providing leadership and direction in promoting the strategic use of quality and sustainable local production of medicines and other health technologies by using a holistic approach and following good manufacturing practices;

**OP2. (3)** to raise awareness of the importance of sustainable local production of safe, effective, quality, and affordable medicines and other health technologies in improving access;

**OP2. (4)** to continue to support Member States upon their request in promoting quality and sustainable local production of medicines and other health technologies, including, as appropriate, by:

**OP2.4. (a)** providing technical support to Member States in developing and/or implementing national policies and evidence-based comprehensive strategies and plans of action for sustainable local production;

**OP2.4. (b)** assisting Member States to foster strategic and collaborative partnerships, including research and manufacturing;

**OP2.4. (c)** building capacity of Member States towards policy coherence and creating an enabling environment;

**OP2.4. (d)** building capacity of governments and other stakeholders to strengthen local production towards quality assurance, regulatory approval and WHO prequalification as appropriate;

**OP2.4. (e)** strengthening regulatory systems and regional regulatory collaboration;

**OP2.4. (f)** supporting Member States in facilitating research and development and technology transfer on voluntary and mutually agreed terms and in line with their international obligations for local production of quality-assured, prioritized medicines and other health technologies to prevent and address shortages and/or specific public health needs;

**OP2.4. (g)** exploring a mechanism for collecting and disseminating local production-related market intelligence including on the impact of local production measures on availability, accessibility, affordability and prices of local health technologies in collaboration with other relevant international organizations and agencies;

**OP2.5.** to encourage greater participation of Member States in existing regional and global initiatives for collaborations and cooperation;

**OP2.6.** to foster and coordinate with relevant international intergovernmental organizations in promoting local production in a strategic and collaborative approach;

**OP2.7.** to leverage existing and, if needed, establish new global platforms to promote transfer of technology on voluntary and mutually agreed terms and in line with international obligations and local production under North–South and South–South cooperation;

**OP2.8.** to continue to support local production through dedicating staff and sufficient resources to carry out activities under this resolution at all three levels of the Organization;

**OP2.9.** to continue to provide technical support, as appropriate, upon request, in collaboration with other competent international organizations, in particular the WIPO

and WTO, including, to policy processes, to countries that intend to make use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), including the flexibilities affirmed by the Doha Declaration on the TRIPS Agreement and Public Health in order to promote access to pharmaceutical products;

**OP2.10.** to continue to support transparency of prices and economic data along the value chain of medicines, including locally produced medicines, and other health technologies (including the supply chain) in order to promote access and affordability;

**OP2.11.** to report on progress in the implementation of this resolution to the Health Assembly biennially from 2023 to 2027.

The VICE-CHAIR OF THE EXECUTIVE BOARD recalled discussions held at the 148th session of the Executive Board and drew attention to reports considered by the Board on substandard and falsified medical products and on the standardization of medical devices nomenclature.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries 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 his statement. The European Union was committed to increasing the resilience of health systems, including the supply of medicines and other health technologies, and expanding capacities for the production of medicines worldwide. It was committed to supporting the establishment of sustainable manufacturing hubs for health technologies in the global South, particularly Africa. He called on the Secretariat and other Member States to promote and facilitate cooperation between health technology developers, manufacturers and investors. The European Union was committed to supporting production capacities through strengthened regulatory frameworks and stimulating the voluntary transfer of technology and knowledge and research capacities.

It was essential to ensure timely, fair and equitable access to diagnostic tools, therapeutics and vaccines as global public goods. Ramping up production along the entire supply chain would be critical to achieving global immunization against COVID-19. At the same time, competitive markets for affordable, high-quality and safe technologies must be reinforced.

Tackling substandard and falsified medical products would require an impact-driven approach to supporting regulatory institutions. On the standardization of medical devices nomenclature, he commended the Secretariat for organizing an information session and conducting a series of meetings with key stakeholders. He encouraged the Secretariat to finalize an international system that harmonized medical devices nomenclature and called upon all stakeholders to join forces to make the new system as flexible, safe and user-friendly as possible. Work in that area should be result-oriented. Harmonizing nomenclature systems was in countries' common interest.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that it was critical to implement the global strategy and plan of action on public health, innovation and intellectual property and the recommendations of the review panel to ensure timely, affordable and equitable access to medicines, vaccines, diagnostic tools and therapeutics. Member States in the African Region were committed to implementing the recommendations to build capacities for local production, technology transfer and the management of intellectual property. Member States, particularly low- and middle-income countries, required support in cultivating investments and a technical environment that would enable quality, sustained local production. She requested the Director-General to promote the implementation of the prioritized recommendations of the review panel and to allocate sufficient resources to establishing an effective system and team for implementing the draft resolution.

The threat posed by substandard and falsified medical products disproportionately affected African countries with weak production capacities, supply chains and regulatory systems. She fully supported the Member State mechanism on substandard and falsified medical products. Governments

in the African Region had been investing in improving access to high-quality, safe and effective medicines, vaccines and other health products by establishing and strengthening national and regional medicines regulatory systems. The Secretariat must work with relevant authorities at all levels to build capacities in detecting and responding to substandard and falsified medical products. She supported waivers under the TRIPS Agreement in the context of the COVID-19 pandemic. Standardized medical device nomenclature systems should be scientifically sound, accessible, transparent and harmonized.

The representative of COSTA RICA, speaking on behalf of the sponsors of the Solidarity Call to Action, highlighted the importance of pooling knowledge, intellectual property and data to develop COVID-19 tools. Despite the rapid development of COVID-19 vaccines, significant challenges had arisen in their production, distribution and equitable access. Global health security could only be restored through international cooperation and solidarity. Underscoring the need to find new ways of working to ensure equitable access to essential health technologies, she said that the international community should continue to strengthen its pandemic preparedness and response capacities. Non-State actors, knowledge centres and the private sector must also continue to engage more widely on the issue. She called on all relevant stakeholders, including industry and governments, to join the Call to Action and use the COVID-19 Technology Access Pool.

The representative of the UNITED STATES OF AMERICA highlighted the urgent need to strengthen global supply chains through sustainable local and regional production of health products, stronger regulatory systems and facilitated trade for key products. Although her Government believed strongly in intellectual property protections, it supported waiving protections for COVID-19 vaccines. The proposed adoption by WHO of the European Medical Device Nomenclature was concerning since it was not harmonized with the Global Medical Device Nomenclature, which was free of charge and used by 70 national medical device regulators across all WHO regions. Before proceeding, the Secretariat should: identify and minimize the negative impacts of adopting a duplicate system; determine and report on the cost for WHO to host a nomenclature system and ensure its continued relevance; and continue to cooperate with the International Medical Device Regulators Forum to develop a harmonized approach in consultation with regulatory authorities, medical device manufacturers and other stakeholders. The Member State mechanism on substandard and falsified medical products, in which she encouraged all Member States to participate actively, should prioritize activities for 2022–2023 to mitigate the distribution of substandard and falsified medical products through informal markets other than internet sales.

The representative of the PHILIPPINES expressed support for the global strategy and plan of action on public health, innovation and intellectual property. She called for the removal of intellectual property barriers to ensure equitable access to COVID-19 vaccines and treatments, and for the promotion of knowledge and technology sharing. She expressed interest in working with the Secretariat and other partners on initiatives such as the COVID-19 Technology Access Pool and the mRNA vaccine technology transfer hub. She supported the work of the Member State mechanism on substandard and falsified medical products and was committed to participating in the development of a standardized nomenclature for medical devices.

The representative of the RUSSIAN FEDERATION welcomed the Secretariat's work on promoting access to innovative medicines and vaccines during the COVID-19 pandemic, including discussions on expanding the flexibilities offered by the TRIPS Agreement. He also welcomed initiatives undertaken to promote the local production of medicines and other health products and preparations for the 2021 meeting of the World Local Production Forum, in which he encouraged Member States to participate. He called on regulators and international organizations to work together to protect people from substandard and falsified medical products by using WHO's guidance documents and the Member State mechanism on substandard and falsified medical products and through regional initiatives such as the Council of Europe Convention on the Counterfeiting of

Medical Products and Similar Crimes involving Threats to Public Health (Medicrime Convention). He encouraged the use of the Global Medical Device Nomenclature.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR and also on behalf of the International Diabetes Federation and International Federation of Surgical Colleges, said that she appreciated recommendations to address research and innovation challenges in low- and middle-income countries, which had high potential in global health research. She expressed concern about the paucity of primary health care research in such countries owing to the migration of health personnel, lack of funding and other factors. She called on the Secretariat to support low- and middle-income Member States in retaining ownership of their research data by supporting systems that stopped the flow of research data from poor countries to rich countries. She called for efforts to: ensure ownership and use of findings by end-users by promoting research as an integrated and systematic part of decision-making; waive author publication fees for peer-reviewed publications in cases where lead authors were from low- or middle-income countries; promote ring-fenced health research funding for primary care research in low- and middle-income countries to ensure that community-based primary health care research did not compete with laboratory-based medical research for funding; and ensure adequate resources for local primary care clinicians and teachers and practice-based research networks. Member States should embrace innovative methods in research methodology teaching for young researchers in low- and middle-income countries.

The representative of ARGENTINA underscored the importance of promoting the transparency of medicine prices and production costs. Her Government continued to support regional and global initiatives aimed at facilitating universal, equitable access to medicines, treatments and vaccines through free or affordable licenses. She reaffirmed the importance of the Doha Declaration on the TRIPS Agreement and Public Health, and particularly the right of Member States to use the flexibilities offered by the TRIPS Agreement to ensure affordable access to health technologies. To overcome the challenges of technology transfer and avoid barriers to accessing COVID-19 vaccine, particularly in developing countries, it was essential to develop and implement commitments and actions to promote local production of medicines, treatments, vaccines and other health technologies.

The representative of CHINA said that, in responding to COVID-19, governments should further strengthen communication, engage in constructive discussions and work together. Her Government had launched an information-sharing platform in both English and Chinese that provided patent and research data on medicines, vaccines, testing methods and face masks. The pandemic had made implementing the recommendations of the review panel more challenging. She therefore hoped that the Secretariat would fully consider the pandemic's impact on countries when developing a timeline for implementation and base the implementation plan on available human and financial resources.

The representative of the REPUBLIC OF KOREA expressed support for the draft resolution. She requested the Secretariat to continue its close cooperation with Member States and intergovernmental organizations such as WTO, noting the complexity of medicines production and supply and value chains. Her Government supported the WHO Global Surveillance and Monitoring System and Member State mechanism for substandard and falsified medical products. She thanked the Secretariat for its commitment to standardizing the nomenclature for medical devices and for keeping Member States updated on progress at the International Medical Device Regulators Forum. The new internationally harmonized system would greatly benefit countries that did not have, or were planning to establish, a solid nomenclature system, as well as regulatory authorities and businesses. She looked forward to active discussions on the topic.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of The World Medical Association, Inc. and the International Pediatric Association, said that access to essential medicines and other health technologies was necessary to attain the right to health and global equity. Strengthening local production was essential to achieving universal health coverage and sustainable development. She called upon the Secretariat to support all Member States in: developing and implementing evidence-based and effective health technologies; ensuring that such technologies were distributed equitably between and within countries; and increasing populations' health literacy using modern technology. Member States should guarantee access to health care innovations for all members of society and involve young people in education, development and implementation of health innovations.

The representative of THAILAND said that the global strategy and plan of action on public health, innovation and intellectual property had proven thorough and fitting for COVID-19 vaccines, from the development phase through to delivery. He strongly encouraged the Secretariat to accelerate implementation of high-priority activities under the strategy and plan of action, and provide a clear implementation timeline in its last year. Controlling the illegal sale of falsified vaccines and unlicensed medicines over the internet would require effective international collaboration, and the Secretariat should immediately draw up a plan to tackle that issue. He supported the implementation and development of an international classification, coding and nomenclature of medical devices; the Secretariat was requested to provide technical support for a smooth transition to the new system.

The representative of BELGIUM said that, in order to accelerate immunization against COVID-19, it was necessary to ramp up vaccine production, in particular at the local level, improve global distribution and ensure the smooth functioning of global supply chains. His Government supported the voluntary pooling of knowledge, intellectual property, data and technologies. He called on governments, research institutions, private companies and other stakeholders to join the COVID-19 Technology Access Pool. WHO should ensure that there were operational synergies between the COVID-19 Technology Access Pool and the COVAX Facility, especially in terms of the latter's supply chain and manufacturing task force. Any future pandemic treaty should contain provisions to ensure more equitable access to health products. He supported the draft resolution.

The representative of ECUADOR welcomed the information presented on the recommendations of the review panel concerning the global strategy and plan of action on public health, innovation and intellectual property. However, further discussions were needed on promoting and monitoring medicine price transparency and actions to prevent shortages. He welcomed the updated implementation plan for the final phase of the global strategy and plan of action, noting that it must be fully financed. Member States should begin to consider implementation beyond 2022 and comply with the recommendations of the review panel, particularly with regard to promoting research and development and intellectual property. The recommendations were extremely relevant in the context of the COVID-19 pandemic. He supported the statement made by the representative of Costa Rica and called on other Member States to support local production of medicines.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Self-Care Federation, welcomed the draft resolution. A resilient and sustainable private sector in the health and life-science industries was critical to the development, manufacturing, supply, distribution and availability of vaccines and other health technologies. Appropriate economic and regulatory ecosystems were necessary for the development and sustainability of the health and life-science industries at the national, regional and global levels. Governments could create an attractive environment for the health industry by implementing holistic policies for: sustainable financing with access to low-interest capital; a stable business environment that respected business ethics and incentivized innovation, including through intellectual property protection; ensuring reliable

local markets for health care products; voluntary and mutually agreed technology transfer and joint ventures; strengthened regulatory systems; good manufacturing practices; free trade; local, regional and international private sector investment; and a skilled local workforce. To implement such policies, political leadership was vital. Commitments for achieving universal health coverage must include commitments for reducing the burden of substandard and falsified medical products. It was essential for governments and the private sector to maintain open and inclusive dialogue and jointly implement solutions to meet their shared objective of increasing access to high-quality health care.

The representative of INDIA highlighted the need to prioritize research and development, particularly in developing countries, and to ensure the equitable distribution of vaccines through a vaccine allocation framework under the responsibility of developed countries. He called for the immediate waiver of certain obligations under the TRIPS Agreement. A global framework should be developed for the sharing of non-influenza pathogens in line with the objectives of the Convention on Biological Diversity and its Nagoya Protocol. He expressed support for the Member State mechanism on substandard and falsified medical products but warned against erroneous interpretations or definitions of what was substandard or falsified. The mechanism must not hinder the international trade and availability of authorized, quality generic medicines. He acknowledged the need to standardize medical devices nomenclature, which would have a number of advantages.

The representative of KENYA supported the temporary waiver of intellectual property rights for COVID-19 tools. Member States should support all efforts to increase the availability and equitable distribution of vaccines worldwide, and the Director-General should prioritize implementation of the global strategy and plan of action on public health, innovation and intellectual property so that more Member States had the capacities to develop innovative solutions to emerging public health challenges. She outlined measures taken by her Government to implement the priority activities of the Member State mechanism on substandard and falsified medical products.

She recognized the value in establishing a nomenclature system for medical devices to strengthen the assessment, regulation and management of, and access to, medical devices throughout the health ecosystem. She shared concerns, however, regarding limited access to information when using existing systems. She therefore welcomed efforts to develop a new nomenclature system that was open and accessible to all. The Secretariat should continue to discuss the process with key stakeholders and keep Member States updated.

The representative of BRAZIL said that consideration should be given to extending the validity of the global strategy and plan of action on public health, innovation and intellectual property. He outlined his Government's efforts to implement the global strategy and plan of action and its engagement on the topic at WHO and other multilateral forums. He described measures taken in his country to ensure that no substandard or falsified medical products were marketed to the public. He called for further reflection on how to avoid duplication when adopting a new system for standardized medical device nomenclature.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR and also on behalf of Medicines for Malaria Venture, the World Heart Federation, the International Alliance of Patients' Organizations, the International Pharmaceutical Federation and the International Council of Nurses, called on the global health community to raise awareness about the dangers of substandard and falsified medical products, in particular during the COVID-19 pandemic. To control substandard and falsified medical products, strong legislative frameworks that addressed the threat holistically, including internet sales, were needed. She encouraged Member States to ratify the Medicrime Convention. WHO's policy paper on traceability of medical products was welcome, and she stood ready to support WHO through increased awareness-raising, political engagement and health systems strengthening initiatives.

The representative of JAPAN expressed support for the draft resolution. It was important to expand COVID-19 vaccine production and ensure equitable access to safe, high-quality and effective vaccines in all countries. Collaboration with stakeholders such as Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations was critical, also to address other diseases such as tuberculosis. Such collaboration, as well as regional regulatory harmonization and human resource development, were essential for health innovation. To improve access to vaccines in developing countries, it was important to enhance local delivery methods. His Government had supported universal health coverage and international multilateral cooperation during the COVID-19 response and had taken important steps to promote the equitable distribution of COVID-19 vaccines and voluntary licensing agreements for the production of COVID-19 therapeutics. His Government would continue to work to improve access to vaccines, therapeutics, diagnostic tools and other health technologies in collaboration with the international community.

The representative of BANGLADESH said that the Secretariat should work to secure sustainable financing for the implementation of the global strategy and plan of action on public health, innovation and intellectual property. Fair and equitable access to health products should be a global priority, and concerted global efforts were needed to make innovative initiatives such as the Access to COVID-19 Tools (ACT) Accelerator, COVAX Facility and COVID-19 Technology Access Pool fully operational. The flexibilities offered by the TRIPS Agreement should be used to ensure that intellectual property protections did not hamper local technical and production capacities, and companies in developed countries should be incentivized to transfer technology to the least developed countries. WHO should continue to promote the production of vaccines and other health products through compulsory or voluntary licensing.

The standardization of medical device nomenclature should be based on scientific evidence and international standards. It should also take into consideration the regulatory systems and manufacturing conditions in all Member States.

The representative of PARAGUAY agreed that access to health technologies and products should be a global priority, which was why her Government had supported the Solidarity Call to Action to promote the voluntary sharing of knowledge, intellectual property and data to develop COVID-19 tools. Increasing local production would improve access to safe, effective medicines and other health products. The integration of local production into broader efforts to strengthen health systems would help to prevent and address product shortages in future. She encouraged Member States to support the draft resolution, which could encourage technology transfer and international solidarity and cooperation.

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

**The meeting rose at 16:55.**

## **TENTH MEETING**

**Saturday, 29 May 2021, at 10:05**

**Chair:** Dr A. AMARILLA (Paraguay)

### **1. SECOND REPORT OF COMMITTEE A (document A74/62)**

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

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

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)**

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

**Global strategy and plan of action on public health, innovation and intellectual property:** Item 13.4 of the agenda (document A74/9) (continued from the ninth meeting)

**Substandard and falsified medical products:** Item 13.6 of the agenda (document A74/9) (continued from the ninth meeting)

**Standardization of medical devices nomenclature:** Item 13.7 of the agenda (document A74/9) (continued from the ninth meeting)

The representative of VIET NAM described the range of actions taken by her Government to reduce the circulation of substandard and falsified medicines, including the introduction of legislation, regulations and guidance documents; increased unscheduled on-site inspections; investment in human resources, facilities and equipment; and increased coordination with international organizations, national regulatory agencies and media organizations.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the support provided by the Secretariat and the Regional Office for the Eastern Mediterranean to enable research and a regional survey to be carried out, the results of which would help to support the Region's response to the coronavirus disease (COVID-19) pandemic. The Member States of the Region were committed to actively supporting the global strategy and plan of action on public health, innovation and intellectual property. The public health threat posed by substandard and falsified medical products had been exacerbated by the pandemic. Adequate control over the supply chain of medicines was needed, in addition to the development of field detection technologies and legal measures to control the advertisement and sale of such products. She requested the Secretariat to continue facilitating the exchange of experience at all levels and to provide support in identifying gaps in and strengthening national legislation and regulatory structures.

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<sup>1</sup> See page 309.



She underscored the importance of medical devices in the provision of health services and their fundamental role in achieving the triple billion targets under the Thirteenth General Programme of Work, 2019–2023. A unified global nomenclature system should be put in place to: improve patient safety, procurement and supply management; accelerate regulatory processes; improve post-market surveillance; and enable assessments of the availability of and access to medical devices. She requested the Secretariat to provide support in international classification, coding and nomenclature and its application at the country level.

The representative of the UNITED REPUBLIC OF TANZANIA said that her Government was committed to prioritizing equitable access to health products. Noting with concern the challenges faced by low- and middle-income countries in accessing medical products, she welcomed efforts to strengthen local production, including through the WHO road map for access to medicines, vaccines and other health products 2019–2023. Technology transfer should be supported and promoted in developing countries, and continued collaboration and partnership should be fostered, including by providing waivers to intellectual property rights and supporting the alignment of national policies and legislation to promote local production. She outlined the actions taken by her Government, including the establishment of a well-functioning regulatory system for medical products and the updating of national legislation on advertising and sale of medicines via the internet. The Secretariat should put in place an international nomenclature system for use by Member States, which would help to resolve issues related to governance, classification, coding and nomenclature characteristics, as well as access to information.

The representative of CANADA said that urgent efforts were needed to strengthen supply chains and boost and diversify global manufacturing capacity for COVID-19 vaccines. In the longer term, it was necessary to build expertise and develop local and regional manufacturing capacities. She expressed support for the continued trilateral collaboration between WHO, WIPO and WTO and the related initiatives undertaken, including on an integrated approach to health, trade and intellectual property to respond to the COVID-19 pandemic. Recognizing the importance of standardizing international medical devices classification and nomenclature, she called on the Secretariat to complete a comprehensive mapping exercise of the new proposed nomenclature system with the existing Global Medical Device Nomenclature in order to minimize the impact of a duplicate system, and inform Member States of the results of the exercise as soon as possible. The Secretariat should also undertake a costing exercise and provide details of how the new system would be adequately funded and maintained to ensure its continued relevance. Lastly, broad, multistakeholder consultations were needed to ensure full transparency and the involvement of regulators, medical device manufacturers and industry stakeholders in comparing options and identifying the potential impacts of a new nomenclature system, including any technical barriers to trade.

The representative of GHANA thanked the Secretariat for spearheading efforts to address substandard and falsified medicines by conducting a medicine quality survey. His Government was committed to tackling the issue and, with the support of the Secretariat and other donors, had conducted market surveillance and implemented other measures which had led to a reduction in the incidence of substandard and falsified medicines. He welcomed efforts to ensure the quality of medicine production, the harmonization of regulatory practices and the full procurement of essential health products. He called on the Member States of the African Region to accelerate ratification of the Treaty for the Establishment of the African Medicines Agency as a matter of urgency.

The representative of ZIMBABWE, highlighting the increased relevance of building and improving innovative capacity, local production, transfer of technology, mobilization of resources for research and development, delivery and access in the context of the COVID-19 pandemic, called on the Secretariat to continue and enhance its work on the global strategy and plan of action on public health, innovation and intellectual property. His Government had developed local capacity to produce sanitizers and personal protective equipment. He stressed the importance of effective implementation of the global strategy and plan of action, including by allocating adequate resources and establishing systems to

monitor performance and progress. The draft resolution on strengthening local production of medicines and other health technologies to improve access reflected the critical need to prepare for disruptions to the supply chain and strengthen local production.

The representative of COLOMBIA highlighted the importance of implementing the global strategy on public health, innovation and intellectual property to tackle the issue of access to medicines. He welcomed the Secretariat's efforts to implement the recommendations of the review panel, the importance of which had been underscored by the COVID-19 pandemic, particularly the need to strengthen research and development. Although progress had been made, concrete actions and deliverables should be accelerated in line with the recommendations of the review panel and the related indicators, and comprehensive and timely information on those actions and deliverables should be shared with Member States. The draft resolution would help WHO to meet the objectives of the global strategy and plan of action and act as a valuable tool in tackling current and future health emergencies. COVID-19 vaccines were a global public good which should be accessible to all. It was essential to promote initiatives aimed at closing the widening gaps and inequalities between countries concerning access to vaccines and medical products. Lastly, he stressed the importance of ensuring financial resources for current and future implementation of the global strategy and plan of action.

The representative of CUBA, expressing support for the draft resolution, outlined the range of measures implemented by her Government to increase local capacity and production, improve access to medicines and medical products, and ensure their quality, efficacy and safety, including in response to the COVID-19 pandemic. She stressed the importance of greater collaboration in the areas of research, innovation and development, as well as the need to share experiences and work together to increase technology transfer and strengthen capacity at all levels.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that her Government had strengthened its commitment to guaranteeing the right to health for all, including equitable access to COVID-19 vaccines and essential, effective, safe, timely, affordable and quality medicines. While she welcomed efforts under the COVID-19 Vaccine Global Access (COVAX) Facility, greater commitments were required from Member States to guarantee access to vaccines in all countries. Expressing support for the draft resolution, she highlighted the importance of promoting local production of quality and affordable essential medicines, including through the provision of technical support, to increase availability both in the public and private sector. Fair pricing of medicines must be guaranteed. She reiterated her Government's support for the waiving of intellectual property rights for COVID-19 vaccines and medicines, which were a global good. Only by guaranteeing fair and equitable access to vaccines and medicines could Member States eradicate the pandemic and enhance preparedness for the future.

The representative of SOUTH AFRICA said that the COVID-19 pandemic had exposed unequal access to vaccines, diagnostics and other tools, highlighting the importance of implementing the global strategy and plan of action on public health, innovation and intellectual property to ensure available, accessible, affordable and quality health products. Boosting local manufacturing capacity was key in that regard and would contribute to regional and global pandemic preparedness. She welcomed the work conducted in the African Region in collaboration with the African Regional Intellectual Property Organization and the African Intellectual Property Organization on the role of intellectual property rights and access to medical products, and for the Secretariat's support, including in conducting clinical trials on herbal medicine products, which were now included in national essential medicine lists and used to treat a range of diseases. The establishment of the Regional Expert Advisory Committee on Traditional Medicine for COVID-19 was also welcome.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the global strategy and plan of action on public health, innovation and intellectual property, which provided the right balance between promoting innovation and supporting

access. Her Government was committed to improving access to quality, safe, effective and affordable medicines and other essential health technologies as part of efforts to achieve the Sustainable Development Goals. She welcomed the Secretariat's efforts to provide updated information to Member States on the standardization of medical devices nomenclature but highlighted the need for more proactive engagement on the technical detail and specific use cases given the different needs of stakeholders. Technical limitations to the National Classification of Devices made it unsuitable for certain applications. She welcomed the Secretariat's analysis of existing nomenclature systems and asked whether other nomenclature providers had been given an opportunity to respond to the Secretariat's analysis and propose new ways of engaging with stakeholders. Although WHO had set out different principles from those underpinning the Global Medical Device Nomenclature, the technical requirements were likely to be similar.

The representative of AUSTRIA said that the COVID-19 pandemic should be used as an opportunity to reflect on how best to strengthen resilience and optimize crisis response. Improving access to quality-assured, safe, effective and affordable medicines and other health technologies required different approaches, including building local production capacity, improving the transparency of markets for medicines, vaccines and other health products, and developing joint initiatives between Member States. Policies to enable sustainable access to medicines and other health technologies, prevent or address shortages, advance universal health coverage and strengthen health emergency preparedness and response must be aligned with the country context. Encouraging local production was one such policy that could be implemented in all countries, including high-income ones, to address the shortage and availability of essential and critical medicines.

The representative of MALAYSIA thanked the Secretariat for its efforts to address the issue of substandard and falsified medical products, the incidence of which had risen during the COVID-19 pandemic. She supported the workplan and prioritized activities of the Member State mechanism on substandard and falsified medical products.

The representative of EGYPT highlighted the importance of ensuring the availability of and access to quality, safe and affordable medicines and medical devices and of building local production and manufacturing capacity and outlined the measures implemented by her Government in that regard. To combat the COVID-19 pandemic, it was necessary to accelerate the delivery of vaccines and medicines to developing countries that relied on imported medical products. She requested the Secretariat to develop integrated national policies to improve health conditions and strengthen intellectual property protection and technology transfer to promote innovation in the health sector. Progress towards the Sustainable Development Goals required solidarity and efforts to safeguard public health.

The representative of SPAIN thanked the Secretariat for driving the work of the Member State mechanism on substandard and falsified medical products. The COVID-19 pandemic had highlighted the importance of ensuring quality and effective medical products. It was essential to maintain a network for surveillance, early detection and alerts of dangerous products. In that respect, she encouraged Member States to identify focal points with the necessary resources and knowledge to manage notifications concerning the detection of such products. The distribution of substandard and counterfeit medical products via the internet represented a major threat, particularly to many Member States of the European Region, including in the promotion of products to combat COVID-19. The lack of an adequate legal framework, experience and knowledge hindered the adoption of measures to address the online sale of substandard and falsified medical products. Highlighting the importance of international cooperation, she called on the Member State mechanism to strengthen its activities to combat the distribution of such products via the internet, which could be extended to other territories.

The representative of AZERBAIJAN welcomed the Secretariat's efforts to combat substandard and falsified medical products and expressed her Government's commitment to the global strategy and

plan of action on public health, innovation and intellectual property. Her Government had implemented legislation and policies to ensure high-quality and affordable medical services and medicines, including vaccines and imported medical products, and to protect the market from substandard or falsified products.

The representative of INDONESIA reiterated the importance of promoting and strengthening regional and national capacity for the production of medicines and other health technologies. As underscored by the COVID-19 pandemic, reliance on a handful of manufacturers for critical medical products had obstructed supply, affecting low- and middle-income countries the most. He welcomed the various initiatives implemented by WHO to facilitate local manufacturing. His Government had taken active steps to combat the distribution of substandard and falsified medical products, including by: raising awareness of the risk of falsified COVID-19 vaccines; strengthening track and trace systems; equipping COVID-19 vaccines with a barcode to monitor distribution; and regulating the sale of medical products via the internet. Despite the need for a harmonized and standardized medical devices nomenclature system, the various systems of Member States must also be considered. He welcomed the Secretariat's efforts to keep Member States informed in that regard.

The representative of SUDAN said that her Government had aligned its national health policy and strategy with the principles of the global strategy and plan of action on public health, innovation and intellectual property. Stressing the importance of knowledge sharing, research and evidence, she called on the international community, development partners and donors to establish lasting partnerships with her country's research institutes to strengthen capacity and responsiveness to local needs and expand its research network. Drawing attention to the increasing cost and scarcity of medicines, she further called on the international community to: assist in supplying essential medicines; support efforts to enhance local production capacity and technology transfer; and establish long-term collaboration with major international producers. Although her Government had introduced incentives for local production, it required more advanced technology for production and for the detection of environmental risks. She affirmed her Government's commitment to intergovernmental efforts to advance the global strategy and plan of action and valued the Secretariat's support in that regard.

She called on the Secretariat to complete the analysis of existing medical device nomenclature systems in order to provide health authorities and other stakeholders with a system to enable the exchange of information on medical devices and support patient safety. Outlining some of the challenges her Government faced in tackling substandard and falsified medical products, she urged the Secretariat to provide support in creating a computerized network system to facilitate information sharing between Member States and encourage regional collaboration.

The representative of the SOUTH CENTRE said that efforts must be redoubled to ensure full implementation of the prioritized recommendations of the review panel concerning the global strategy and plan of action on public health, innovation and intellectual property over the period 2021–2022, with the necessary resource allocation. The implementation plan proposed by WHO did not go far enough, lacking specific actions for Member States and other stakeholders. Failure to deliver the recommendations would require an extension of the global strategy and plan of action beyond 2022. The Secretariat should provide regular briefings on the implementation of and financial resources allocated to the recommendations, as well as on the integration of the recommendations with the road map for access to medicines, vaccines and other health products 2019–2023. The draft resolution recognized that local production was a means of improving timely and affordable access to medical products, which would help to put an end to the COVID-19 pandemic. She therefore called on the Secretariat and relevant stakeholders to support efforts to build capacity for local production in developing countries and allocate the necessary resources.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the structural inequity in the production and supply of life-saving medicines, vaccines and diagnostics impeded access. Key causes included the control of intellectual

property and technologies by manufacturers concentrated in certain geographical areas. He welcomed the draft resolution but said that it could be strengthened by including a reference to: options to facilitate local production during a pandemic, including the proposed waiver of obligations under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement); the flexibilities offered by the TRIPS Agreement and government-led measures, which were critical to ensure technology transfer; and public investment and production to ensure that local production delivered critical health technologies.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, affirmed her organization's commitment to geographically diversifying its network of manufacturing partners. She highlighted the health and economic benefits of public health licensing, based on voluntary and mutually agreed terms, in support of local production, needs-based innovation and regulatory systems strengthening. She invited partners to work together to establish financially sustainable, quality-assured local production, thereby supporting both health-related targets and broader development objectives.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, urged Member States to: ensure access to quality-assured medicines and diagnostics to treat cancer and noncommunicable diseases, in alignment with national needs and lists for essential medicines and diagnostics; utilize international support to build capacity for a sustainable supply chain and procurement; ease COVID-19-related transport restrictions for controlled medicines for palliative care and consider more local production solutions; ensure access to and the rational use of antimicrobials to address drug resistance; and support and implement voluntary price transparency initiatives. In addition, she called on WHO to: include more essential cancer medicines in its prequalification list; increase awareness of patent databases; and encourage civil society to strengthen access to essential medicines and vaccines, and monitor progress.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, urged Member States to: accelerate implementation of the global strategy and plan of action on public health, innovation and intellectual property; promote and develop sustainable financing mechanisms to support research and development; ensure national implementation of the flexibilities provided in the TRIPS Agreement; promote work on patent pooling and other policies facilitating the management of intellectual property; strengthen national, regional and collaborative regulatory systems; implement the review panel's recommendation on the transparency of research and development costs; and support the draft resolution.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, urged the Secretariat and Member States to strengthen the capacity of national and regional regulatory functions and systems, including improving late-stage clinical trial regulatory review and oversight, especially in low-income countries. He also called on Member States to support the draft resolution, ensure access to sustainable and affordable financing, and develop skilled human resources to bolster manufacturing. Transparency was also key; data associated with publicly funded research and development should be made publicly available. Lastly, he urged the Secretariat, Member States and partners to promote local production to improve access to medicines and other health technologies.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, expressed disappointment that the full results of the Member State survey on progress in the implementation of the recommendations of the review panel were not available and invited the Secretariat to provide updated information on the status of each indicator. The recommendation on strengthening collaborative registration procedures should be supplemented by pathways for the public sharing of clinical trial results and associated public funding, while the recommendation on reporting mechanisms to facilitate technology transfer should include a binding mechanism similar to the Pandemic Influenza Preparedness Framework for the sharing of

influenza viruses and access to vaccines and other benefits. Member States must increase and untie their funding to support WHO's work, including in relation to implementation of the global strategy and plan of action on public health, innovation and intellectual property beyond 2022. Lastly, she urged Member States and the Secretariat to support the proposal to waive obligations under the TRIPS Agreement in order to facilitate local production and allow equitable access to COVID-19 health technologies.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, commended the Secretariat and some Member States for their long-term commitment to the global strategy and plan of action on public health, innovation and intellectual property, which remained relevant to current and future health challenges. However, the lack of coherent and comprehensive implementation of the various elements that made the global strategy and plan of action such a novel approach to improving access to innovation and health technologies should be addressed. Full implementation of the global strategy and plan of action would bring about the necessary changes in the global health architecture. He welcomed the draft resolution.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the urgency of scaling up the manufacturing of vaccines and other health technologies. A coordinated approach with robust contract rights would have enabled more decentralized production and lower prices of COVID-19 vaccines, therapeutics and diagnostics. It was regrettable that the WHO Global Observatory on Health Research and Development had not played a greater role in the pandemic. She suggested establishing a database of relevant research and development funding agreements, intellectual property licence agreements, technology transfer and outsource manufacturing deals, and trial cost data used to evaluate vaccines.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their comments and guidance. Access to affordable, safe, efficacious and quality medicines and health products was critical, as highlighted by the COVID-19 pandemic. The pandemic had also demonstrated the importance of building resilient and sustainable health systems. The global strategy and plan of action on public health, innovation and intellectual property provided focused recommendations to promote innovation, accelerate technology transfer and improve access, and reinforced ground-breaking global initiatives such as the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Technology Access Pool (C-TAP). While progress had been made, increased political and financial investment was needed. The Secretariat was committed to working with Member States, entities of the United Nations system and other stakeholders to intensify implementation of the recommendations concerning the global strategy and plan of action.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked Member States for their useful comments. Many Member States had expressed support for the global strategy and plan of action on public health, innovation and intellectual property, thereby reinforcing that it was the appropriate strategy for managing intellectual property rights and ensuring increased access to technologies. Further efforts were required from Member States and the Secretariat to implement the global strategy and plan of action, as well as greater resource mobilization to ensure implementation of the prioritized recommendations. She was pleased to note that some Member States had incorporated the global strategy and plan of action in their national legal systems. She stressed the importance of ensuring alignment between all international organizations working on intellectual property issues in order to support Member States through a collaborative approach, highlighting in particular the tripartite collaboration between WHO, WTO and WIPO, and drew attention to the important role of C-TAP, which was fully aligned with the objectives and structure of the global strategy and plan of action.

She confirmed that the results of the Member State survey would be published in June 2021 and had taken on board the need to address the survey response rate. Requests for further consultations on the recommendations that had not emanated from the global strategy and plan of action had also been taken on board. Consultations on price transparency and supply shortages had been held with Member

States in December 2020, and the Secretariat would continue to liaise with Member States on those issues, including through the Fair Pricing Forum. She noted the increased calls for WHO to support local production of medicines and medical products and to diversify and expand manufacturing capacity for safe and efficacious innovative products that had a public health impact. Local production of quality-assured products must be coupled with efforts to strengthen regulatory systems at the national and regional levels. She reiterated the invitation for Member States to attend the forthcoming World Local Production Forum on enhancing access to medicines and other health technologies, which would open a dialogue to collectively shape the direction of local production to improve access during the COVID-19 pandemic and beyond.

The DEPUTY DIRECTOR-GENERAL said that the proliferation of substandard and falsified medical products constituted an urgent global health challenge. She commended Member States for setting up the Member State mechanism on substandard and falsified medical products, the sustainability of which was critical to mitigate the loss of important financial resources invested in health systems and to prevent harm to patients.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that the risks linked to substandard and falsified medical products had been exacerbated by the COVID-19 pandemic, including market disruption, less reliable access to medicines, and avoidable deaths, with vulnerable populations most affected. Substandard and falsified products were driven by constrained access, weak technical capacity and poor governance, particularly in relation to procurement. Member States had highlighted the need to strengthen regulatory systems to ensure quality-assured products, as well as the importance of policies that facilitated access. She welcomed the call to identify focal points as part of the global surveillance system. Although the Secretariat had developed a comprehensive strategy to prevent, detect and respond to substandard and falsified medical products, she had taken on board the requests to elaborate on ways to better support Member States in addressing issues related to sales of such products via the internet and would update Member States on a proposed way forward in due course.

Consultations were required to reach consensus on a harmonized medical devices nomenclature. She welcomed the publication of the first version of the European Medical Devices Nomenclature for consultation and had noted Member States' requests for a transparent, harmonized nomenclature system and the need to update members of the International Medical Device Regulators Forum on the proceedings. She had also taken note of requests to map the Global Medical Device Nomenclature with the European Medical Devices Nomenclature, and for the need to support regulatory processes and ensure an open system that was accessible to all. Despite general agreement on the need for a standardized nomenclature, discussions were still polarized. Some countries advocated for a proprietary system, whereas others had requested the Secretariat to advise on a relevant approach to take existing systems into account. WHO would not create a new nomenclature, but would instead work with countries to select existing nomenclatures that would be most suitable for use in a standardized system.

Responding to requests for information sessions, she recalled that a number of consultations had already been held on the matter, and further consultations and information sessions with Member States and other stakeholders were scheduled to take place later in 2021. A new report on the matter was expected to be completed in October 2021, including the outcome of surveys and consultations, and would be submitted to the Executive Board at its 150th session. She requested Member States to help in finding agreement between existing systems, including the Global Medical Device Nomenclature and the European Medical Devices Nomenclature, to guarantee a global solution that would reinforce access to medical devices and strengthen health systems.

**The Committee noted the report.**

The CHAIR took it that the Committee wished to approve the draft resolution on strengthening local production of medicines and other health technologies to improve access.

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

The DIRECTOR-GENERAL said that the COVID-19 pandemic had demonstrated the importance of timely and robust innovation on health technologies for saving lives. He thanked Member States for underscoring the importance of the global strategy and plan of action on public health, innovation and intellectual property and for implementing new solutions relating to innovation and equitable access. He also thanked Ethiopia for championing local production of medicines and health technologies. The Secretariat was supporting countries individually to address gaps and shortages, including in COVID-19 vaccine production, and was helping them to move towards local production. The WHO Local Production and Assistance Unit stood ready to provide tailored support and advice to Member States.

**PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES** (continued)

**3. THE PUBLIC HEALTH IMPLICATIONS OF IMPLEMENTATION OF THE NAGOYA PROTOCOL:** Item 19 of the agenda (document A74/9)

**Enhancement of laboratory biosafety:** Item 20 of the agenda (document A74/18)

**Poliomyelitis:** Item 21 of the agenda

- **Polio eradication** (document A74/19)
- **Polio transition planning and polio post-certification** (document A74/20)

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries 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 Georgia aligned themselves with his statement. The significant health benefits of timely and efficient pathogen sharing had been demonstrated by the prompt sharing of genetic sequences of the COVID-19 virus in early January 2020. He called on Member States to continue sharing public health information with WHO as soon as it became available in order to facilitate the identification of the source of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and to prevent future health emergencies. Pathogens with epidemic and pandemic potential could not be treated in the same way as other genetic resources. Tools must be directed to where they were needed most, which was not necessarily where the pathogen was first detected and shared. The Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits could serve as a useful model in the establishment of a mechanism for the rapid sharing of scientific findings and samples, as recommended by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. The Secretariat should propose ways to best translate the Review Committee's recommendations into concrete actions. Discussions on how the WHO BioHub would address pathogen and benefit sharing should take into consideration the need to avoid duplication with the PIP Framework.

Although the increase in the number of laboratories handling high-consequence pathogens offered great opportunities for human health, it also increased the risk of unforeseen consequences. WHO should

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA74.6.



play a central role in overseeing the implementation of the regulatory framework by promoting best practices and coordinating and facilitating rapid response in the event of an outbreak associated with a breach of laboratory biosafety. He encouraged WHO to consult with the Biosafety Advisory Group in order to ensure the highest quality independent advice on biosafety and requested the Secretariat not to sunset the reporting to Member States on those activities. Lastly, he looked forward to further reporting on the progress and funding of polio activities, bearing in mind the importance of continuing efforts to achieve polio eradication and of the contributions from in-country polio staff beyond their work on polio.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, highlighted the vital role of the Nagoya Protocol in global health and commended the Secretariat for implementing the recommendations contained in decision WHA72(13) on the public health implications of implementation of the Nagoya Protocol. Despite progress made by Member States since the adoption of resolution WHA58.29 (2005) on the enhancement of laboratory biosafety, technical and financial support was needed to enable the Member States of the Region to bridge important gaps. She welcomed the support provided by the Secretariat and partners in enhancing laboratory biosafety as part of efforts to strengthen health systems. It was necessary to invest in laboratories with SARS-CoV-2 genetic sequencing technology.

Despite her Region having been certified free of wild poliovirus in 2020, it had experienced outbreaks of circulating vaccine-derived poliovirus type 2, the response to which had been postponed due to the COVID-19 pandemic. To prevent its emergence after use of monovalent oral polio vaccine type 2, emergency use of novel oral polio vaccine type 2 could provide a solution. However, challenges remained regarding surveillance and routine immunization coverage, the reporting of outbreaks of vaccine-derived poliovirus type 2, and decreased funding. She therefore called for: continued financial support from the Global Polio Eradication Initiative, particularly for Member States at high risk of circulating vaccine-derived poliovirus type 2; access to vaccines to prevent all forms of polio; continued implementation of polio transition plans in the context of the COVID-19 pandemic; and increased funding for epidemiological surveillance.

The representative of BAHRAIN highlighted her Government's efforts to strengthen laboratory biosecurity and biosafety, including through capacity-building, updating structures in accordance with the recommendations of partners and WHO, and training laboratory personnel. Turning to the issue of poliomyelitis, her Government had been enhancing eradication efforts, particularly in the light of the outbreaks of wild poliovirus and circulating vaccine-derived poliovirus type 2 in her region. Eradication efforts must be continued and strengthened at the global level. Despite the COVID-19 pandemic, her Government had maintained its vaccination programme. She supported the establishment of the technical working group to support Member States and hoped that the necessary resources would be made available.

The representative of the PHILLIPPINES supported efforts to build capacities for genomic surveillance to contribute to the global monitoring of pathogens and their potential use in diagnostics, vaccines and therapeutics and in understanding transmission patterns. In that connection, she highlighted national efforts, including in relation to biosurveillance for SARS-CoV-2, and called for work on the Nagoya Protocol to continue. Outlining national efforts to enhance laboratory biosafety practices, she highlighted the important role of regulatory bodies in implementing and monitoring compliance with biosafety standards. Additional guidance on national reporting to enhance laboratory biosafety would be welcome. Despite the challenges posed by the COVID-19 pandemic, her Government had continued to conduct supplementary polio immunization activities, as well as surveillance, reporting and community engagement. She expressed her Government's commitment to stopping the polio outbreak in the country and would welcome discussions on how best to support implementation of polio transition activities within the context of the pandemic.

The representative of the REPUBLIC OF KOREA said that it was crucial to establish a clear framework for the sharing of material and information, and to discuss how the principles of the Nagoya Protocol should be applied. In that context, the WHO BioHub would play an important role. Her Government was looking forward to joining the BioHub and to working with other Member States to develop a plan for transparent and effective operations. She thanked WHO for its dedication and commitment to advancing international biosafety and helping to ensure sustainability for more countries. Her Government had published biosafety standards and guidelines in alignment with the guidance provided in the WHO Laboratory Biosafety Manual and was providing annual training aimed at strengthening national biosafety capacity.

Her Government had maintained polio eradication through measures such as pathogen surveillance and vaccination. Although it had not been possible to proceed with many activities due to the COVID-19 pandemic, her Government had applied the experience and knowledge gained from the polio programme to the pandemic response, which presented important possibilities and directions for polio transition. Polio eradication efforts must continue. Her Government supported WHO's activities related to the Nagoya Protocol, biosafety and polio eradication and transition, and would continue to cooperate with all Member States.

The representative of SPAIN called on Member States, the Secretariat and other international organizations to sustain efforts to eradicate wild poliovirus and interrupt transmission of vaccine-derived poliovirus. He expressed appreciation for the dedication and efforts of WHO staff working in the field under the Global Polio Eradication Initiative, particularly those working to fight the COVID-19 pandemic. He emphasized the key role of women in public health, who accounted for 70% of the global health workforce yet occupied only 25% of management positions. The resolution on women and girls and the response to the coronavirus disease (COVID-19), adopted by the United Nations General Assembly in 2020, could serve as a guide in addressing that issue. Gender should be integrated into the next strategy of the Global Polio Eradication Initiative, which could be emulated by other programmes, and a new WHO road map on gender, equity and human rights should be developed.

The representative of CHINA said that her Government had taken action to advance the eradication of polio and supported implementation of the Nagoya Protocol. It actively shared influenza viruses with relevant countries and genome sequencing of the SARS-CoV-2 virus with the world. The Secretariat should work closely with stakeholders to ensure that Member States were in a position to quickly share pathogens, genetic sequence data and related microdata during public health emergencies. She stressed the need for coordinated efforts to ensure laboratory biosafety and development and strengthen capacity and oversight. Her Government was willing to share its management experience to help other regions improve their biosafety and biosecurity and enhance their capacity to provide protection during health emergencies. She supported WHO's efforts to advance polio eradication, emphasizing that account should be taken of national circumstances in developing countries at high risk of importing polio. Practical action plans should be developed, and national and regional collaboration strengthened to reduce the global spread of wild poliovirus. Financial and technical support should also be increased, and more rapid and effective measures introduced to accelerate polio eradication.

The representative of MONACO commended WHO for adapting the Strategic Action Plan on Polio Transition (2018–2023) to the context of the COVID-19 pandemic. She highlighted the need for further progress on polio surveillance and vaccination programmes and for an urgent and continued response to poliomyelitis in parallel with the COVID-19 response. She reiterated her Government's support to fight polio and called for intensified efforts to integrate the capacity of polio staff into national health systems while sustaining eradication efforts. Polio transition must be included under relevant programmatic outcomes in the core proposed programme budget for 2022–2023. She emphasized the crucial role of women as front-line health workers. WHO's efforts to ensure a responsible polio transition, including through the roll-out of novel oral polio vaccine type 2, were welcome.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the accelerated pace of polio eradication efforts and the strong leadership within the Global Polio Eradication Initiative during the COVID-19 pandemic. The development of a new strategy under the Global Polio Eradication Initiative and the related collaborative process and community-centred approach were also welcome. Further details should be provided on progress made in discussions with other organizations on designing a more holistic package of care. Regular updates on the work of the regional subcommittees and next steps would also be welcome. She commended the efforts of the Global Polio Eradication Initiative in closing the gaps in immunization arising from pauses in campaigns due to the COVID-19 response. She thanked WHO for its work on polio transition to ensure that priority countries were able to assume responsibility for the services provided by the Initiative and its staff. Further Member State briefings from headquarters, regional and country offices, as well as the Initiative, would be welcome in order to explain how the accelerated transition planning in the African Region would affect the Initiative's ability to deliver its five-year strategy and the financial implications for both WHO and the Initiative.

The representative of INDIA said that implementation of the Nagoya Protocol would further strengthen public health preparedness and response during health emergencies. WHO should devise global multilateral mechanisms for effective pathogen access and benefit sharing, which should address intellectual property rights and include codes of conduct, guidelines and best practices. The COVID-19 pandemic had highlighted the significance of safe and secure handling and containment of high-consequence microbiological agents. He outlined the range of measures introduced by his Government to ensure biosafety and biosecurity and increase diagnostic capacity. The legal framework of the WHO BioHub must be aligned with the Nagoya Protocol in relation to access and benefit sharing and draw on the experience gained under the PIP Framework in that area.

The representative of SENEGAL urged the Secretariat to continue its efforts to strengthen laboratory biosafety and promote biosafety practices in Member States, including with regard to the transportation, handling, management and disposal of pathogens. Turning to the issue of poliomyelitis, she reiterated her Government's support for the Global Polio Eradication Initiative. Despite including inactivated polio vaccine in the national vaccination programme, her country had experienced outbreaks of circulating vaccine-derived poliovirus type 2, which had been exacerbated by the pause in vaccination programmes due to the COVID-19 pandemic. Member States should adopt approaches to interrupt the circulation of vaccine-derived poliovirus type 2 and accelerate vaccination campaigns in areas at high risk. She requested the Secretariat, donors and partners to continue to provide support to Member States for polio transition and post-certification, especially for low- and middle-income countries.

The representative of JAPAN highlighted the renewed importance of implementing the Nagoya Protocol and sharing samples in the light of the COVID-19 pandemic. She expressed her Government's interest in participating in the WHO BioHub, which would be a crucial mechanism to ensure rapid and equitable sample sharing worldwide. It was of paramount importance to ensure that pathogens were properly managed through biosafety and biosecurity measures. Given the increasing demand for laboratory testing due to the COVID-19 pandemic, the Secretariat should continue to provide technical support to improve laboratory biosafety in Member States and ensure appropriate management. The Secretariat should also continue to provide guidance on biorisk management to Member States with poliovirus-essential facilities and actively share information. Her Government would continue to work with the Secretariat to eliminate polio, ensuring proper risk management and effective implementation of the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use.

The representative of the UNITED STATES OF AMERICA said that the COVID-19 pandemic had highlighted the critical need for countries to rapidly share pathogens, clinical materials and information, and for global efforts to rapidly research, develop, manufacture and equitably distribute safe and effective medical countermeasures. She urged the Director-General to take action to promote

safe, transparent and rapid sharing of pathogen samples and genetic sequence data and to advocate for such action at the upcoming meetings on the Convention on Biological Diversity and the Nagoya Protocol. Laboratory biosafety and biosecurity remained critical priorities. The pandemic had shed light on the human and economic cost of biological threats and reinforced WHO's role in bolstering the global community's response to biosafety challenges. The international community must establish and develop global norms and international standards for biosafety and biosecurity. She looked forward to future reporting on the matter.

She commended the Global Polio Eradication Initiative for its response to the pandemic and highlighted the significant contribution of polio-funded staff and assets. She expressed concern over transmission of wild poliovirus and outbreaks of circulating vaccine-derived poliovirus type 2 and acknowledged the importance of the Ministerial Regional Subcommittee on Polio Eradication and Outbreaks established by the Regional Director for the Eastern Mediterranean. Polio transition should occur at the country level. She shared the concerns expressed by other Member States about polio transition and the proposed abolishment of staff positions in the African Region. In that connection, she requested further information on: how reassigned staff and critical polio functions would be incorporated and rapidly respond to outbreaks of circulating vaccine-derived poliovirus type 2; the mechanisms and funding used to preserve critical polio response structures; and oversight and accountability for the dispersed programme.

The representative of GERMANY congratulated the Global Polio Eradication Initiative on finalizing its strategy, which would reinforce key issues for achieving polio eradication and transition. She underlined the importance of implementing the recommendations contained in the reports of the Independent Monitoring Board and the Polio Transition Independent Monitoring Board and welcomed the current implementation of recommendations on the governance and management review. There should be full transparency regarding polio transition and staffing. The Global Polio Eradication Initiative's strategy should be regularly revised to ensure that planned activities were aligned with available resources and new partnerships. WHO's commitment to laboratory safety and its evidence-based approach were welcome. The Organization should play the leading role in advocacy and guidance on laboratory safety and in coordinating approaches with biosecurity stakeholders. While welcoming the strengthening of the global exchange of sample material and sequence information and the launch of the first WHO BioHub facility, she requested clarification of the BioHub's future structure and its linkage with the PIP Framework.

The representative of KIRABITI said that his Government faced challenges in ensuring adherence to the Nagoya Protocol. Capacity for equitable benefit sharing of genetic resources remained an area of improvement. In that connection, his Government would be participating in a collaborative study involving the collection of samples from recruited patients and genetic analysis by collaborators in Australia. He called on development partners, including WHO, to provide the necessary resources to enable his Government to address the gaps in national implementation of the Nagoya Protocol.

The representative of CUBA called for more coordinated and integrated approaches at all levels to counteract the negative impact of the COVID-19 pandemic on progress achieved in eradicating polio. She described the range of national measures that had resulted in the eradication of polio in her country and the action taken to maintain that status. Coordinated efforts were needed to implement the proposed polio eradication strategy, fulfil financial commitments and exchange positive experiences among Member States in order to achieve global certification of polio eradication by the end of 2023.

The representative of COLOMBIA expressed support for continued reporting on the implementation of resolution WHA58.29 (2005) on enhancement of laboratory biosafety and highlighted the importance of ongoing support from the Secretariat on the matter. The COVID-19 pandemic had underscored the need to redouble global efforts to strengthen laboratory biosafety, as well as the need to establish relevant guidelines and procedures. She requested the Secretariat to provide technical support and capacity-building to enable her Government to assess and ensure laboratory

biosafety, generate information on the national biosafety level, and develop and strengthen national regulatory frameworks and guidelines. She called for WHO's biosafety guidelines and manuals to be made available in Spanish. The WHO Laboratory Biosafety Manual should be widely disseminated and training provided to promote implementation of the manual at the national level. The Secretariat should also provide support in developing and strengthening multisectoral national emergency plans and simulation exercises to assess the operability of such instruments.

The representative of BRAZIL said that rapid and safe sharing of pathogens and equitable access to the related benefits were essential to ensure a comprehensive public health response to infectious diseases. He emphasized the importance of the Nagoya Protocol in establishing mutually agreed rules governing pathogen sharing and ensuring mutual benefits. Recognizing the importance of sharing genetic resources for food security, public health and biodiversity conservation, his Government had introduced national legislation regulating the use of such resources, as well as access to pathogens and benefit sharing, in alignment with the principles of the Nagoya Protocol. Laboratories involved in the transportation of pathogenic microorganisms must meet national and international requirements.

The representative of CANADA encouraged Member States and the international health community not to lose sight of polio eradication efforts during the COVID-19 pandemic. She supported the polio transition process to integrate polio-related functions into WHO immunization programmes and integrated public health teams, as well as in Member States' health programmes. She encouraged the Secretariat, other partners and Member States to ensure that accountability for polio eradication efforts remained clear and strong. Partners should provide the necessary technical support and guidance regarding polio eradication. She encouraged WHO to prioritize funding for polio staff and resources, as a lack of adequate funding could result in major setbacks. She urged WHO and partners of the Global Polio Eradication Initiative to strengthen their approach to gender equality within the framework of the Polio Eradication Strategy 2022–2026, including by incorporating the issue in the executive summary and key performance indicators. She supported WHO's leadership in promoting biosafety and biosecurity, in particular through risk- and evidence-based approaches, and would welcome a new reporting mechanism to ensure that Member States were kept informed of WHO's important work in that area, as well as an action plan developed in line with existing initiatives.

The representative of the RUSSIAN FEDERATION said that the COVID-19 pandemic had demonstrated the importance of ensuring implementation of the Nagoya Protocol. Pathogen sharing was essential for effective diagnostic systems and immunization campaigns. She highlighted her Government's work in that area. The increase in cases of wild poliovirus and the spread of circulating vaccine-derived poliovirus were of concern. WHO must give greater focus to the issue, including by: providing increased support and quality control of mass vaccination campaigns for countries affected by virus variants; informing countries of deadlines for the implementation of such campaigns; and introducing additional measures to strengthen monitoring and control. She supported the integration of the functions of the Global Polio Eradication Initiative with work in other areas and highlighted the need to build countries' technical capacity. Consultations with laboratories and manufacturers of vaccines should be held to examine vaccines that were potentially more stable and could protect against other virus variants. She expressed broad support for WHO's activities to strengthen laboratory biosafety and its support to Member States, including the updating of the recommendation on the development of a database for exchanging information. She affirmed her Government's willingness to share its experience and would welcome continued reporting on efforts to strengthen biosafety.

The representative of BARBADOS encouraged the Secretariat to continue supporting Member States in implementing new guidance documents on biosafety and biosecurity, such as the WHO Laboratory Biosafety Manual, and in establishing and implementing national frameworks through a One Health, whole-of-government approach that promoted sustainability in the local context. Regional institutions were important in raising awareness of biosafety and biosecurity issues through targeted interventions at the national and institutional levels. Ensuring the safe transportation of biological

materials should be considered a priority. He called on Member States to consider the establishment of a statutory periodic reporting requirement to advance work on laboratory biosafety and biosecurity.

The representative of MADAGASCAR congratulated all actors who had contributed to the historic certification of the African Region as free of wild polioviruses in August 2020. However, she expressed concern over the resurgence of circulating vaccine-derived poliovirus type 2 in some countries. National efforts to maintain her country's polio-free status had been impacted by the COVID-19 pandemic and must be redoubled in the light of recently detected cases of circulating vaccine-derived poliovirus type 1, including through expanded vaccination campaigns, strengthened research and the destruction of infectious and potentially infectious materials. A national polio transition plan had been developed but had also been delayed due to the pandemic. She requested WHO and all partners to provide support in order to build on progress made through global polio eradication initiatives.

The representative of THAILAND said that the COVID-19 pandemic had dramatically affected polio eradication efforts and access to polio vaccines and treatment, and urged WHO not to lose the momentum of polio eradication efforts. Polio eradication programmes must be sustainably financed. Member States should develop national polio action plans and ensure their effective implementation. He emphasized the importance of timely pathogen sharing and the need to ensure that all countries benefited from the sharing of genetic resources. He encouraged the Secretariat to explore the root cause of the low response to the all-stakeholder survey in order to improve the response rate. He outlined national biosafety and biosecurity measures introduced during the pandemic and emphasized the importance of internal and external auditing systems to ensure the quality and safety of the SARS-CoV-2 laboratory network.

The representative of AUSTRALIA said that one positive impact of the COVID-19 pandemic had been the accelerated integration of polio functions into essential immunization programmes. He noted with satisfaction that the Global Polio Eradication Initiative had resumed vaccination campaigns in countries in which wild and vaccine-derived poliovirus were endemic and in those experiencing outbreaks. He thanked the Global Polio Eradication Initiative for its efforts to maintain active oversight of polio transition, including through the polio transition monitoring and evaluation dashboard in priority countries, and its revised and strengthened strategic plan for polio eradication. He welcomed in particular the greater focus on accountability during the implementation phase. Given the likelihood of budget constraints, there was a need for continued prioritization of efforts and budget allocation. He urged the Global Polio Eradication Initiative to prioritize implementation of the recommendations contained in the report of the Polio Transition Independent Monitoring Board. Efforts should be made to continue capitalizing on the momentum to sustainably integrate polio functions into broader health and surveillance systems, thereby advancing multiple health outcomes at the global, regional and national levels.

**The meeting rose at 13:00.**

## **ELEVENTH MEETING**

**Saturday, 29 May 2021, at 14:35**

**Chair:** Dr A. AMARILLA (Paraguay)

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

#### **1. THE PUBLIC HEALTH IMPLICATIONS OF IMPLEMENTATION OF THE NAGOYA PROTOCOL:** Item 19 of the agenda (document A74/9) (continued)

**Enhancement of laboratory biosafety:** Item 20 of the agenda (document A74/18) (continued)

**Poliomyelitis:** Item 21 of the agenda (continued)

- **Polio eradication** (document A74/19) (continued)
- **Polio transition planning and polio post-certification** (document A74/20) (continued)

The representative of BANGLADESH expressed concern about the ongoing circulation of wild poliovirus type 1 and vaccine-derived poliovirus type 2, which pointed to gaps in routine immunization coverage and insufficient outbreak control. The repurposing of resources in response to the pandemic of coronavirus disease (COVID-19) had heightened the risk of poliovirus spreading further, including across borders, and it was critically important to mobilize such resources for polio eradication. She was alarmed at the conclusions of the Emergency Committee under the International Health Regulations (2005) regarding the international spread of poliovirus. Expressing support for the strategic alignment of the Global Polio Eradication Initiative with the Immunization Agenda 2030 and the 2021–2025 strategy of Gavi, the Vaccine Alliance, she emphasized the importance of global emergency preparedness and response when tackling outbreaks of poliovirus in any region. In the spirit of the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, Member States should show solidarity and unity and ensure the fair and equitable sharing of benefits, pathogens and genetic sequences.

The representative of EGYPT said that her Region's newly established Subcommittee on Polio Eradication and Outbreaks provided a platform to galvanize political support, leverage funding, particularly domestic funding, and raise the profile of poliovirus as a public health emergency of international concern, and also reflected the Region's commitment to eradicating poliovirus. Wild poliovirus continued to circulate in two countries in the Region, while four countries were responding to outbreaks of vaccine-derived poliovirus type 2. With cross-border population movements on the rise, and the COVID-19 response disrupting routine immunization, polio outbreaks were a threat to the entire Region. Through the Subcommittee, Member States in the Region were taking steps to prepare for the roll-out of novel oral polio vaccine type 2 and to facilitate sustainable access to polio immunization for all children, including by working with other sectors to promote acceptance of eradication activities and the establishment of essential health services in communities where poliovirus was endemic. The Subcommittee would also support efforts to integrate polio assets and infrastructure into national health

systems. Polio eradication programmes were a crucial component of public health systems across the Region and had demonstrated their utility in responding to the COVID-19 pandemic. Member States should reignite their commitment and support for polio eradication.

The representative of KENYA called on the Secretariat to provide more information on current benefit-sharing practices and to take account of Member States' obligations under the Convention on Biological Diversity and the Nagoya Protocol in discussions on pathogen-sharing, bearing in mind the fundamental differences among countries. Outlining the steps taken in his country to improve biosafety and biosecurity measures, he supported the recommendations on strengthening national biosafety and biosecurity activities through increased financing, provision of biosafety equipment, and enhanced biosafety and biosecurity training at all levels.

His Government was responding to an outbreak of vaccine-derived poliovirus and was preparing for the roll-out of novel oral polio vaccine type 2. He expressed concern about the reduction in funding for polio eradication activities and called on the Secretariat to take specific actions to sustain poliovirus eradication efforts, including through immunization catch-up activities for vulnerable and marginalized population groups.

The representative of MALAYSIA, giving an overview of the regulatory, policy and practical measures taken to enhance laboratory biosafety in her country, expressed strong support for the recommendations on the enhancement of laboratory biosafety and urged Member States to strengthen their collaboration on that issue. She expressed concern about the growing threat from vaccine-derived poliovirus and appreciated the technical guidance and support provided by the Global Polio Eradication Initiative in that regard. She urged the Initiative's partners and other international organizations to coordinate efforts and support Member States in addressing the issue of highly mobile, cross-border populations and undocumented migrants, who were at risk of missing out on routine immunization and other vaccination campaigns. She welcomed the Polio Eradication Strategy 2022–2026.

The representative of the SYRIAN ARAB REPUBLIC said that, while previous poliovirus outbreaks had been successfully contained through immunization, her country was still at risk from imported cases of poliovirus and as a result of the ongoing conflict. Immunization therefore remained a priority. While the COVID-19 pandemic had negatively affected routine immunization campaigns, her Government had been able to draw on its experience in eradicating polio in its response to the pandemic.

The representative of INDONESIA said that she was unconvinced of the validity of the survey on pathogen-sharing, including for influenza viruses, and access and benefit-sharing arrangements, conducted by WHO, pointing out that a flaw in the survey's design could lead to the results being inaccurately interpreted, which would affect future recommendations. The Secretariat should take the time to discuss the survey results with Member States. The COVID-19 pandemic had highlighted the need for benefit-sharing mechanisms to ensure equitable access to vaccines and diagnostics during public health emergencies. As such, her Government supported the need to share data and pathogens in accordance with the principles of transparency, equity, clarity, consistency and fairness, in line with the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. While acknowledging the various initiatives proposed by WHO and partners to facilitate the rapid sharing of pathogens, her Government was concerned that those initiatives were not always properly governed or did not sufficiently involve Member States. WHO initiatives to share data on pathogens and genetic sequences should be developed in close consultation with Member States. She rejected the notion that the Nagoya Protocol was the main cause of the delayed sharing of pathogens with pandemic potential, and the Pandemic Influenza Preparedness Framework should serve as a reference with regard to the effective sharing of such data. Other factors, such as biosafety and biosecurity, must also be considered. Maintaining laboratory biosafety was critical for the handling of high-consequence pathogens to prevent future pandemics, and national biosafety and biosecurity measures should be enhanced through international collaboration.



The representative of the ISLAMIC REPUBLIC OF IRAN said that, while efforts to contain wild poliovirus outbreaks in Afghanistan and Pakistan were commendable, her Government was concerned by the growing number of circulating vaccine-derived poliovirus cases, particularly in the light of the COVID-19 pandemic, which had disrupted the polio outbreak response. The technical advisory group on polio eradication in Afghanistan should take the situation very seriously and implement clear measures in that regard. Migration and travel to and from countries in which poliovirus was endemic contributed to the spread of the virus and further complicated surveillance and response activities. Affected countries should meet regularly with neighbouring countries to discuss collaborative action. The introduction of the novel oral polio vaccine type 2 should be monitored carefully and more information on the vaccine was needed to enable informed decisions on its roll-out. Support for polio eradication must be sustained, despite the COVID-19 pandemic.

The representative of ZAMBIA said that the Secretariat's efforts to implement the Nagoya Protocol were commendable and should continue, with a focus on enhancing transparency, equity, clarity and consistency in pathogen-sharing practices, as well as on building capacities for pathogen genome sequencing and analysis worldwide. The COVID-19 pandemic had created challenges in terms of laboratory biosafety, and the support of WHO and other stakeholders was crucial to address gaps in laboratory biosafety practices. Despite the commendable progress made towards polio eradication, the continued circulation of vaccine-derived poliovirus type 2 served as a reminder that surveillance and other interventions needed to be enhanced in order to maintain the progress achieved thus far.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the efforts made to ensure the fair and equitable sharing of the benefits arising from the utilization of genetic resources. During the COVID-19 pandemic, there had been rapid, large-scale and geographically dispersed sharing of sequences of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and the work of WHO and its partners to monitor mutations and variants of that virus and share genetic sequence data was greatly appreciated. Member States should take legislative, administrative and policy measures to ensure the fair and equitable sharing of benefits, encourage users to direct benefits arising from the utilization of genetic resources to the conservation of biological diversity and the sustainable use of its components, and cooperate on technical and scientific research and development, human resources strengthening and institutional capacity-building. The Secretariat should continue to support Member States in the implementation of the Nagoya Protocol, particularly its public health implications. During the current period of intense focus on testing for SARS-CoV-2, and the risk inherent in the handling of infectious agents, WHO's commitment to enhancing laboratory biosafety was ever more relevant, particularly since the most recent joint external evaluations had revealed important gaps in biosafety and biosecurity.

The representative of GHANA, recalling the principles and objectives of the Convention on Biological Diversity and the Nagoya Protocol, said that many Member States were still unable to access a wide range of benefits due to restrictions and prohibitive pricing by pharmaceutical companies. He therefore expressed support for the proposal to continue work on the timely sharing of pathogens and corresponding benefits, since that was crucial for public health practices, progress and development in the areas of food safety, antimicrobial resistance and responses to various diseases, including COVID-19. With regard to laboratory biosafety, he drew attention to the considerable occupational health hazards faced by the laboratory workforce, including laboratory-acquired infections during the ongoing COVID-19 pandemic. He welcomed WHO's efforts to support Member States through strategic and technical guidance, tools and capacity-building, to strengthen the safety and security of laboratory operations, contain biological hazards and prevent the natural, accidental and deliberate release of microbiological agents. WHO should continue to provide support, expedite the expansion of its network of WHO collaborating centres, national regulatory authorities and other contributors, enhance the function of the Biosafety Advisory Group, and build its membership.

The representative of the BAHAMAS, underscoring the importance of enhancing laboratory biosafety in small island developing States, said that the expanded use of rapid antigen testing in non-laboratory settings had brought benefits and risks. Her Government had benefited from several WHO-related laboratory biosafety initiatives and would continue to require that type of support, particularly in terms of infectious substances shipment training. National biosafety policies were crucial and, in the current circumstances, best approached by strengthening COVID-19 response capacities and enhancing biosafety in non-laboratory settings.

The representative of ANGOLA, noting the increased relevance of discussions on laboratory biosafety in the context of the COVID-19 pandemic, said that laboratories and laboratory technicians played a central role within national health systems and in responding to public health emergencies and threats. Outlining her Government's efforts to strengthen laboratory capacities, she highlighted the need for effective and affordable access to biosafety products and materials for all Member States. While WHO's efforts to provide technical guidance and support for capacity-building were commendable, more work was needed in the areas of advocacy, coordination and guidance, resource mobilization, monitoring and evaluation, and bilateral and multilateral collaboration to ensure safe and secure biomedical laboratory operations. She supported the proposals made to that effect.

The representative of PAKISTAN, describing his Government's efforts to sustain and strengthen polio eradication activities despite multiple challenges in recent years, said that although the country's polio eradication programme had been suspended during the COVID-19 pandemic, polio resources and infrastructure had made a tremendous contribution to the COVID-19 response. On resumption of polio eradication activities, an enhanced outreach programme had been implemented to broaden immunization coverage, which had yielded encouraging results. Thus far in the year 2021, only one case of poliomyelitis due to wild poliovirus type 1 had been reported. The roll-out of the novel oral polio vaccine type 2 would be of great benefit in reducing the circulation of vaccine-derived polioviruses. The polio eradication programme had demonstrated its ability to go beyond traditional approaches in a rapidly changing context. Sustained efforts were required to interrupt polio circulation within and between countries, and his Government would continue to rely on support from partners to that end.

The representative of IRAQ said that WHO support had been crucial to polio eradication efforts in her country. Strengthened public health functions such as surveillance, diagnosis and response, support from WHO-accredited polio laboratories, and mass vaccinations had been paramount. In the light of the impact of the COVID-19 pandemic on vaccination campaigns, and the associated resurgence of vaccine-preventable diseases, renewed efforts were needed to strengthen routine immunization, reach vulnerable groups in an equitable and fair manner, reduce transmission risks and curb the spread of both wild and vaccine-derived polioviruses.

The representative of CHILE said that the COVID-19 pandemic had reaffirmed the importance of biosafety and that the fourth edition of the WHO Laboratory Biosafety Manual was a crucial resource for health workers. He outlined the successful measures taken in his country to eradicate polio and noted that in the light of the ongoing COVID-19 pandemic, WHO's systematic support for polio eradication teams in affected regions, including through sustainable funding, was more important than ever. It was also necessary to build risk assessment capacities and develop biosafety-related research that was based on reliable data. The development of biosafety and biosecurity policies and regulatory frameworks must be a priority.

The representative of MAURITIUS said that laboratory services were a powerful tool in addressing the COVID-19 pandemic. Stressing the importance of laboratory biosafety, he described the measures taken by his Government to strengthen laboratory capacities and biosafety, including through collaboration with private partners. His Government was grateful for the Secretariat's support in training laboratory staff in genome sequencing, which had facilitated the development of a COVID-19

sequencing programme that would soon be operational. He was confident that the Secretariat would continue to support Members in improving their laboratory facilities, through training, auditing and risk assessments. WHO's expertise would continue to be crucial in the global management of the pandemic, ensuring capacity-building and access to innovative tools for all Member States. The global fight against COVID-19 could not be won without laboratory staff and frontline health workers, and policy-makers had a duty to ensure their safety at work.

The representative of SUDAN welcomed the strategic alignment of the Global Polio Eradication Initiative with other immunization strategies. Her country had reported imported cases of vaccine-derived poliovirus over the past year, and the COVID-19 pandemic had taken a heavy toll on the national health system and disrupted inactivated polio vaccine campaigns. She outlined the measures taken by her Government to strengthen polio eradication and to implement the Polio Endgame Strategy 2019–2023, among others. She called on WHO to strengthen cross-border coordination and enhance surveillance of acute flaccid paralysis through human, financial and logistical resources.

The representative of ARGENTINA, noting that her country's first joint external evaluation had highlighted the technical excellence of Argentina's laboratories, said that her Government shared concerns about the circulation of vaccine-derived poliovirus and had suspended the use of oral poliovirus vaccines. Given the gaps in immunization coverage in various regions of the world, she supported the accelerated roll-out of novel oral polio vaccine type 2. Her Government stood ready to share its experience in ensuring primary prevention through vaccines.

The representative of AFGHANISTAN, expressing appreciation for the support provided by WHO, said that polio eradication remained a global challenge requiring sustained global collaboration. The polio eradication programme in his country had experienced setbacks in recent years, with a combined rise in cases of wild poliovirus and circulating vaccine-derived poliovirus type 2 in the year 2020; it nevertheless continued to function despite the unique challenges it faced. Security concerns and a lack of financial resources were the two major barriers to ensuring that all children were immunized, and those two factors required global attention.

The observer of GAVI, THE VACCINE ALLIANCE, said that the disruption to vaccination programmes during the COVID-19 pandemic had heightened the risk of a resurgence in vaccine-preventable diseases. His organization and the Global Polio Eradication Initiative shared the same goal of reaching "zero-dose" children and missed communities through comprehensive and equitable immunization services, and the Polio Eradication Strategy 2022–2026 should underpin those efforts. He welcomed WHO's assurances that the polio transition would be planned and carried out in a manner that safeguarded core capacities in vulnerable countries, ensuring that the work and investments necessary to achieve eradication continued. Member States should implement the Polio Eradication Strategy 2022–2026 fully, placing particular importance on integrated coordination, planning and service delivery approaches in order to reach missed communities. Comprehensive, data-driven and contextually appropriate engagement strategies were needed that placed communities at the centre of eradication and immunization activities. It was also important to accelerate the transition of polio-essential functions into national health systems and to leverage the experience and expertise of polio-funded assets in order to strengthen routine immunization coverage and the delivery of life-saving vaccines.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, said that the success of the Polio Eradication Strategy 2022–2026 depended on strong political and financial commitment. The COVID-19 pandemic had brought opportunities to leverage polio infrastructure and strengthen weak health systems. With polio resources becoming increasingly strained, well-articulated, feasible and collectively financed polio integration efforts were crucial. There should be continued support for the Call to Action for measles and polio outbreak prevention and

response, and the alignment of the Global Polio Eradication Initiative with the Immunization Agenda 2030 was particularly important.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, applauded the Secretariat and Member States for their leadership in the shared goal of polio eradication. His organization was proud to play a supportive role in the Global Polio Eradication Initiative yet was concerned about cuts in polio eradication resources which, coupled with the burden of the COVID-19 pandemic, had stifled progress. Maintaining sufficient levels of polio programme resources to meet growing demand from countries was critical.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the progress made towards ending polio was heartening, but fragile. With more children at risk as a result of the COVID-19-related disruption to essential activities, poliomyelitis must be prioritized as the only other public health emergency of international concern. She welcomed the focus of the Polio Eradication Strategy 2022–2026 on integration, expanded collaboration with partners, increased ownership and accountability, and gender equality. Thanks to tenacity, innovation and persistence, the world was on the brink of eradicating poliomyelitis.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, commended WHO for its accomplishments in developing and implementing laboratory biosafety guidance. His organization was encouraged by Member States' calls for continued reporting to the Health Assembly on the enhancement of laboratory biosafety, and the work of the Secretariat in that area was of crucial importance. While biosafety systems and practices must remain a priority, especially in responding to the COVID-19 pandemic and future health emergencies, the lack of focus on biosecurity was disappointing. Biosafety and biosecurity, including research oversight, should be addressed together. The Secretariat should include biosecurity efforts in future reporting and development actions in order to strengthen country capacities, develop guidance, and instil normative standards globally.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, expressed concern about inaccuracies in the report on the public health implications of implementation of the Nagoya Protocol with regard to influenza virus sharing. It was unfortunate that there was no reciprocal sharing of the medical products that had been developed on the basis of shared genetic sequence data, and WHO should address that inequity. His organization was concerned that the WHO BioHub had been designed independently of Executive Board and Health Assembly decision-making processes. An approach that bypassed WHO governing bodies was unlikely to deliver concrete benefit-sharing, especially in terms of timely and equitable access to medical products. The establishment of frameworks relating to access to and the sharing of pathogens and viruses must be led by Member States. A good example had been the Pandemic Influenza Preparedness Framework, which had resulted in benefit-sharing commitments by the pharmaceutical industry within a fair and transparent structure. The BioHub initiative must be consistent with the Convention on Biodiversity and its Nagoya Protocol.

The CHIEF SCIENTIST, extending her gratitude to Member States and non-State actors that had provided input for the report on the public health implications of implementation of the Nagoya Protocol, said that the Secretariat drew on 118 complete responses and over 300 pages of written comments and qualitative information received in response to the survey on pathogen-sharing and access and benefit-sharing arrangements, as a basis for developing the report. She acknowledged the request by many Member States for further consultation and work on a multilateral pathogen-sharing mechanism that would take into account pathogen-sharing, access and benefit-sharing, and the related public health implications. The Secretariat was cooperating closely with the secretariat of the Convention on Biological Diversity, where expert groups under the Convention were working on criteria for specialized

international instruments under Article 4.4 of the Nagoya Protocol. The groups' reports were expected to be ready for consideration at the Fifteenth Meeting of the Conference of the Parties to the Convention on Biological Diversity.

The benefits arising from the WHO BioHub needed to be clear, available as soon as possible, accessible in a transparent and equitable way, and based on public health needs. The mechanism had clear operating principles that were aligned with the principles of the Nagoya Protocol. The Secretariat had taken note of Member States' calls for further work in that area, as well as the need for genome sequencing capacity-building, and was committed to building and strengthening such capacities in all countries, in consultation with Member States, other stakeholders and relevant United Nations bodies.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) said that the recent publication of the fourth edition of the WHO Laboratory Biosafety Manual was one of the many milestones in the implementation of resolution WHA58.29 (2005). The Secretariat was ramping up the provision of training materials and support, and biosafety guidance would be translated into Spanish and other United Nations languages to facilitate implementation. Since the start of the pandemic, WHO had developed and continuously updated biosafety guidance on COVID-19. Biosafety was increasingly in the public eye and there was a growing number of high-containment facilities around the world, including in resource-limited countries, to facilitate research into high-consequence pathogens. While such advances in science were truly welcome, there was a danger that the handling of and research on dangerous pathogens could be conducted without the adequate facilities and skills. WHO and partners must work together to overcome such emerging risks. The Secretariat would continue to support Member States and work with them to build a consensus-based laboratory biosafety framework that was scalable and adaptable, drawing on WHO's risk mitigation strategies, which included mapping of high-consequence pathogen handling, monitoring of incidents, examination of accidents, and a trust-based universal periodic peer review of critical facilities. A dedicated unit had been established at WHO headquarters to lead the work on biosafety, in close collaboration with the regional offices and relevant partners. The Secretariat welcomed Member States' request for regular reporting to the Health Assembly and looked forward to their guidance in that regard.

The WHO BioHub initiative had been shaped through briefings and bilateral engagement with Member States. A pilot phase was currently being run, using SARS-CoV-2 and its variants, to test the feasibility and operational arrangement for sharing biological materials with epidemic or pandemic potential. The WHO BioHub was expected to enable the rapid sharing of pathogens to help the global scientific community to characterize and sequence biological materials, assess risks and develop critical public health actions. It would not replace or interfere with existing pathogen-sharing mechanisms. Instead, it had been developed using the best features of existing instruments and improved them where deemed useful. Further information would be provided on links with other instruments, both in writing and during consultations. Member States' clear call for fair and equitable benefit-sharing arrangements would inform all of WHO's work on pathogen-sharing, including through the WHO BioHub.

The DIRECTOR (Polio Eradication), thanking Member States for their supportive feedback, said that while the COVID-19 pandemic had demonstrated the value of polio staffing and infrastructure in addressing public health emergencies, there had also been disruptions and delays in polio programme delivery, and pre-pandemic levels had yet to be regained. Campaigns had been restarted safely from mid-2020, applying strict prevention and control protocols, and he was grateful to Member States and frontline health workers for their courage in resuming immunization and surveillance activities as soon as it had been safe to do so. Wild poliovirus transmission in Afghanistan and Pakistan remained a concern, despite the downward trend in the year 2021, with only two cases reported in the previous six months. Gaining and sustaining access to all children in Afghanistan, and significantly increasing the immunization coverage of missed children in the core reservoirs in Pakistan, were key challenges. With the increase in violence in Afghanistan, the response to displacement within and across the country's borders was being strengthened. In the year 2021, there had thus far been 96 cases of

poliomyelitis due to circulating vaccine-derived poliovirus, and the geographical spread was narrowing. Solutions were focused on the introduction of new vaccines, more timely detection, and better outbreak surveillance and response, and strengthening the immunization of “zero-dose” children was also critical. Concerning novel oral poliovirus vaccine type 2, to date, 32 Member States had submitted documentation on readiness, seven Member States had met the requirements for its use, and three Member States in the African Region had successfully conducted campaigns. Safety data were being shared to support the transition out of the initial-use period. He thanked Member States in the African Region for their immense efforts in that regard. In response to setbacks in polio eradication, the revised Polio Eradication Strategy 2022–2026 re-established an emergency focus, expanded integration and partnerships, incorporated a gender perspective, and provided for independent national and global accountability frameworks. Its implementation would be strengthened through better performance and risk management at all levels.

The DEPUTY DIRECTOR-GENERAL said that polio eradication and transition, which remained a core priority for WHO, were becoming increasingly interlinked and must be considered together. In terms of the polio transition, the focus must be on retaining polio expertise, knowledge and capacities while progressing towards a more integrated way of working. WHO must take the opportunity to harness the polio network in order to strengthen immunization, risk detection, emergency preparedness and response and primary health care. A successful polio transition would require predictable and sustainable resources, and the Secretariat would continue to support Member States in retaining their core capacities and in their domestic financing efforts. As the polio programme was gradually scaled down, WHO’s other technical programmes needed to be scaled up, with funding from the base programme budget for the biennium 2022–2023. The COVID-19 pandemic had underscored the importance of health emergency preparedness, immunization and disease surveillance and resilient health systems, all of which underpinned the polio transition. The pandemic had also shown that polio staff were an essential part of the public health workforce and, in many cases, had been the first human resources available for the pandemic response and the subsequent vaccine roll-out. Retaining that expertise would help to build stronger and more robust health systems. Significant progress had been made in the three priority regions for the polio transition, although caution was needed in countries in the African Region that were at a high risk of circulating vaccine-derived poliovirus, and a joint action plan had recently been established with the Regional Office for Africa in that regard. National polio transition plans were being developed in the Eastern Mediterranean Region, while the South-East Asia Region had made considerable progress in ensuring both programmatic and financial sustainability for the polio transition. She extended her gratitude to the regional directors, the priority countries and other Member States for their continued guidance and support for the polio transition.

The REGIONAL DIRECTOR FOR AFRICA said that the dedication of frontline health workers, communities, governments and partners had brought about a major public health milestone in the year 2020, as wild poliovirus had been eradicated from the African Region. However, outbreaks of circulating vaccine-derived poliovirus and post-certification, surveillance and immunization activities continued to require attention. Polio eradication activities in the African Region had rapidly resumed after their temporary suspension due to the COVID-19 pandemic, and the Region was currently at the forefront of the novel oral polio vaccine type 2 roll-out. Polio teams were making a tremendous contribution towards WHO’s “triple billion” targets. In the African Region, the integration of key polio functions into other programmes had been ongoing for some time. Further integration would be critical to maximizing gains and leveraging the wealth of expertise and experience that had been built up. Polio staff were also crucial to detecting and containing outbreaks of other diseases, including COVID-19, and had facilitated health care delivery to marginalized and remote communities using a range of innovative tools. The polio laboratory network had been the bedrock of SARS-CoV-2 sequencing in the Region. In order to respond to outbreaks of vaccine-derived poliovirus in the Region, continued support from the Global Polio Eradication Initiative was crucial. The Regional Office was working with Member States to mobilize resources to implement polio transition plans and absorb polio resources into health

systems, and she urged all partners to support those efforts, including by contributing to the base programme budget for the biennium 2022–2023.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that, as the world was engaged in responding to the COVID-19 pandemic, his Region had resumed polio vaccination campaigns to address and prevent a resurgence of poliovirus cases. Despite the reduction in the number of wild poliovirus cases, circulating vaccine-derived poliovirus in Afghanistan and Pakistan remained a challenge and the forthcoming roll-out of novel oral polio vaccine type 2 would be crucial in that regard. He extended his gratitude to all those who continued to work on polio eradication within the context of the COVID-19 pandemic. The recently established Regional Subcommittee on Polio Eradication and Outbreaks would also support and coordinate polio eradication and transition efforts. He was committed to the Polio Eradication Strategy 2022–2026 and its integrated approach. Lastly, he called on all Member States to work together to implement polio eradication and transition activities, provide the necessary financial support and ensure that all children were free from poliovirus, and thanked all partners for their support.

The CHAIR took it that the Committee wished to request the Secretariat to submit reports on the enhancement of laboratory biosafety to the Seventy-sixth and Seventy-eighth World Health Assemblies.

**It was so agreed.**

**The Committee noted the reports.**

The DIRECTOR-GENERAL extended his gratitude to Member States for their guidance and support in the areas under discussion.

**2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 17 of the agenda (continued)

**COVID-19 response:** Item 17.1 of the agenda (documents A74/9, A74/15 and A74/INF./2) (continued from the fifth meeting)

**Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 17.2 of the agenda (document A74/16) (continued from the fifth meeting)

**WHO's work in health emergencies:** Item 17.3 of the agenda (documents A74/9) (continued from the fifth meeting)

- **Strengthening WHO's global emergency preparedness and response** (documents A74/9) (continued)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (documents A74/9 and A74/9 Add.1) (continued)

**Implementation of the International Health Regulations (2005):** Item 17.4 of the agenda (documents A74/17 and A74/17 Add.1) (continued from the fifth meeting)

**MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC:** Item 18 of the agenda (documents A74/10 Rev.1, A74/10 Rev.1 Add.1 and EB148/2021/REC1, decision EB148(3)) (continued from the fifth meeting)

**Health emergencies and strengthening preparedness for health emergencies, and mental health preparedness for and response to the COVID-19 pandemic** (continued from the fifth meeting)

The CHAIR invited the Committee to resume its consideration of WHO's work in health emergencies, strengthening preparedness for health emergencies, mental health preparedness for and response to the COVID-19 pandemic, and the related draft decisions and draft resolution.

The representative of the UNITED STATES OF AMERICA said that Member States had much to learn from the COVID-19 pandemic, and from each other. It was clear that Member States must do better, prepare better, respond better and fulfil their commitments to each other by complying fully with the International Health Regulations (2005). She expressed support for the draft resolution on strengthening WHO preparedness for and response to health emergencies, as well as for the draft decision on holding a special session of the World Health Assembly to consider developing a WHO convention, agreement or international instrument on pandemic preparedness and response. The spirit of collegiality and collaboration among Member States during the preparation of that draft decision should provide a solid basis for the development of an appropriate international instrument that would strengthen both the Secretariat and Member States. It would be useful for the open-ended Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to take up its work as soon as possible. WHO did not need strengthening because it was weak, but rather because there was always room for improvement. With millions of lives lost to the pandemic worldwide, "never again" and "build back better" must be guiding principles in the ongoing battle against COVID-19. Those principles should also underpin action to strengthen global and national systems, the broader global health architecture, and communication on risks, outbreaks and other public health concerns. As the world focused on containing COVID-19 and resuming normal life, the mental health toll of the pandemic must be kept in sight, and mental health and other support services, including sexual and reproductive health services, needed to be ramped up. Member States must take bold, transparent, inclusive and effective action to implement what would be agreed at the present Health Assembly so that the world could re-emerge stronger from the global crisis.

The representative of the NETHERLANDS said that the endorsement of the updated comprehensive mental health action plan 2013–2030 would be significant and timely. Physical distancing, loss of lives and unemployment, among others, associated with the COVID-19 pandemic had increased mental health needs worldwide. At the same time, the crisis had demonstrated the importance of mental health and enhanced its visibility, understanding and acceptance. It was encouraging that the updated comprehensive mental health action plan recognized mental health and psychosocial support as an element of public health emergency preparedness, response and resilience. Investment in mental health was crucial, and the issue should be fully integrated into policies, training and budgets. Experience had shown that a mental health-inclusive response to crises like the current pandemic was feasible. The coming months would bring the launch of new tools and an in-depth debate on ways to improve access to mental health and psychosocial support for all. As a contribution to that discussion, her Government would host an upcoming high-level virtual meeting on mental health and psychosocial well-being.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries 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 Georgia aligned themselves with the statement. WHO's normative role, hands-on work, leadership and coordination efforts over the past year had illustrated its ability to leverage results through collaboration with other United Nations agencies and non-State actors. Still, the Organization must act in accordance with its technical mandate, and its work should complement that of other United Nations agencies and non-State actors that were able, and mandated, to deliver frontline work in operational settings. The updated comprehensive mental health action plan 2013–2030 would be a key tool to strengthen mental health and psychosocial support services and preparedness in the context of public health emergencies. Implementation of the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme would also be crucial. At the same time, Member States must identify ways to increase the availability of flexible, predictable and sustainable funding to ensure swift, professional delivery of the WHO Health Emergencies Programme. Technical capacities and swift operational responses were most needed at the country level, and chronically underfunded activities and a lack of human resources must under no circumstances jeopardize the security, safety, mental health and well-being of WHO staff and frontline health workers in emergency settings. The Member States of the European Union were firmly committed to supporting WHO in fulfilling its critical role in health emergencies. While it was understandable that WHO needed to engage in innovative initiatives to respond to emerging global health security threats, duplication of such structures must be avoided. It would be useful to obtain additional information on the various initiatives, and to develop a clear policy on the governing body oversight of such initiatives; the Regional Office for Europe's policy regarding its geographically dispersed offices could serve as a model in that regard. Expressing appreciation for the constructive engagement observed in the preparation of the draft resolution on strengthening WHO preparedness for and response to health emergencies, he asked the Secretariat for guidance on the possibility of establishing a standing committee on emergencies.

The representative of the ISLAMIC REPUBLIC OF IRAN said that public health emergencies were a significant mental health risk factor, and the COVID-19 pandemic had affected mental health and psychological well-being both directly and indirectly. Expressing support for the updated comprehensive mental health action plan 2013–2030, she gave an overview of mental health and psychosocial support services made available in her country, particularly in the context of the pandemic.

The representative of AZERBAIJAN said that mental health services faced new challenges as a result of the COVID-19 pandemic, which had also disrupted ongoing inpatient and outpatient services for mental health patients. Outlining the actions taken by her Government to address the disruption to services and meet emerging needs, she underscored the importance of using modern technologies to address mental health needs and said that her Government stood ready to support WHO's efforts in relation to mental health issues.

The representative of PERU welcomed the enhanced visibility and attention afforded to mental health through its inclusion in the Health Assembly's agenda. An already complex mental health situation had been worsened by the effects of the COVID-19 pandemic, which had heightened existing inequalities and vulnerabilities and generated new needs, including those resulting from rising levels of violence against women and children. Mental health was a key factor in enhancing social inclusion. Describing the specific measures implemented by her Government to meet mental health and psychosocial support needs in the context of the COVID-19 pandemic, she said that community-based approaches and virtual formats had proven useful.

The representative of CUBA said that the mental health effects of COVID-19 were multi-dimensional, had varying impacts at the personal, community and institutional levels, and required specific responses at each level. Experience had shown that national mental health plans must go beyond expanding and improving services to include a wider range of skills and ensure psychosocial recovery

in the medium and long term. Providing detailed information on the mental health and psychosocial services programme implemented by her Government, she said that meeting the mental health and psychosocial support needs of health workers must be a priority. An effective response to the mental health effects of the pandemic required an interdisciplinary and multisectoral approach and implementation across all levels of the health system. She welcomed efforts to promote mental health and psychosocial well-being and build mental health and psychological support services within the framework of the updated comprehensive mental health action plan 2013–2030, expressing support for the related draft decision. Greater regional and global integration was crucial to sharing knowledge and experience concerning the response to the mental health impact of COVID-19.

The representative of BAHRAIN said that the need to intensify efforts to prepare for future pandemics stemmed, *inter alia*, from the complex nature of epidemic and pandemic preparedness and response. Improved communication was a key element of that work. The mental health impact of COVID-19 had been considerable, and some of the potential long-term effects were still unknown. Enhancing response capacities was crucial to building stronger communities in the post-pandemic period. Her Government supported the draft decision on mental health preparedness for and response to COVID-19. Particular importance should be attached to developing social activities for young people left isolated by the pandemic.

The representative of GABON said that the COVID-19 pandemic had highlighted the importance of ensuring equal access to treatment, diagnostic tools, protective equipment and vaccines in order to respond effectively to pandemics. Coordinated, country-centred global preparedness and response were also crucial, and ensuring global health security required an inclusive approach. Adequate, predictable and sustainable funding was crucial for the implementation of the International Health Regulations (2005) and for ensuring that WHO could continue to conduct health emergency preparation and response activities and support Member States in building resilient health systems that were capable of responding to future emergencies. He supported the draft decision on holding a special session of the Health Assembly.

The representative of ZIMBABWE said that the COVID-19 pandemic had caught the world unprepared and illustrated the need to strengthen national and global preparedness and response capacities in order to ensure an effective and timely response to future health emergencies. Strengthening International Health Regulations (2005) core capacities was crucial in that regard. He supported the draft resolution on strengthening WHO preparedness for and response to health emergencies.

Mental health was a crucial element of public health emergency preparedness and response, and it would be essential to strengthen national capacities going forward. Protocol-based programmes with simple treatment guidelines for primary care nurses and community health workers could be a useful tool in that regard. He welcomed the draft decision on mental health preparedness for and response to COVID-19.

The representative of SOUTH AFRICA said that the mental health impact of the COVID-19 pandemic on people in his country resulted largely from its socioeconomic consequences. Social isolation associated with lockdowns had undermined or eroded social support structures, and the pandemic had compounded existing challenges to the provision of mental health services. His Government was working to align its mental health activities with the updated comprehensive mental health action plan 2013–2030. The current crisis provided an opportunity to build back better with respect to mental health.

The representative of SERBIA said that his Government wished to be added to the list of sponsors of the draft decision on holding a special session of the Health Assembly.

The representative of VIET NAM expressed appreciation for WHO's leadership in the global response to the COVID-19 pandemic and its support for building national capacities to manage disease outbreaks and public health emergencies. His Government's long-term investment in building International Health Regulation (2005) core capacities had paid off, and the lessons learned from COVID-19 had reaffirmed the need for further health system strengthening. The pandemic had shown that the notification and verification of cases and sharing information on outbreaks among Member States were crucial to timely decision-making and implementation of public health measures. WHO's guidance in that regard was greatly appreciated. Member States must continue to support each other in the fight against COVID-19 and in strengthening other elements of global health security.

The representative of THAILAND said that the COVID-19 pandemic had revealed gaps in public health emergency preparedness and response systems caused by underinvestment. Weakened health systems and International Health Regulation (2005) focal point networks were less able to detect, assess, report on and respond to public health events. The WHO Health Emergencies Programme should take concrete action to ensure an adequate, flexible and sustainable public health emergency response through a whole-of-government approach, cross-sectoral coordination, political commitment and public-private partnerships. Information sharing on epidemiological, clinical and laboratory data was also critical. His Government stood ready to engage in discussions on the benefits of developing a WHO convention and supported the draft decision on holding a special session of the Health Assembly in that regard.

Mental health promotion was an essential part of pandemic response activities. WHO should embrace mental health issues and systematically integrate them into all aspects of its work, taking into account the potential long-term mental health effects of the COVID-19 pandemic. He expressed support for the draft resolution on strengthening WHO preparedness for and response to health emergencies.

The representative of COLOMBIA said that the promotion of social support systems and the building of individual and collective skills were crucial to address mental health needs. Her Government welcomed the updated comprehensive mental health action plan 2013–2030, which would facilitate the practical application of the lessons drawn from the mental health impact of the COVID-19 pandemic. Lessons learned from the implementation of the action plan's previous edition should also be taken on board. The Secretariat should support Member States in implementing mental health strategies that bolstered the response to the current crisis and mitigated its effects.

She supported the draft resolution on strengthening WHO preparedness for and response to health emergencies, welcoming the collective efforts towards consensus. Its implementation would be fundamental to closing gaps in preparedness and response and building stronger, more resilient health systems. The Member States Working Group would play a crucial role in translating the recommendations contained in the reports of the Independent Panel for Pandemic Preparedness and Response, 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 into action. In order to enable a rapid response to health emergencies at the national, regional and global levels, WHO must coordinate with other United Nations agencies and be equipped with the necessary normative and technical capacities and flexible and predictable funding. The International Health Regulations (2005) were a valuable instrument and must be implemented fully at all levels. Any new initiatives should be in line with, and complementary to, the Regulations.

The draft decision on holding a special session of the Health Assembly would facilitate more in-depth discussions on a potential convention on pandemic preparedness and response. Still, more work was needed on the need for, and the viability and content of, such an instrument.

The representative of EGYPT expressed support for the development of an international convention on pandemic preparedness and response. Building national, regional and global capacities was crucial, and Member States must work towards peaceful cooperation, including after the COVID-19

pandemic. Such a convention, which must recognize the principles set forth in the WHO Constitution, could provide a framework for international cooperation on a range of issues, including access to diagnostics and treatment. The draft resolution on strengthening WHO preparedness for and response to health emergencies would enhance WHO's leadership and coordination role in that regard. Given the socioeconomic impact of the pandemic, multilateral cooperation was crucial, and the world needed a United Nations organization able to respond efficiently to emergency situations.

The representative of PORTUGAL said that the COVID-19 pandemic had triggered a global mental health and human rights emergency. Its harmful effects should not only be measured in terms of disease-related mortality and morbidity, but also in terms of its impact on people's mental health across countries and communities. Young people had been affected disproportionately and mental health conditions among adults had increased considerably. Given the complexity of addressing simultaneous threats and health emergencies worldwide, global health surveillance must be improved, moving beyond disease reporting to include warnings of other types of events that required proactive and preventive responses. He welcomed WHO's guidance on the promotion of person-centred and rights-based approaches to community mental health centres, which represented a landmark for mental health. Its focus on prevention, psychosocial support and human-rights-based community services should inform Member States' mental health reforms, and the underlying principles should be incorporated into national and global preparedness and response plans.

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

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

## **TWELFTH MEETING**

**Monday, 31 May 2021, at 10:00**

**Chair:** Dr A. AMARILLA (Paraguay)

### **1. THIRD REPORT OF COMMITTEE A (document A74/64)**

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

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

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

#### **2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 17 of the agenda (continued from the eleventh meeting, section 2)**

**COVID-19 response:** Item 17.1 of the agenda (documents A74/9, A74/15 and A74/INF./2) (continued from the eleventh meeting, section 2)

**Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 17.2 of the agenda (document A74/16) (continued from the eleventh meeting, section 2)

**WHO's work in health emergencies:** Item 17.3 of the agenda (document A74/9) (continued from the eleventh meeting, section 2)

- **Strengthening WHO's global emergency preparedness and response** (document A74/9) (continued)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (documents A74/9 and A74/9 Add.1) (continued)

**Implementation of the International Health Regulations (2005):** Item 17.4 of the agenda (documents A74/17 and A74/17 Add.1) (continued from the eleventh meeting, section 2)

**MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC:** Item 18 of the agenda (documents A74/10 Rev.1, A74/10 Rev.1 Add.1 and EB148/2021/REC/1, decision EB148(3)) (continued from the eleventh meeting, section 2)

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<sup>1</sup> See page 309.

**Health emergencies and strengthening preparedness for health emergencies and mental health preparedness for and response to the COVID-19 pandemic** (continued from the eleventh meeting)

The representative of BRAZIL reiterated his support for the draft resolution on strengthening WHO preparedness for and response to health emergencies and the draft decision on a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.

The representative of CHILE welcomed the draft decision on a special session of the World Health Assembly. Stressing the need for solidarity and multilateral cooperation, he urged Member States to begin work on a joint document for submission to that special session of the Health Assembly in November 2021, in order to advance efforts to develop an international instrument on pandemic preparedness and response.

The representative of IRAQ expressed support for the draft resolution on strengthening WHO preparedness for and response to health emergencies. Measures had been taken to ensure access to vaccines in her country, which participated in the Vaccine Global Access (COVAX) Facility.

The representative of MALDIVES said that mental health conditions affected a significant percentage of the global population, were associated with increased mortality and disability and took a heavy economic, social and personal toll – stigma and discrimination remained widespread. He provided an overview of the challenges that his Government faced in tackling the impact of the pandemic on mental health, particularly among vulnerable groups. It was crucial to minimize that impact and to integrate mental health measures into emergency and disaster response strategies. To that end, Member States and regions should continue to cooperate and share knowledge. He expressed support for the draft decision on mental health preparedness for and response to the coronavirus (COVID-19) pandemic contained in document A74/10 Rev.1.

The representative of the DOMINICAN REPUBLIC said that urgent measures and policies were needed to deal with the COVID-19 pandemic and its impact, and to create policies and tools to better prepare for future crises. Support for recovery must be provided at the national, regional and international levels by promoting mental and psychosocial health and well-being. To that end, she welcomed the updated comprehensive mental health action plan 2013–2030. Efforts must focus on: increasing mental health literacy; raising awareness and reducing stigma; preventing, detecting and treating mental health conditions; developing innovative technologies, including remote mental health services; and promoting equitable access to telehealth and other essential technologies. She welcomed the fact that the draft resolution on strengthening WHO preparedness for and response to health emergencies took mental health into account.

The representative of IOM said that he supported the updated comprehensive mental health action plan 2013–2030 and its call for increased awareness, adequate funding, measures to mainstream relevant competences in other health and social care sectors, and enhanced response capacity at the community level. Noting the additional challenges faced by persons in vulnerable situations, including migrants, refugees, asylum seekers, internally displaced people and mobile populations, he said that his organization would continue to work to ensure that those vulnerable groups were not left behind, and that mental health care systems were accessible, legally inclusive of all migrants and took cultural differences into account, in order to achieve truly universal health coverage.

The representative of UNFPA welcomed the updated comprehensive mental health action plan 2013–2030 and drew attention to the direct and indirect impacts of the COVID-19 pandemic on women and girls, and noted the close connection between gender and reproductive rights and mental health. The pandemic had exacerbated existing risks, vulnerabilities and inequalities. Given that women and girls were particularly at risk of depression and other mental health conditions, including

as a result of gender-based violence, social exclusion and intersectional discrimination, it was important to improve access to quality mental health services, eliminate discrimination and encourage the active participation of women and girls in planning and monitoring services and policies. He encouraged Member States to promote and protect mental health and psychosocial well-being in their national response plans to ensure a cross-sectoral approach, and to take proactive steps to reduce pandemic-related risks and harmful impacts, such as domestic and gender-based violence.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, urged Member States to review existing services and map care gaps for patients with palliative care needs, stress test pharmaceutical supply chains to ensure access to palliative care medicines and establish regional manufacturing hubs to that end. Moreover, health care staff, community health workers, nurses and emergency respondents should receive palliative care training, including on the use of opioids and patient communication.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, noted the impact of health emergencies on the already heavy global burden of physical and mental health conditions. The Secretariat and Member States therefore needed to involve young people in designing, implementing, monitoring and evaluating action plans to promote strong post-pandemic recovery and improved resilience for future emergencies, while ensuring that no vulnerable group or key stakeholder, including young people, was left behind.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of World Cancer Research Fund International, strongly urged Member States to: prioritize the continuity of essential services for cancer and other noncommunicable diseases, including screening, diagnosis, access to treatment and palliative care; invest in comprehensive mental health services and support mental health workers and prioritize them in pandemic preparedness strategies; increase monitoring and data collection on the prevalence of noncommunicable diseases, comorbidity and risk factors; and integrate that data into preparedness, resilience and response measures, identifying high-risk population groups. Civil society and communities, including people living with noncommunicable diseases should be involved in planning the COVID-19 response and recovery and in future preparedness. Member States must invest in health promotion and disease prevention to foster health resilience and request the Secretariat to develop tools, guidance and targets, including preventive measures for leading risk factors. Essential services for noncommunicable diseases should be maintained to ensure that Member States were equipped to prevent and respond to future outbreaks of disease.

The representative of DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, called for a shift from a model that left innovation to the market to a model that was aimed at delivering global public goods. She urged Member States to: share vaccine supplies; support the waiver of certain obligations under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement); support the COVID-19 Technology Access Pool (C-TAP) and technology transfer mechanisms and ensure that companies shared know-how and technology; and invest in all technology, including therapeutics. In the longer term, preparedness mechanisms should be developed, including policies to promote equitable partnerships, knowledge sharing, technology transfer and access.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nursing staff continued to be disproportionately affected by the pandemic, often working in unacceptable, unsafe conditions without a fair wage. Member States needed to focus on the transparent sharing of data on health care workers and ensure that they were taken into account in the proposed international instrument on pandemic preparedness. Moreover, they

needed to urgently protect, support and invest in nurses and the health workforce, in order to put an end to the current pandemic and prevent future pandemics.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, stressed the need for solutions on the ground to tackle the COVID-19 pandemic. In the context of inequitable access to tools to tackle COVID-19 and difficulties meeting the goal of the COVAX Facility, countries with a vaccine surplus needed to donate to those without access. It was also vital to address the short shelf life of vaccines and vaccine hesitancy. The pandemic could only be overcome when everyone, especially the most vulnerable, had impartial and equitable access to the required tools.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, encouraged the Secretariat to leverage existing resources when designing preparedness responses to public health emergencies, including the “ESMO Call to Action on COVID-19 Vaccinations and Patients with Cancer”, which urged Member States to: vaccinate all cancer patients in line with WHO principles and objectives; collect data, using studies and registries, to monitor the effects of vaccines in vulnerable population groups, including patients with cancer; and educate patients and the general public about vaccines.

The representative of the INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION, speaking at the invitation of the CHAIR, encouraged the sharing of research and evidence to strengthen collective efforts to address the problem of suicide. Although no significant increase in suicides had been recorded since the start of the pandemic, there were concerns about the long-term impact of the crisis on mental health. Moreover, available data did not provide an accurate global overview or take into account the different challenges faced by countries across the world. Member States were therefore urged to remain vigilant and responsive to changes in suicide statistics, and to include suicide prevention in their COVID-19 response plans.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, called on the C-TAP to: publish model agreements for the sharing of rights relating to inventions, data, biological resources and know-how, including the components of full technology transfer; hold bi-weekly public briefings, enabling the news media to hold the Secretariat, Member States, manufacturers and rights holders to account; and consult with Member States to propose best practices for transparent research and development funding agreements, licences and technology transfer agreements. Welcoming the establishment of a WHO COVID-19 mRNA vaccine technology transfer hub, he called on the Secretariat to publish, and periodically revise, reports on global manufacturing capacity for all COVID-19 medical technologies, with a commentary on the measures required to bring facilities into compliance with good manufacturing practice.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the report of the Independent Panel for Pandemic Preparedness and Response had not sufficiently addressed politically sensitive issues, such as human rights abuses in the response to COVID-19. He welcomed the draft decision on a special session of the World Health Assembly, which called on Member States to work in an inclusive manner to prepare for that session. He invited civil society organizations to jointly draft input on the potential scope, fundamental principles and drafting process of a successful and transformative international instrument on pandemic preparedness.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that in order to ensure universal, timely and equitable access to and fair distribution of all quality, safe, efficacious technologies and products required in the response to the COVID-19 pandemic response, Member States should fulfil their pledges to the COVAX Facility, make sure that corporations cooperated with the C-TAP, and support waiving certain obligations under the



TRIPS Agreement with regard to vaccines and therapeutics. He called for the inclusion in any future treaty on pandemics of the automatic suspension of intellectual property rights in the event of a public health emergency of international concern. Member States must invest in universal public health care, in order to ensure crisis preparedness and to protect health and health care workers, including through application of the precautionary principle with respect to recommendations on infection prevention and control.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, said that urgent steps must be taken to ensure access to health and mental health services for children, accurate information for professionals and the public and essential services relating to other health priorities. Given the long-term effects of COVID-19 on physical and mental health, it was vital to ensure equitable and fair access to vaccines and to physical, developmental, and mental health services. He urged Member States to work with the Secretariat and child health professionals to include and prioritize mental health care in strategies to combat COVID-19, and to enact social protection programmes to support families, so that post-pandemic health systems would be fully responsive to children's needs.

The representative of OIE welcomed the establishment of the One Health High-level Expert Panel and said that her organization would continue its cooperation with WHO, including through the WHO Academy. Her organization would also work with WHO, FAO and UNEP to ensure that any future international instrument on pandemic preparedness and response was grounded in the One Health approach and promoted a continuous improvement approach to intelligence systems, response mechanisms and evaluation and capacity development tools. The OIE would like to participate in future discussions on that matter, with a view to controlling and mitigating zoonotic risks at the human–animal interface.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the COVID-19 pandemic posed an unprecedented challenge for all stakeholders. Although technical and operational issues were being tackled with an approach based on solidarity, equity and multilateralism, efforts were hampered by vaccine nationalism and hesitancy, misinformation, insufficient funding and the politicization of the pandemic. Other ongoing emergencies to which WHO was responding included 15 graded emergencies in the Eastern Mediterranean Region. More than a hundred million people, the vast majority of whom were caught up in intractable conflicts, needed humanitarian assistance and solidarity, as well as technical, financial, political and operational support. The Secretariat was implementing innovative approaches, including the humanitarian–development–peace nexus, referral pathways for violent trauma, and the health as a bridge for peace approach. Nevertheless, humanitarian crises would not be overcome without strong leadership. Political leaders needed to play their part by, inter alia, investing in health systems and preparedness, and finding paths to sustainable peace and prosperity for people suffering from conflict worldwide.

The REGIONAL DIRECTOR FOR EUROPE, recalling the significant impact of the COVID-19 pandemic on mental health, noted growing support for action to address mental health, substance use and neurological conditions. Harnessing that momentum, the WHO Regional Office for Europe was launching initiatives to respond to the mental health impact of the COVID-19 pandemic. It was essential to overcome past shortcomings and focus on mending fractures in society, leaving no one behind. The Regional Office for Europe had identified mental health as a flagship programme within the European Programme of Work (2020–2025), and a new mental health framework was being developed in consultation with Member States. The Technical Advisory Group on the mental health impacts of COVID-19 in the WHO European Region had been established to review available evidence and identify gaps and needs. At the seventy-first session of the Regional Committee for Europe in September, a political resolution would be presented on building societies that promoted mental health. A pan-European mental health coalition would also be launched on World Mental

Health Day in October. The silver lining of the current crisis was the opportunity to forge a new path to promote mental health and transform mental health care.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), responding to comments, said that although some countries had included mental health services in their COVID-19 response strategies, the pandemic had exposed the lack of investment in mental health services and infrastructure. It was important to scale up services, in the short and long term, for vulnerable groups, including COVID-19 patients and their families, health workers and other frontline responders, people living in humanitarian settings and older adults. Mental disorders were associated with other health problems and represented a significant economic and health burden that COVID-19 was likely to further increase. During the previous two decades, WHO had led the response to mental health emergencies, coordinating interagency operations, setting standards and supporting Member States' actions on mental health in emergencies. During the COVID-19 pandemic, the Secretariat had coordinated interagency mental health and psychosocial support measures and had published a wide range of resources contributing to good practice. An interagency rapid response mechanism had been launched and had sent mental health and psychosocial support experts to more than 20 countries. Going forward, it was important to take joint action to: invest in human and financial resources to ensure the full implementation of the updated comprehensive mental health action plan 2013–2030, build resilient mental health systems, prepare for future emergencies and respond to the current crisis. In that context, he noted that the LIVE LIFE initiative for suicide prevention would soon be rolled out, and an action plan on alcohol was being developed in consultation with a broad range of stakeholders for consideration by the Seventy-fifth World Health Assembly. The first draft of that plan would be available the following month. Additionally, the SAFER initiative – aiming to support Member States in selecting best buy priority interventions – was currently in the roll-out phase. Responding to concerns regarding capacity, he said that the Secretariat would continue to work with donors and partners to strengthen the Organization's technical capacity, particularly at the regional and country levels, in pandemic response and emergency preparedness, response and recovery. The overarching aim was to build back better and ensure universal access to mental health services.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), welcoming comments on issues, challenges and opportunities, said that the Secretariat would strive to implement the detailed recommendations contained in the draft resolution on strengthening WHO preparedness for and response to health emergencies on the basis of sustainable financing. Speakers had highlighted the importance of continued international cooperation, of maintaining a local, national and global focus, and of ensuring predictable financing and a stronger, better supported and protected health emergency workforce, as well as improved surveillance at all levels. In that context, particular reference had been made to vulnerable, fragile and conflict-affected settings, where the majority of high-impact epidemics occurred. In order to meet the Sustainable Development Goals, it was essential to address issues such as child and maternal mortality in those settings, and to ensure an effective health emergency response.

Pathogens currently had the upper hand on a planet that was out of balance; they were able to spread undetected, exploiting global interconnectedness and exposing shortcomings and societal inequities. He thus welcomed the recommendations contained in the draft resolution on strengthening WHO preparedness for and response to health emergencies and the draft decision on a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. In order to turn interconnectedness into a strength, it was vital to boost workforce mobility and capacity, enhance the global surveillance system by strengthening local and national systems, foster research and innovation, build responsive supply chains, secure sustainable financing to enhance preparedness and ensure fair and equitable resource distribution. Connections must be made between the local and the global levels, and in animal, human and planetary health. By working together, through WHO as a connecting and coordinating Organization, policies and strategies could be developed to keep all communities safe.

The Secretariat staff responsible for mental health worked tirelessly under difficult circumstances. Member States' work on mental health, particularly as it related to vulnerable groups such as children in fragile contexts, and the cooperative efforts of national institutions and the United Nations system were appreciated. Moreover, the invaluable guidance of WHO leadership, the support and hard work of the WHO country teams and all involved in response efforts, including the contributions of other staff and programmes, had enabled the health emergencies team to carry out their coordination work and the Organization as a whole to continue working on other important tasks, despite the pandemic.

The CHAIR invited the Committee to note the reports contained in documents A74/9, A74/10 Rev.1 and A74/17.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft decision contained in paragraph 13 of document A74/10 Rev.1 on mental health preparedness for and response to the COVID-19 pandemic. The financial and administrative implications of the decision were contained in document A74/10 Rev.1 Add.1.

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

The CHAIR took it that the Committee wished to approve the draft decision contained in document A74/17 on the implementation of the International Health Regulations (2005). She drew attention to the financial and administrative implications of the decision, contained in document A74/17 Add.1.

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

The CHAIR took it that the Committee wished to approve the draft resolution on strengthening WHO preparedness for and response to health emergencies.

**The draft resolution was approved.<sup>3</sup>**

The CHAIR took it that the Committee wished to approve the draft decision on a special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.

**The draft decision was approved.<sup>4</sup>**

The DIRECTOR-GENERAL thanked Member States for endorsing the draft decisions and resolution relating to the pandemic. The direct and indirect impact of the pandemic on mental health was palpable throughout the world, and the psychosocial scars it had wrought would remain long after the crisis was over. Mental health was therefore a priority at all levels and in all regions. More than ever before, it was clear that there could be no health without mental health.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA74(14).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA74(15).

<sup>3</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA74.7.

<sup>4</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA74(16).

**3. FOURTH REPORT OF COMMITTEE A** (document A74/65)

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

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

**4. CLOSURE OF THE MEETING**

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

**The meeting rose at 11:15.**

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<sup>1</sup> See page 309.

## **COMMITTEE B**

### **FIRST MEETING**

**Wednesday, 26 May 2021, at 13:05**

**Chair:** Dr I. WAQAINABETE (Fiji)

**OPENING OF THE COMMITTEE:** Item 24 of the agenda

The CHAIR welcomed the participants.

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

**Decision:** Committee B elected Dr Søren Brostrøm (Denmark) and Ms Kazi Zebunnessa Begum (Bangladesh) as Vice-Chairs, Mr Mustafizur Rahman (Bangladesh) as Vice-Chair ad interim and Lt. Col. Jeffrey Bostic (Barbados) as Rapporteur.<sup>1</sup>

#### **Organization of work**

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

**It was so agreed.**

**The meeting rose at 13:15.**

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<sup>1</sup> Decision WHA74(3).

## **SECOND MEETING**

**Wednesday, 26 May 2021, at 14:05**

**Chair:** Dr S. BROSTRØM (Denmark)

**HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:** Item 25 of the agenda (document A74/22)

The CHAIR drew attention to a draft decision proposed by Algeria, Andorra, Bahrain, Cuba, Egypt, Indonesia, Iraq, Jordan, Kuwait, Lebanon, Libya, Malaysia, Mauritania, Morocco, Pakistan, Palestine, Qatar, San Marino, Saudi Arabia, South Africa, Sudan, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates, Venezuela (Bolivarian Republic of) and Yemen, which read:

The Seventy-fourth World Health Assembly, taking note of the report by the Director-General requested in World Health Assembly decision WHA73(32) (2020), 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-fifth World Health Assembly;
- (2) to support the Palestinian health sector, using a health system strengthening approach, including through capacity-building programmes by improving basic infrastructures, human and technical resources and the provision of health facilities, and of ensuring the accessibility, affordability and quality of health-care services required to address and deal with structural problems emanating from the prolonged occupation 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 the international humanitarian law and the WHO norms and standards;
- (4) to ensure non-discriminatory, affordable and equitable access to COVID-19 vaccines to the protected occupied population in the occupied Palestinian territory including East Jerusalem and in the occupied Syrian Golan in compliance with the International Law;
- (5) to ensure the respect and protection of wounded population and injuries, health and humanitarian aid workers, the health-care systems, all medical and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in compliance with the Geneva Conventions and their Additional Protocols;
- (6) to assess, in full cooperation with UNICEF and other relevant UN agencies and the WHO Eastern Mediterranean Regional Office and WHO country office in occupied Palestinian territory, including East Jerusalem, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from protracted aerial and other forms of bombing among the population, particularly children and adolescents, of the occupied Palestinian territory, including East Jerusalem;
- (7) to continue strengthening partnership with other UN 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 coronavirus disease COVID-19 and after the pandemic crisis;

(8) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;

(9) 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;

(10) 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 mental health services provision and maintaining strong primary health care with integrated complete appropriate health services; and

(11) 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:

<b>Decision:</b> Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:</b>	<p>2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <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>
<b>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:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Seven months (November 2021–May 2022).

<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 14 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	US\$ 4 million (cost for two months in 2021: November–December 2021).
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>	US\$ 10 million (cost for five months in 2022: January–March 2022).
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	Not applicable.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>	
– <b>Resources available to fund the decision in the current biennium:</b>	US\$ 4.0 million.
– <b>Remaining financing gap in the current biennium:</b>	Not applicable.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>	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		
<b>2020–2021</b> resources already planned	Staff	–	–	–	–	0.8	–	–	0.8
	Activities	–	–	–	–	3.2	–	–	3.2
	Total	–	–	–	–	4.0	–	–	4.0
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2022–2023</b> resources to be planned	Staff	–	–	–	–	2.0	–	–	2.0
	Activities	–	–	–	–	8.0	–	–	8.0
	Total	–	–	–	–	10.0	–	–	10.0
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that it was important for the Secretariat to follow its guiding principles of impartiality and neutrality when addressing the issue under discussion. The Secretariat's aim was to ensure objective reporting that focused on the health conditions in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan. WHO followed the United Nations with regard to political matters and therefore took full account of the relevant United Nations General Assembly and Security Council resolutions, including United Nations Security Council resolution 497 (1981). Thorough consultation with all parties concerned was important when collecting information for the reports submitted under the current agenda item. Further efforts could have been made to enhance consultation for the present report, and he committed to improving that process going forward.

The representative of ISRAEL said that the item under discussion had been on the agenda since 1968, benefited no one and served only to turn the Health Assembly into a platform for incitement against Israel. WHO must be preserved as a specialized professional organization and remain focused on global health challenges. Her Government did not object to any professional discussion on ways in which to improve the health conditions of Palestinians. In coordination with WHO and the Palestinian authorities, her Government had ensured the delivery of aid, medical supplies, personal protective equipment and vaccines, as well as the training of medical staff, to the Palestinian population. A large number of Palestinians had been vaccinated against coronavirus disease (COVID-19) in Israel, and the Palestinian authorities had begun to receive COVID-19 vaccines under the COVID-19 Vaccine Global Access (COVAX) Facility. However, those facts were not mentioned in the report, which contributed to the politicization of the Health Assembly by failing to reflect the reality on the ground and by making no reference to Hamas, which had fired rockets at Israeli civilians, used medical facilities for its terrorist activities and misused humanitarian aid. Furthermore, the Syrian Arab Republic persisted with the draft decision even though the report stated that the population in the occupied Syrian Golan had full access to health care and despite the fact that the Syrian regime had systematically targeted its own health system, prevented aid from reaching its population and threatened WHO workers. She objected to the draft decision and called for a roll-call vote.

The representative of MAURITANIA, speaking on behalf of the Member States of the African Region, said that he was deeply concerned by recent violence in the occupied Palestinian territory. The destruction of health infrastructure by the Israeli forces and barriers to accessing health care further undermined the right to health of the Palestinian population, and it was deplorable that those responsible for the recent deterioration in health conditions had not been held to account. All international

resolutions and conventions concerning the protection of the Palestinian population must be respected, and humanitarian aid must reach those in need. He called for international solidarity and support to ensure the protection of health facilities, access to health care and the delivery of vaccines and other medical supplies to the occupied Palestinian territory, as a matter of urgency. It was important not to politicize the situation and to put health at the forefront of all efforts. He supported the draft decision.

The representative of EGYPT, speaking on behalf of the Arab Group, said that it was essential to ensure the right to health of the populations in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, in keeping with international law, and to consider the health conditions in the occupied territory in the light of the current situation. He stressed the importance of having an updated report that reflected the latest developments in the occupied Palestinian territory and the progress made in implementing the recommendations contained in the report over the course of the year. He called for the continued provision of technical support to build capacities and guarantee access to health care for all those in need throughout the occupied territory, including detainees and wounded persons. WHO should lead an independent, technical field visit to assess the health conditions in the occupied Syrian Golan and issue recommendations on ways to provide the technical and humanitarian support needed to those living in the occupied Syrian Golan. He welcomed WHO's coordination with key players in east Jerusalem and the continued work of the COVAX Facility in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The problems relating to access to childhood and COVID-19 vaccines should be addressed. The draft decision was a technical, consensus-based document that drew on relevant United Nations and Health Assembly decisions and resolutions, and a roll-call vote was therefore not required. He commended all efforts to improve the health and living conditions of the Palestinian people.

The representative of TURKEY said that the ongoing conflict created challenges for the Palestinian people in many areas, including health, noting that health conditions were particularly serious in the Gaza Strip as a result of the Israeli blockade. Hospitals, health professionals and patients had been targeted in the recent attacks, and significant numbers of Palestinians, including children, had been killed or injured. The Government of Israel should allow humanitarian aid to reach the occupied Palestinian territory, including east Jerusalem, and contribute to the reconstruction of that area. Humanitarian challenges had been further complicated by the COVID-19 pandemic, and the Government of Israel should assist in the implementation of a vaccination campaign in the occupied Palestinian territory. His Government had stepped up assistance to the Palestinians by sending medical supplies. The Palestine-Turkey Friendship Hospital was currently being used as a COVID-19 quarantine centre, and his Government had thus far donated US\$ 10 million to UNRWA in the year 2021. He called on the international community to increase support to the Palestinian population at such a critical time, and on Member States to support the draft decision. Those who did not back the draft decision were in effect supporting the continuation of poor health conditions for the Palestinian population for political reasons.

The representative of the ISLAMIC REPUBLIC OF IRAN said that despite the fundamental principle of the right to health for all, the Palestinian people continued to experience poor health conditions, especially in the Gaza Strip. Recent Israeli attacks had resulted in the deaths of health workers, damaged health facilities and injured civilians, thereby further burdening the health care infrastructure. In addition, the restrictions imposed on the movement of health staff, patients and medical supplies by the Israeli authorities hindered the functioning of the health system in the occupied Palestinian territory and exacerbated the health crisis brought about by the COVID-19 pandemic. WHO should systematically monitor the health situation of Palestinian prisoners in Israeli prisons and report to the Health Assembly on a regular basis. He was deeply concerned about WHO's lack of access to the occupied Syrian Golan, which prevented reporting on the health conditions there. Lastly, his Government had reservations about the parts of the draft decision and the report that might be construed as recognizing the Israeli regime.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA backed the draft decision and the call for WHO to continue supporting the Palestinian health sector and enhance its cooperation with other United Nations agencies and partners in order to build capacities in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Technical support was needed to meet the health needs of the population, including prisoners, wounded people and people living with disabilities, both during and after the COVID-19 pandemic, and to rebuild the health system following the recent attacks, which had exacerbated existing challenges. She called for the Palestinian cause to be given greater visibility and drew attention to the situation of particularly vulnerable groups, such as women, children and older persons. 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 to that end. She 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 representative of the SYRIAN ARAB REPUBLIC said that the recent attacks by the Israeli forces had left many dead and injured in the Gaza Strip. Bombing had destroyed medical facilities, including the only central laboratory for COVID-19 testing, and the work of medical professionals and ambulance access had been hampered. The current report and draft decision were clearly not an attempt to politicize the situation but illustrated the importance of providing protection to the Palestinian people and of mobilizing international support for the weakened health systems in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The confiscation of land, lack of access to water resources and use of mines in agricultural areas, among others, in the occupied Syrian Golan impeded the exercise of the right to health of the population and constituted violations of the legal obligations of Israel, including the WHO Constitution. WHO continued to marginalize the health conditions in the occupied Syrian Golan, did not address the provision of health services to the Syrian population living under occupation and had failed to implement Health Assembly decisions requiring it to draw up its reports based on information collected by the WHO field assessment team in the occupied Syrian Golan and not on misleading data provided by the occupying authorities. It was unacceptable that the report incorporated the Government of Israel's rhetoric and logic; WHO should not ignore the status of the occupied Syrian territory or treat it as part of the occupying entity. The draft decision was a technical text that addressed WHO's mandate and reaffirmed the will of the international community to provide health care to the populations under occupation.

The representative of LEBANON said that the issue under discussion was on the agenda every year to remind the international community of the importance of providing continued support to the Palestinian people, who faced challenging health conditions under Israeli occupation. The report should be updated to include the recent violence, which had led to a further deterioration in health conditions. Efforts should also continue to combat the COVID-19 pandemic, which had exacerbated the situation. Restrictions on movement and the permit system, inter alia, imposed by the Israeli occupying power prevented access to health facilities and medicines by the Palestinian people. Conditions for Palestinian detainees in Israeli prisons were especially dire. The occupation also prevented the Palestinian authorities from responding effectively to the COVID-19 pandemic, and the international community must put pressure on the Israeli authorities to allow the population under occupation to exercise its right to health. She supported the draft decision, which showed that WHO did not take humanitarian matters lightly.

The representative of INDONESIA supported the inclusion of item 25 on the agenda given the worrying health conditions in the occupied Palestinian territory, caused by the protracted conflict and long-term displacement of Palestinians and Israeli blockades and further exacerbated by the recent hostilities and the COVID-19 pandemic. The distribution of COVID-19 vaccines through the COVAX Facility was commendable, and WHO should continue to provide aid and technical support to the Palestinian people, and her Government stood ready to help in that regard. WHO should continue to

monitor and report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan with a view to enabling the Palestinian people to fully realize their right to health. She wished to be added to the list of sponsors for the draft decision.

The representative of BANGLADESH expressed deep concern about the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The ongoing occupation and the COVID-19 pandemic had a severely detrimental impact on the mental health of the Palestinian population. Attacks on health facilities and schools, and the continued blockade and imposed permit system during the COVID-19 pandemic, were particularly worrisome. WHO must continue to support the Palestinian health system through the country cooperation strategy for WHO and the occupied Palestinian territory; strive to enable health cluster partners to meet the targets set at the beginning of the year 2020; and scale up its critical functions for emergency response to the COVID-19 pandemic. The Israeli authorities must ensure the provision of medical supplies to the population under occupation in line with Article 55(1) of the Fourth Geneva Convention, and the illegal occupation must end in order to ensure the right to health for all.

The representative of MALAYSIA commended efforts by WHO and other United Nations agencies to alleviate the suffering of the Palestinian people. She noted with particular concern that health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan had further deteriorated as a result of the recent Israeli attacks. The excessive use of force was deplorable, and restrictions on the provision of humanitarian support and on the movement of health workers, medical supplies and patients were unacceptable, impeded the proper functioning of the Palestinian health system and had profound implications on the coordination of the public health response to the COVID-19 pandemic. The Israeli authorities should ensure protection of medical personnel and facilities as required under international humanitarian law. It was crucial to guarantee universal health coverage and preserve public health services in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, to ensure the well-being and health of the Palestinian people.

The representative of CUBA said that the right to health was inalienable and yet the populations in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan were prevented from accessing health services, including during the COVID-19 pandemic. Such ongoing violations of the right to health were met with impunity, which was a breach of international law and the relevant United Nations resolutions. The recent attacks, which had led to deaths and destroyed health facilities, were a further violation of the Palestinian people's right to health. The draft decision highlighted the importance of delivering WHO prequalified vaccines and medicines to the occupied Palestinian territory and providing health-related technical support, financial resources and capacity-building to the populations under occupation.

The representative of CHINA expressed appreciation for WHO's efforts to provide support and technical assistance to the populations in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The humanitarian plight of the Palestinian people must not be ignored. His Government had provided support in response to the COVID-19 pandemic and the recent attacks by the occupying power, including by delivering medical supplies and COVID-19 vaccines, by organizing online exchanges among experts, providing technical support and financial resources, and donating to UNRWA. He was committed to international justice and to working with the international community to reach a comprehensive, fair and lasting solution to the conflict.

The representative of ZIMBABWE said that the situation caused by the recent conflict and the disproportionate destruction wrought upon the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, was horrifying and unacceptable. The support provided by WHO to public health services in the occupied territory was commendable and crucial, given that the occupation severely impeded the adequate and sustainable financing of public health care needs. He called on WHO

to continue to provide such support, including through capacity-building. The COVID-19 pandemic had increased the need to strengthen the provision of primary and mental health care services. All parties should take account of the recommendations in the report to improve the livelihoods and health outcomes of the Palestinian people. The draft decision, a technical text, sought to implement those recommendations and deserved the support of all Member States. It was important not to lose sight of the fact that the occupation itself was the root cause of the problem and that both urgent attention and lasting redress were needed if further conflict and destruction were to be avoided.

The representative of ALGERIA said that the recent violent attacks by the occupying power constituted a flagrant violation of international law and an obvious infringement of the right to health. In such situations, the international community had the moral duty to stand in solidarity with the most vulnerable groups. He was gravely concerned about the impact of those events on the health conditions of the Palestinian people and called for the removal of all obstacles to their right to health, and for the protection of patients, health personnel and infrastructure. He encouraged WHO to pursue its efforts to improve health conditions and provide technical support, capacity-building and vaccines to people in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan both during and after the COVID-19 pandemic. The work of WHO in the occupied territory was commendable and fully in line with its principles. He supported the draft decision.

The representative of TUNISIA welcomed the report, which contained recommendations based on field monitoring and should be updated to reflect the recent attacks, which had exacerbated the situation in the occupied Palestinian territory, including east Jerusalem. She supported the draft decision, which was a procedural and technical text, and called on all Member States to do the same. She was deeply concerned by the deterioration of the health conditions in the occupied territory and the suffering of the Palestinian people, who faced obstacles to health care and medical supplies. It was vital to include the Palestinian people in efforts to mitigate the burden of COVID-19 in the region. Technical support must continue to be provided; capacity-building must be offered to the Palestinian authorities; and the health situation in the occupied Syrian Golan must be closely monitored in order to deliver technical support in line with WHO's mandate.

The representative of SOUTH AFRICA expressed his concern at the deteriorating socioeconomic and health conditions in the occupied Palestinian territory, including east Jerusalem, due to the Israeli blockade and the ongoing conflict in the region. The Israeli authorities' occupation impeded the effective provision of health care to the Palestinian people and hampered the operationalization of the country cooperation strategy for WHO and the occupied Palestinian territory. The daily violence against the Palestinian population was a threat to their lives and well-being, and the population in the occupied Syrian Golan also continued to experience poor health conditions. Stressing that access to life-saving medical resources should not be politicized, he called for equitable access to COVID-19 vaccines for all people in the occupied territory. He supported the right to health care and access to essential services without discrimination and called for the adoption of the draft decision.

The representative of MALDIVES said that the report reflected the stark reality on the ground in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. She expressed deep concern about the differences in the health outcomes of Israelis settlers and Palestinians living in the same territory, the lack of medical supplies and human resources, and the declining mental health of young people, particularly as a result of the recent violence. The destruction of the COVID-19 testing centre was an affront to universal health coverage and the right to health. It was unconscionable that, despite the annual reporting, the situation remained unchanged. In the face of the restrictions and blockades imposed by the occupying power, the mental and physical health of the Palestinian population would only worsen. The recommendations in the report would play a key role in improving the overall health outcomes of the populations in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, provided they were implemented by the Israeli authorities. She called on

all partners to promote the development of the Palestinian health sector and wished to be added to the list of sponsors for the draft decision.

The representative of the UNITED STATES OF AMERICA said that the agenda item under discussion did not meet the shared objective of a Health Assembly focused purely on public health. The discussion and draft decision instead perpetuated the politicization of the Assembly by singling out a country on a political basis. It was disappointing that certain parties had yet again 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 fell short of its attempt to improve the health of Palestinians and did 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 observer of PALESTINE thanked WHO for the support provided to the Palestinian health system, and all Member States that supported the draft decision, and called for the report to be updated to reflect current events. The draft decision contained new information regarding access to COVID-19 vaccines, rebuilding of hospitals and access to health care, added using consensual language. The recent escalation of violence in the occupied Palestinian territory had resulted in the destruction of a COVID-19 testing centre, and there had been attacks on hospitals, ambulances and medical personnel, causing the deaths of women, children and older persons. The destruction of medical infrastructure, hospitals and roads hampered the provision of medical services and ran counter to the principles of the WHO Constitution, Sustainable Development Goal 3 and the 2030 Agenda for Sustainable Development. The situation amounted to a health catastrophe and a humanitarian disaster. The draft decision was not politicized but rather based on facts and had been drafted in line with the WHO Constitution and the Organization's objectives and reports on the situation in the occupied territory. The right to health was being denied to the people of Palestine, and he called on all Member States to support the draft decision. He also called on Israel to respect its obligations as a member of WHO.

The representative of QATAR called for support to be provided to the Palestinian population, especially for health workers and those rebuilding health infrastructure. The report should contain a reference to the recent appalling events that had occurred in the occupied Palestinian territory.

The representative of NAMIBIA expressed deep concern about the recent increase in violence in the occupied Palestinian territory. The avoidable burden placed on an already strained health care system, and the destruction of a COVID-19 testing centre in an area that lacked COVID-19 vaccines, as a result of the actions of the occupying power were regrettable. He called upon the Government of Israel to address such injustices, which had untold consequences on the health of the Palestinians. Peace could only be achieved by upholding the rights of the Palestinian people, including their right to health. He called on stakeholders to implement the recommendations contained in the report. He wished to be added to the list of sponsors for the draft decision.

The representative of LIBYA expressed deep concern about the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which had been exacerbated by recent attacks carried out by the occupying power. He expressed particular concern about the safety of health facilities, which had not been spared from the Israeli attacks. It had been reported that 11 children had died during a single attack on a centre for childhood trauma. The international community needed to unite to ensure that, as a minimum, health services continued to be provided to the Palestinian population. He called for an end to the Israeli occupation.

The representative of NIGER welcomed the country cooperation strategy for WHO and the occupied Palestinian territory and expressed concern about the security and humanitarian situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which had been exacerbated by the COVID-19 pandemic, the weakened health system, and the recent

escalation in violence. The deplorable demolition of Palestinian homes and forced displacement of citizens were barriers to the provision of adequate health services. He supported efforts to improve the health conditions of Palestinians and called for greater international solidarity to that end. He supported the draft decision.

The representative of PAKISTAN expressed grave concern about the deteriorating health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which had been exacerbated by recent attacks by Israeli forces. The COVID-19 pandemic, combined with the systematic restriction of movement imposed by the Israeli authorities, impeded the provision of health services and the coordination of the public health response to the pandemic. Mental health complications and psychological trauma due to high levels of violence were also matters of concern. High levels of poverty, food insecurity and unemployment in the occupied territory further hampered access to health services. The Organization's technical support, including for UNRWA, must be adapted in line with the deteriorating health conditions of the Palestinian population. He supported the draft decision and urged the international community to uphold international humanitarian law and human rights law, including the right to health of the Palestinian people, as well as ensuring equitable access to COVID-19 vaccines.

The representative of SUDAN called for the implementation of the recommendations in the report and expressed hope that the support provided to the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan during the COVID-19 pandemic would continue. She recalled the importance of providing mental health support for victims of the recent attacks, especially children. She condemned the Israeli authorities for the recent assaults on medical facilities and for preventing emergency services from reaching victims. She urged WHO to continue providing health-related support to the Palestinian people, including prisoners and the population of the occupied Syrian Golan. WHO should facilitate capacity-building and upskilling in all regions and ensure maximum support for the Palestinian health authorities.

The representative of UNRWA, said that the health and socioeconomic conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan had further deteriorated owing to the COVID-19 pandemic. Much of the population, and over a quarter of UNRWA staff, had been infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). He expressed appreciation to host countries for their inclusion of Palestinian refugees and UNRWA staff in national COVID-19 vaccination programmes. Vaccination coverage nevertheless remained very low due to the limited availability of vaccines, and he urged the international community to support COVID-19 vaccination programmes for the Palestinian people, including Palestinian refugees. The recent attacks had exacerbated the health conditions in the occupied Palestinian territory, including east Jerusalem. UNRWA had continued to provide support despite the challenging situation, protecting people's lives and health and delivering COVID-19-related aid. He was deeply concerned about possible future surges in COVID-19 cases, and UNRWA would continue to work with WHO in that regard. He called on the international community to support the health of the Palestinian people and Palestinian refugees, and to address the root causes of the cycles of conflict.

The representative of the ORGANISATION OF ISLAMIC COOPERATION, strongly condemned the recent attacks by the Israeli authorities in the occupied Palestinian territory, including east Jerusalem, and the deaths and injuries they had caused. Crucial infrastructure, including hospitals and primary health care facilities, had been destroyed and medical services had been prevented from reaching injured people. It was essential to protect medical teams and allow them to do their work without hindrance, in line with international humanitarian law. The attacks had been carried out against the backdrop of the COVID-19 pandemic, during which the Palestinians had been denied treatment and vaccination. Given the total disregard by the Government of Israel for human rights law and humanitarian law, the current agenda item was once again proving its validity.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the recent escalation of violence had resulted in deaths and injuries, and rebuilding damaged infrastructure would take years. He hoped the current ceasefire would be sustained. There was an urgent need to ensure the provision of humanitarian aid to the Gaza Strip, as well as the delivery of medical supplies and the referral of patients to health facilities. Attacks on health centres and personnel breached the Palestinian people's right to health, which should be firmly upheld by WHO. Rates of COVID-19 had risen in the occupied territory and under 6% of the population had received the first dose of a COVID-19 vaccine. WHO was working with partners, including the COVAX Facility, to expand access to vaccines and ensure a comprehensive response to the pandemic. Every outbreak of violence represented another setback to the achievement of health priorities. WHO remained committed to working with the health authorities in the region to address such challenges and serve the most vulnerable people.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that WHO would work to guarantee the right to health of the populations in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The report would be updated, in coordination with the WHO regional and local offices, to include events that had occurred following its finalization. He condemned all attacks on health workers and facilities, irrespective of the perpetrators. United Nations Security Council resolution 2286 (2016) set forth the obligation to protect, inter alia, civilians, medical personnel and all medical facilities from attacks, including their indirect impacts, which was a principle that must be adhered to in order to uphold the right to health for all.

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 8 and 9 of the special procedures for the Seventy-fourth World Health Assembly, contained in the Annex to document A74/45. Practical guidance on the voting procedure was available in document A74/INF./6. The names of the Member States would be called in the English alphabetical order, starting with Saint Kitts and Nevis, the letter S 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: Afghanistan, Central African Republic, Chad, Comoros, Congo, Democratic Republic of the Congo, Dominica, Equatorial Guinea, Gambia, Iraq, Kyrgyzstan, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Sudan, Suriname, Venezuela (Bolivarian Republic of) and Yemen.

**The result of the vote was:**

**In favour:** Algeria, Andorra, Angola, Argentina, Armenia, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brunei Darussalam, Burkina Faso, Burundi, Chile, China, Costa Rica, Cuba, Democratic People's Republic of Korea, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, France, Gabon, Guyana, India, Indonesia, Iran (Islamic Republic of), Ireland, Jamaica, Japan, Jordan, Kuwait, Lao People's Democratic Republic, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Mauritania, Mauritius, Mexico, Mongolia, Morocco, Mozambique, Namibia, New Zealand, Nicaragua, Niger, Oman, Pakistan, Paraguay, Peru, Philippines, Portugal, Qatar, Republic of Korea, Russian Federation, San Marino, Saudi Arabia, Senegal, Sierra Leone, Singapore, South Africa, Spain, Sri Lanka, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, Tunisia, Turkey, Uganda, United Arab Emirates, United Republic of Tanzania, Uzbekistan, Viet Nam, Zimbabwe.



**Against:** Australia, Austria, Brazil, Cameroon, Canada, Colombia, Czech Republic, Germany, Honduras, Hungary, Israel, Netherlands, United Kingdom of Great Britain and Northern Ireland, United States of America.

**Abstaining:** Bahamas, Belize, Bulgaria, Cabo Verde, Côte d'Ivoire, Croatia, Cyprus, Denmark, Estonia, Fiji, Finland, Greece, Guatemala, Guinea-Bissau, Haiti, Iceland, Italy, Kenya, Latvia, Liberia, Lithuania, Madagascar, Malawi, Malta, Monaco, Montenegro, Norway, Panama, Poland, Republic of Moldova, Romania, Slovakia, Slovenia, Sweden, Timor-Leste, Tonga, Ukraine, Uruguay, Zambia.

**Absent:** Albania, Antigua and Barbuda, Azerbaijan, Benin, Cambodia, Cook Islands, Eritrea, Eswatini, Ethiopia, Georgia, Ghana, Grenada, Guinea, Kazakhstan, Kiribati, Lesotho, Mali, Marshall Islands, Micronesia (Federated States of), Nauru, Nepal, Nigeria, North Macedonia, Palau, Papua New Guinea, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sao Tome and Principe, Serbia, Seychelles, Togo, Trinidad and Tobago, Turkmenistan, Tuvalu, Vanuatu.

**The draft decision was therefore approved by 83 votes to 14, with 39 abstentions.<sup>1</sup>**

**The Committee noted the report.**

The representative of ISRAEL, speaking in explanation of vote, thanked all Member States that had voted against the decision and had therefore acknowledged that the politicization of WHO must end and that the integrity of the Health Assembly must be preserved. Member States that had voted against the decision would continue to provide support to the Palestinian people. The Government of Israel in particular would continue to engage in discussions to improve the health and living conditions of the Palestinians, and WHO would continue to provide technical assistance and work with the Palestinian authorities. The decision did not reflect the reality on the ground and allowed the Government of the Syrian Arab Republic to continue whitewashing its own crimes and the Palestinian authorities to turn the Health Assembly into another platform for the pursuit of their political goals. It was time to re-examine priorities and make bold choices in response to the pandemic. The politicization of the Health Assembly should end, and the current item should be removed from the agenda.

The representative of JAMAICA, speaking in explanation of vote, said that particularly weak health systems, such as those in the occupied territory, warranted specific attention, hence his support for the decision. He was nevertheless concerned that some of the language contained in the decision deviated from its technical focus. Specific references to the conflict risked politicizing WHO's work. Wider consultation with Member States during the drafting process would ensure that such decisions focused on health and humanitarian issues, which Member States should address in a concentrated manner to ensure the right to health for all.

The representative of the NETHERLANDS, speaking in explanation of vote, said that she supported the work of WHO in the occupied territory, particularly in the light of the COVID-19 pandemic and recent conflicts. She was concerned about the damage inflicted on the already overburdened health system during the recent violence and about the reported obstructions to the delivery of medical services, especially for fatally wounded people. She had nevertheless voted against the decision, as the Health Assembly was a technical forum and its politicization should be avoided. Furthermore, the decision was not needed to enable WHO to carry out its mandate in the occupied territory. Some of the language used in the decision, such as the references to non-discriminatory, affordable and equitable access to vaccines and to bombing among the population, went beyond the factual information required to address the situation. Her vote should not be construed as an objection

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA74(9).

to the Organization's work in the occupied territory, and her Government would continue to speak out against violations by all parties.

The representative of CANADA, speaking in explanation of vote, said that she was concerned about the continued inclusion of a stand-alone item on the agenda of the Health Assembly, which was a technical body that should avoid politicization and focus on improving global health outcomes. That was particularly important in the context of the global COVID-19 pandemic. Her Government was supportive of efforts to obtain a comprehensive, just and lasting peace negotiated directly between the parties; and advocated a fair-minded approach and rejected one-sided solutions and any politicization of the issues. It backed WHO support to strengthen health systems and ensure medical assistance 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 BAHAMAS, speaking in explanation of vote, said that her Government's abstention did not suggest that it ignored the plight of the Palestinian people. However, it did not support the politicization of the matter but rather the cooperation of both parties towards a peaceful solution.

The representative of NORWAY, speaking in explanation of vote and also on behalf of Denmark, Finland, Iceland and Sweden, said that she was concerned about the health situation in the occupied Palestinian territory, particularly due to the recent violence in the Gaza Strip, and emergency medical assistance must be provided to those in need. She called on Israelis and Palestinians to work constructively with each other and with the Secretariat, particularly in response to the COVID-19 pandemic. While they continued to support the development of the Palestinian health system, the Governments of Norway, Denmark, Finland, Iceland and Sweden had abstained from the vote, as the decision was the only one related to a specific geographical context.

The representative of AUSTRALIA, speaking in explanation of vote, said that his Government was sincerely moved by the health crisis in the occupied Palestinian territory. However, he was deeply concerned that the stand-alone agenda item unnecessarily introduced political issues into the Health Assembly by reducing the health of the Palestinian population to a political matter. His Government continued to challenge one-sided decisions that used contentious language to target Israel and damage prospects for a negotiated peace settlement. There would be no solution to the health situation in the occupied Palestinian territory while discord and division were encouraged. All parties must focus on returning to peace negotiations as soon as possible with a view to securing a just and durable peace.

The representative of PARAGUAY, speaking in explanation of vote, said that his Government continued to support the decision, the scope of which was clearly humanitarian and aimed at strengthening the health systems in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Strict criteria should therefore be established to exclude information that bore no relation to the measures to be implemented to address the humanitarian crisis, in line with previous Health Assembly decisions in that regard.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, said that his Government had voted against the decision, as it objected to the inclusion of the only stand-alone country-specific agenda item at the Health Assembly; such an inclusion needlessly politicized WHO, particularly at a time when collaborative action among all stakeholders was critical. He was deeply concerned by the fragile health situation in the occupied Palestinian territory, especially in the Gaza Strip. The recent conflict and damage to health infrastructure had exacerbated the needs of the population in the midst of the COVID-19 pandemic. However, the Health Assembly did not scrutinize the many other difficult health situations around the world in the

same way as it scrutinized the situation in the occupied Palestinian territory. The Health Assembly was failing to meet people's important health needs globally if it allowed the politicization of WHO.

The representative of ARGENTINA, speaking in explanation of vote, said that her Government continued to be concerned about the situation in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan, and had therefore voted in favour of the decision, which took into account recent events and the consequences on the health of the population. The request to assess the extent and nature of psychiatric morbidity resulting from protracted aerial and other forms of bombing on the population of the occupied Palestinian territory, including east Jerusalem, should be extended to the population of the whole occupied territory, regardless of those responsible. She called on the Israelis and Palestinians to resume negotiations in accordance with relevant United Nations Security Council resolutions.

The observer of PALESTINE said that it was disheartening that certain delegations that had supported similar Health Assembly decisions in the past were currently speaking of the present decision's politicization, as it did not contain any new elements to that effect. It was inaccurate and political to claim that the Government of Israel was vaccinating against COVID-19 in east Jerusalem and the occupied Syrian Golan. There would be no need for such a Health Assembly decision, and the Palestine authorities might even be granted full membership of WHO, if the bombing and assaults on medical personnel and facilities stopped and access to vaccines was ensured across the occupied territory. It was vital to establish accountability, and WHO had a responsibility to fulfil its mandate. Voting against the decision encouraged the occupying power to continue impeding access to health care for the population in the occupied Palestinian territory, which was not in conformity with the Geneva Conventions.

The representative of the SYRIAN ARAB REPUBLIC said that the allegations that the report and decision politicized WHO's work were misleading, and both documents represented the reality on the ground. The decision was a technical text presented within the framework of WHO's mandate; it reflected the fact that the Government of Israel continued to prevent WHO from accessing the occupied Syrian Golan, as well as the international community's willingness to provide protection and health care to the Palestinians and Syrians under occupation. If the Israeli authorities were indeed providing health care to the population in the occupied Syrian Golan, he asked why they continued to prevent WHO from accessing the occupied Syrian Golan in order to assess the health needs of the population and determine people's ability to exercise their right to health. The Government of Israel employed misleading language to attempt to justify its illegal occupation of the Syrian Golan, and the only objective of its widespread allegations of politicization was to divert attention from its violations of its legal obligations and the relevant United Nations resolutions.

The representative of AFGHANISTAN asked for clarification on the reasons for the withdrawal of his delegation's right to vote.

The LEGAL COUNSEL explained that, in accordance with resolution WHA59.6 (2006) and as described in document A74/31 on the 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, the Health Assembly had decided that if, by the time of the opening of the Seventy-fourth World Health Assembly, Afghanistan was still in arrears in the payment of its rescheduled assessments, its voting privileges would be suspended automatically.

**The meeting rose at 18:30.**

### **THIRD MEETING**

**Thursday, 27 May 2021, at 10:00**

**Chair:** Dr S. BROSTRØM (Denmark)

#### **1. FIRST REPORT OF COMMITTEE B (document A74/58)**

The representative of the SECRETARIAT, speaking on behalf of the RAPPORTEUR, read out the draft first report of Committee B.

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

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

#### **2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD**

**MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 26 of the agenda

**Update on the Infrastructure Fund:** Item 26.1 of the agenda

- **Update on information management and technology** (documents A74/9, A74/23 and A74/52)
- **Geneva buildings renovation strategy** (document A74/9)

**WHO transformation:** Item 26.2 of the agenda (document A74/9)

**WHO reform:** Item 26.3 of the agenda

- **WHO reform: governance** (documents A74/9, A74/INF./3 and EB148/2021/REC/1, decision EB148(9))
- **WHO reform: World health days** (documents A74/9, A74/9 Add.2 and EB148/2021/REC/1, decision EB148(10))
- **Review of entitlements of members of the Executive Board** (documents A74/9 and EB147/2020/REC/1, decision EB147(11))
- **WHO reform: involvement of non-State actors in WHO's governing bodies** (document A74/9)

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<sup>1</sup> See page 310.

**Global strategies and plans of action that are scheduled to expire within one year:** Item 26.4 of the agenda

- **WHO global disability action plan 2014–2021: better health for all people with disability** (documents A74/9 and EB148/2021/REC/1, resolution EB148.R6)
- **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021** (documents A74/9 and EB148/2021/REC/1, decision EB148(13))
- **Global technical strategy and targets for malaria 2016–2030** (document A74/55)

#### **Staffing matters**

- **Human resources: annual report:** Item 26.6 of the agenda (documents A74/25 and A74/53)
- **Report of the International Civil Service Commission:** Item 26.7 of the agenda (documents A74/9)
- **Amendments to the Staff Regulations and Staff Rules:** Item 26.8 of the agenda (documents A74/9 and EB148/2021/REC/1, resolution EB148.R4)

The VICE-CHAIR OF THE EXECUTIVE BOARD, recalling the discussions held at the 148th session of the Board, drew attention to: the draft decision on WHO reform: governance, recommended by the Board in decision EB148(9); the draft decision on World Neglected Tropical Diseases Day, recommended by the Board in decision EB148(10); the draft decision on the review of entitlements of members of the Executive Board, recommended by the Board in decision EB147(11); the draft resolution on the highest attainable standard of health for persons with disabilities, recommended by the Board in resolution EB148.R6; the draft decision on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, recommended by the Board in decision EB148(13); and the draft resolution on salaries of staff in ungraded positions and of the Director-General, recommended by the Board in resolution EB148.R4.

The CHAIR drew attention to a draft resolution on recommitting to accelerate progress towards malaria elimination proposed by Botswana, Canada, Chile, China, Colombia, Eswatini, Guyana, Indonesia, Kenya, Monaco, Mozambique, Namibia, Philippines, Peru, Sudan, Switzerland, United Kingdom of Great Britain and Northern Ireland, United States of America, Zambia and the Member States of the European Union, which read:

The Seventy-fourth World Health Assembly,

(PP1) Recalling resolutions WHA58.2 on malaria control, WHA60.18 and WHA64.17 on malaria, including the proposal for establishment of World Malaria Day, and United Nations General Assembly resolutions 69/325, 70/300, 71/325, 72/309, 73/337 and 74/305 on consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030 and resolution WHA68.2 on the global technical strategy and targets for malaria 2016–2030;

(PP2) Noting the report of the WHO Strategic Advisory Group on Malaria Eradication entitled Malaria eradication: benefits, future scenarios and feasibility;

(PP3) Noting with concern that two of the four Global Technical Strategy for Malaria 2016–2030 interval milestones for 2020 were not met, as reported in the World Malaria Report 2020, as the world has not been successful in reducing malaria mortality rates globally by 40% or in reducing malaria case incidence globally by 40%, compared to 2015 baselines, while

welcoming the realization of country-level milestones on achieving national elimination in ten countries and preventing reintroduction of malaria in all eliminating countries;

(PP4) Recognizing that sustainable, equitable malaria control requires resilient health systems and the achievement of universal health coverage, and that the ongoing coronavirus disease (COVID-19) pandemic and other recent past epidemics have negatively affected health systems' functioning and the production and delivery of life-saving malaria interventions in environments safe for both health workers and communities;

(PP5) Taking into account the 1955 Health Assembly resolution WHA8.30 which decided "that the World Health Organization should take the initiative, provide technical advice, and encourage research and coordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria," and acknowledging the 2020 African Leaders Malaria Alliance's call for elimination on the African continent and the 2015 East Asia Summit commitment to eliminate malaria across Asia-Pacific,

OP1. RECOMMITS to the goal of malaria eradication and affirms that this goal will be incorporated into the post-2030 iteration of the global technical strategy for malaria;

OP2. ADOPTS the updated global technical strategy for malaria 2016–2030 which emphasizes country ownership and promotes equitable and resilient health systems to deliver quality services, which are adaptive to local situations and which recognizes the need for capacity-strengthening so that countries can generate, analyse and use high-quality data, including surveillance data for making decisions and tailoring responses to leave no one behind so that countries can improve the effectiveness and quality of health services, introducing additional highly effective interventions into the existing package where this is cost-effective and aligned with country priorities; and better addressing the wider determinants that potentially disrupt or facilitate the reach and quality of services, particularly for women and for children under 5 years of age;

OP3. URGES Member States:<sup>1</sup>

- (1) to accelerate the pace of implementation, according to national contexts and priorities and their malaria strategies and operational plans consistent with the updated framework and principles of the global technical strategy for malaria 2016–2030 and the WHO Guidelines for malaria;
- (2) to extend investment in and support to health services, including integrated, accessible, affordable and quality prevention, detection, diagnosis and treatment including through the use of technology-based solutions at facility and community levels ensuring no one is left behind including to improve access for the most rural remote, and marginalized populations that have the lowest access and coverage of interventions;
- (3) to sustain and scale up as appropriate, sufficient funding of the global response against malaria;
- (4) to extend investment in the development of new tools and support for implementation research and innovation to enable the efficient delivery and equitable access with a view to maximize impact and cost-effectiveness;

OP4. URGES international, regional and national partners from within and beyond the health sector, in particular those in the Roll Back Malaria Partnership to End Malaria, to strengthen their support for and further engage in implementation of the global technical strategy for malaria 2016–2030 and align this with existing health strategies and plans;

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

OP5. REQUESTS the Director-General:

- (1) to continue to provide technical support and guidance to Member States<sup>1</sup> for the national adaptation, implementation and operationalization of the updated global technical strategy for malaria 2016–2030;
- (2) to update regularly technical guidance on malaria prevention, care and control and elimination, as new evidence is gathered and innovative tools and approaches become available and support countries to adopt and implement this guidance effectively;
- (3) to monitor the implementation of the updated global technical strategy for malaria 2016–2030 and evaluate its impact in terms of progress towards set milestones and targets;
- (4) to work with Member States,<sup>1</sup> civil society and other partners to increase investment in and efforts towards research to optimize current tools, develop and validate new, safe and affordable malaria-related medicines, products and technologies, including the R&D blueprint and foster the generation, translation and dissemination of normative, technical and operational guidance;
- (5) to provide a status report to the Seventy-seventh World Health Assembly in 2024, and a full progress report to the Seventy-ninth World Health Assembly in 2026, followed by a final status report to the Eighty-first World Health Assembly in 2028.

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

<b>Resolution:</b> Recommitting to accelerate progress towards malaria elimination	
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b>	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p>
<b>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:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	Seven years. The Secretariat is requested to provide a final status report to the Eighty-first World Health Assembly in 2028.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 417.40 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	US\$ 27.60 million.

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

<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>
Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>
US\$ 114.40 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>
US\$ 275.40 million.
<b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b>
US\$ 27.60 million.
– <b>Remaining financing gap in the current biennium:</b>
Zero.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
Not applicable.

**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		
<b>2020–2021</b> resources already planned	Staff	7.60	0.20	2.00	0.20	1.00	2.20	5.00	18.20
	Activities	3.90	0.20	1.00	0.10	0.50	1.10	2.60	9.40
	Total	11.50	0.40	3.00	0.30	1.50	3.30	7.60	27.60
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2022–2023</b> resources to be planned	Staff	31.50	0.80	8.40	0.70	4.10	9.20	20.60	75.30
	Activities	16.20	0.80	4.30	0.40	2.10	4.70	10.60	39.10
	Total	47.70	1.60	12.70	1.10	6.20	13.90	31.20	114.40
<b>Future bienniums</b> resources to be planned	Staff	75.70	2.00	20.30	1.60	9.90	22.10	49.50	181.10
	Activities	39.00	2.00	10.50	0.80	5.10	11.40	25.50	94.30
	Total	114.70	4.00	30.80	2.40	15.00	33.50	75.00	275.40

The representative of TUNISIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, presented the reports on the Committee's deliberations on information management and technology (document A74/52) and human resources (document A74/53).

The representative of KENYA, speaking on behalf of the Member States of the African Region, noted progress made in the eight key results areas of the information management and technology strategy 2020 and said that greater emphasis should be placed on key result area (a) on data and analytics.



The African Region should be allocated a larger share of the Infrastructure Fund to help to close the digital divide between and within countries. WHO's shift in focus towards enhanced country impact was commendable. In the post-COVID-19 recovery phase, strong country presence was needed to help to build resilient health systems able to respond to future pandemics. He requested that Member States be updated more regularly on the Secretariat's progress towards achieving a gender balance and more geographical diversity in WHO's higher professional categories. Member States in the Region appreciated the Secretariat's efforts to garner more sustained and systematic engagement with non-State actors and looked forward to the results of the evaluation of the informal meeting held prior to the Seventy-fourth World Health Assembly. They supported the decision to designate the World Neglected Tropical Diseases Day; the actions proposed in the draft resolution on the highest attainable standard of health for persons with disabilities and in the draft decision the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections; the update on the global technical strategy for malaria 2016–2030; and the draft resolution on recommitting to accelerate progress towards malaria elimination.

The representative of the PHILIPPINES commended the Secretariat on its continued guidance to Member States on achieving the triple billion targets, while providing leadership in the COVID-19 pandemic response. Even though countries were allocating funds to the pandemic response and economic recovery efforts, the focus on building resilient and sustainable health systems must continue. As a beneficiary of WHO's engagement with non-State actors, her Government firmly supported the approach taken and looked forward to continued support. It would be helpful to have further information on the budget implications of the WHO transformation. Seven out of the 20 neglected tropical diseases were endemic to her country and the establishment of a dedicated world health day on the topic was greatly appreciated. Her Government also supported the decision to develop global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, as a step towards achieving target 3.3 of the Sustainable Development Goals. The development of a global report on the highest attainable standard of health for persons with disabilities by the end of 2022, and the implementation of the United Nations Disability Inclusion Strategy across all levels of WHO, would sustain national efforts to enhance disability inclusion. Her Government therefore endorsed the adoption of the draft resolution recommended by the Board in resolution EB148.R6.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the launch of the road map for neglected tropical diseases and applauded WHO's work on disability. In line with WHO's continued commitment to the United Nations Disability Inclusion Strategy, the Organization could develop specific actions to enable implementation of the strategy across WHO programmes and policies, including in the humanitarian response context. Given the additional, disability-related barriers to sexual and reproductive health care, emphasis should be placed on inclusive access to those health care services. It would be helpful to obtain further information on country-level disability-related work, with a focus on policy-making, legislation, technical support, capacity-building and engagement with persons with disabilities and their representative organizations. Ensuring the highest attainable standards of health for persons with disabilities must include access to COVID-19 vaccines and treatment. Her Government supported resolution EB148.R6 and the draft resolution on recommitting to accelerate progress towards malaria elimination.

The representative of JAPAN said that her Government supported the draft resolution recommended by the Board in resolution EB148.R6, the critical importance of which had been spotlighted during the COVID-19 pandemic. Although the United Nations Disability Inclusion Strategy would become the primary instrument to promote disability inclusion once the WHO global disability action plan 2014–2021 had expired, WHO must sustain its support to national health ministries in the development and implementation of national action plans. Malaria control was an important milestone in the achievement of the health-related Sustainable Development Goals and targets; her Government therefore wished to be added to the list of sponsors of the draft resolution on recommitting to accelerate

progress towards malaria elimination. It also supported the proposal to develop a new generation of global health strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections in the draft decision recommended by the Board in decision EB148(13).

The representative of the RUSSIAN FEDERATION said that WHO staff were crucial to the Organization's ability to discharge its mandate effectively. It was therefore worrying to learn about the negative impact of long-term remote working arrangements on the well-being, motivation and mental health of WHO staff. Noting efforts undertaken to enhance geographical representation and gender parity in the WHO Secretariat, he proposed the inclusion of a reference to Article 35 of the WHO Constitution in the annual report, which reflected the fundamental principles of staff recruitment. The relevant decisions and recommendations of the International Civil Service Commission and recommendations from Member States should also be taken into account. His Government wished to disassociate itself from the term "gender responsive" and reserved the right to interpret that term as meaning "gender sensitive". It was regrettable that the latter term, which had been agreed across the United Nations system, had not been used throughout the document. While his Government supported decision EB148(13) in principle, it was regrettable that the UNAIDS strategy had been developed without States' input; it was important that WHO-supported strategies took account of the views of its Member States.

The representative of CANADA said that her Government supported resolution EB148.R6 and, in particular, the commitment to addressing the physical, attitudinal and institutional barriers to health care access for persons with disabilities. Women and girls with disabilities were especially vulnerable to multiple discrimination, including with regard to sexual and reproductive health and rights, and often experienced lower socioeconomic status, greater risk of sexual violence and gender-based discrimination and reduced access to justice. Improving their situation required systemic change and her Government supported such efforts. Outlining some of the measures her Government had taken to address the challenges faced by persons with disabilities, including during the COVID-19 pandemic, she said that it would welcome hearing the experiences of other Member States. She also requested the Secretariat to organize further Member State consultations on the holding of world health days to allow for additional discussion of the proposals received on that subject.

The representative of BRAZIL, recalling the multisectoral contingency plan implemented by the Brazilian Government to reduce the burden of the COVID-19 pandemic on persons with disabilities, said that the health crisis had also undermined progress towards malaria elimination. Closer regional integration, collective strategies and more research were needed to tackle *Plasmodium vivax* malaria, which was the most common form of the disease in the Americas. While the designation of the World Neglected Tropical Diseases Day would be a useful tool, the introduction of a requirement for global health days to be financed through voluntary contributions alone could undermine collective ownership of such events.

The representative of the UNITED STATES OF AMERICA said that a strong and effective WHO needed Member States that had access to complete, accurate and timely information on the projected cost of proposed activities, their alignment with WHO's larger objectives and engagement with partners. Lessons learned from the COVID-19 pandemic needed to be incorporated in order to make the Organization better and more resilient, prioritizing core functions. He requested more information on the Secretariat's vision for a successful completion of WHO transformation and on investments in the process, as well as on action taken to increase gender diversity and combat exclusion, discrimination, harassment and abuse. The Secretariat's efforts to enhance engagement with non-State actors were welcome. However, while the informal meeting held prior to the Seventy-fourth World Health Assembly had been useful, more advanced preparation in future would enable broader participation and more meaningful outcomes. Considering a dedicated time period for non-State actors, the Secretariat and Member States to engage in a fuller exchange might also be beneficial. His Government supported the

collective efforts of countries, donors and other partners to achieve the targets under the global technical strategy for malaria 2016–2030.

The representative of BELGIUM said that the new capacities and structures established under the WHO transformation process maintained the focus on evidence-based practices and scientific rigour, thus strengthening WHO's position as a bulwark against disinformation. More clarity was needed on how the new health emergency-related initiatives launched by the Secretariat linked up with WHO's existing health emergency work, and how the governing bodies were expected to oversee those initiatives. Concurring with others on the need for greater Member State engagement in the transformation process, she encouraged the Secretariat to improve communications to that end. Only collectively owned transformation could enhance the impact of WHO's work at the country level.

The representative of AUSTRALIA said that, compared with other workstreams of the WHO transformation agenda, progress in staffing WHO country offices adequately to achieve impact was lagging behind. Given the critical need for the right capacities at all levels of the Organization, more reporting was needed on how transformation enhanced country capacities, and efforts to create robust, well-resourced country offices must be redoubled. Regarding human resources, the recommendations of the International Civil Service Commission should be implemented within the established time frame. Implementation of the revised harassment policy required commitment at the highest level of management across WHO, and Member States should be updated regularly on implementation progress. The gender parity and diversity-related initiatives were commendable. He commended the Secretariat's efforts to strengthen health, rehabilitation and community-based rehabilitation systems in the Western Pacific Region.

The representative of ISRAEL said that resolution EB148.R6 had been drafted in close consultation with persons with disabilities and their representative organizations, with many testifying that, in the world of health, they often felt that their lives were valued less. In many societies, persons with disabilities continued to be considered "broken bodies", and assistive technology a luxury, a special effort and a burden. Aspiring to achieve the highest attainable standard of health for persons with disabilities was a change in mindset and would pave the way for greater participation in economic, cultural and political life. Broad engagement with representative organizations of persons with disabilities was crucial to ensure that their views and needs were incorporated across WHO policies and programmes. Improved access to quality, affordable rehabilitation services was key to improving population health outcomes and fostering inclusive, sustainable development. The WHO's Rehabilitation 2030 initiative was a step in the right direction and should be strengthened.

The representative of HONDURAS expressed support for the proposals in the WHO global disability action plan 2014–2021 and the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021. Affordable, quality health care services that maximized resources to improve the health of persons with disabilities were crucial. Given the various barriers to accessing such services, comprehensive multisectoral reforms throughout the health care system were needed. She commended the Secretariat on its efforts to attract and retain talent through learning and staff development opportunities, taking into account mobility, diversity, inclusiveness and staff well-being, especially in the second year of the COVID-19 pandemic.

The representative of THAILAND, expressing support for resolution EB148.R6, said that, given that the idea of mainstreaming disability inclusion and non-discrimination had been established in United Nations documents for decades, the lack of progress was unfortunate. The COVID-19 pandemic had highlighted that inclusive health care was not progressing any faster than any other aspect of the United Nations Convention on the Rights of Persons with Disabilities. The inclusion of disability in the preparedness debate was paramount. HIV, viral hepatitis and sexually transmitted infections could only be tackled through international cooperation, knowledge-sharing and robust strategies; decision EB148(13) was an important tool in that regard. Achievement of target 3.3 of the Sustainable

Development Goal required the implementation of robust strategies, especially in the context of the COVID-19 outbreak. She urged Member States to support the draft resolution on recommitting to accelerate progress towards malaria elimination and to join efforts to fully operationalize the global technical strategy for malaria 2016–2030.

The representative of NEW ZEALAND, emphasizing that disability was not just a health issue, said that accessibility of services was crucial to good health and that health data must be disaggregated by disability. The progress made under the WHO global disability action plan 2014–2021 and WHO guidance on mitigating the impact of the COVID-19 pandemic on persons with disabilities were commendable. However, delivering better health outcomes for persons with disabilities remained a challenge; his Government therefore supported extending the global action plan. It was taking action domestically in response to the findings of a national health survey revealing that persons with disabilities, particularly in certain groups such as the Maori and Pacific peoples, had poorer health outcomes and did not benefit from health care services in the same way as other population groups. It looked forward to further progress at the global level through WHO-led disability action.

The representative of GERMANY said that persons with disabilities were disproportionately affected by public health emergencies and that disability inclusion must be part of the COVID-19 response and recovery. Her Government welcomed the holistic approach of the draft resolution contained in resolution EB148.R6 and wished to be added to the list of sponsors. Post-COVID-19 investment in the health sector must support the attainment of the goals and targets of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. The three issues were closely related and should be linked to create synergies and bundle resources. The new strategies should: address persistent structural barriers preventing the roll-out of proven interventions; be needs-based; leave no one behind; highlight special vulnerabilities such as those of transgender persons; and promote further integration and strengthening of health systems, including at the community level. Surveillance and monitoring should be strengthened and the strategies should be aligned with others, especially the new Global AIDS Strategy 2021–2026.

The representative of INDIA said that the experience of the COVID-19 pandemic had reaffirmed the need for robust, fit-for-purpose global health governance and support structures, with WHO at their core. Global prevention, preparedness and response capacities must be strengthened to address future pandemics. More inclusive decision-making and Member State involvement, clear accountability frameworks and financial transparency were essential in that regard. To meet WHO's objectives, engagement with non-State actors, the availability of unearmarked funds, the sharing of reliable and accurate data, and digital health reforms in service delivery were key. The process of declaring public health emergencies must be improved and robust mechanisms put in place for early risk assessment, especially at the regional level. He expressed appreciation for the progress made in combating HIV, viral hepatitis and sexually transmitted infections, although more action was needed to meet critical targets. His Government was gravely concerned over reports of sexual exploitation by aid workers affiliated with WHO. It was crucial to ascertain how such incidents could occur in the first place and to establish a culture of prevention to make WHO a safer space for all stakeholders.

The representative of the UNITED ARAB EMIRATES said that, in the light of the heavy toll of neglected tropical diseases on populations around the world and against the backdrop of the new road map for neglected tropical diseases 2021–2030, an official day to commemorate neglected tropical diseases would contribute to international efforts to address those diseases. Although the world health day had been celebrated informally for years, its formalization would provide momentum and unite partners across the neglected tropical diseases community around a common set of messages and call for action. It could strengthen political will and public awareness in endemic countries and provide an annual opportunity to drive advocacy for the years to come.

The representative of GHANA, acknowledging WHO's leadership and its capacity to repurpose its workforce to support Member States in policy dialogue and provide strategic and technical support, commended the progress made in WHO reform. In order to make WHO fit for purpose, the creation of a culture of innovation and creativity underpinned by strong ethical values was vital. Inadequate, misaligned and unpredictable funding could threaten reforms; Member States and development partners must therefore focus on securing more flexible funding to support core and non-core activities at all levels of the Organization. The Secretariat must work closely with its partners to mobilize additional resources, distribute them equitably and support Member States to implement their health programmes.

The representative of ZAMBIA noted that progress towards malaria elimination had slowed, stalled or reversed in many moderate- and high-burden countries. Despite a modest expansion in the availability of prevention measures, diagnosis and treatment, access remained unequitable. Sustainable, equitable malaria control required resilient health systems. Despite his Government's efforts to mitigate an upsurge in malaria cases in 2020, much of the progress made in reducing malaria mortality had been reversed due to increased rainfall associated with climate change, programme disruption, and intermittent low stock levels of antimalarials and tests. The COVID-19 pandemic had affected the global supply chain and put additional pressure on the health system. Member States' support for the draft resolution on recommitting to accelerate progress towards malaria elimination was therefore crucial.

The representative of BARBADOS said that the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections had provided useful input into his country's national strategic framework for the health sector response to the three diseases and helped to position that response within the broader public health agenda. His delegation stood ready to engage with the Secretariat, Member States and stakeholders on the development of the strategies for the period 2022–2030 and looked forward to the continued leadership of the Secretariat.

The representative of BANGLADESH urged caution in diverting resources to the COVID-19 response and leaving attained achievements unprotected; for WHO to deliver impact at the country level, predictable and sustained financing from Member States and donors was essential. WHO governance reforms should be mindful of the need for the Organization to be well equipped to face future pandemics. The development of a new international treaty for pandemic preparedness and response could be useful but would need to focus on mechanisms for the equitable distribution of vaccines and medicines, technology transfer and capacity-building, especially for low- and middle-income countries. While observance of world health days generated public health awareness, more discussion was needed on planning, financing, monitoring and evaluation of such events. Further work was also required to harness the contribution of non-State actors more effectively, including by encouraging them to mobilize timely, equitable and affordable COVID-19 vaccines for all. His delegation supported the proposal to sunset reporting requirements on a number of resolutions where mandates had been completed or superseded by new mandates on the same subject matter.

The representative of the REPUBLIC OF KOREA said that the COVID-19 pandemic had highlighted the importance of equal protection for people with disabilities during public health emergencies. The provision of a sustainable health care service delivery for persons with disabilities required crisis protocols for disability support workers and disability-specific preparation and control measures for infectious diseases. To guarantee the highest attainable standard of health for persons with disabilities in all circumstances, not only in times of crisis, relevant policies must be regularly assessed. Member States must also continue to cooperate once the WHO global disability action plan 2014–2021 had expired. She outlined domestic measures taken regarding disability inclusion in health and the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. Access to essential HIV-related services had been maintained during the COVID-19 pandemic and her Government would continue to cooperate with others and share best practices.

The representative of SENEGAL, expressing support for resolution EB148.R6 and outlining legislative and other measures taken by his Government to guarantee the rights of persons with disabilities, said that access to basic services was provided free of charge through community-based rehabilitation models. In order to ensure the highest attainable standard of health for persons with disabilities, disability should be mainstreamed across policies and relevant projects should be implemented in cooperation with the Secretariat. His country had made great strides in implementing the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021. Moreover, delivery of HIV-related services had not been disrupted during the COVID-19 pandemic.

The representative of CUBA, outlining the range of activities and policies implemented to guarantee the rights of persons with disabilities in her country, said that important insights had been gained from the initial discussions with the Committee on the Rights of Persons with Disabilities. The Committee's recommendations had been implemented at the national level. Her Government fully supported the draft resolution recommended in resolution EB148.R6 and attached the utmost importance to cooperation, the sharing of experiences and best practices, and joint research to improve the health of persons with disabilities.

The representative of NAMIBIA said that there was ample data to illustrate the heavy burden of HIV, viral hepatitis and sexually transmitted infections on the African continent and in other regions of the world. His Government therefore supported the development of new global health sector strategies in the three areas. As the world was responding to the COVID-19 pandemic and planning for future health emergencies, political support and action to address HIV, viral hepatitis and sexually transmitted infections must be sustained and strengthened. The development of global health strategies for the period 2022–2030 must include consultations with all stakeholders. The new strategies should be informed by the outcome of the forthcoming high-level meeting of the United Nations General Assembly on HIV/AIDS. He invited Member States to support the draft decision recommended in decision EB148(13) and to commit to sustainable funding and implementation of the new strategies.

The representative of SLOVAKIA said that the COVID-19 pandemic had raised the visibility of WHO and highlighted the urgent need for transformation. More strategic decision-making would underpin the Organization's standing as the custodian of global health. Her Government supported the drive for enhanced country impact and the clear distinction between the roles of the different levels of the Organization, with a focus on the technical role of regional and country offices and the coordination mission of WHO headquarters. Meaningful involvement of Member States in governance-related matters was crucial to ensure collective ownership of WHO reform.

The representative of INDONESIA, supporting the draft resolution recommended in resolution EB148.R6, described her Government's measures to further integrate persons with disabilities. She supported the development of a regional action plan with guidelines taking account of regional and country-specific circumstances for the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. In order to ensure quality prevention and control of HIV, viral hepatitis and sexually transmitted infections, WHO should: continue to promote an integrated, multi-disease approach and sustainable and resilient health systems; develop effective country strategies, drawing on lessons learned from the impact of the COVID-19 pandemic on essential health services; cooperate with other bodies of the United Nations system; continue to support Member States in the national implementation of global strategies; and provide updated information on cost-effective strategies to achieve the relevant Sustainable Development Goal targets.

The representative of BAHRAIN said that raising awareness of neglected tropical diseases was crucial to helping low-income countries tackle the associated challenges of those diseases. Her Government supported the proposals contained in resolution EB148.R6 and concurred with others on the need to follow up on the implementation of the WHO global disability action plan 2014–2021. In

Bahrain, early screening and other services were being provided without disability discrimination and specialists were trained in health care delivery for persons with disabilities. There should be further consultations on the development of the next generation of global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, to ensure their alignment with country needs, taking into account the views of all Member States.

The representative of AFGHANISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that WHO's normative work must take into account local context and country needs and priorities. The Secretariat's efforts to enhance communication with Member States were appreciated and had enabled a well-coordinated COVID-19 response. He welcomed the planned evaluation of the COVID-19 pandemic response in the Region and requested the Secretariat to share the lessons learned with Member States. The comprehensive review on progress made in implementing Vision 2023 in the Eastern Mediterranean Region would certainly provide proposals on the way forward, and the recommendations from the review of implementation of transformation in the Region had been duly noted. The governments in his Region looked forward to engaging in the next steps in the transformation process, mindful of the fact that ensuring country impact would require adequate financial and human resources.

The representative of AUSTRIA said that the COVID-19 pandemic had illustrated the importance of well-functioning, equitable health systems. An inclusive society meant guaranteeing accessible, non-discriminatory and affordable access to health systems, especially during health crises and including for persons with disabilities. In the context of the COVID-19 pandemic, training health workers in prevention and control was crucial to protect persons with disabilities in care facilities. Disability-related data collection was an important aspect of ensuring the highest attainable standard of health for persons with disabilities and an inclusive society, to which his Government was firmly committed. Resolution EB148.R6 was a key tool for achieving universal health coverage and global disability targets, and the report on the highest attainable standards of health for persons with disabilities would provide valuable insights.

The representative of SPAIN, providing data and outlining the activities implemented in her country to tackle HIV, viral hepatitis and sexually transmitted infections, said that considerable progress had been made under the current global health sector strategies. Her Government supported the adoption of the draft decision recommended in decision EB148(13), which aligned with the new national strategic plan currently being drafted on the elimination of HIV and other sexually transmitted infections for the period 2022–2030. She described the measures taken by her Government to tackle stigma and prejudice associated with HIV and drew attention to the successful reduction of hepatitis-related mortality and the prevalence of hepatitis C.

The representative of CHINA, commending WHO's reform efforts, said that more needed to be done to enhance the efficiency of governing body meetings, including: strict adherence to agenda item order; scheduling of meeting times taking into consideration Member States from all regions, especially the Western Pacific Region; adherence to the established speaking order; and strict control of allocated speaking times. In WHO's multilingual working environment, documents should be made available in all language versions at the earliest opportunity, and technical support for interpretation services should be optimized. Strengthening rehabilitation capacities, including through training, was crucial to ensure the right to health of persons with disabilities. Special emphasis should be placed on the health needs of children with disabilities.

The representative of NORWAY said that her Government was proud to be co-hosting the Global Disability Summit 2022 in Oslo, which would be a fully virtual event. The first such summit held in 2018 had been a game changer, and expectations were high. The 2022 summit would provide an opportunity to build on results achieved and accelerate inclusive development, in collaboration with States, multilateral organizations and a wide range of partners, translating guidance into action. It was hoped

that the summit would lead to new commitments on the implementation of the Convention on the Rights of Persons with Disabilities.

The representative of MALAWI said that, while discussions on disability and rehabilitation had revolved around community-based models for decades, in recent years and in the post-COVID-19 era, when the need for home-based rehabilitation was most pressing, the active promotion of community-based rehabilitation had stalled. Without it, the goal of ensuring the highest attainable standard of health for persons with disabilities would be difficult, especially in resource-deprived and rural settings. Moreover, unless community-based rehabilitation was reflected in the draft resolution contained in resolution EB148.R6, Member States would be unlikely provide financial and human resources for such services. Her Government supported the draft resolution in principle, but requested the inclusion of a reference to community-based rehabilitation.

The representative of COLOMBIA, describing the measures taken and tools used by her Government to promote equitable access to affordable health care for persons with disabilities, said that, while the actions proposed in resolution EB148.R6 were useful, community-based rehabilitation should be included. By making optimal use of local resources, it was an important tool for improving access to social, education, health and employment services for persons with disabilities in low- and middle-income countries. The concept of community-based rehabilitation should be mainstreamed across programmes and activities once the WHO global disability action plan 2014–2021 had expired, or even promoted through a separate instrument.

The representative of EGYPT said that, after having suffered the financial and social burden of hepatitis for decades, Egypt had become the first country free from hepatitis C. His Government was deeply grateful to WHO and other international partners for their support which, combined with a high level of political commitment and successful interministerial cooperation nationally, had enabled such a major achievement. Drawing on its own experience, the Government of Egypt stood ready to support others and would join hands with WHO and the World Economic Forum in the “Find the Missing Millions” campaign to eliminate viral hepatitis.

The representative of the UNITED REPUBLIC OF TANZANIA, providing statistical data on disability in his country and outlining the steps taken to improve the availability and accessibility of rehabilitation services, said that his Government supported the draft resolution recommended in resolution EB148.R6. Providing detailed statistics on the progress made towards national and global AIDS response goals, he conveyed his Government’s support for the objectives of decision EB148(13) and the development of global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, welcomed the achievements under the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections during the period 2016–2021. Treatment uptake had increased due to major price reductions through generic competition. Public health-oriented licensing through the Foundation, for example, had facilitated access to affordable first-line HIV regimens and curative hepatitis C treatments. WHO support was critical, and her organization stood ready to work with WHO and others, facilitating access to innovative products.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIR, said that hepatitis elimination required urgent attention, as only one third of Member States reported having plans and programmes in place. Civil society and the affected communities must be central to a future global health sector strategy on viral hepatitis as equitable partners in the planning, implementation, monitoring and governance of programmes and services. His organization looked forward to supporting efforts and working with WHO on World Hepatitis Day 2021.



The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that urgent action was needed to remove financial and other barriers to scaling up diagnosis and treatment for hepatitis C. Improvements were needed to HIV service delivery, treatment and prophylaxis for children and adolescents, and to surveillance, tests, treatments and strategies for sexually transmitted infections, including to address alarming rates of drug resistance. Progress in those areas required political will, appropriate tools and sustainable financing.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had deepened inequalities and highlighted the interconnectedness of human lives across the globe. In order to make unity a reality and close gaps revealed by the crisis, better coordinated, transparent, accountable and participatory multilateral systems were needed. Her organization stood ready to work with the Secretariat and Member States and called on heads of state and governments to transform the global system of governance. The adoption of a pandemic treaty would be a sensible first step.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that a globally coordinated response was needed to address challenges to tackling HIV, viral hepatitis and sexually transmitted infections. Global strategies for the period 2022–2030 were critical to attaining target 3.3 of the Sustainable Development Goals. On WHO reform, her organization objected to any attempt to shrink the civil society space and involvement in WHO governing body processes. An open and meaningful debate between stakeholders, not merely delivering statements, was crucial. If non-State actors were to be grouped into constituencies, there must be a constituency on gender equality, health and rights.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of the UNION FOR INTERNATIONAL CANCER CONTROL, said that efforts to address the challenges to civil society engagement in WHO governing body meetings were commendable. Informal meetings, while valuable, must not replace civil society interaction in official proceedings. Governing body agendas and documents should be made available ahead of informal meetings and the modalities during meetings should be simplified. Civil society organizations should be involved in co-hosting formal side events, and virtual platforms should be established for engagement at the regional level.

The representative of the INTERNATIONAL AIDS SOCIETY, speaking at the invitation of the CHAIR, said that, while 40 years of HIV response had demonstrated the importance of science, the response to the COVID-19 pandemic had shown that following science was an inherently political decision. A conscious commitment must be made to translating the latest evidence into strategic public health action, and the new global health sector strategies should be mindful of the individual needs of people, not just population groups. WHO's current definition of people-centred care should be expanded to take account of diversity within groups of people and communities. A person-centred care framework could help strengthen service delivery and improve health outcomes.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed consideration of WHO's engagement with non-State actors in governing body proceedings but still questioned the definition of non-State actors in the Framework of engagement with non-State actors. The creation of global constituencies and grouping of items risked diluting the diverse contributions of civil society. Preserving the space for diverse voices would enrich exchange with Member States and ensure more informed reflections and better decision-making.

The representative of the TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that persistent gaps in hepatitis prevention and treatment were of concern to many countries. His organization stood ready to engage with WHO in developing a new global health sector strategy on viral hepatitis to address outstanding challenges and meet patient needs. The strategy

must enable Member States to tailor action plans to their local contexts and target populations. Specific policies and programmes were needed to scale up prevention, diagnosis and treatment.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, expressed appreciation for the inclusive consultations with civil society in the drafting of resolution EB148.R6, which reaffirmed the motto “Nothing About Us Without Us” in disability inclusion. The document recognized exclusion and the urgent need for full respect of the right to health of persons with disabilities. Member States must implement its provisions without delay; her organization stood ready to support the Secretariat and Member States to that end.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and also on behalf of THE SAVE THE CHILDREN FUND, said that the COVID-19 pandemic had reaffirmed the need for a strong WHO. Efforts to transform the Organization to enhance its capacity to address global health challenges were commendable. Member States should prioritize interactions with non-State actors and consider establishing a WHO civil society commission. Including the most marginalized and underrepresented populations was critical for a strong WHO. Her organization stood ready to work with WHO to help improve non-State actor engagement.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that, since the launch of WHO reform in 2012, the share of sustainable financing through assessed funds had continued to decrease. Over the same period, the space for engagement with non-State actors had contracted, and reliance on constituency statements would further stifle the voice of public-interest organizations. In the absence of a mechanism to ensure the accountability of the WHO Foundation to Member States, WHO reform and transformation had added new challenges to the Organization’s integrity and independence.

The representative of the MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, said that transformative innovations introduced under the global technical strategy and targets for malaria 2016–2021 had saved millions of lives. Continued support was needed for research into more effective tools and the roll-out of existing innovations at country level, including efficient processes for the prequalification of products, revision of guidelines and technical support for the early adoption of technologies, as well as strong health systems able to make full use of innovation.

The representative of the ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that many persons with disabilities, including women and girls, experienced multiple intersecting forms of discrimination that limited their ability to access adequate quality health services even further. In many countries, disability inclusion had yet to be mainstreamed into health sector strategies, policies and plans. Resolution EB148.R6 was a critical tool to address disability-related gaps in health and deserved unanimous support.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN reaffirmed his Region’s commitment to WHO transformation as set forth in the Thirteenth General Programme of Work, 2019–2023. The Regional Office had been restructured, the polio eradication programme had been reformed and performance indicators and monitoring mechanisms had been established. A new office had been set up within the Regional Office tasked with strengthening partnerships and mobilizing support. In December 2020, the Regional Health Alliance had been launched to support countries in accelerating progress in health, including the COVID-19 pandemic response. Progress in the implementation of transformation initiatives, including capacity-building on health diplomacy, had slowed down due to the pandemic. Expressing appreciation for the external evaluation of the WHO transformation agenda, he thanked other Member States for their support to the Region.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), thanking Member States for their support for the establishment of the World Neglected Tropical Diseases Day, said that its observation would add momentum to efforts to eliminate those diseases, mobilize diverse global partners and contribute to the implementation of the new road map for neglected tropical diseases 2021–2030.

Support for the adoption of the draft resolution contained in resolution EB148.R6 was also greatly appreciated, as it would help to maintain the continuity of work conducted under the WHO global disability action plan 2014–2021. Consultations were under way with departments across WHO to identify key issues for inclusion in the global report on the highest attainable standards of health for persons with disabilities. In the context of WHO transformation, the United Nations Disability Inclusion Strategy was being implemented and improvements had been made in six of 16 indicators within just one year. Disability would also be included in technical support efforts in countries. Guidance on disability considerations for COVID-19 vaccination had been published in April 2021. Work on vaccine access and disability inclusion in emergency and humanitarian response settings was also under way. Disability-accessible sexual and reproductive health services would be included in WHO's work on disability in due course.

Community-based rehabilitation was a fundamental pillar of malaria control and would be reflected in the Rehabilitation 2030 initiative and WHO technical documents. The Secretariat was committed to engaging with persons with disabilities and their representative organizations. Work on rehabilitation and assistive technology was advancing in the context of the Rehabilitation 2030 and Global Cooperation on Assistive Technology initiatives. The Secretariat looked forward to collaborating with the Government of Norway on the Global Disability Summit 2022.

It emerged from the 2021 global progress report on HIV, viral hepatitis and sexually transmitted infections that much remained to be done to attain the Sustainable Development Goal targets relating to the elimination of preventable and treatable diseases. The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 would seek to preserve individual approaches to each disease area, while emphasizing the importance of synergies, anchoring action firmly in primary health care and universal health coverage. They would be informed by relevant work undertaken by other bodies and forums of the United Nations system. To enable the widest possible participation in the development of the new strategies, the Secretariat would launch a series of virtual consultations and online surveys in June 2021. All Member States and stakeholders were invited to participate.

He commended the sponsors of the draft resolution on recommitting to accelerate progress towards malaria elimination for their initiative in the midst of a global health pandemic. Consultations had taken place with a view to updating the global technical strategy for malaria 2016–2030, based on progress made against the milestones set for 2020 and identifying the actions needed to get back on track towards the 2025 milestones. The updated strategy would retain the agreed structure, goals and milestones but be more closely aligned with the universal health coverage target and the Thirteenth General Programme of Work, 2019–2023. The draft resolution illustrated Member States' commitment and leadership to overcome stagnation and recommit to progress. Over the coming five years, emphasis would be placed on equitable access to prevention and treatment, the promotion of research and development and innovative approaches, including vaccines.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) said that the management response to the external evaluation of the WHO transformation agenda would be compiled and shared with Member States once completed. To enhance communication with Member States on the initiatives launched in the context of transformation, a live tracking and monitoring tool had recently been published on the WHO website, which showed the 40 core transformation initiatives and their status, as well as transformation-enabled projects such as the Access to COVID-19 Tools (ACT) Accelerator initiative. Responding to concerns regarding costs, he said that transformation-related initiatives and associated costs would be identified in the proposed programme budget for 2022–2023 in order to ensure greater visibility. Transformation would also be a top priority in the Secretariat's engagement with the regional offices. It was also intrinsically linked to the

sustainable financing of the Organization, human resource reforms and the partnerships agenda. The outcome of the evaluation of transformation, Member State resolutions on preparedness and response, and the 2021 external audit plan, along with input from Member States, would feed back into the reform agenda. He thanked civil society organizations for their valuable contribution to WHO's work.

The DIRECTOR-GENERAL paid tribute to the recently deceased Dr Nabil Aziz Awad Alla, who had been a champion of the fight against neglected tropical diseases, and thanked Member States for their support for the designation of the World Neglected Tropical Diseases Day. Thanking Member States for their commitment to the draft resolution recommended in resolution EB148.R6, he said that the document addressed an area that had long been neglected and would spur global action for disability inclusion in health, including within WHO. The input and contribution of civil society organizations to WHO's work was greatly valued. The new mechanism for informal dialogue between non-State actors, Member States and the Secretariat had proven useful and engagement would continue, both with individual non-State actors and interest-based subgroups, in that framework. The meetings would not replace the formal engagement of non-State actors in governing body processes.

**The Committee noted the reports.**

The CHAIR invited the Committee to approve the draft decision on WHO reform: governance recommended in decision EB148(9), as contained in document EB148/2021/REC/1.

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

The CHAIR invited the Committee to approve the draft decision on World Neglected Tropical Diseases Day recommended in decision EB148(10), as contained in document EB148/2021/REC/1.

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

The CHAIR invited the Committee to approve the draft decision on the review of entitlements of members of the Executive Board recommended in decision EB147(11), as contained in document EB147/2020/REC/1.

**The draft decision was approved.<sup>3</sup>**

The CHAIR invited the Committee to approve the draft resolution on the highest attainable standard of health for persons with disabilities recommended by the Board in resolution EB148.R6, as contained in document EB148/2021/REC/1.

**The draft resolution was approved.<sup>4</sup>**

The CHAIR invited the Committee to approve the draft decision on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, recommended by the Board in decision EB148(13), as contained in document EB148/2021/REC/1.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA74(17).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA74(18).

<sup>3</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA74(19).

<sup>4</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA74.8.

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

The CHAIR invited the Committee to approve the draft resolution on salaries of staff in ungraded positions and of the Director-General, recommended by the Board in resolution EB148.R4, as contained in document EB148/2021/REC/1.

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

The CHAIR invited the Committee to approve the draft resolution on recommitting to accelerate progress towards malaria elimination.

**The draft resolution was approved.<sup>3</sup>**

The representative of GUATEMALA acknowledged the importance of resolution EB148.R6 and reiterated her Government's commitment to the attainment of the highest level of health for persons with disabilities. It did, however, have reservations with regard to the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, and could not give its full support to instruments that contradicted Guatemalan law.

**The meeting rose at 13:10.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA74(20).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA74.10.

<sup>3</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA74.9.

## **FOURTH MEETING**

**Thursday, 27 May 2021, at 14:05**

**Chair:** Dr S. BROSTRØM (Denmark)

### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)**

#### **1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD**

**MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 26 of the agenda (continued)

**Process for the election of the Director-General of the World Health Organization:** Item 26.5 of the agenda (documents A74/24, A74/24 Add.1, A74/24 Add.2, A74/24 Add.3, A74/54 and EB148/2021/REC/1, decision EB148(11))

The CHAIR drew attention to the draft decision on contingency arrangements for the election of the Director-General of the World Health Organization contained in document A74/24 Add.2. The financial and administrative implications for the Secretariat of adopting the draft decision were set out in document A74/24 Add.3.

The VICE-CHAIR OF THE EXECUTIVE BOARD, recalling the discussions held at the 148th session of the Executive Board, drew attention to the draft decision on candidates' statements and travel support recommended in decision EB148(11), which sought to ensure a fair and transparent election process.

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE, recalling the discussions held at the thirty-fourth meeting of the Programme, Budget and Administration Committee, drew attention to the report contained in document A74/24 Add.1 and the report of the Programme, Budget and Administration Committee on the process for the election of the Director-General of the World Health Organization contained in document A74/54.

The representative of FRANCE said that the pandemic of coronavirus disease (COVID-19) had led to far-reaching changes in the working methods of the United Nations system, including the increased use of virtual meetings. Although online solutions facilitated Member States' participation in multilateral democracy and ensured the continuity of work in extraordinary circumstances, they also posed challenges with regard to the quality of discussions and the principles of United Nations democracy, as well as in terms of cybersecurity and interpreting. Other solutions that ensured physical participation while respecting public health measures included roll-call voting, with time slots allocated. Recalling that the United Nations General Assembly had rejected electronic voting for secret ballots, she said that in-person voting remained the best option for ensuring the integrity of the election of the Director-General. It was unlikely that further research into the electronic voting option would prove useful.

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, stressed the importance of verifying votes. The use of new technology to automate ballot counting raised problems, including cybersecurity risks. The use of optical scanners would be costly and laborious, and would not shorten the time needed for the verification process. For the upcoming election of the Director-General, he recommended counting ballots manually, in order to ensure the transparency of the election process. Nevertheless, he remained open to using other solutions in future, if new technology became available or if a proposal was made to combine both manual and electronic methods.

The representative of INDONESIA noted that the precise arrangements for the election of the Director-General would be determined closer to the date of the Seventy-fifth World Health Assembly, depending on the COVID-19-related epidemiological situation, and that, if necessary, voting would take place through the permanent representatives to the WHO in Geneva, or by proxy. She looked forward to further information on the option of voting remotely through a secure electronic connection. As the time savings did not outweigh the additional costs and risks of using optical scanners, the Secretariat should focus on conducting a fair and transparent election with a manual vote count and on preparing the appropriate contingency arrangements.

The representative of AUSTRIA said that while in-person voting was the preferred option, postal voting would be a feasible solution, should the epidemiological situation require it. In the light of the security concerns and costs, she advised against further research into optical scanning technology. She supported the draft decision on contingency arrangements.

The LEGAL COUNSEL said that the Secretariat took note of the recommendations to forego further research into the use of optical scanners and the comments relating to contingency arrangements; that information would be taken into account when planning any consultations that might be necessary. Contingency arrangements would only need to be pursued if required by the epidemiological situation.

In response to a request made during the discussion of the issue by the Programme, Budget and Administration Committee, he informed the Executive Board that the Secretariat had compiled data on the limits on the terms of office for the executive heads of 17 United Nations entities. Of those, five had five-year terms of office, either renewable once or an unlimited number of times, and 10 had four-year terms, renewable once or an indefinite number of times. ICAO had a three-year term of office for its executive head, renewable once, and WIPO had a six-year term, also renewable once.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft decisions on candidates' statements and travel support and on contingency arrangements.

**The draft decisions were approved.<sup>1</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decisions WHA74(21) and WHA74(22).

**2. APPOINTMENT OF REPRESENTATIVES OF THE WHO STAFF PENSION COMMITTEE:** Item 27 of the agenda (document A74/26)

**REPORT OF THE UNITED NATIONS JOINT STAFF PENSION BOARD:** Item 28 of the agenda (document A74/27)

The CHAIR drew attention to the proposal to reappoint Ms Yanjmaa Binderiya (Mongolia) as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-seventh World Health Assembly in May 2024.

**It was so decided.<sup>1</sup>**

The CHAIR drew attention to the proposal to reappoint Dr Kai Zaehle (Germany) as an alternate member of the WHO Staff Pension Committee, for a three-year term until the closure of the Seventy-seventh World Health Assembly in May 2024.

**It was so decided.<sup>1</sup>**

**The Committee noted the report contained in document A74/27.**

**3. MANAGEMENT AND LEGAL MATTERS:** Item 31 of the agenda

**Agreements with intergovernmental organizations:** Item 31.2 of the agenda (document A74/44)

The CHAIR drew attention to the draft resolution contained in document A74/44 on the proposed agreement between the World Health Organization and the International Organisation of La Francophonie.

The representative of CANADA said that the COVID-19 pandemic had created opportunities for multilateral cooperation, and that the International Organisation of La Francophonie provided a unique forum for seeking solutions to a range of issues, including those relating to health. She expressed support for the draft resolution, welcoming the planned cooperation between WHO and the International Organisation of La Francophonie to combat the COVID-19 pandemic and, more broadly, to improve access to health care and social protection and to achieve universal health coverage in the French-speaking world.

The representative of MONACO expressed support for the draft resolution and welcomed the proposed agreement, which would help to strengthen joint action by the International Organisation of La Francophonie and WHO, especially within the framework of the WHO Academy, with a view to providing improved multilingual education for health care workers.

The representative of the INTERNATIONAL ORGANISATION OF LA FRANCOPHONIE, speaking at the invitation of the CHAIR, welcomed the proposed agreement with WHO, which established a formal framework for the longstanding collaboration between the two organizations and complemented the recently signed memorandum of understanding. The global health crisis had highlighted the need for multilateral action and his organization offered a platform for such cooperation. The International Organisation of La Francophonie would continue its efforts to tackle the COVID-19 pandemic, including by providing political and diplomatic support for WHO missions and advocating for equitable access to COVID-19 vaccines. It intended to work with WHO to ensure reliable and effective health systems in the French-speaking world.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA74(23).



The CHAIR took it that the Committee wished to approve the draft resolution on the proposed agreement between the World Health Organization and the International Organisation of La Francophonie.

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

**4. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS:** Item 32 of the agenda (document A74/38)

The CHAIR drew attention to a draft resolution on the participation of the Holy See in the World Health Organization, proposed by Albania, Algeria, Andorra, Angola, Argentina, Armenia, Austria, Bahrain, Bangladesh, Belgium, Botswana, Brazil, Bulgaria, Cabo Verde, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Dominican Republic, Ecuador, Egypt, El Salvador, Eswatini, Georgia, Germany, Greece, Guatemala, Haiti, Hungary, India, Indonesia, Ireland, Italy, Japan, Kenya, Kuwait, Latvia, Lebanon, Lithuania, Malta, Monaco, Montenegro, Morocco, Mozambique, Namibia, Nicaragua, Oman, Pakistan, Panama, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Romania, San Marino, Saudi Arabia, Senegal, Sierra Leone, Singapore, Slovakia, Slovenia, South Africa, Sri Lanka, Turkmenistan, Ukraine, United Arab Emirates and Vanuatu, which read:

The Seventy-fourth World Health Assembly,

**PP1** Recalling that the Holy See has been regularly attending the sessions of the Health Assembly as an Observer since 1953;

**PP2** Recalling that the Holy See has been regularly attending the sessions of the Executive Board as an Observer;

**PP3** Recalling further that the Holy See has been a Permanent Observer State at the United Nations since 1964 and that its rights and privileges of participation in the General Assembly as well as in other meetings and conferences of the United Nations were specified by United Nations General Assembly resolution 58/314 of 1 July 2003;

**PP4** Noting that the Holy See enjoys membership in various United Nations subsidiary bodies, specialized agencies and international intergovernmental organizations, including the Executive Committee of the Programme of the United Nations High Commissioner for Refugees, the United Nations Conference on Trade and Development, the World Intellectual Property Organization, the International Organization for Migration, the International Atomic Energy Agency, the Organisation for the Prohibition of Chemical Weapons, the Preparatory Commission for the Comprehensive Nuclear-Test-Ban Treaty Organization and the International Committee of Military Medicine;

**PP5** Noting that the Holy See is an Observer State in various United Nations subsidiary bodies, specialized agencies and international intergovernmental organizations, including the United Nations Office on Drugs and Crime, the World Food Programme, the United Nations Development Programme, the United Nations Environment Programme, the United Nations Settlements Programme and the United Nations Children's Fund, the Food and Agriculture Organization of the United Nations, the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the United Nations Industrial Development Organization, the International Fund for Agricultural Development, the World Tourism Organization, the World Meteorological Organization, as well as in the World Trade Organization;

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA74.11.

**PP6** Noting also that the Holy See became a State Party to the International Health Regulations (2005) on 15 June 2007,

**OP1** Decides that the Holy See, in its capacity as a non-Member State Observer, shall be accorded in the sessions and work of the Health Assembly, the Executive Board and the Programme, Budget and Administration Committee of the Executive Board, the rights and privileges of participation set forth in the Annex to the present resolution.

#### ANNEX

The rights and privileges of participation of the Holy See shall be effected through the following modalities, without prejudice to the existing rights and privileges within the World Health Organization:

1. the right to participate in the general debate of the Health Assembly;
2. the right to make interventions and to be inscribed on the list of speakers, without prejudice to the priority of Member States, at any plenary meeting of the Health Assembly, in its main committees, in the Executive Board as well as in the Programme, Budget and Administration Committee of the Executive Board, after the last Member State inscribed on the list;
3. the right of reply;
4. the right to raise points of order relating to any proceedings involving the Holy See, provided that the right to raise such a point of order shall not include the right to challenge the decision of the presiding officer;
5. the right to cosponsor draft resolutions and decisions that make reference to the Holy See; such draft resolutions and decisions shall be put to a vote only upon request from a Member State;
6. seating for the Holy See shall be arranged immediately after Member States; and
7. the Holy See shall not have the right to vote or to put forward candidates.

The representative of BRAZIL, recognizing the holistic and multisectoral nature of global health challenges, reiterated the need for WHO to work in cooperation with other United Nations agencies in full respect of their respective mandates and the authority of their governing bodies. Expressing support for the draft resolution on the participation of the Holy See in the work of WHO, she said that, for more than six decades, the Holy See had played an active role in discussions on global health, advocated for the right of all people to enjoy the highest attainable standard of physical and mental health, and contributed to efforts to achieve the Sustainable Development Goals. It had supported universal health coverage and primary health care across countries and had contributed to the response to humanitarian and health emergencies, including the COVID-19 pandemic. Her Government supported the draft resolution, which aligned the legal status of the Holy See's participation in the World Health Assembly with its status in other United Nations bodies.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed ongoing efforts to further strengthen collaboration in several areas, including to achieve the Sustainable Development Goals, particularly Goal 3. With regard to the COVID-19 response within the United Nations system, she commended the leadership of the Director-General and the Regional Directors, who had ensured that the Secretariat provided excellent and timely technical guidance, information and support to the whole United Nations system, ensured coordination on all platforms, advocated for increased efforts and solidarity, and highlighted gaps and needs. She also welcomed the strong, unified response of the United Nations country teams, led by committed United Nations resident coordinators, who worked closely with WHO and crisis committees to provide coherent support to national response activities. It was essential for WHO to continue to mobilize the United Nations system under its COVID-19 Strategic Preparedness and Response Plan, in

order to support national efforts in implementing a coordinated multidisciplinary and multisectoral response.

The representative of the PHILIPPINES welcomed the draft resolution on the participation of the Holy See and looked forward to working with the Holy See and other observers to ensure a multisectoral approach to global health issues. The draft resolution institutionalized a long-standing arrangement and recognized the positive contribution of the Holy See. At a time when Member States were negotiating an international instrument to ensure that COVID-19 would be the last global pandemic, the views and the voice of the Holy See, as an advocate for the poorest of the poor, were invaluable.

The representative of MONACO said that it was time to clarify the role of the Holy See within WHO, in line with United Nations General Assembly resolution 58/314 (2004). She expressed hope that the draft resolution would be adopted.

The representative of the UNITED STATES OF AMERICA said that United Nations system-wide collaboration was essential to advancing health objectives, as underscored by the response to the COVID-19 pandemic. He supported the Secretariat's coordinating role within the United Nations system to achieve a more integrated response to global health challenges. He encouraged the Secretariat to continue to address the social and economic determinants of health in close coordination with other relevant United Nations agencies. It was important to ensure that health issues were addressed with equity and with a view to ensuring health for all, and health-related interventions needed to be based on evidence, research and the advice of health experts. He called on Member States to recommit to ensuring that health issues were prioritized at the highest political level, based on the advice and guidance of health professionals. He strongly supported engaging with leaders outside of the field of health, highlighting the need to elevate preparedness and response beyond the health sector and to focus on health-related issues across the United Nations system. While progress had been made, further efforts were required by WHO and other organizations to improve their working relationships, ensure transparency and increase impact at the country level.

The representative of GUINEA, speaking on behalf of the Member States of the African Region, welcomed the report on collaboration within the United Nations system, including the coordinated efforts to provide harmonized support to Member States to tackle the COVID-19 pandemic. With regard to the United Nations development system reform, WHO was leading efforts to harmonize health programmes, with a view to ensuring an integrated approach to mobilizing resources. He noted the support and recommendations that WHO had provided to the United Nations Secretary-General with regard to policy briefs on the COVID-19 pandemic. He encouraged WHO to continue its efforts to improve coordination and to report regularly on its collaborative efforts. Moreover, he invited the Secretariat to strengthen, as a matter of urgency, country offices' capacity to promote the recruitment of governance experts in order to better support Member States in coordinating partnerships.

The representative of FRANCE said that more mechanisms were needed to prevent pandemics and step up the global emergency response, and WHO's coordination role should be strengthened in that regard. The COVID-19 pandemic had underscored the importance of international cooperation and solidarity in ensuring strong and resilient societies. A renewed focus was needed on the 2030 Agenda for Sustainable Development, including work to strengthen universal health coverage. Effective implementation of the reform of the United Nations development system was vital to improving its efficiency at the international, regional and national levels. She commended WHO's efforts to strengthen cooperation with other United Nations agencies and international financial institutions and to implement the management and accountability framework in order to meet the targets of the United Nations funding compact. She encouraged WHO to support the new resident coordinator system, to continue to strengthen its cooperation with other United Nations development system entities and to align country programmes with cooperation frameworks. Ensuring a sustainable and inclusive recovery from the COVID-19 pandemic, including in fragile situations, would be a challenge, and collective

action must be based on the joint assessment of risks, needs and priorities, under the supervision of resident coordinators and in cooperation with donors and beneficiary countries. She encouraged the Secretariat to continue reporting on the progress made in implementing the United Nations development system reform.

The representatives of ARGENTINA and MADAGASCAR welcomed the draft resolution on the participation of the Holy See in the work of the World Health Organization.

The representative of IAEA said that the COVID-19 pandemic had highlighted the need for the United Nations system to redouble its efforts to support all Member States. Her organization and WHO enjoyed a long-standing relationship in areas such as cancer control, nutrition, vector-borne diseases, and improving radiation protection and the safety of patients. Collaboration between the organizations had continued throughout the pandemic and she looked forward to building on the partnership's success in order to respond to new challenges, support countries' recoveries and promote the One Health approach.

The ASSISTANT DIRECTOR-GENERAL (WHO Office at the United Nations) said that he fully agreed with Member States' comments, noting that the Director-General had been an early supporter of the United Nations development system reform. The Secretariat maintained an excellent relationship with the United Nations Secretariat and with other United Nations agencies. It coordinated with the United Nations in regular calls to regional resident coordinators in order to provide effective operational support and guidance. The COVID-19 pandemic had highlighted the importance of cooperation within the United Nations system and had also set back progress towards the Sustainable Development Goals. It was important not to lose focus on issues such as routine immunization, neglected tropical diseases and noncommunicable diseases. In that regard, cooperation with other United Nations entities was important and their support was appreciated.

**The Committee noted the report.**

The CHAIR took it that the Committee wished to approve the draft resolution on the participation of the Holy See in the World Health Organization.

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

**5. UPDATES AND FUTURE REPORTING:** Item 33 of the agenda

- **Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured** (document A74/39)
- **Rheumatic fever and rheumatic heart disease** (document A74/40)
- **WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments** (document A74/41)
- **The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond** (documents A74/42 and A74/42.Add.1)

The CHAIR drew attention to the draft decision contained in document A74/41 on the WHO global strategy on health, environment and climate change.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA74.12.

He further drew attention to the draft decision contained in document A74/42 on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. The financial and administrative implications for the Secretariat of adopting the draft decision were set out in document A74/42 Add.1.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, encouraged the Secretariat to meet the five key objectives of the road map for implementation of resolution WHA72.16 (2019), under the WHO Global Emergency and Trauma Care Initiative. He called on WHO to strengthen collaboration in order to improve access to primary prevention, essential medicines and medical devices, and to promote training and leadership in order to facilitate access to quality care.

While the prevention, control and eradication of rheumatic heart disease had been recognized as an important development issue by the Member States of the African Region, sustained efforts were needed in the field of primary prevention and treatment to improve quality of life and prevent premature mortality. Measures to combat rheumatic fever and rheumatic heart disease must be a political priority for Member States, as part of a more comprehensive approach to inflammatory and systemic diseases.

He welcomed the progress made in implementing the WHO global strategy on health, environment and climate change and the opportunities for further action, noting that the COVID-19 pandemic had underscored the links between health and the environment. In the African Region, a ten-year strategic action plan to scale up health and environmental intervention had been adopted to implement the Libreville Declaration on Health and Environment in Africa. Lastly, he called on the Secretariat to encourage health ministers to participate in the intersessional process to prepare recommendations regarding the Strategic Approach to International Chemicals Management and the sound management of chemicals and waste beyond 2020.

The representative of KENYA welcomed the reports and outlined the measures being taken by his Government in relation to the WHO global strategy on health, environment and climate change and the road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, and to tackle rheumatic heart disease. He called on the Secretariat to develop a global action plan on rheumatic heart disease to enable Member States to accelerate the achievement of the targets set out in their national noncommunicable diseases strategies. With regard to emergency care systems for universal health coverage, he appreciated the progress made in achieving the five key objectives of the road map for implementation of resolution WHA72.16. In that context, it was essential to mobilize resources, develop programmes and build capacity for national emergency care activities, and to develop national policies and networks to facilitate access to emergency care.

The representative of the PHILIPPINES, welcoming the report on the WHO global strategy on health, environment and climate change, said that her Government looked forward to continuing to work with the Secretariat on issues relating to health, environment and climate change. She called on the Director-General to report to the Seventy-sixth World Health Assembly on progress towards implementation of the road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond.

The representative of SWITZERLAND said that further efforts were needed to ensure the sound management of chemicals and waste. The intersessional process provided an opportunity in that regard, and the new policy framework resulting from that process should constructively address current challenges. She proposed the establishment of an independent, intergovernmental panel, at the interface of science and policy, led jointly by WHO and UNEP, to provide meaningful, data-driven guidance to political decision-makers on the sound management of chemicals. She expressed support for the related draft decision, stating that WHO's expertise was crucial to addressing the complex links between health and environment in the global management of chemicals.

The representative of CANADA welcomed the progress made in implementing the WHO global strategy on health, environment and climate change, and expressed support for the corresponding draft decision. He commended the Secretariat's leadership and governance with respect to intersectoral efforts to tackle environmental health risks and implement the One Health approach, especially in the context of the COVID-19 recovery. He urged Member States to continue to work towards achieving target 3.9 of the Sustainable Development Goals. He was satisfied with the progress made in implementing the road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management, stressing the critical role played by health ministries in that regard. He encouraged more Member States to join the WHO Global Chemicals and Health Network and supported the draft decision on the role of the health sector in international chemicals management.

The representative of THAILAND said that emergency care systems saved lives and must be accessible to everyone. On the issue of rheumatic fever and rheumatic heart disease, he looked forward to the upcoming publication of WHO guidelines on the prevention and treatment of those diseases. Expressing support for a greener response, under the One Health approach, to COVID-19 and other health issues, he urged WHO to provide technical support for the effective implementation of environmental health measures at the national and regional levels. It was also vital to address major health risks in order to create healthy and safe environments and improve people's lives.

Reaffirming his Government's commitment to ensuring the sound management of chemicals, he proposed expanding data on the burden of disease attributable to chemical exposure and classifying them by sector. He invited the Secretariat to report on the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach to International Chemicals Management at the Seventy-fifth World Health Assembly.

The representative of BARBADOS expressed support for the WHO global strategy on health, environment and climate change. Climate change continued to pose a major threat to public health. He outlined the measures that had been implemented at the national and regional levels to ensure access to safe drinking water, enhance the sustainability and climate resilience of health care facilities and address the impacts of climate change on health.

The representative of JAPAN said that health, environment and climate change were global issues that required multilateral cooperation, stressing that many island States in the Western Pacific Region had been severely affected by climate change. The Strategic Approach to International Chemicals Management was an important multistakeholder and multisectoral framework, and she encouraged the Secretariat to issue guidance documents and report on activities to implement the road map to enhance health sector engagement in that work. She also called on the Secretariat to share information on the status of the intersessional process to prepare recommendations regarding the Strategic Approach to International Chemicals Management at the Seventy-fifth World Health Assembly.

The representative of the UNITED STATES OF AMERICA expressed her appreciation for the report on emergency care systems for universal health coverage and the robust road map for implementation of resolution WHA72.16, under the WHO Global Emergency and Trauma Care Initiative. The COVID-19 pandemic had underscored the critical role of emergency care systems in public health emergencies. She commended WHO's use of existing emergency services tools and guidance in the context of the pandemic and supported its continued efforts to strengthen emergency care systems at the global, regional and country levels. She encouraged the Secretariat to continue to integrate critical elements from other programmes into its work to support emergency care systems, including enhanced access to surgical care and to sexual and reproductive health services.

She expressed satisfaction with the progress made with regard to rheumatic fever and rheumatic heart disease, a preventable disease with a heavy global burden. She expressed support for the draft decision on the WHO global strategy on health, environment and climate change, stating that her Government viewed climate change as a top public health challenge. Health systems needed to take innovative steps, such as reducing their carbon footprints, investing in clean, renewable energy, building

resilience, educating staff and patients and advocating for public policies to mitigate the impact of climate change on health and enhance health equity. She expressed support for the draft decision on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond.

The representative of URUGUAY welcomed the report on the Strategic Approach to International Chemicals Management and supported the establishment of an independent, intergovernmental panel of scientists and politicians. The scientific nature of the platform would facilitate the drafting of international environmental legislation and help developing countries to make informed decisions and establish national policies. She expressed support for the draft decision on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond.

The representative of ETHIOPIA welcomed the report on strengthening emergency care systems, stating that her Government had been among the first to use the WHO health systems performance assessment to set national emergency and trauma care action priorities. The COVID-19 pandemic had underscored the importance of capacity-building and of strengthening both routine and emergency health systems. It was important to advocate for an improved focus on emergency care, resource mobilization and evidence-based decision-making. The Secretariat was urged to continue to report every two years on efforts to strengthen emergency care systems for universal health coverage.

The representative of INDIA said that in order to prevent, prepare for and respond to public health emergencies in a holistic manner, it was necessary to address environmental health risks and challenges and to ensure safe and equitable healthy environments through a One Health approach. He outlined the measures taken at the national level to develop climate-resilient health systems and address climate-sensitive diseases.

Emergency care systems needed to be well-organized, well-prepared and robust. Although the COVID-19 pandemic had sidelined other essential health care priorities, it was important to ensure that health infrastructures and information systems were sufficiently resilient to support non-emergency public health initiatives, in order to achieve universal health coverage. He urged WHO not only to invest more in health care and technological innovation, but also to work towards inclusively and sustainably improving people's standards of living and to mitigate climate-related and environmental threats.

The representative of INDONESIA, speaking on the role of the health sector in the Strategic Approach to International Chemicals Management, stressed the importance of capacity-building, health risk assessments, and measures to reduce mercury exposure. The technical support provided by WHO, including in cooperation with other United Nations agencies and development partners, as well as opportunities to exchange experiences, enabled Member States to take appropriate and timely action to improve the management of chemicals and thus protect human health.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that climate change was the greatest global health threat of the 21st century, and that health should therefore be a key aspect of climate-related negotiations. Well-designed, inclusive climate change policies and climate-resilient health systems were needed to ensure quality health care for all. She called on Member States to engage with the health community, including students, and to integrate health impacts and opportunities in their nationally determined contributions and post-COVID-19 recovery programmes. A society-wide transition to a fossil-free economy was also essential. It was time to take action towards a healthier future and a healthier planet.

The DIRECTOR (Environment, Climate Change and Health) welcomed Member States' constructive comments and the progress made by Member States to adapt to climate change. She noted the proposal to establish an independent, intergovernmental panel in relation to the Strategic Approach to International Chemicals Management. Responding to requests to report on the intersessional process

to prepare recommendations regarding the Strategic Approach to International Chemicals Management at the Seventy-fifth World Health Assembly, she recalled that regular updates on the progress made by the Secretariat in that regard were provided through the WHO Global Chemicals and Health Network.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft decisions on the WHO global strategy on health, environment and climate change and on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond.

**The draft decisions were approved.<sup>1</sup>**

**The meeting rose at 15:50.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decisions WHA74(24) and WHA74(25).



## **FIFTH MEETING**

**Friday, 28 May 2021, at 10:50**

**Chair:** Dr S. BROSTRØM (Denmark)

### **1. SECOND REPORT OF COMMITTEE B (document A74/59)**

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

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

### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)**

### **2. AUDIT AND OVERSIGHT MATTERS: Item 30 of the agenda**

**Report of the External Auditor:** Item 30.1 of the agenda (documents A74/34 and A74/51)

**Report of the Internal Auditor:** Item 30.2 of the agenda (documents A74/35, A74/36 and A74/51)

**External and internal audit recommendations: progress on implementation:** Item 30.3 of the agenda (document A74/37)

The representative of TUNISIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, presented the report of Committee's deliberations of the items. He drew attention to the draft decision contained in document A74/51 and to the guidance proposed by the Committee for the Secretariat's implementation of existing mandates set out in paragraphs 11 and 12 of that document.

The representative of the EXTERNAL AUDITOR introduced the report of the External Auditor set out in document A74/34, noting that the audit had been conducted in a virtual manner due to the COVID-19 pandemic. In addition to the audit of the financial statements, the 2020 audit had examined the management and operations of WHO from a compliance and value-for-money perspective, procurement services, ethics and internal oversight. A performance audit of the triple billion target on health emergencies protection and an audit of four country offices had also been conducted. The recommendations made by the External Auditor had been accepted by the Secretariat and an unqualified audit opinion had been issued on the financial statements for the financial year ended 31 December 2020. Outlining the audit findings and recommendations, he said that 31 previous external audit recommendations remained outstanding. Despite the declining trend in assessed contributions since 2016, voluntary contributions had been increasing steadily and WHO had a sound liquidity position. Several transgressions had been observed with respect to contractual services and shortcomings identified in the procurement system, including with respect to documentation and evaluation. Delays in disciplinary action in substantiated cases of misconduct had been identified. The

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<sup>1</sup> See page 310.

results framework had yet to be rolled out in any of the four country offices audited, and the WHO Impact Framework was likely to be completed with less than one reporting cycle left in the Thirteenth General Programme of Work, 2019–2023. It was concerning that the WHO Contingency Fund for Emergencies had remained below its target capitalization over the previous five years. He expressed appreciation to the staff and management of WHO for their cooperation and assistance with the audit in such challenging times.

The representative of the NETHERLANDS said that, although the increased allegations of misconduct were a concern, misconduct occurred in all organizations and regions and was not confined to WHO. Courage, patience and consistency were required to change the organizational culture in which misconduct thrived. She called on the Secretariat to continue on the path of reform and support victims of misconduct and whistleblowers, and encouraged increased transparency, investment, disciplinary changes and cooperation within the United Nations system. Her Government looked forward to quarterly updates on WHO's work to prevent sexual exploitation and abuse, sexual harassment and other misconduct as provided for in decision EB148(4)(2021). She asked whether compliance with procurement rules had improved and called for further efforts to ensure that the results framework planned under the Thirteenth General Programme of Work, 2019–2023, was completed before preparation of the draft fourteenth general programme of work. Her Government would welcome an update on the performance of the WHO antimicrobial resistance secretariat at headquarters and trusted that prompt action would be taken to improve the polio response at the WHO country office in Afghanistan. It was a concern that the WHO Contingency Fund for Emergencies remained below its capitalization target and she urged Member States to provide the WHO Health Emergencies Programme with the capital it required.

**The Committee noted the reports contained in documents A74/35 and A74/37.**

The CHAIR took it that the Committee agreed to approve the draft decision set out in paragraph 11 of document A74/51.

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

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

### **3. FINANCIAL MATTERS:** Item 29 of the agenda

**WHO programme and financial reports for 2020–2021, including audited financial statements for 2020:** Item 29.1 of the agenda (documents A74/28, A74/29, A74/47 and A74/INF./4)

**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 29.2 of the agenda (documents A74/30, A74/31 and A74/48)

**Scale of assessments 2022–2023:** Item 29.4 of the agenda (documents A74/32 and A74/49)

**Assessment of new Members and Associate Members:** Item 29.6 of the agenda (documents A74/33 and A74/50)

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA74(26).

The representative of TUNISIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee, drew attention to document A74/47 containing the Committee's report on the WHO programme and financial reports for 2020–2021, including audited financial statements for 2020. The Committee had welcomed the unqualified audit opinion issued by the External Auditor and the funding surplus recorded in 2020. He noted WHO's continued reliance on a large number of donors and the decline in flexible funding as a proportion of the overall funding levels, which should be considered as part of the Organization's ongoing work on sustainable funding. A draft decision contained in paragraph 7 of document A74/47 was recommended for adoption by the Health Assembly. Document A74/48 contained the Committee's report on the status of collection of assessed contributions. Although it recognized the profound economic impact of the pandemic, the Committee had urged Member States in arrears to settle their dues without delay and recommended that the Health Assembly should adopt the draft resolution contained in document A74/31 taking into account any updates on the situation provided by the Secretariat. Document A74/49 contained the Committee's report on scale of assessments 2022–2023, in which it recommended that the Health Assembly should adopt the draft resolution contained in document A74/32. In its report on the assessment of new Members and Associate Members set out in document A74/50, the Committee recommended that the Health Assembly, were it to admit the Faroe Islands as an Associate Member, should adopt the draft decision in document A74/33.

The CHAIR, referring to item 29.2 of the agenda, said that he had been informed by the Secretariat that the Government of Pakistan had paid its assessed contributions in arrears to an extent that it would no longer be subject to Article 7 of the Constitution. Furthermore, following informal discussions with concerned Member States, it had become apparent that additional time would be beneficial before making a decision on the application of Article 7 of the Constitution. Accordingly, since the actual implementation of any decision taken on the matter at the Seventy-fourth World Health Assembly would not take effect until the Seventy-fifth World Health Assembly in 2022, he proposed that consideration of the matter might, exceptionally, be referred to the 150th session of the Executive Board in January 2022, through the Programme, Budget and Administration Committee, for consideration and decision. The Executive Board would consider the matter as an important question, on the basis of a report providing an update on the situation as well as an updated draft resolution, as appropriate.

He took it that the Committee could agree to proceed in that manner.

**It was so decided.**

The CHAIR therefore took it that the Health Assembly could agree to approve the following draft decision, which read:

“The Seventy-fourth World Health Assembly, having considered the report on the 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; and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly,

Decided:

- (1) to refer to the 150th session of the Executive Board in January 2022, through the Programme, Budget and Administration Committee, consideration of the 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; and, with respect to the situation in 2020, and in accordance with Article 29 of the WHO Constitution, to delegate to the 150th session of the Executive Board the power to suspend the voting privileges of Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution;

- (2) to request the Director-General to submit to the Executive Board at its 150th session, through the Programme, Budget and Administration Committee, a report providing an update on the situation as well as an updated draft resolution, as appropriate.”

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

The representative of INDONESIA, referring to item 29.1 of the agenda, said that in the Regional Office for South-East Asia, the impactful integration of gender, equity and human rights had been assessed under the new Output Scorecard methodology as developing, which was one of the lowest scores, and his Government looked forward to further action by WHO to improve the score in that category. Noting that universal health coverage was lagging behind the other triple billion targets, he highlighted the importance of sufficient resources to strengthen health system capacity and maintain essential health services. The Secretariat should continue to support data collection and disaggregation at the country level and make data available in a single repository. Advice on establishing a single repository at the country level would be welcome. His Government supported the use of Output Scorecard exercises to enhance and simplify the reporting process.

**The Committee noted the reports in documents A74/28 and A74/29.**

**The draft decisions contained in documents A74/47 and A74/33 were approved.<sup>2,3</sup>**

**The draft resolution contained in document A74/32 was approved.<sup>4</sup>**

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

- 4. HEALTH IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT:** Item 14 of the agenda (document A74/11) [transferred from Committee A]

**HEALTH WORKFORCE:** Item 15 of the agenda [transferred from Committee A]

- **Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)** (document A74/12)
- **Global Strategic Directions for Nursing and Midwifery** (document A74/13)

**COMMITTING TO IMPLEMENTATION OF THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016–2030):** Item 16 of the agenda (document A74/14) [transferred from Committee A]

The CHAIR, referring to item 15 of the agenda, drew attention to a draft resolution on protecting, safeguarding and investing in the health and care workforce proposed by Australia, Chile, Indonesia, Jamaica, Japan, Libya, Montenegro, Morocco, Philippines, Sudan, Thailand, Turkey, United States of America, Member States of the African Group, and Member States of the European Union, which read:

<sup>1</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA74(28).

<sup>2</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA74(27).

<sup>3</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA74(29).

<sup>4</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA74.13.

The Seventy-fourth World Health Assembly,

(PP1) Having considered the Director-General's report on working for health: five-year action plan for health employment and inclusive economic growth (2017–2021);

(PP2) Deeply concerned about the detrimental impact that coronavirus disease (COVID-19) has had across the health and social care sectors;<sup>1</sup>

(PP3) Expressing highest appreciation of, and support for, the dedication, efforts and sacrifices, above and beyond the call of duty of health professionals, health workers and other relevant frontline workers in responding to the COVID-19 pandemic;

(PP4) Recalling decision WHA73(30) (2020) to designate 2021 as the International Year of Health and Care Workers;

(PP5) Guided by the 2030 Agenda for Sustainable Development, including its strong multisectoral dimension to achieve universal health coverage, and its call in Sustainable Development Goal 3, target 3.c to “substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States”;

(PP6) Recognizing the need for political commitment, policies and international cooperation, including strong Sustainable Development Goal partnerships at national, regional and global levels, to tackle health inequities and inequalities within and among countries, in line with non-discriminatory laws, and including within the health and care workforce, and how health workforce constraints impact equity of service delivery;

(PP7) Recognizing the twenty-fifth anniversary of the Beijing Declaration and Platform for Action marked by the Generation Equality Forum, and the Gender Equal Health and Care Workforce Initiative, to advance equity for women in the health and care sector that acknowledges a pivotal moment for the realization of gender equality and the empowerment of all women and girls, everywhere;

(PP8) Recalling the Political Declaration of the United Nations high-level meeting on universal health coverage<sup>2</sup> with commitments to scale up efforts to promote the recruitment and retention of competent, skilled and motivated health and care workers, and to secure equitable distribution in rural, hard-to-reach areas, including by providing decent and safe working conditions and appropriate remuneration;

(PP9) Acknowledging the agreed conclusions and recommendations adopted by the Economic and Social Council forum on financing for development follow-up in April 2021, which underscores that investments in resilient health infrastructure, health systems and universal health coverage, aligned with the 2030 Agenda for Sustainable Development, are key to sustainable development and alleviating poverty, and which resolved to take action to prioritize spending, among others, on essential health functions and social protection measures.<sup>3</sup>

(PP10) Recognizing that primary health care is the cornerstone of a sustainable health system for universal health coverage, requiring a multidisciplinary team of health and care workers;

(PP11) Recognizing the fifth anniversary of United Nations Security Council resolution 2286 (2016)<sup>4</sup> on protection of the wounded and sick, medical personnel and humanitarian personnel in armed conflict, and acknowledging resolution WHA70.6 (2017), which recognized

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<sup>1</sup> The International Industrial Classification of All Economic Activities (ISIC), Rev.4. New York: United Nations; 2008 ([https://unstats.un.org/unsd/publication/seriesm/seriesm\\_4rev4e.pdf](https://unstats.un.org/unsd/publication/seriesm/seriesm_4rev4e.pdf)).

<sup>2</sup> Political Declaration of the High-level Meeting on Universal Health Coverage. “Universal health coverage: moving together to build a healthier world” (<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>, accessed 3 May 2021).

<sup>3</sup> Document E/FFDF/2021/L.1. United Nations Economic and Social Council (<https://www.un.org/development/desa/financing/sites/www.un.org.development.desa.financing/files/2021-04/E-FFDF-2021-L1.pdf>, accessed 22 April 2021).

<sup>4</sup> United Nations Security Council resolution 2286 (3 May 2016) ([https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)), accessed 2 May 2021).

the need to substantially increase the protection and security of health and workers and health facilities in all settings, including in acute and protracted public health emergencies and humanitarian settings;

(PP12) Further recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel, which adopted the Global Code, and the Global Code's recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services, bearing in mind the necessity of mitigating the negative effects of health personnel migration on health systems, particularly of developing countries;

(PP13) Bearing in mind the recommendations of 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 on the need for the full implementation of the Global Code as well as health workforce- and health systems-related support and safeguards through strengthened international cooperation, particularly to countries facing the greatest challenges;

(PP14) Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030 and its objectives to expand and transform the recruitment, development, education, training, distribution, retention and financing of the health and care workforce;

(PP15) Also acknowledging the call for progressive implementation of national health workforce accounts<sup>1</sup> in order to strengthen the availability, quality and completeness of health workforce data, further underscored by the COVID-19 pandemic response;

(PP16) Recalling United Nations General Assembly resolution 71/159 (2016), which underlines that health workers are the cornerstone of a resilient health system and that the domestic health workforce is the primary responder in all countries, including those with fragile health systems, and is key to building resilient health systems with the objective to achieve universal health coverage, and which urged Member States to consider the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth, including the development of intersectoral plans and investment in education and job creation in the health and social sectors, recognizing that with decent work opportunities and career pathways, particularly for young people and women, is fundamental for inclusive and sustainable economic and social recovery; and thereafter resolution WHA70.6 (2017), which adopted the Working for Health five-year action plan mechanism;

(PP17) Acknowledging resolution WHA69.1 (2016), which urged Member States to invest in the education, training, recruitment and retention of a fit-for-purpose and responsive public health and care workforce that is effectively and equitably deployed to contribute to effective and efficient delivery of essential public health functions based on population needs;

(PP18) Recalling United Nations General Assembly resolution 75/157 (2020) on women and girls and the response to the coronavirus disease (COVID-19) and emphasizing the critical role that women, who represent almost 70% of health workers, play in the context of the COVID-19 pandemic;<sup>2</sup>

(PP19) Recalling WHA73.1 (2020) on COVID-19 response, which calls on Member States, in the context of the COVID-19 pandemic, to provide health professionals, health and care workers and other relevant frontline workers, including humanitarian workers with heightened risk of exposure to COVID-19 with access to personal protective equipment and other necessary commodities and training, including through the provision of psychosocial support;

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<sup>1</sup> Resolution WHA69.19 (2016). Global strategy on human resources for health: workforce 2030 ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA69-REC1/A69\\_2016\\_REC1-en.pdf#page=27](https://apps.who.int/gb/ebwha/pdf_files/WHA69-REC1/A69_2016_REC1-en.pdf#page=27), accessed 28 April 2021).

<sup>2</sup> United Nations General Assembly resolution 75/157 (2020). Women and girls and the response to the coronavirus disease (COVID-19) (<https://undocs.org/en/A/RES/75/157>, accessed 2 May 2021).

and to take immediate measures for their protection at work, facilitating their access to work and ensuring their adequate remuneration;

(PP20) Acknowledging that the physical and mental health and well-being of health and care workers is impacted by health worker and skills shortages that can contribute to increased stress, workload, and burnout; and decreased health worker productivity, performance and retention – resulting in enduring effects on the functioning, efficiency and resiliency of health systems; and concerned that the world, if the current trends continue, could suffer from a projected shortfall of 18 million health workers in 2030, primarily in low- and lower-middle-income countries;

(PP21) Noting the disruptions to pre-service education and life-long learning as a result of the COVID-19 pandemic and the increased demand for digital, competency-based education to provide all health and care workers with sufficient access to evidence, quality education and learning;

(PP22) Noting the essential role of the research response during the COVID-19 pandemic, including implementation science, the importance of basic and clinical research, the translation of research into evidence-based strategies, the role of public health researchers in the early detection, response and recovery efforts to health emergencies and support for the mental and psychosocial well-being of health and care workers,

OP1 CALLS ON Member States, in accordance with national context and priorities:<sup>1</sup>

(1) to continue implementation of the Global Strategy on Human Resources for Health: Workforce 2030, including through the Global Health Workforce Network, including:

- (i) to advance the health and care workforce investment agenda, with a special focus on the primary health care workforce in order to accelerate universal health coverage;
- (ii) to accelerate measurement, monitoring and reporting, at an appropriate frequency, to support national workforce planning based on disaggregated demographic data, including sex and other characteristics, on the health and care workforce through further implementation of national health workforce accounts to ensure sufficient number, distribution, competency, utilization, employment, safeguarding and protection of health and care workers, including its capacity and readiness to provide strong integrated public health functions to strengthen preparedness, prevention, detection and response to health emergencies and support the implementation of the International Health Regulations (2005);
- (iii) to carry out an assessment of health and care workforce implications and requirements in all health policies, strategies, plans and programmes to ensure sustained support and investment, optimal utilization of available workers across public and private sectors, coordinated leadership, enhanced workforce performance, and a safe workplace and practice environment;
- (iv) to continue to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel and 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 in 2020,<sup>2</sup> to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration and to safeguard the rights of all health personnel, with particular attention to the 47 countries identified on the WHO Health

<sup>1</sup> And, as appropriate, regional economic integration organizations.

<sup>2</sup> Document A73/9. 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 ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA73/A73\\_9-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_9-en.pdf)).

Workforce Support and Safeguards List (2020),<sup>1</sup> and to report triennially to the Health Assembly, through the Executive Board, on the Global Code's implementation, including data on international health workforce migration, such as the level and country of the professional examination data from health personnel information systems, and measures taken, results achieved and difficulties encountered in implementing the Global Code;

(v) To facilitate national and subnational capacity for an effective intersectoral coordination mechanism to manage health and care workforce agendas;

(2) to engage relevant sectors and promote intersectoral mechanisms at the subnational, national and regional levels as appropriate for efficient investment in and effective implementation of health workforce policies, using a gender-based and inclusive approach;

(3) to prioritize investments and the efficient and effective use of sustained domestic and international financing for the recruitment and retention, education and training, skills, jobs, safeguarding and protection needed to build resilient health systems capacities, competencies and capabilities, through a health and care workforce that is equitably distributed, deployed, utilized, retained, empowered, protected and supported to deliver national priorities and targets for population health, to contribute to better understanding and managing of health worker migration through improved data and information for the achievement of universal health coverage, and for the effective implementation of essential public health functions;

(4) to develop, finance, implement, monitor, specifying its method, national health and care workforce strategies and investment plans in line with population health needs now and in the future, and job, skills and education and training opportunities, with specific attention to equity, gender, diversity and inclusion in the health and care sector;

(5) to enrich the career paths open to health and care workers in all countries by encouraging the development of both laboratory capabilities for diagnosis and surveillance and research programmes that combine local knowledge with up-to-date scientific understanding and methodology;

(6) to take the necessary steps to safeguard and protect health and care workers at all levels, through the equitable distribution of personal protective equipment, therapeutics, vaccines and other health services, effective infection prevention control and occupational safety and health measures within a safe and enabling work environment that is free from racial and all other forms of discrimination;

(7) to recognize and condemn increasing incidents of attacks against health and care workers, including those attacks that are motivated by fear and stigma associated with COVID-19, and fully comply with their obligations under international law, including international human rights law, as applicable, and international humanitarian law<sup>2</sup> and implement the existing international legal framework for protecting the provision of and access to health care in armed conflicts and other emergencies, including the current COVID-19 pandemic;

(8) to provide equitable access to vaccines, therapeutics and diagnostics, including for all health and care workers at the forefront of the COVID-19 response and other future outbreaks, epidemics and pandemics; and ensure their personal protection and

<sup>1</sup> Health Workforce Support and Safeguards List, 2020. Geneva: World Health Organization; February 2021 ([https://cdn.who.int/media/docs/default-source/health-workforce/hwf-support-and-safeguards-list8jan.pdf?sfvrsn=1a16bc6f\\_5](https://cdn.who.int/media/docs/default-source/health-workforce/hwf-support-and-safeguards-list8jan.pdf?sfvrsn=1a16bc6f_5)).

<sup>2</sup> United Nations Security Council resolution 2286 (2016) ([https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)), accessed 2 May 2021).



safeguarding through relevant occupational health and safety and infection prevention and control guidelines and measures;<sup>1,2</sup>

(9) to support, with due respect for collective bargaining, decent work, working conditions, pay equity and other labour protections, promote respect for fundamental principles and rights at work, for all health and care workers, and support the prevention of violence, discrimination and harassment, including sexual harassment against health and care workers, the majority of whom (almost 70%) are women, and create opportunities for women in the health and care workforce, that support their full and meaningful participation and representation, including in senior leadership and decision-making roles;

OP2. INVITES international, regional, and national partners and stakeholders to engage in and support the catalytic investment, protection and safeguarding of the health and care workforce, through a coordinated national workforce investment agenda and action plan, specifically calling for:

- (1) relevant global health initiatives and partners to invest in human resources for health and in health and care workforce readiness, education, training, skills and competencies, including to manage the current pandemic and strengthen provision of uninterrupted essential health services; and build capacities for health preparedness and response;
- (2) professional associations, councils, regulatory bodies, trade unions, civil society, the private sector and political leaders to mobilize collective action and advocacy for supporting investments in health and care workforce job creation, skills, education and training, invest in national education centres, including but not limited to collaboration with the WHO Academy, safeguarding and protection – and to highlight the critical role of health and care workers in accelerating economic recovery, health systems strengthening, societal well-being and social protection;
- (3) International financing institutions, regional development banks and other public and private financing institutions to supplement domestic financing for health workforce and to support prioritized sustainable, scalable catalytic investment in education, skills and jobs in the health and care sectors as part of economic recovery, and to build preparedness, readiness and health systems capabilities to align their health and care workforce investments and contributions with the Working for Health Multi-Partner Trust Fund mechanism;<sup>3</sup>
- (4) bilateral and multilateral partners and financing institutions to integrate and provide medium- to long-term catalytic funding support to ensure sustained levels of investment in the health and care workforce and health systems;
- (5) all partners to support WHO's efforts on the International Year of Health and Care Workers, and to join its campaign to #Protect, #Invest, #Together, as well as the Gender Equal Health and Care Workforce Initiative;

OP3. REQUESTS the Director-General:

- (1) to implement the recommendations in the Director-General's report to the Seventy-fourth World Health Assembly on working for health: five-year action plan for health employment and inclusive economic growth (2017–2021), including:

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<sup>1</sup> ILO and WHO.COVID-19: Occupational health and safety for health workers. Interim guidance, 2 February 2021. Geneva: International Labour Organization and World Health Organization; 2021 ([https://www.ilo.org/wcmsp5/groups/public/---ed\\_dialogue/---sector/documents/publication/wcms\\_769309.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_769309.pdf)).

<sup>2</sup> Health workforce policy and management in the context of the COVID-19 pandemic response: interim guidance, 3 December 2020. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/337333>).

<sup>3</sup> Working for Health MPTF. Multi-Partner Trust Fund Office [online database]. New York: United Nations Development Group (<http://mptf.undp.org/factsheet/fund/WHL00>, accessed 3 May 2021).

- (i) to develop through a Member State-led process, a clear set of actions, a 2022–2030 agenda and implementation mechanism to be presented to the Seventy-fifth World Health Assembly in 2022, for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection, building on the joint support of WHO, ILO and OECD and the existing Working for Health Multi-Partner Trust Fund;
  - (ii) to develop recommendations for strengthening the Working for Health Multi-Partner Trust Fund mechanism and its ability to engage with international financing institutions to leverage sustainable and innovative financing for all aspects of the multisectoral health and care workforce agenda and action plan: 2022–2030;
  - (iii) to support Member States, upon request, to implement the Global Strategy on Human Resources for Health: Workforce 2030 and to mobilize catalytic funding for investing in the workforce and health systems support needed to strengthen primary health care for achieving universal health coverage, including strong integrated public health functions to strengthen preparedness, prevention, detection and response to health emergencies, through the progressive implementation of a multisectoral health and care workforce agenda and action plan: 2022–2030, and with particular emphasis on promoting multisectoral policy dialogue and sectoral social dialogue, the application of quality reliable data and analysis for evidence-based decisions and investments, and resource mobilization;
- (2) to develop, in consultation with Member States, a succinct compilation document under the name of “global health and care worker compact”, following up on resolution WHA73.1 (2020) and decision WHA73(30) (2020), based on already existing documents of relevant international organizations (in any case WHO and ILO), which aims at providing Member States, stakeholders and relevant other organizations with technical guidance on how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination and a safe and enabling practice environment, in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- (3) to facilitate cooperation between United Nations agencies and programmes, and other relevant global health initiatives and stakeholders, for aligning resourcing and investments with the multisectoral health and care workforce agenda and action plan: 2022–2030, and in particular for the effective implementation of national workforce strategies and plans, including strategies that address the specific challenges for hiring, training, supporting and protecting the health and care work force in public health, protracted emergencies and humanitarian settings;
- (4) to accelerate the health-related Sustainable Development Goals, the Thirteenth General Programme of Work, 2019–2023 and COVID-19 response by supporting the health and care workforce with equitable access to competency-based education and lifelong learning, with innovative fit-for-purpose and digital learning, including on health emergency preparedness and response, through, but not limited to, the WHO Academy, as well as educational opportunities that can be offered by academia, nongovernmental organizations and Member States;
- (5) to utilize and expand national health workforce accounts for accelerating the continuous measurement and monitoring of the number, status, skills, distribution, utilization, financing, safeguarding and protection of the health and care workforce, including the collection of data pertaining to health and care workers’ morbidity and mortality, in the context of their work responding to epidemics and/or pandemics, including quantifying and measuring the workforce needed for the provision of uninterrupted essential health services, public health functions and health emergency preparedness and response in line with the International Health Regulations (2005);
- (6) to encourage and support all Member States to report triennially on the implementation of the WHO Global Code of Practice on the International Recruitment of

Health Personnel, and urge Member States' accountability, in accordance with national context and priorities, to their reporting commitments;

(7) to disseminate and encourage the use of information to address the international migration of health workforces;

(8) to submit a report to the Health Assembly on the progress made in implementing this resolution, integrated with reporting on the Global Strategy on Human Resources for Health: Workforce 2030 and aligned with the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2022, 2025 and 2028.

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

<b>Resolution:</b>	Protecting, safeguarding and investing in the health and care workforce
<b>A.</b>	<b>Link to the approved Programme budget 2020–2021</b>
<b>1.</b>	<b>Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b> 1.1.5. Countries enabled to strengthen their health workforce
<b>2.</b>	<b>Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the resolution:</b> Nine and a half years (2021–2030).
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the resolution</b>
<b>1.</b>	<b>Total resource requirements to implement the resolution, in US\$ millions:</b> US\$ 440.45 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b> US\$ 2.07 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b> Not applicable.
<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b> US\$ 94.46 million.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 343.92 million.

<b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b> US\$ 2.07 million.
– <b>Remaining financing gap in the current biennium:</b> Zero.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.

**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		
<b>2020–2021</b> resources already planned	Staff	0.13	0.11	0.10	0.12	0.10	0.11	0.29	0.97
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.50	1.10
	Total	0.23	0.21	0.20	0.22	0.20	0.21	0.79	2.07
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2022–2023</b> resources to be planned	Staff	20.42	2.05	4.01	1.47	5.99	2.69	13.95	50.59
	Activities	16.07	3.61	3.97	1.77	4.66	4.15	9.64	43.87
	Total	36.49	5.66	7.99	3.24	10.65	6.84	23.59	94.46
<b>Future bienniums</b> resources to be planned	Staff	74.34	7.47	14.61	5.34	21.83	9.80	50.79	184.18
	Activities	58.52	13.13	14.47	6.45	16.97	15.11	35.09	159.74
	Total	132.86	20.60	29.08	11.80	38.79	24.91	85.88	343.92

<sup>a</sup> The row and column totals may not always add up, due to rounding.

The CHAIR, referring to item 15 of the agenda, drew attention to a draft resolution on strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery proposed by Australia, Barbados, Botswana, Chile, Eswatini, Ethiopia, Fiji, Guyana, Indonesia, Jamaica, Japan, Montenegro, Mozambique, Namibia, New Zealand, Philippines, Solomon Islands, Sudan, Thailand, Tonga, Turkey, Vanuatu and Member States of the European Union, which read:

The Seventy-fourth World Health Assembly,

(PP1) Having considered the Director-General's report on the global strategic directions for nursing and midwifery 2021–2025;

(PP2) Recalling the Seventy-second World Health Assembly decision to designate 2020 as the International Year of the Nurse and the Midwife to increase appreciation of and investments in the nursing and midwifery workforces;

(PP3) Commending the leadership, commitment and professionalism of nurses and midwives, who continue to provide essential health services and remain on the front line in the fight against the coronavirus disease (COVID-19) pandemic and in humanitarian emergencies;

(PP4) Deeply concerned with the COVID-19 pandemic and the detrimental impact that this has had on health and care workers, including nurses and midwives who account for nearly 50% of the global health workforce;

(PP5) Recognizing that protecting, safeguarding and investing in the health and care workforce is fundamental for building health systems resilience, maintaining essential health services and public health functions, including in preparing for, implementing and evaluating COVID-19 vaccine rollout, to enable economic and social recovery;

(PP6) Recalling resolution WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, which recognizes the domestic health workforce as the primary responder in all countries, including those with fragile health systems, and is key to building resilient health systems that contribute to the achievement of the Sustainable Development Goals;<sup>1</sup>

(PP7) Reaffirming resolution WHA69.11 (2016) on health in the 2030 Agenda for Sustainable Development, which recognizes that health workers and the public health workforce are integral to building strong and resilient health systems that contribute to the achievement of the Sustainable Development Goals;

(PP8) Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030 and the objectives to expand and transform the development, education and training, distribution and retention of the health and care workforce especially nurses and midwives;

(PP9) Noting the disruptions to education and life-long learning as a result of the global pandemic and the increased demand for digital, competency-based education to provide all nurses and midwives with sufficient access to evidence, quality education and learning;

(PP10) Taking note of the Director-General's report detailing the shortage and maldistribution of the nursing and midwifery workforces, and the prominent inequities that are projected to remain through 2030 unless decisive action is taken to improve education, increase economic demand for the creation of jobs in particular in rural areas, develop nursing and midwifery leadership, and protect and enable nurses and midwives in their service delivery environments;

(PP11) Recognizing that the COVID-19 pandemic has had a disproportionate impact on the poorest and the most vulnerable populations, with repercussions on health and development gains, in particular in developing countries, especially least developed countries and small island developing States, thus hampering the achievement of universal health coverage and the strengthening of primary health care;

(PP12) Recognizing that primary health care is the corner-stone of a sustainable health system for universal health coverage, and that the health and care workforce is a fundamental pillar of primary health care;<sup>2,3,4</sup>

(PP13) Further recognizing the crucial contribution of the nursing and midwifery professions to strengthening health systems, to increasing access to comprehensive and patient-centred health services for the people they serve across the lifespan, mindful of cultural contexts, and to the efforts to achieve the internationally agreed health-related development goals, including the 2030 Agenda for Sustainable Development and those of WHO's programmes;

(PP14) Recognizing the differences between nursing and midwifery and that while the two professions share many of the same challenges, they maintain their own specific scopes of practice;

(PP15) Acknowledging that the health, well-being, lives and safety of nurses and midwives, particularly for those providing front-line services, were already affected by health workforce and skills shortages in many countries, and that this is further exacerbated by the

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<sup>1</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA64-REC1/A64\\_REC1-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf?ua=1).

<sup>2</sup> <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>.

<sup>3</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\\_R2-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R2-en.pdf).

<sup>4</sup> [https://www.who.int/hrh/resources/A62\\_12\\_EN.pdf](https://www.who.int/hrh/resources/A62_12_EN.pdf).

COVID-19 pandemic, resulting in increased stress, strain and burn-out and reduced productivity and performance, and impacting workforce retention and therefore the functioning, efficiency and resilience of health systems;

(PP16) Further acknowledging the importance shown by the COVID-19 pandemic of strengthening health worker protection and employees' well-being, including through tailored approaches for psychosocial support, additional training and support for new practices for recovery and continuous monitoring of employee well-being, and ensuring respectful work environments that are free from racial and all other forms of discrimination;

(PP17) Concerned at the long-standing shortages and maldistribution of nurses and midwives in many countries, particularly in rural and remote settings, and the impact of this on health and development outcomes, which are inextricably linked, and recognizing the need for effective planning of the education, deployment and retention of health professionals – including through the collaboration of authorities responsible for health, education and employment – to educate, employ and retain an additional 5.7 million nurses and 750 000 midwives by the year 2030 in order to realize Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages);

(PP18) Recalling the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3, target 3.8 on achieving universal health coverage and target 3.c to “substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States”;

(PP19) Noting also with concern that factors negatively affecting the recruitment and retention of general and specialized nursing and midwifery personnel persist and have been exacerbated during the COVID-19 pandemic, thereby hindering the capacity of countries, in particular developing countries, especially least developed countries and small island developing States, to deliver efficient and effective quality health care and services;

(PP20) Reaffirming the continuing importance of resolution WHA63.16 (2010) in applying the WHO Global Code of Practice on the International Recruitment of Health Personnel and the WHO Global Code's recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services;

(PP21) Acknowledging that applying the WHO Global Code of Practice on the International Recruitment of Health Personnel is crucial to ensuring the proper and ethical management of international recruitment, and health personnel international migration, and that this can make a contribution to the development and strengthening of health systems, while bearing in mind the necessity of mitigating their impact in countries of origin;

(PP22) Reiterating the importance of continued and concerted efforts, and the provision of development assistance; and further recognizing with deep concern, the impact of high debt levels on countries' ability to withstand the impact of the COVID-19 shock;

(PP23) Noting the specific needs and special circumstances of developing countries, especially least developed countries and small island developing States, and those in fragile, conflict-affected and vulnerable settings, due to their vulnerabilities and capacity constraints, and their need for sustained technical and financial assistance aimed at strengthening health systems, including nursing and midwifery workforce development;

(PP24) Recognizing further the deliberations by Member States at the three High-Level Events on Financing for Development in the Era of COVID-19 and Beyond and the necessity to expand support for the most vulnerable, including through social and financial protection, and education and health systems, so that no one is left behind, as part of economic recovery at all levels;

(PP25) Acknowledging the importance of initiatives that promote gender equality, such as the Beijing Platform for Action (Beijing +25), Generation Equality Forum and the Gender Equal Health and Care Workforce Initiative, bearing in mind that women account for 90% of the global nursing and midwifery workforce;

(PP26) Mindful of previous resolutions to strengthen nursing and midwifery,<sup>1,2,3,4,5,6</sup> as well as previous global strategic directions on nursing and midwifery, including the most recent iteration for 2016–2020;

(PP27) Recalling also decision WHA73(30) (2020), which requested the Director-General to update the *Global Strategic Directions for Nursing and Midwifery 2016–2020* and submit the update to the Seventy-fourth World Health Assembly for its consideration;

(PP28) Reaffirming Member States' commitment to strengthen nursing and midwifery by investing in education, jobs, leadership and service delivery, including the role of nurses and midwives in the health, social and educational systems,

OP1. Adopts the global strategic directions for nursing and midwifery 2021–2025;

OP2. CALLS ON Member States<sup>7,8</sup> to:

- (1) to the extent possible, to implement the policy priorities of the global strategic directions for nursing and midwifery 2021–2025 related to education, jobs, leadership and service delivery as relevant to national health and socio-economic development strategies, aiming to achieve the four strategic directions and the enabling monitoring mechanisms;
- (2) to invest in, inter alia, workplace policies, strategic planning, capacity-building, domestic resource mobilization, additional budgetary allocation as applicable, with a view to ensuring the enhanced status of and the protection and welfare of nurses and midwives, taking into account possible and future emergencies, disasters and conflicts;
- (3) to maximize the contributions of nurses and midwives in service delivery environments by seeking to ensure that practice regulations are up to date in order that nurses and midwives may practice at the pinnacle of their capability and that workplaces provide decent work, fair remuneration and working conditions, including appropriate leave entitlements, gender equity and balance, labour protection and rights, mental health and the prevention of violence and harassment, including sexual harassment and abuse;
- (4) to ensure that nurses and midwives are supported, protected, motivated, sufficiently aided, trained and equipped to safely and effectively contribute in their practice settings and remove barriers to their practice, including impediments to gender equality, and mitigate their exposure to violence and harassment;
- (5) to equip nurses and midwives with the requisite competencies, and professionalism, aiming to fully meet health system needs, through a scale-up of education tailored to current and future population health needs, including, but not limited to, collaborating with the WHO Academy;
- (6) to facilitate the practice of nursing and midwifery professionals to the full extent of their education and training while also providing for sufficient oversight and mentoring and for lifelong in-service training and further skills development in the workplace;

<sup>1</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_R7-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R7-en.pdf).

<sup>2</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA59/A59\\_R27-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA59/A59_R27-en.pdf).

<sup>3</sup> <https://www.who.int/hrh/resources/WHA54-12.pdf>.

<sup>4</sup> <https://www.who.int/hrh/retention/WHA49-1.pdf?ua=1>.

<sup>5</sup> <https://www.who.int/hrh/resources/WHA45-5.pdf?ua=1>.

<sup>6</sup> <https://www.who.int/hrh/resources/WHA42-27.pdf?ua=1>.

<sup>7</sup> And, where applicable, regional economic integration organizations.

<sup>8</sup> Taking into account the context of federated States where health is a shared responsibility between national and subnational authorities.

- (7) to enhance the capacity of educational institutions to deliver competency-based clinical and professional development programmes and develop research capacity, including evidence-based approaches in partnership with its teaching institutions;
- (8) as applicable, to increase access to health services by sustainably creating nursing and midwifery jobs with fair remuneration, effectively recruiting and retaining nurses and midwives where they are needed most, and ethically managing international mobility and migration in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- (9) to establish and strengthen national and subnational senior leadership roles for nurses and midwives with authority and responsibility for management of nursing and midwifery workforces and input into health decision-making, including as regulators of nursing and midwifery education and practice;
- (10) to consider appointing government chief nursing and midwifery officers as per the recommendations in the global strategic directions for nursing and midwifery 2021–2025<sup>1</sup> and aligned, where appropriate, with the WHO guidance on their roles and responsibilities;<sup>2</sup>
- (11) as applicable, to strengthen institutional mechanisms for country coordination among senior nursing and midwifery leaders and their counterparts in academia, professional associations and regulatory bodies; and foster future generations of nursing and midwifery leaders through supported leadership skills development programmes;
- (12) to facilitate the monitoring of implementation of the global strategic directions for nursing and midwifery 2021–2025 via, inter alia, the annual reporting through national health workforce accounts (resolution WHA69.19 (2016)) and the biennial WHO Global Forum for Government Chief Nursing and Midwifery Officers;
- (13) to provide, to the extent possible, technical and financial assistance to developing countries, especially least developed countries and the small island developing States and humanitarian settings, aimed at strengthening health systems health personnel development, including specialized training on nursing and midwifery and investments in information systems, to assist with addressing workforce shortages and/or capacity-related challenges;
- (14) as applicable, to align official development assistance for nursing and midwifery education and employment with national health workforce and health sector development strategies;
- (15) to provide, to the extent possible, appropriate financial and technical support related to nursing and midwifery workforce capacities to developing countries with special circumstances, including fragile health systems that are also battling the COVID-19 pandemic;
- (16) to aim to complete the commemorative activities under the International Year of the Nurse and the Midwife, which would have been disrupted due to the COVID-19 pandemic and cooperate with national nurses and midwives associations to plan and execute commemorative activities to end the International Year of the Nurse and the Midwife in 2021;
- (17) to continue to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel and the latest 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 to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration on the health systems of countries and to report to the WHO Secretariat on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel,

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<sup>1</sup> <https://www.who.int/publications/m/item/global-strategic-directions-for-nursing-and-midwifery-2021–2025>.

<sup>2</sup> [https://www.who.int/hrh/nursing\\_midwifery/cnow/en/](https://www.who.int/hrh/nursing_midwifery/cnow/en/).



including data on international health workforce migration, data from health personnel information systems, and measures taken, results achieved and difficulties encountered in implementation;

(18) to encourage and facilitate, as appropriate, the establishment and strengthening of professional councils for nursing and midwifery as relevant to context;

(19) to take part in the Gender Equal Health and Care Workforce Initiative;

OP3. CALLS ON international, regional, national and local partners and stakeholders from within the health sector and beyond to engage in and support implementation of the global strategic directions for nursing and midwifery 2021–2025, specifically calling for:

(1) to the extent possible, educational and other institutions within and outside the health systems to adapt their programmes and instructional modalities aiming at providing competency-based education and learning inclusive of appropriate technology, interprofessional learning and culturally competent care; to work in synergy with accrediting bodies to address capacity gaps and faculty development needs; and to collect and share institutional data essential for national health labour market analyses and informed health workforce planning;

(2) professional councils and regulatory bodies to update and strengthen professional nursing and midwifery policies, regulations and standards, as applicable, and enhance regulatory capacity, including through the collaboration of authorities responsible for health, education and employment, where indicated; modernize registries and information systems, as applicable, to enable the sharing of updated and accurate data on nurses and midwives and facilitate safe and efficient mobility across jurisdictions;

(3) private recruitment agencies and other relevant actors to employ ethical recruitment practices, as well as assist in addressing maltreatment of migrant health workers in the recruitment process and strengthening the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

(4) professional associations and trade unions to mobilize collective action and advocacy for investments in nursing and midwifery education, jobs, leadership and service delivery; to engage in data, dialogue and decision-making forums; and advance the ILO's Decent Work Agenda for safe and equitable workplaces;

(5) donors and development partners, along with international financing institutions, regional development banks, and other public and private financing and lending institutions, to prioritize sustainable and scalable investments in education, jobs, leadership and quality service delivery in the health and care sectors, including the nursing and midwifery workforce;

(6) private sector entities to support investments in competency-based education, scholarships and training, and upgrading qualifications, in order to meet changing health system demands and population health needs;

(7) partners to continue to support initiatives and campaigns such as the Nursing Now Challenge and the Young Midwifery Leaders Programme, which raise the status and profile of nursing and midwifery in order to, inter alia, achieve greater investment in improving education, professional development and employment conditions, as well as to enhance the influence of nurses and midwives on global and national health policy, as supported by the International Year of the Nurse and the Midwife;

(8) all partners to support WHO's efforts on the International Year of Health and Care Workers for 2021, and to join its campaign to: #Protect, #Invest, #Together;

(9) partners to take part in the Gender Equal Health and Care Workforce Initiative;

OP4. REQUESTS the Director-General:

(1) to provide support to Member States, upon request, to optimize the contributions of nursing and midwifery towards national health policies and the Sustainable Development

Goals, including implementing and monitoring the global strategic directions for nursing and midwifery 2021–2025;

- (2) to strengthen the progressive development and implementation of national health workforce accounts to improve the availability, quality and completeness of health workforce data as the basis for evidence-informed policy dialogue and decision-making;
- (3) to mainstream in WHO, new support initiatives implemented as a result of the COVID-19 pandemic, and which have had a positive impact on nursing and midwifery services and health care services delivery generally in Member States;
- (4) to develop technical guidelines and global policy recommendations related to nursing and midwifery, including on rural retention and managing migration, taking into account lessons learned and experience sharing from the COVID-19 pandemic;
- (5) to scale up assistance to developing countries especially least developed countries and small island developing States, and in humanitarian settings that face particular difficulties in educating, and developing the nursing and midwifery sector, and retaining nurses and midwives, through, inter alia, advocacy, evidence-based studies and data reporting;
- (6) to engage Member States and all relevant stakeholders to develop, in consultation with Member States, a succinct compilation document under the name of “global health and care worker compact”, following up on resolution WHA73.1 (2020) and decision WHA73(30) (2020), based on already existing documents of relevant international organizations (in any case WHO and ILO), which aims at providing Member States, stakeholders and other relevant organizations with technical guidance on how to protect health and care workers, safeguard their rights, and to promote and ensure decent work, safe and enabling practice environments free from racial and all other forms of discrimination, particularly in respect of the equity and gender-based challenges faced by the global nursing and midwifery workforce, in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- (7) to support Member States, and senior government nursing and midwifery leaders in particular, to leverage the national nursing and midwifery workforce data for intersectoral policy dialogue and evidence-based decision-making on how to strengthen nursing and midwifery towards population health goals, including participating in the biennial WHO Global Forum for Government Chief Nursing and Midwifery Officers;
- (8) with their prior consent, to publish the list of government chief nursing and midwifery officers on the WHO website and take responsibility for its regular updating;
- (9) to strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including by continuously fostering bilateral and multilateral dialogue and cooperation to promote mutuality of benefits deriving from the international mobility of health workers, as well as strengthening engagement with non-State actors, including recruiters;
- (10) to encourage and support all Member States to report on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and urge Member States’ accountability, in accordance with national context and priorities, to their reporting commitments;
- (11) to report regularly to the Health Assembly on the progress made in implementing this resolution, integrated with reporting on the Global Strategy on Human Resources for Health: Workforce 2030 and aligned with reporting requirements of the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2022 and 2025.

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

<b>Resolution:</b> Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery	
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b>	1.1.5. Countries enabled to strengthen their health workforce
<b>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:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	Four years (2021–2025).
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 34.07 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	US\$ 1.50 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>	US\$ 14.48 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 18.09 million.
<b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>	
– <b>Resources available to fund the resolution in the current biennium:</b>	US\$ 1.50 million.
– <b>Remaining financing gap in the current biennium:</b>	Zero.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>	Not applicable.

**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		
<b>2020–2021</b> resources already planned	Staff	0.13	0.11	0.10	0.12	0.10	0.11	0.00	0.68
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.22	0.82
	Total	0.23	0.21	0.20	0.22	0.20	0.21	0.22	1.50
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2022–2023</b> resources to be planned	Staff	0.53	0.46	0.40	0.87	0.39	0.45	0.53	3.63
	Activities	2.60	1.55	0.80	1.50	1.05	1.35	2.00	10.85
	Total	3.13	2.01	1.20	2.37	1.44	1.80	2.53	14.48
<b>Future bienniums</b> resources to be planned	Staff	0.66	0.58	0.50	1.08	0.49	0.56	0.66	4.53
	Activities	3.25	1.94	1.00	1.88	1.31	1.69	2.50	13.56
	Total	3.91	2.51	1.50	2.96	1.80	2.25	3.16	18.09

<sup>a</sup> The row and column totals may not always add up, due to rounding.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that increased solidarity and commitment from the international community were required to attain the triple billion targets, the goals of the Thirteenth General Programme of Work, 2019–2023, and the Sustainable Development Goals given the unprecedented COVID-19 crisis. Noting progress made thus far, including with respect to health information systems and country-level implementation of the Global Action Plan for Healthy Lives and Well-being for All, he commended the work of the Regional Office for Africa on strengthening data and national health information systems, which should continue. Indicators updated by WHO should take into account local context to ensure greater national ownership. With regard to the health workforce, he welcomed the country impact of the five-year action plan for health employment and inclusive economic growth 2017–2021, facilitated through its Multi-Partner Trust Fund. Despite some progress in the Region, the availability, training and protection of health personnel providing essential health services remained a concern. The inequitable distribution and shortage of nurses and midwives, particularly in low-income countries, was a challenge and he called for the adoption of the draft global strategic directions for nursing and midwifery 2021–2025. The progress made in reproductive, maternal, newborn, child and adolescent health programmes in the Region through their inclusion in national health policies was being affected by the COVID-19 pandemic. The prevalence of rheumatic heart disease in sub-Saharan Africa remained a concern and he called for the development of a plan of action and implementation of resolution WHA71.14 (2018) on rheumatic fever and rheumatic heart disease. Implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) should be better aligned with national health plans and focus on the particular vulnerabilities of women, children and adolescents in humanitarian crises and emergencies.

The representative of SWEDEN said that she was also speaking on behalf of the United States of America, and Albania, Andorra, Argentina, Australia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Estonia, Finland, France, Georgia, Germany, Greece, Honduras, Iceland, Ireland, Israel, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Mexico, Monaco, Netherlands, New Zealand, North Macedonia, Norway, Palau, Peru, Portugal, Republic of Moldova, Romania, San Marino, Sierra Leone, Slovenia, South Africa, Spain, Sweden, Switzerland, Ukraine, the United Kingdom of Great Britain and Northern Ireland and Uruguay.

The pandemic had highlighted the importance of effective health systems and universal health coverage in times of crisis and had shown that investment in health and health systems for all must be

a top priority, in line with the political declaration of the high-level meeting of the United Nations General Assembly on universal health coverage adopted in 2019. Sexual and reproductive health and rights services, which were integral to universal health coverage, should be of good quality, affordable, available, accessible and acceptable to all persons, including women and girls, across their life course. Sexual and reproductive health care had been identified by WHO as essential services, whose continuity should be prioritized during the pandemic, and the Committee on the Elimination of Discrimination against Women had issued guidance calling on States to ensure confidential access to such services at all times. Yet, severely diminished access to those services had generated a decline in contraceptive use and an increase in unwanted pregnancies and maternal mortality, and many children would lose access to critical sexual and reproductive health information with school systems struggling to operate. Furthermore, despite an increase in their workload, women and girls were facing the brunt of economic hardship from the pandemic. Millions were slipping into poverty and were at an increased risk of human rights violations and abuse, with lockdowns around the world creating a shadow pandemic of domestic violence. Sexual and reproductive health and rights must be at the core of the health agenda in the response to the ongoing crisis.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, 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 his statement. The pandemic had seriously hampered the achievement of universal health coverage and threatened the health-related Sustainable Development Goals and the progress made thus far. The 2021 progress report on the Global Action Plan for Healthy Lives and Well-being for All showed how enhanced cooperation among the agencies involved led to greater impact at country level. Recognizing the importance of the health and care workforce, including nurses and midwives, in the achievement of universal health coverage, he said that COVID-19 pandemic protection measures had fallen short. There should be clear consensus on guidance and necessary action, and WHO should encourage all stakeholders to invest in the working conditions, education, training, security and health promotion of the health and care workforce.

The representative of the PHILIPPINES, noting the effect of the COVID-19 crisis on progress towards the attainment of health and health-related goals, emphasized the importance of identifying resource gaps and implementation challenges, realigning plans and strengthening accountability measures among Member States. Her Government had made intensive efforts to maintain essential sexual, reproductive, maternal, newborn, child and adolescent health services in line with the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Her Government welcomed the efforts to review the effectiveness of the five-year action plan for health employment and inclusive economic growth (2017–2021) and to prioritize interventions for nurses and midwives, including with respect to the policy areas set out in document A74/13 and discussions to address the impact of COVID-19 and persistent workforce challenges. Commending the role of health workers in the fight against COVID-19, she underscored the importance of efforts by Member States to share data and resources and called for the equitable distribution of COVID-19 vaccines for priority health workers, their families and vulnerable populations.

The representative of JAPAN said that investment in education for health care workers, which was essential to building quality health services and achieving universal health coverage, was more important than ever in a public health crisis. Efforts to monitor the availability and appropriate deployment of human resources were also critical. Her Government supported the Global Strategy on Human Resources for Health: Workforce 2030, and the draft global strategic directions for nursing and midwifery 2021–2025. To address the shortage of nurses, her Government had been supporting others in establishing a comprehensive human resource development system and a strong legal framework, and stood ready to share its experience. It was concerning that universal coverage had not yet been

achieved with respect to sexual and reproductive health services for women and children. Her Government would continue to provide support in that regard.

The representative of INDIA said that the COVID-19 pandemic constituted a massive challenge for health care systems and workforces; it has resulted in worsening inequalities and threatened to reverse the progress already made in achieving health-related goals and targets. It had disproportionately affected vulnerable populations and resource-constrained countries, and WHO should therefore give added emphasis to supporting developing nations in their recovery from the crisis. His Government had launched various initiatives to promote achievement of universal health coverage, such as the national digital health mission and a national task force on Sustainable Development Goal 3. It had also taken steps towards investing in the health workforce for maternal and newborn care. He outlined some initiatives being undertaken to develop key areas such as midwifery, which would help to reduce maternal mortality rates.

The representative of GERMANY, also speaking on behalf of Germany, Ghana and Norway, said that the three Governments, which had initiated the development of the Global Action Plan for Healthy Lives and Well-being for All, were grateful to WHO for its efforts to promote collaboration among the 13 signatory agencies. The 2021 progress report showed that the initiative, which could serve as a key instrument for achieving the health-related Sustainable Development Goals, could play a decisive role in helping Member States to build back better after the global pandemic. Closer collaboration might lead to greater country-level impact and implementation. The accelerator working groups should continue to collaborate closely. The Global Action Plan should be institutionalized in all the signatory agencies, and regular reporting to the governing bodies of the respective agencies would be welcome.

The representative of ARGENTINA said that the gap between supply and demand of health workers had become even more apparent through the pandemic, and that large-scale investment in education, training and employment for the health workforce was required to achieve universal health coverage. Action should be based on a human rights approach that took into account gender issues and women's empowerment. She outlined some of the measures being taken in her country to promote the education, training and availability of nurses. Commending the efforts of WHO, ILO and OECD, she reiterated her Government's commitment to strengthening investment in the health workforce to ensure a resilient health system. Her Government was committed to improving indicators concerning women's, children's and adolescents' health and mitigating the effect of the pandemic on those populations.

The representative of BAHRAIN said that her Government was implementing national strategies to achieve the health and health-related Sustainable Development Goals, and efforts were being made to improve all indicators gradually. The long-term national strategy took into account economic, social and environmental factors and included innovative approaches. She commended the efforts of WHO to support health care staff and ensure the long-term operation of health systems, including in Africa, and would welcome a sustainable approach to such work. The COVID-19 pandemic had shown the importance of investing in the health care sector, and the adoption of a funding plan including training and capacity-building would be welcome. Her Government recognized the role of nurses and midwives in the health care system and in the fight against COVID-19 and had adopted national strategies and policies on the provision of training.

The representative of CHINA said that good progress had been made with respect to certain core Sustainable Development Goal indicators. However, challenges remained in such areas as communicable disease control and women's and children's health, and the importance of health for all had been highlighted by the COVID-19 pandemic. Particular focus should be given to developing countries, especially least developed countries, and measures should be taken to assist countries with weak health systems and low levels of universal health coverage. Priority should be given to marginalized groups, such as those living in poverty, persons with disabilities, and women and children.

His Government welcomed the progress made by WHO in promoting the implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). WHO should continue to improve relevant standards and technical guidelines with regard to the elimination of preventable newborn mortality, HIV, syphilis, hepatitis B transmission and cervical cancer, and greater emphasis should be given to cultural differences and country circumstances. There should be further discussions among Member States on facilitating access to and improving the use of data.

The representative of CANADA said that efforts must be made to safeguard the rights of health and care workers and to provide work environments that respected language and culture and were free from violence, harassment, racism and discrimination. Her Government welcomed the draft resolutions currently before the Committee and recognized the essential role of nurses and midwives in achieving universal health coverage. Sexual and reproductive health and rights must be protected, and access to legal safe abortion and contraception should be treated as an essential service. Her Government was pleased to be helping the Secretariat providing support to Member States in delivering essential health services and strengthening primary health care during the pandemic. Collaboration under the Global Action Plan for Healthy Lives and Well-being for All should be strengthened, and all participating agencies should commit to making transformational progress to strengthen primary health care in the light of the pandemic. Moving forward, the secondary impacts of the pandemic on those in vulnerable situations should be considered, and an equity-based approach that addressed all determinants of health was critical to sustainable development.

The representative of the REPUBLIC OF KOREA said that, given the impact of the COVID-19 pandemic, her Government could agree to extending the deadline for achieving the triple billion targets beyond 2023 and called on WHO to redouble its efforts on relevant activities. Her Government would be introducing a wide range of policies to extend healthy life expectancy and was taking different health management approaches to enhance health equity. Its health plan, like those of other Member States, included indicators of relevance for Pillar 3 (One billion more people enjoying better health and well-being), and she called on Member States to share experience and participate in the Secretariat's efforts to develop such indicators. WHO emergency care interventions in low- and middle-income countries would be necessary to tackle COVID-19-induced disruption to health services and vaccination programmes, and her Government would welcome discussion about specific types of such interventions. Additionally, it would support the development of a new indicator on primary health care.

The representative of THAILAND, recalling that many health workers had lost their lives during the pandemic, said that the health workforce agenda should be the first priority of any investment plan and called for political will at all levels. She urged all Member States, stakeholders and partners to increase investment in and protection of the health care workforce, especially nurses and midwives and other health care workers on the front line of the pandemic. The Director-General should closely monitor the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel to ensure ethical recruitment. Member States should strengthen health workforce information systems and the capacity of national and subnational mechanisms for effective workforce management.

The representative of ROMANIA said that the COVID-19 pandemic had highlighted the important role of nurses in the provision of comprehensive and high-quality care. Continued focus should be given to protecting frontline staff and priority vaccination for medical personnel should remain an important element of the global response to COVID-19. Lessons should be learned from the current pandemic, and he emphasized the link between the level of health and the competence of health professionals. In order to build back better and more equitably after the pandemic, nurses should be the bedrock of health care in the future. His Government commended the efforts of WHO to develop the new draft global strategic directions for nursing and midwifery 2021–2025.

The representative of KENYA said that with the world even further off-track in achieving the Sustainable Development Goals because of the COVID-19 pandemic, Member States and the Secretariat should accelerate implementation of the Thirteenth General Programme of Work, 2019–2023, the Global Action Plan for Healthy Lives and Well-being for All and the WHO Special Programme on Primary Health Care. His Government supported the continued implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and called for increased support for programmes that aimed to mitigate the effects of COVID-19 on those vulnerable populations. WHO should develop an action plan on rheumatic heart disease, which continued to affect the world's poorest women and children despite the availability of effective and affordable treatment. His Government planned to invest further in training and recruitment of health workers and technology to enhance access to health services as part of its post COVID-19 recovery plans. It noted with satisfaction that 2021 had been designated as the International Year of Health and Care Workers and supported the adoption of the two draft resolutions currently before the Committee.

The representative of SINGAPORE said that the COVID-19 pandemic served as a reminder of the need to strengthen the health care workforce in order to achieve healthier populations and universal health coverage. Nurses were the bedrock of health care systems, and sustainable long-term investment to improve education and career opportunities, maximize potential, and ensure fair and equitable pay would help to attract and retain nurses. Her Government had taken active steps to increase the intake of nurses in educational institutions and enhance career progression and supported the draft global strategic directions for nursing and midwifery 2021–2025.

The representative of NORWAY said that the COVID-19 pandemic demonstrated the need for investment in the health workforce to ensure the resilience and preparedness of health systems. Health professionals should be at the centre of initiatives such as primary health care, universal health coverage and the Sustainable Development Goals. The Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021) was well placed to create synergies and draw on knowledge and resources within and outside the health sector and, as one of the few donors, his Government welcomed the conclusions of the review of the action plan. He supported the draft resolution on protecting, safeguarding and investing in the health care workforce. He acknowledged the leadership of the United Nations Secretary-General in spearheading the Every Woman, Every Child initiative and efforts to implement the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) at country level in line with the Global Action Plan for Healthy Lives and Well-being for All. WHO and the H6 partnership should consider the Global Strategy as a core element of overcoming the negative impact of the pandemic.

The representative of BOTSWANA said that the pandemic had demonstrated the need to intensify preparedness and investment in the health workforce, and she outlined steps taken by her Government to lessen the burden of care on the current workforce, safeguard continuity of essential services and mitigate the challenges faced by health care workers. Her Government welcomed the progress made with respect to the five-year action plan for health employment and inclusive economic growth (2017–2021). However, the slow uptake in investment and lower than expected Multi-Partner Trust Fund were concerning. The Secretariat should work with donors and other relevant stakeholders to ensure sustainable financing for health to drive the universal coverage agenda and achieve the health-related Sustainable Development Goals. Her country wished to be added to the list of sponsors of the draft resolution on protecting, safeguarding and investing in the health and care workforce.

The representative of ZAMBIA said that the protection of and investment in health and care workers were required to fight COVID-19 and ensure continuity of essential health services. Prioritized policies by governments and stakeholders were essential. His Government, which lacked sufficient fiscal space to address its current deficit in the health workforce, supported the creation of a multisectoral health and care workforce agenda and action plan for 2022–2030. His Government also remained committed to implementing the Global Strategy for Women's, Children's and Adolescents'



Health (2016–2030). While it had seen significant improvements in some indicators, further efforts were required to meet others. Global solidarity and increased resources that went beyond the direct response to the pandemic and ensured continuity of essential reproductive, maternal, newborn, child, adolescent health and nutrition services were required. A road map on ending rheumatic heart disease should be developed.

The representative of GHANA welcomed the Director-General's dedicated focus on nursing and midwifery, drawing attention to the inequitable distribution of nurses and midwives and the need to increase the number of graduates and improve the quality of education for nurses and midwives. He welcomed the four policy areas identified concerning the draft global strategic directions for nursing and midwifery 2021–2025. Following the appointment of WHO's first Chief Nursing Officer, he called for national professional officers responsible for nursing and midwifery to be appointed at WHO country offices. He outlined some of the measures being taken by his Government to expand specialized training for nurses and midwives and promote stronger regulation, and called for special funding for nursing and midwifery research in African Member States.

The representative of AUSTRALIA said that his Government was committed to supporting, protecting and promoting the health and well-being of women and girls, in particular their sexual and reproductive health and rights, and welcomed the ongoing work outlined in document A74/14. The significant health improvements made in recent years in Australia had not been experienced equally by all population groups and certain indigenous women continued to have higher rates of comorbidities and greater risk of acute rheumatic fever and rheumatic heart disease. His Government had made significant investments to support research and develop a strategy to protect against acute rheumatic fever and rheumatic heart disease, and it was welcome that future reporting of rheumatic heart disease would be included under the Global Strategy for Women's, Children's and Adolescents' Health (2016–2020). More needed to be done to improve access to timely, affordable, equitable and culturally safe health care for people with diverse backgrounds and vulnerable groups. WHO should continue global efforts to close the gap in health outcomes, and specifically reflect on the needs of women, children and adolescents with disabilities in future reporting.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that future results and target setting would have to acknowledge the fact that the direct and indirect impact of COVID-19 had not been taken into account in reporting on the triple billion targets. In the light of the results of research carried out on the performance of health systems, she said that much remained to be done to achieve universal health coverage. Delivery of essential services had to be maintained alongside measures to contain COVID-19, and action on universal health coverage needed to be intensified with a focus on health systems strengthening. A robust consultation was required with all Member States on plans to reconsider some of the metrics for monitoring progress towards the health-related Sustainable Development Goals, and she encouraged WHO to prioritize the more effective use of existing data over the creation of new indicators. WHO should work in partnership with the Health Data Collaborative and other stakeholders to strengthen national health information systems. Expressing support for both draft resolutions before the Committee, she said that a skilled global health workforce would be at the heart of efforts to recover from the pandemic and achieve the health-related Sustainable Development Goals. Her Government had revised its own code of practice in line with the updated WHO Global Code of Practice on the International Recruitment of Health Personnel and would no longer be actively recruiting from the countries on the WHO Health Workforce Support and Safeguards List.

The representative of BELGIUM expressed deep appreciation to health professionals all over the world for their work. A skilled, protected and motivated health workforce was essential to achieve universal health coverage and ensure global health security. Her Government welcomed the work of WHO, ILO and OECD on the development of a new action plan and investment agenda and also supported the proposal by WHO, the World Bank and the European Investment Bank to relaunch the

health care investment fund. The draft global strategic directions for nursing and midwifery 2021–2025, which would help to ensure a sustainable health care workforce, were welcome. The global shortage and inequitable distribution of health professionals undermined global health security, and international recruitment of health personnel could be ethical only if it strengthened the health systems in the countries of origin and destination. Her Government looked forward to a high-level policy dialogue involving three WHO regions on the international mobility of health care workers.

The representative of JAMAICA said that the adoption of the global strategic directions for nursing and midwifery 2021–2025 would help to ensure that nurses and midwives were supported, protected, motivated and equipped to contribute in their practice settings. His Government continued to grapple with the negative effects of international migration on the health workforce. Recruitment and retention of nurses and midwives, which were critical to sustainable development, remained challenging. The continued loss of health personnel was creating a crisis in health services delivery in developing countries and the situation had been further exacerbated by the current global pandemic. Failure to address the issue would undermine not only the health development gains made thus far but also the capacity of countries to better recover from the pandemic. His Government continued to call for strengthened implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

(For continuation of the discussion and the approval of two draft resolutions, see the summary records of the sixth meeting, section 2.)

**The meeting rose at 13:05.**

## **SIXTH MEETING**

**Friday, 28 May 2021, at 14:10**

**Chair:** Mr M. RAHMAN (Bangladesh)

### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)**

#### **1. AUDIT AND OVERSIGHT MATTERS:** Item 30 of the agenda (continued)

**Report of the Internal Auditor:** Item 30.2 of the agenda (documents A74/35, A74/36 and A74/51) (continued from the fifth meeting, section 2)

The CHAIR drew attention to the report contained in document A74/36 on preventing sexual exploitation, abuse and harassment.

The representative of TUNISIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the guidance proposed by the Committee for the Secretariat's implementation of existing mandates, where not already implemented, on preventing sexual exploitation, abuse and harassment set out in paragraph 13 of document A74/51.

The DIRECTOR-GENERAL said that the Secretariat was greatly disturbed by allegations of sexual exploitation and abuse linked to WHO's response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo. Any form of abusive behaviour was incompatible with WHO's mission. The allegations called into question the effectiveness of the Organization's policies and practices, undermined trust in WHO and threatened the critical work it was doing. The independent commission established to investigate the allegations was aware of Member States' keen interest in its work, calls for swift action and desire for regular reports. The Secretariat's investigation department was in regular contact with the United Nations Office of Internal Oversight Services and investigation colleagues in the United Nations system. As requested, the independent commission's terms of reference and first two reports had been shared with Member States. The independent commission's co-chairs had confirmed that the terms of reference were sufficiently broad to investigate recent media allegations, including those concerning the suppression of information. If the independent commission discovered allegations that fell outside its remit, it would report them so that immediate action could be taken, as appropriate.

He understood that Member States needed more information to have full confidence in the investigation. To that end, the co-chairs of the independent commission would provide updates directly to Member States along with additional briefings, as appropriate, to Member States, safeguarding units and other entities. The Secretariat would also provide quarterly briefings to Member States, as required by the Executive Board, and would propose dedicated agenda items on the topic for future WHO governing bodies meetings. Noting the importance of confronting challenges through a holistic approach, he said that the Secretariat would regularly engage with experts, including safeguarding units or equivalents from Member States and other entities. He asked for support from Member States in that regard.

Strengthening country capacity was essential to turn policy into effective action. The Secretariat had been strengthening community engagement to gain trust and empower communities to lead prevention efforts. It was reviewing its policies and procedures, from prevention and early detection to

timely investigation and disciplinary action, and would systematically address weaknesses. In addition, it had allocated funding to strengthen accountability functions, and the proposed programme budget for 2022–2023 included an additional US\$ 28 million for that purpose at all levels of the Organization. The Secretariat had been accelerating the adoption of technical solutions to reduce opportunities for abuse of power, such as cashless payments and appropriate checks and balances.

More work was needed to address the root causes of sexual exploitation, abuse and harassment and strengthen policies and systems at all three levels of the Organization. Pending the receipt of the independent commission's findings, the Secretariat would establish a WHO task team, led by a senior WHO female staff member, to accelerate the implementation of Organization-wide policies and procedures, adopting a holistic approach to the prevention and management of sexual exploitation, abuse and harassment. The task team would also oversee implementation of the independent commission's recommendations. In addition, the Secretariat would establish an informal consultative group of external experts who could advise on "best-in-class" approaches, and would continue to consult with external bodies.

Addressing allegations of sexual exploitation, abuse and harassment was of critical importance to WHO. The Secretariat was taking a new approach to preventing and responding to the problem with the aim of achieving different results in identifying perpetrators and underlying systemic issues.

The representative of CANADA, speaking also on behalf of Australia, Bosnia and Herzegovina, Brazil, Canada, Chile, Costa Rica, Ecuador, the European Union and its Member States, Fiji, Guatemala, Indonesia, Israel, Japan, Maldives, Mexico, Monaco, Montenegro, New Zealand, Norway, the Republic of Korea, the Republic of Moldova, Switzerland, Thailand, Ukraine, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uruguay, said that, since January 2018 they had raised deep concerns about allegations relating to matters of sexual exploitation and abuse, and sexual harassment, as well as abuse of authority. In order to adequately prevent and address sexual exploitation, abuse and harassment, cultural change was needed across organizations and societies, including with a strong focus on gender. Strong and exemplary leadership throughout organizations was also required. She thanked the Director-General for his commitment to addressing the concerns raised, including by: sharing the terms of reference of the independent commission; convening safeguarding units or equivalents from Member States; providing more frequent updates on the work of the independent commission; and creating a standing agenda item on the topic for future WHO governing bodies meetings.

She was pleased that WHO would be in contact with the United Nations Office of Internal Oversight Services and requested the Secretariat to update Member States on the proposed handling of internal staff allegations at the Secretariat's next quarterly briefing to Member States. She looked forward to addressing the issue of sexual exploitation, abuse and harassment in a manner that was transparent and consistent with a survivor-centred approach, including by ensuring that appropriate disciplinary action was taken where allegations were substantiated. She was committed to working closely with the Secretariat to achieve credible outcomes. WHO staff members were working tirelessly to serve the vulnerable, often in demanding situations; it was important that high standards were in place to ensure safe and supportive working environments.

The representative of AUSTRALIA said that his country had a zero-tolerance policy to sexual exploitation, harassment and abuse of authority. He expressed appreciation for the Director-General's commitment to addressing sexual exploitation, abuse and harassment, including by increasing the frequency of updates provided by the independent commission to Member States. His Government looked forward to receiving information on the investigation's progress, work programme and methodology. He welcomed the sharing of the independent commission's terms of reference, which demonstrated WHO's commitment to transparency, and noted that they were sufficiently broad to encompass the investigation of allegations of senior staff members' knowledge of reports of such behaviour. He expected the independent commission's final report to include concrete actions to enhance WHO's safeguards, internal justice processes, and management and organizational culture in order to ensure zero tolerance of abuse and harassment and implementation of survivor-centred

approaches. His Government would continue to collaborate with WHO to ensure that continuous improvements were made to prevent all forms of abuse.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that efforts to prevent and respond to abuse of power and discrimination were long overdue. He welcomed new policies on early detection, robust investigation of credible allegations and the enforcement of disciplinary and judicial sanctions to ensure consistency in the handling of formal complaints. He urged the promotion of WHO's Integrity Hotline to encourage the confidential reporting of concerns of wrongdoing in WHO. The Member States of the Region welcomed the establishment of the independent commission to review allegations of sexual exploitation and abuse during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo. WHO's commitment to aligning its policies and procedures with those of the United Nations system and the United Nations Inter-Agency Standing Committee was also welcome. He expressed appreciation for the Secretariat's support through high-level advocacy, data collection and analysis, the provision of technical assistance, and other support mechanisms. The Member States of the Region fully endorsed a holistic, people-centred approach to preventing sexual exploitation, abuse and harassment, and would continue to support WHO in that regard.

The representative of the UNITED STATES OF AMERICA said that it was the responsibility of all Member States to hold WHO to the highest standards of protection from sexual exploitation and abuse. It was important to work together to ensure that perpetrators were held fully accountable for sexual exploitation, harassment and abuse of authority. She expected that the quarterly updates to Member States would include a thorough and transparent exchange of information, clear situation reports on the progress of investigations, and updates on the concrete actions that WHO was taking to address systemic gaps and implement meaningful prevention efforts while awaiting the findings of investigations. Her Government welcomed the establishment of a suitable standing agenda item for the Executive Board and Health Assembly to enable regular discussion on protection from sexual exploitation, abuse and harassment. Regular, collaborative attention to those issues, in particular on ensuring locally appropriate prevention and risk mitigation measures, was necessary to respond decisively to sexual exploitation, abuse and harassment.

The representative of THAILAND expressed support for the Director-General's holistic approach, including measures to promote a respectful workplace and implement appropriate and timely actions to prevent exploitation, abuse and harassment. She welcomed the Secretariat's guidelines and tools for strengthening health services related to the prevention, detection and management of sexual exploitation, abuse and harassment. People-centred public health measures were crucial to create supportive environments for populations at high risk of exploitation and abuse. She urged all stakeholders to enforce zero tolerance of sexual harassment in all WHO's operations across the three levels of the Organization and in all countries, in particular in the context of emergencies and following the coronavirus disease (COVID-19) pandemic.

The representative of INDIA said that his Government strongly condemned sexual exploitation, abuse and harassment and appreciated WHO's efforts in providing training to non-staff members on prevention. Strong punitive and preventive measures were needed to enforce zero tolerance of any form of sexual abuse, harassment or assault and ensure gender equality in the workplace and the safety of all workers.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the failure to report cases of sexual exploitation, abuse and harassment as required by United Nations and WHO protocols would be contrary to the safeguarding standards to which all international organizations had to adhere, including zero tolerance for ignoring, covering up or deliberately mishandling allegations. All recent and related allegations must be investigated as soon as possible, in keeping with a survivor-centred approach. To ensure confidence in the process, WHO's

senior management team should consider again whether the United Nations Office of Internal Oversight Services should be involved, or, as a minimum, clarify how the independent commission's work would be coordinated with the Office of Internal Oversight Services and explain what the process would be for sharing the independent commission's reports with Member States. The interim reports of the independent commission lacked detail and should have been shared at the time of writing, as set out in its terms of reference.

Greater transparency was needed from WHO. His Government expected regular and frequent updates on the actions outlined in decision EB148(4)(2021) on preventing sexual exploitation, abuse and harassment and requested the Secretariat to update Member States on the proposed handling of internal staff allegations at the next quarterly briefing for Member States. Member States must not be deterred from tackling the root causes of sexual exploitation, abuse and harassment, and must respond with confidence to ensure accountability in the interests of survivors. Indeed, Member States had a moral responsibility to ensure that the Organization maintained the highest standards in order to provide a safe and supportive working environment for its staff members and the communities it served.

The representative of GHANA said that the investigation of allegations of sexual exploitation, abuse and harassment during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo should be conducted in accordance with international standards to ensure the protection of victims and witnesses. He urged the independent commission to spare no efforts in bringing the perpetrators to justice and hoped that the same steps would be taken to address similar reports of such behaviour in other WHO regions and countries. He supported a new policy for addressing abusive conduct and welcomed the concrete actions taken by the WHO Regional Office for Africa to better prevent sexual exploitation and abuse, and to provide support to victims and protection to those who reported abuse. Associating the problems of sexual exploitation, abuse and harassment with a particular country and ignoring similar reports of such behaviour from other regions would not solve what was essentially a structural problem. He welcomed the Director-General's assurances that a holistic review of existing mechanisms would be conducted to identify systemic weaknesses that allowed such abuse to happen and take immediate action to address them.

The DIRECTOR-GENERAL thanked Member States for their input and said that the Secretariat would work closely with Member States based on their guidance.

The CHAIR took it that the Committee wished to note the report contained in document A74/36.

**The Committee noted the report.**

## **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

2. **HEALTH IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT:** Item 14 of the agenda (document A74/11) (continued from the fifth meeting, section 4) [transferred from Committee A]

**HEALTH WORKFORCE:** Item 15 of the agenda (continued from the fifth meeting, section 4) [transferred from Committee A]

- **Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)** (document A74/12) (continued)
- **Global Strategic Directions for Nursing and Midwifery** (document A74/13) (continued)

**COMMITTING TO IMPLEMENTATION OF THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030):** Item 16 of the agenda (document A74/14) (continued from the fifth meeting, section 4) [transferred from Committee A])

The representative of HUNGARY outlined the steps taken by her Government to scale up the provision of training for, and improve the retention of, the country's health workers, in particular during the COVID-19 pandemic.

The representative of DENMARK expressed concern about the negative impact of the COVID-19 pandemic on the mental health of young people. Mental health must be included in comprehensive sexuality education, in particular since many young lesbian, gay, bisexual, transgender and intersex people experienced negative self-perception, depression, anxiety, suicidal thoughts and suicide attempts. To achieve target 3.4 of the Sustainable Development Goals, mental health should be discussed more openly and become part of the school curriculum, while mental health services should be made more accessible to children and adolescents.

The representative of the UNITED STATES OF AMERICA said that her Government supported WHO's work to maximize the impact of its contributions towards achieving the Sustainable Development Goals by focusing on greater country impact, regional effectiveness, and results and accountability at all levels of the Organization. She also supported extending the Thirteenth General Programme of Work, 2019–2023 to 2025 and incorporating the efforts of the Secretariat and Member States related to the COVID-19 recovery. The COVID-19 pandemic had highlighted the vital role played by health and care workers in building and sustaining robust and resilient health care systems. Investing in the health and well-being of women, children and adolescents was critical, and sexual and reproductive health and rights were essential to advancing gender equality and equity and achieving the Goals. It was important to recognize the inequalities and inequities affecting young girls and women. Member States must work together to ensure equitable and timely access to high-quality health services, including for lesbian, gay, bisexual, transgender and intersex people and other marginalized communities. Discussions on women's economic empowerment often ignored its essential links to sexual and reproductive health and rights; it was in countries' common interest to protect the bodily autonomy of women and girls and advance their participation in their communities. It was a priority for her Government to partner with all stakeholders in that work.

The representative of the RUSSIAN FEDERATION said that his Government welcomed progress made towards the Sustainable Development Goals, including efforts to reduce child mortality, increase treatment for HIV/AIDS, and reduce mortality and morbidity from tuberculosis. Countries must work together to address persisting problems, particularly in the context of the COVID-19 pandemic. The focus on universal health coverage in implementing the 2030 Agenda for Sustainable Development was also welcome. He commended WHO for its multisectoral work, noting the importance of the full implementation of national plans, and for efforts at all three levels of the Organization to support countries in achieving the Sustainable Development Goals. Noting the important role of nurses and midwives in ensuring efficiency in the health care system, he requested that his Government be added to the list of sponsors of the draft resolution on strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.

The representative of BRAZIL welcomed efforts to revise and recommit to the five-year action plan for health employment and inclusive economic growth (2017–2021) and the global strategic directions for nursing and midwifery. His Government welcomed the designation of 2021 as the International Year of Health and Care Workers. In view of the critical role played by health care workers in maintaining health systems and services and promoting health, it was essential to ensure that the health and care workforce was supported, motivated and equipped at all times, especially in health crises. He reaffirmed his Government's commitment to implementing the Global Strategy for Women's,

Children's and Adolescents' Health (2016–2030), noting that the COVID-19 pandemic had increased the risks faced by women, children and adolescents.

The representative of ETHIOPIA said that it was essential to increase the availability and equitable distribution of nurses and midwives in order to realize universal health coverage and the Sustainable Development Goals. The health workforce agenda was critical for improving the health of women, children and adolescents, while the updated global strategic directions for nursing and midwifery would enable stakeholders to draw on experiences and integrate planning for, and investment in, nursing and midwifery into broader national health systems and health workforce planning. Her Government would support the development and progressive implementation of a multisectoral health and care workforce agenda and action plan for 2022–2030, which would play a crucial role in providing decent work, education and employment in delivering primary health care and achieving universal health coverage. She called on Member States to support the adoption of the draft resolution on protecting, safeguarding and investing in the health and care workforce and the draft resolution on strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.

The representative of TURKEY said that her Government attached great importance to the International Year of Health and Care Workers and related activities. She highlighted the importance of vaccinating health care workers during the COVID-19 pandemic to ensure the continuity of health care systems, noting the critical role played by nurses and midwives during the COVID-19 response. Concrete steps were needed to address the various problems affecting nurses and midwives, including lack of training, education, leadership and participation in decision-making processes, especially in low- and lower-middle-income countries.

The representative of SENEGAL welcomed the results achieved through the five-year action plan for health employment and inclusive economic growth (2017–2021), in particular through the Multi-Partner Trust Fund. He thanked Member States for supporting the draft resolution on protecting, safeguarding and investing in the health and care workforce and noted the recommendations of the draft global strategic directions for nursing and midwifery 2021–2025 and the progress made in implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). In the light of the impact of the COVID-19 pandemic on the targets to be achieved by 2030, he called on all stakeholders to pay special attention to the issue of reproductive health in order to reduce neonatal, infant and adolescent mortality.

The representative of OMAN outlined the steps taken by his Government to improve the training of human resources for health, enhance the care provided by nurses and midwives, and ensure that health services continued to be provided during the COVID-19 pandemic.

The representative of CUBA said that the economic, social and health-related obstacles faced by developing countries had been magnified by the COVID-19 crisis and threatened the achievement of the Sustainable Development Goals. To achieve the Goals, it was essential to have a protected, skilled and prepared health workforce in order to build strong and resilient health systems. Her Government recognized the WHO Global Code of Practice on the International Recruitment of Health Personnel and reaffirmed its opposition to policies promoting the selective migration of health workers and brain drain. Her Government would also continue to advocate for the ethical management of the international mobility and migration of health care workers. It was important to continue to promote international cooperation and solidarity and seek concerted and innovative solutions to ensure that the least developed countries made progress towards universal health coverage, in particular in the context of the COVID-19 pandemic.

The representative of INDONESIA welcomed the progress made in implementing the five-year action plan for health employment and inclusive economic growth (2017–2021) and encouraged Member States to strengthen their information systems for human resources for health to improve the



management of the health workforce, labour market analyses and research. She supported the role of professional organizations for nurses and midwives and highlighted the importance of adhering to the WHO Global Code of Practice on the International Recruitment of Health Personnel. The health workforce was a core component in achieving universal health coverage and the Sustainable Development Goals. Her Government was committed to continuing to implement the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

The representative of BARBADOS described the range of actions taken by his Government on the issue of human resources for health, including to improve working conditions and increase employment opportunities. He welcomed the Organization's efforts to highlight the deleterious effects of the COVID-19 pandemic on women's, children's and adolescents' health and to develop strategies aimed at limiting the negative impacts of the pandemic on countries. The restoration of essential health care services adversely impacted by the pandemic should be a priority, and countries must do their utmost to sustain and build on achievements in women's, children's and adolescents' health made prior to the pandemic.

The representative of FRANCE said that a skilled, prepared and protected health workforce with access to training throughout their career was fundamental for efficient and resilient health systems. It was important to recognize that, although women made up the majority of the health workforce, they faced numerous inequalities, which had to be addressed. She thanked those Member States who had collaborated with her Government in promoting gender equality in the health workforce and called on all stakeholders to join those efforts.

The representative of KAZAKHSTAN supported WHO's efforts to strengthen the health workforce. He outlined the measures taken by his Government in that regard, including plans to integrate the national health workforce registration system into the Global Health Workforce Network. Other areas of focus included health workers' salaries, training, the distribution of health workers, and the status and role of nurses.

The representative of the BAHAMAS said that questions remained regarding the effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel given the limitations in terms of its publicity and incorporation into national laws and regulatory frameworks for ethical recruitment. The COVID-19 pandemic had created additional barriers to measuring its effectiveness. Her Government looked forward to the development of tools to better support Member States in building surge capacity, the necessity of which had been brought into sharp relief by the pandemic. She requested the Secretariat to report to the Seventy-fifth World Health Assembly on the achievements and challenges of, and lessons learned from, the five-year action plan for health employment and inclusive economic growth (2017–2021). Her Government was pleased to learn about the progress made with respect to the WHO Academy. She also requested the Secretariat to optimize digital platforms for developing leadership capacity modules not just for nurses, but also for workers across the health system until 2023.

The representative of URUGUAY said that the development of the health workforce, including strengthening health workers' competencies and training, would significantly improve health systems and people's health. She drew attention to the steps taken by her Government to improve training and education for health workers, as well as their work conditions and staffing levels, and to develop policies in the area of nursing.

The representative of SPAIN said that universal health coverage was fundamental to achieving equity, health security and the targets under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). In addition, multilateralism, under the leadership of WHO, was needed to meet the health-related goals of the 2030 Agenda for Sustainable Development. It was important to invest in health systems and promote, at the global level, a model for integrated health care

based on universal health coverage. Public health measures and access to primary health care and specialized hospital care were critical to strengthen health systems. Her Government was committed to the Global Strategy on Human Resources for Health: Workforce 2030 and had implemented a range of domestic measures, including to improve information systems and the provision of specialized training for health workers. Women's, children's and adolescents' health was a priority for her Government.

The representative of the DOMINICAN REPUBLIC said that all projects, documents and initiatives addressing violence against children and adolescents should contain inclusive language and incorporate the harmful practice of adolescent pregnancy and child, early and forced marriage. It was also important to highlight other groups of vulnerable children and adolescents, including irregular migrants and people living in extreme poverty, and to address the stigma and discrimination more commonly faced by those groups. In addition, it was vitally important to strengthen nursing, the quality of midwifery care and primary health care for newborns. Her Government wished to be added to the list of sponsors of the two draft resolutions under discussion.

The representative of the NETHERLANDS said that sexual and reproductive health and rights were essential for improving the health, well-being and rights of women, girls and adolescents, and for realizing the Sustainable Development Goals. She underlined the importance of safe abortion care and integrated health services, including with respect to HIV/AIDS, and encouraged WHO to use the Global AIDS Strategy 2021–2026 to make progress in women's, children's and adolescents' health. She was gravely concerned about the interruption of sexual and reproductive health services caused by the COVID-19 pandemic and the related impacts, including the reversal of years of progress in improving the sexual and reproductive health and rights of women and girls. She requested WHO to monitor closely the damaging effects of reduced funding for sexual and reproductive health and rights, including through the key indicators of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), and to work with other organizations of the United Nations system, governments, civil society and other relevant actors to mitigate such effects and effectively implement the Global Strategy. She also called for the more meaningful participation of non-State actors during the Health Assembly.

The representative of NEW ZEALAND welcomed the development of the global strategic directions for nursing and midwifery, which would support evidence-based planning for investment in nursing and midwifery professions, and acknowledged the vital role of nurses and midwives in the COVID-19 response. He noted that rheumatic heart disease remained prevalent in the South Pacific, including in New Zealand, and outlined the actions implemented by his Government to prevent and manage rheumatic fever.

The representative of the SYRIAN ARAB REPUBLIC outlined the steps taken by her Government to strengthen nursing and midwifery during the COVID-19 pandemic, improve the health of women, newborns, children and adolescents, and prevent child and early marriage.

The representative of SUDAN welcomed the Secretariat's efforts to guide Member States towards achieving universal health coverage and the health-related Sustainable Development Goals. She urged the Secretariat to support Sudan in strengthening its health information system. The Secretariat and international health partners should help countries to address health workforce challenges through the appropriate policies and build capacity for managing health workforce migration. She requested the Secretariat to coordinate stakeholders' efforts in implementing the global strategic directions for nursing and midwifery and commended its work to improve the lives of mothers and children. Her Government was committed to implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). She called on WHO and the international community to support the development of policies for strengthening health systems, scaling up health interventions in schools for adolescents, and improving neonatal health.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that his Region's Vision 2023 and Regional Health Alliance were aimed at coordinating partners' efforts to implement the 2030 Agenda for Sustainable Development. Although many countries in the Region had made progress towards reaching health-related targets, they struggled to control infectious diseases and were directly or indirectly affected by crises and complex humanitarian situations.

A strong health system and health workforce were critical to achieving the Sustainable Development Goals and to advancing universal health coverage and ensuring health security. His Region was facing a shortage of health workers, which had been exacerbated by the COVID-19 pandemic, in addition to employment capacity constraints. It was important to invest in health professionals' education and job creation in the health sector. To establish a sustainable and competent health workforce, it was necessary to: ensure collaboration between the finance, labour, education and health sectors; ensure that the health workforce met current and future needs; carry out health labour market analyses and strategic planning; and improve health workforce governance and regulation capacities. The pandemic had demonstrated the need for global solidarity and the mobilization of resources for health workers. The draft global strategic directions for nursing and midwifery 2021–2025 were timely and would accelerate actions to strengthen nursing and midwifery in his Region. He supported the draft resolution on protecting, safeguarding and investing in the health and care workforce.

The representative of MALDIVES said that, in order to ensure the health and well-being of women, children and adolescents and protect their human rights, Member States needed to adopt holistic health policies. Strong accountability was required to promote and track political and financial commitments, monitor the implementation of policies and assess their impact, and monitor interventions for child development and the reduction of inequities. His Government attached great importance to strengthening implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) to deliver on the Sustainable Development Goals by 2030, and was committed to ensuring equitable, quality health coverage for all women and newborns. Lastly, his Government looked forward to working with WHO and to receiving technical support from the Secretariat and development partners.

The representative of ECUADOR was pleased that the report on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) included information related to gender-based violence and sexual and reproductive health, strategies to respond to COVID-19 and actions for controlling alcohol and tobacco consumption. Future reports should contain more information and statistics related to children and adolescents between 10 and 15 years old in the areas of violence, pregnancy and vaccination against human papillomavirus. He called on the Secretariat and Member States to further analyse the implementation of strategies and actions under the global action plan on physical activity 2018–2030. His Government welcomed the efforts of the Secretariat and Member States to guarantee the right to health and called for the continued development of intersectoral policies that focused on women's, children's and adolescents' health in humanitarian settings.

The representative of SOUTH AFRICA said that sexual and reproductive health and rights were integral to universal health coverage. Sexual and reproductive health and rights services should be of good quality, affordable, accessible to all persons, including women and girls, and offered to all, regardless of sexual orientation and gender identity and without stigma, discrimination, coercion or violence. The COVID-19 pandemic had highlighted the importance of immunizing women and children and of a holistic approach to immunization, including in meeting the targets to be achieved by 2030. Work to continue the five-year action plan for health employment and inclusive economic growth (2017–2021) should begin immediately and take into account current and future challenges.

When addressing universal access to services and reflecting on the consequences of the pandemic, it was important to be mindful of the devastating effects that people living in occupied territories such as the occupied Palestinian territory, including east Jerusalem, faced as a result of concerted attacks. To

increase the dispossession of people during the current time of crisis, including by military means, was wholly unacceptable.

The representative of IRAQ drew attention to the steps taken by her Government to improve women's, children's and adolescents' health, including within the context of the COVID-19 pandemic. Technical and financial support from WHO and other entities of the United Nations system was needed to reduce maternal mortality. There was also a need to strengthen the role of the community, non-State actors and the private sector in scaling up national efforts.

The representative of TUNISIA commended WHO for the progress made in women's, children's and adolescents' health. She outlined the steps taken in her country to promote the health of mothers, adolescents, children and newborns and reiterated her Government's commitment to implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

The representative of PANAMA reaffirmed her Government's commitment to improving women's, children's and adolescents' health by ensuring greater equity and enhancing primary health care. She called for collective efforts involving civil society, organizations of the United Nations system, health professionals, adolescents, young people and the private sector to ensure the well-being of women, children and adolescents.

The observer of PALESTINE outlined the domestic steps taken to promote the health of women, children and adolescents and to improve the training of health care workers in providing care to those groups, especially during emergencies and the current situation in the occupied Palestinian territories, including east Jerusalem. He urged WHO to step up its cooperation with the Palestinian health ministry, UNRWA and UNICEF in improving women's, children's and adolescents' health. Such support was particularly needed after the recent extensive destruction of infrastructure, including health care facilities, in Palestine.

The representative of UNFPA said that the global strategic directions for nursing and midwifery provided a good opportunity to recognize nursing and midwifery as two distinct professions and optimize their services to cover all needs. During the COVID-19 recovery phase, pregnancy and childbirth care should be offered close to, but not necessarily in, medical facilities so that care could be provided in an equitable, safe and holistic manner. The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) served as a collective road map for achieving universal health coverage and tailoring efforts to countries' needs and priorities. Building back better after the pandemic by engaging countries and stakeholders, aligning policies, strategies and funding so that no one was left behind, and ensuring shared accountability under the Global Action Plan for Healthy Lives and Well-being for All would be necessary to respond to the needs of adolescents, who constituted the largest and most vulnerable population.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, expressed disappointment that the report on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) did not include any reference to kidney disease, even though chronic kidney disease was the eighth leading cause of death among women worldwide. He called on WHO to prioritize the development of policies and programmes to tackle kidney disease, taking into account the specific needs and contexts of women, children and adolescents.

The representative of the WORLD CONFEDERATION FOR PHYSICAL THERAPY, speaking at the invitation of the CHAIR, said that the need for rehabilitation had been increasing globally, especially in low- and middle-income countries. Noting the vital role of physiotherapists in improving the health and quality of life of people in need of rehabilitation, he expressed concern about the shortage of physiotherapists in Member States due to the historical underinvestment in physiotherapy

and other rehabilitation services. The development of long-term sustainable solutions was urgently needed.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, commended WHO for developing the draft global strategic directions for nursing and midwifery 2021–2025. It was essential that palliative care was recognized as an integral component of nursing practice, for all nurses. She called on Member States to: strengthen educational capacity for palliative nursing to ensure a competent nursing workforce; create jobs for palliative nurses in the public sector, recognizing their skills and competencies; provide safe environments for all nurses; build leadership capacity among nurses; invest in nursing; and honour commitments for the development of nursing globally.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, expressed concern about the limited progress made in the implementation of resolution WHA63.17 (2010) on birth defects. Guidance on the standardized surveillance of orofacial clefts was paramount since they were present in one in 500 to 700 births and were associated with low survival rates in some low- and middle-income countries. She urged Member States to include interventions for the primary prevention of noncommunicable diseases and for oral health literacy in antenatal care. She welcomed the focus on breastfeeding and called on Member States to strengthen legislation on breast-milk substitutes containing free sugars to reduce the risk of early childhood caries and other noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that women, children and adolescents were entitled to health systems that protected them and granted equal opportunities to all with full recognition of sexual and reproductive health and rights. He called on the Secretariat and Member States to expand research on and address the underlying factors that perpetuated violations of women's, children's and adolescents' sexual and reproductive health and rights and to fully commit to the implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed the draft resolution on protecting, safeguarding and investing in the health and care workforce. To achieve universal health coverage, governments must optimize their workforce and plan for future needs. It was essential that national cancer control plans included the necessary funding for the education and training of oncology professionals. An adequate and well-trained oncology workforce was needed to ensure quality and timely cancer screening, accurate diagnosis, the safe and efficient administration of cancer therapies, and compassionate palliative care services. She called on governments to provide health and care workers with the protection, working conditions and tools they needed to remain healthy and save lives.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIR, called on the Secretariat and Member States to encourage domestic funding for the health workforce and the creation of new jobs for health workers. Member States should: enact policies to remove the barriers faced by women within the health workforce, which had been amplified by the COVID-19 pandemic; keep health workers present, ready, connected and safe through solutions that addressed their health and well-being; and promote the use of data for health workforce planning and management, building on the national health workforce accounts.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that the disproportionate impact of the COVID-19 pandemic on women and girls and the recent catastrophic cuts in international aid by the Government of the United Kingdom of Great Britain and Northern Ireland had created significant setbacks in meeting

health- and gender-related commitments under the 2030 Agenda for Sustainable Development. She urged the Secretariat and Member States to prioritize the most vulnerable women and girls and the continuation of essential and life-saving sexual and reproductive health services.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, urged the Secretariat and Member States to: address country-specific chronic deficiencies in the anaesthesia workforce through training and education; continue to collaborate with her organization in tracking and publishing data on the anaesthesia workforce; and prioritize the development and implementation of national surgical, obstetric and anaesthetic care plans.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, welcomed the draft resolution on strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery and the updated global strategic directions for nursing and midwifery. Her organization had been closely involved in the development of the global strategic directions and strongly supported the call for investment in nursing and midwifery education, jobs, leadership and service delivery. For nurses to fully contribute to efforts to manage and recover from the COVID-19 pandemic, countries must incorporate the global strategic directions in their COVID-19 recovery plans. She noted the importance of monitoring the global strategic directions over the next four years and, taking into account the impact that the pandemic would have on the nursing workforce in the coming years, recommended assessing progress halfway through the time frame for the global strategic directions in 2023.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, applauded WHO for its leadership in implementing resolution WHA71.14 (2018) on rheumatic fever and rheumatic heart disease. She was pleased that rheumatic fever and rheumatic heart disease were included in the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Noting that rheumatic heart disease was one of the most underfunded diseases relative to its burden, she urged the Secretariat, Member States and other stakeholders to reiterate their commitments to, and become more actively engaged in, addressing rheumatic heart disease.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the lack of concrete commitment by Member States to the five-year action plan for health employment and inclusive economic growth (2017–2021) was regrettable. Governments had to move beyond political statements and declarations. Employment ceilings, wage cuts and freezes in the health sector must be reversed. He supported the renewal of action plans by governments and multilateral institutions, noting that trade union rights had to be defended as essential elements of decent work. He urged Member States to ratify and implement ILO Nursing Personnel Convention, 1977 (No. 149) and ILO Nursing Personnel Recommendation, 1977 (No. 157) to strengthen implementation of the global strategic directions for nursing and midwifery.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, said that universal health coverage must be fit for the world's ageing population and fulfil all older people's right to health, without discrimination. Older people must have access to health services, including those that supported their capacities and abilities. Data underpinning the Sustainable Development Goals should be collected for all age groups and disaggregated by sex, age, disability and location. Universal health coverage also meant achieving vaccine equity and prioritizing the vaccination of older people. She requested the Secretariat and Member States to prioritize and ensure sufficient resources for the work carried out under the United Nations Decade of Healthy Ageing (2021–2030) in order to achieve universal health coverage and the Goals, leaving nobody behind.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and also on behalf of PATH and The Save the Children Fund, said that Member States should address systemic injustices in health systems and prioritize equity in ensuring access to quality health care, including through community-based services. She encouraged civil society organizations to hold governments accountable for the necessary investment in health and the creation of enabling environments. Donors and governments must foster country-led dialogue that supported long-term, innovative and locally adapted solutions for mobilizing and allocating resources to protect the most vulnerable groups, including women and girls. Efforts were also needed to ensure fair pay, the respect of labour rights, adequate training and supervision, and safe and supportive working conditions for all frontline health and care workers.

The representative of WOMEN DELIVER, INC., speaking at the invitation of the CHAIR, said that commitments to achieving gender equality and sexual and reproductive health and rights were essential to realize universal health coverage. She called on Member States to: use WHO's UHC Compendium to identify, integrate and fund the recommended sexual and reproductive health services in national universal health coverage plans, with a focus on adolescents, women and marginalized groups; engage with and finance civil society groups so that they could be involved in the design and implementation of services; and commit to strengthening sexual and reproductive health services at the upcoming Generation Equality Forum.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that the renewed mandate to drive forward a health and care workforce action plan must address health professionals' needs and involve professional organizations. Highlighting the need to invest in the health workforce, she welcomed the development of an investment agenda and called for stronger commitments to strengthen the health and care workforce.

The representative of the INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that, to achieve the WHO target of doubling childhood cancer survival rates to 60% by 2030, children undergoing cancer treatment must receive care delivered by a competent and specialized nursing workforce. She called on Member States to: align their efforts with the global strategic directions for nursing and midwifery; support job creation and practice regulation; improve nurses' pay and ensure safe working conditions for them, including access to COVID-19 vaccines; and build leadership capacity among paediatric oncology nurses.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, highlighted the importance of biennial reporting on the marketing of breast-milk substitutes at the Health Assembly and of adjusting the International Code of Marketing of Breast-milk Substitutes in order to tackle new strategies that sought to promote such products. She expressed concern that the WHO Foundation encouraged donations from companies that undermined and ignored WHO's policies and promoted ultra-processed products. Such companies infiltrated policy spaces and threatened trust in WHO. To protect children, sound rules for conflicts of interest were needed.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, called for a global commitment to ensure long-term and sustainable funding for primary health care. Funding was needed for the education, training and employment of family doctors and primary health care workers in order to meet communities' needs and achieve universal health coverage. There was also a need to break silos and integrate data and technology to enable the exchange of health information at all levels of health care. Lastly, she called for support for interdisciplinary, undergraduate and postgraduate education and continuous professional development, as well as the inclusion of primary health care in humanitarian aid and global health planning and budgeting.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that he supported global action to invest in the health workforce. Sexual, reproductive, maternal, newborn and adolescent health was essential to achieve the Sustainable Development Goals and improve women's health throughout their life course. The health and well-being of current and future generations could only be improved through investment in education, training and health systems. He called on Member States to work together to build a robust and resilient global health care system, noting the vital importance of primary health care and universal health coverage to that end.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that high-income countries must not siphon health workers from low- and middle-income countries. Expressing disappointment that health workers in low- and middle-income countries did not have access to COVID-19 vaccines, he underlined the need for equitable allocation and increased production of vaccines, which were only possible through the waiver of obligations under the Agreement on Trade-Related Aspects of Intellectual Property Rights. Funds lost through tax havens could be used to strengthen public health systems. Member States should provide regular jobs in public health systems and ensure the provision of publicly funded education for health workers.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR and also on behalf of Medicines for Malaria Venture, welcomed the progress made in implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). However, insufficient emphasis was accorded to the need for research and development of health tools to address the needs of children and women who were disproportionately affected by infectious diseases and whose specific medical needs were often neglected. The Global Strategy should also include proposals for the gender-responsive development of medicines, cover innovation of, and access to, medicines for children and women, and contain a requirement to report on progress.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, said that thalassaemia and sickle cell anaemia were among the most prevalent, life-threatening blood disorders of childhood. In low-income countries, where the majority of patients lived, out-of-pocket expenditure for care forced patients into poverty, hindering access to essential care and limiting life expectancy. She urged Member States to adopt approaches to ensure health for all, establish national registries and base policies and budgeting on actual needs, and collaborate to improve the accessibility of medicines.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, called for further emphasis to be placed on the health of women, children and adolescents, who were vulnerable groups deeply affected by the COVID-19 pandemic. He expressed concern about the potential sharp increases in maternal and infant mortality rates, especially in low- and lower-middle-income countries, resulting from disrupted essential health services during the pandemic. He urged Member States to encourage multisectoral collaboration and bolster health care delivery and education through information technology and the promotion of community-centred social health care.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery for Impact) thanked Member States for their comments on health in the 2030 Agenda for Sustainable Development. The next four years would be critical to getting back on track towards achieving the Sustainable Development Goals. The Secretariat had launched regular data-driven delivery stocktakes to ensure that progress in meeting the triple billion targets and the Sustainable Development Goals was tracked and accelerated. It had also been strengthening data and health information systems in countries and making all data accessible through the triple billion dashboard and the World Health Data Hub.

WHO was committed to being the most transparent and trusted source for global health data. It would shortly be holding a global summit on health data governance to make sure that its work was



based on good data governance. At the request of Member States, by 2025, the Secretariat would update the health-related indicators for the Sustainable Development Goals outlined in the Thirteenth General Programme of Work, 2019–2023, including in the areas of mental health, ageing, salt consumption, physical inactivity, food safety and primary health care, and would review universal health coverage measures. The Secretariat was also intensifying its partnerships through the Health Data Collaborative, UHC2030, and the Global Action Plan for Healthy Lives and Well-being for All.

The SPECIAL ADVISER TO THE DIRECTOR-GENERAL thanked Member States for their comments on the Global Action Plan for Healthy Lives and Well-being for All, which would help countries to make an equitable and resilient recovery from the COVID-19 pandemic and should be focused on country-level impact and expanded to cover more countries. Primary health care was critical for equitable and resilient recovery, and incentives were important for strengthening collaboration. Calls for reporting at meetings of the Executive Board on collaboration and the Global Action Plan would be facilitated by the latter's monitoring framework.

The DIRECTOR (Health Workforce) noted with appreciation Member States' support to extend the mandate of the five-year action plan for health employment and inclusive economic growth (2017–2021). All the issues raised by Member States would be integrated into the new action plan. In particular, he noted concerns about the level of participation in the Multi-Partner Trust Fund and invited Member States to increase their level of engagement. An update on the achievements of and lessons learned from the five-year action plan for health employment and inclusive economic growth (2017–2021) would be submitted to the Seventy-fifth World Health Assembly along with the updated plan for 2022–2030.

He thanked all stakeholders who had participated in the consultations on updating the global strategic directions for nursing and midwifery and for the overwhelming support from Member States. The Secretariat stood ready to support Member States in implementing the global strategic directions, which were evidence-based. Noting that leadership was one of the priority areas of the global strategic directions, he applauded Member States who had already demonstrated such leadership by having their chief nursing officers address the Health Assembly.

The DIRECTOR (Maternal, Newborn, Child and Adolescent Health, and Ageing) highlighted the continued commitment to the implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and said that, in order to help Member States to establish policies, strategies and plans for women's, children's and adolescents' health, the Secretariat had created a database with over 5000 policy documents from countries. In relation to strengthening nursing and midwifery, the Secretariat had been helping Member States to achieve the goals of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) by supporting them in strengthening midwifery training. In relation to the link with the Global Action Plan for Healthy Lives and Well-being for All, it had also worked with Member States to strengthen the quality of care in relation to sexual, reproductive, maternal, newborn, child and adolescent health services. Many Member States had highlighted the impact of the COVID-19 pandemic on violence against children, violence against women, and the mental health of children and adolescents. The Secretariat had provided intensive support to 19 countries in analysing data and adjusting their COVID-19 mitigation strategies to protect services for mothers, women and children. Lastly, he took note of the request for a global action plan to address rheumatic heart disease.

The CHAIR took it that the Committee wished to note the reports contained in documents A74/11, A74/12, A74/13 and A74/14.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft resolution on protecting, safeguarding and investing in the health and care workforce.

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

The CHAIR took it that the Committee wished to approve the draft resolution on strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.

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

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

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA74.14.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA74.15.

## **SEVENTH MEETING**

**Saturday, 29 May 2021, at 10:00**

**Chair:** Mr M. RAHMAN (Bangladesh)

### **1. THIRD REPORT OF COMMITTEE B (document A74/61)**

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

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

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

### **2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 22 of the agenda [transferred from Committee A]

**Social determinants of health:** Item 22.1 of the agenda (documents A74/9 and EB148/2021/REC/1, resolution EB148.R2)

**WHO GLOBAL PLAN OF ACTION TO STRENGTHEN THE ROLE OF THE HEALTH SYSTEM WITHIN A NATIONAL MULTISECTORAL RESPONSE TO ADDRESS INTERPERSONAL VIOLENCE, IN PARTICULAR AGAINST WOMEN AND GIRLS, AND AGAINST CHILDREN:** Item 23 of the agenda (document A74/21) [transferred from Committee A]

The CHAIR invited the Committee to consider the draft resolution on the social determinants of health recommended by the Executive Board in resolution EB148.R2, contained in document EB148/2021/REC/1, and drew attention to a draft resolution on ending violence against children through health systems strengthening and multisectoral approaches proposed by Australia, Bosnia and Herzegovina, Canada, Eswatini, Finland, Georgia, Iceland, Israel, Mali, Monaco, Montenegro, Mozambique, Norway, Oman, Paraguay, Peru, United States of America, Uruguay, Vanuatu and Member States of the European Union, which read:

The Seventy-fourth World Health Assembly,  
(PP1)Having considered the report<sup>2</sup> on the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;<sup>1</sup>

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<sup>1</sup> See page 312.

<sup>2</sup> Document A74/21.

(PP2) Recalling that all children have the right to the enjoyment of the highest attainable standard of physical and mental health;

(PP3) Recalling also that all children should be free from violence, and resolution WHA49.25 (1996) on prevention of violence, which declared violence a leading worldwide public health problem, resolution WHA56.24 (2003) on implementing the recommendations of the World report on violence and health, resolution WHA61.16 (2008) on the elimination of female genital mutilation, and resolution WHA67.15 (2014) on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children;

(PP4) Cognizant of efforts across the United Nations system to address the challenge of violence against children including through the Convention on the Rights of the Child, as applicable, its optional protocols and its committee, the Special Representative of the Secretary General on Violence against Children, the 2030 Agenda for Sustainable Development and specifically Sustainable Development Goal target 16.2 (end abuse, exploitation, trafficking and all forms of violence against and torture of children) and other relevant targets of the Sustainable Development Goals, and mindful of the importance of multisectoral engagement and collaboration in preventing and responding to violence against children;

(PP5) Noting that violence is defined by WHO as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”;<sup>2</sup>

(PP6) Recalling resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children, which noted that interpersonal violence, distinguished from self-inflicted violence and collective violence, is divided into family and partner violence and community violence, and includes forms of violence throughout the life course, such as child abuse, partner violence, abuse of the elderly, family members, youth violence, random acts of violence, rape or sexual assault and violence in institutional settings such as schools, workplaces, prisons and nursing homes;

(PP7) Further noting that violence against children involves all forms of violence against people under 18 years old, and includes, inter alia, but is not limited to, child maltreatment involving physical, sexual and psychological violence, and neglect of children by parents, caregivers and other authority figures, bullying (including cyber-bullying) at the hands of other children, sexual violence including rape, sexual trafficking, online exploitation and non-contact violence such as sexual harassment, and psychological violence such as denigration, threats and intimidation, and other non-physical forms of hostile treatment;<sup>1,3</sup> and further noting concern over harmful practices, such as child, early and forced marriage and female genital mutilation;

(PP8) Deeply concerned that each year violence affects an estimated 1 billion children with many early, acute and lifelong, intergenerational consequences on physical and mental health, risk-taking behaviours and overall quality of life, including mental health conditions, physical injuries, impairments and death;

(PP9) Recognizing that violence against women and girls, and against children, is a violation of human rights that further exacerbates gender inequalities by exposing individuals to heightened risk of violent behaviour and an increased risk of being subjected to violence at a later stage in life, and that ending violence against children is essential to the long-term prevention of violence;

(PP10) Further recognizing that exposure to a mother’s abuse by a partner has similar mental and physical health impacts on children to maltreatment, and that violence against

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<sup>1</sup> Children is defined as all persons under 18 years of age.

<sup>2</sup> “World report on violence and health”, Geneva: World Health Organization; 2002.

<sup>3</sup> Violence against children factsheet. World Health Organization; 2020.

children and against women can co-occur in the same households, and that therefore it is critical to address the intersections of these two forms of violence and eliminate common risk factors, as a prerequisite to long-term prevention of violence against women and violence against children;

(PP11) Recognizing that over the course of their lifetime children exposed to all forms of violence are at increased risk of delayed cognitive development, mental health conditions, high-risk and health-harming behaviours, and further interpersonal and self-directed violence, and that as a result of these they are more likely to suffer from noncommunicable diseases, sexually transmitted diseases, reproductive health problems, and other negative social consequences including educational under-attainment;

(PP12) Noting that violence against children costs the world economy between US\$1.49 and 6.9 trillion annually, that many of the economic costs fall to the health sector as it provides treatment for the acute and long-term consequences and that this likely represents an underestimation<sup>1</sup> of the full costs of violence against children, as it does not consider long-term impacts on future human capital formation of children exposed to violence;

(PP13) Noting with concern that the growing economic and financial burden aggravated by COVID-19 will further exacerbate inequalities, increase poverty, and hunger and reverse the hard-won developmental gains including in the health sector;

(PP14) Noting also that the COVID-19 pandemic has triggered significant new needs and magnified pre-existing inequalities and vulnerabilities, leading to an increased risk of violence involving children and women, and increases in harmful practices and crimes resulting from, inter alia, closures of schools and protective services, increased isolation, emotional and economic burden on households, and mental health conditions, that threaten multiple aspects of children's physical, psychological, sexual and reproductive health;

(PP15) Recognizing that state institutions can also be sites of violence, including violence in schools perpetrated by teachers and peers, noting that children face various forms of online violence as well as violence facilitated by information and communications technology (ICT), and that online and ICT-facilitated violence is disproportionately affecting women and girls;

(PP16) Concerned about the occurrence of bullying, online and offline, in all parts of the world and the fact that children who are victimized by such practices may be at heightened risk of compromising their health, emotional well-being and academic work and for a wide range of physical and/or mental health conditions, as well as potential long-term effects on the individual's ability to realize his or her own potential;

(PP17) Recognizing that violence against girls is based on discrimination, gender norms and gender inequalities and includes sexual and gender-based violence, child maltreatment, child, early and forced marriage, sexual harassment, female genital mutilation, partner violence, trafficking, sexual exploitation and abuse, all of which requires specific attention by society, including health providers;

(PP18) Recognizing also that close interlinkages exist between different forms of discrimination, violence and inequalities faced by children;

(PP19) Stressing that discrimination based on gender or age often overlaps with other forms of discrimination, as well as a range of social determinants, and that this may affect a child's vulnerability to violence and often compounds the impacts of crisis and conflict on children;

(PP20) Recognizing that children with disabilities are more likely than other children to experience physical, psychological and sexual and gender-based violence and neglect;

(PP21) Recognizing further the special needs of and risks faced by migrant children, especially unaccompanied migrant children or children separated from their families, particularly with regard to all forms of violence, discrimination and exploitation, including

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<sup>1</sup> The economic costs of violence against children, UN Special Representative of the Secretary-General on Violence Against Children (2015).

sexual and gender-based violence, physical and psychological abuse, human trafficking and contemporary forms of slavery;

(PP22) Noting that victims of all forms of violence frequently suffer traumatic consequences that require care and treatment, and that psychosocial support needs to be provided to both victims and perpetrators to mitigate risks of violence in the future;

(PP23) Recognizing also that health systems often are not adequately addressing the problem of violence and the risk factors/determinants that cut across all forms of interpersonal violence, including violence against children, and not always contributing to a comprehensive, coordinated and multi-sectoral prevention and response to violence against children, and that strengthening health systems and achieving universal health coverage are essential to addressing both the risk factors/determinants of violence against children and its consequences;

(PP24) Further recognizing that violence against children needs continuous, coordinated and multisectoral action for detection, monitoring, prevention and response;

(PP25) Concerned that violence against children is often exacerbated in humanitarian emergencies and in countries in conflict and post-conflict situations, and recognizing that health systems have an important role to play in preventing and responding to its consequences, underlining the need to protect healthcare from attacks to ensure the delivery of health-care services;

(PP26) Recognizing that safe access to and safeguarding the right to education, including in humanitarian emergencies and in countries in conflict and post-conflict situations, provides an environment that protects against violence and is an entry-point for basic health and nutrition interventions;

(PP27) Acknowledging the need for greater international cooperation and technical assistance at all levels to address the issue of violence against children including in humanitarian emergencies and in countries in conflict and post-conflict situations;

(PP28) Stressing the importance of scaling-up evidence-based preventive measures in line with obligations under the Convention on the Rights of the Child, including appropriate legislative, administrative, social and educational measures to protect children from all forms of violence, including parent and caregiver support programmes and school-based community-based interventions and public health and other measures to positively promote respectful child rearing, free from violence, for all children, and to target the root cause of violence at the levels of the child, family, perpetrator, community, institution and society, and that these measures can be delivered by and with the health- and other relevant sectors and civil society organizations,

#### OP1. URGES Member States:<sup>1</sup>

(1) to establish an inter-ministerial coordination process to prevent and eliminate violence against children following an evidence-based approach based on respect for human rights to coordinate a gender sensitive strategy to address violence against children with clear support from the highest levels of government;

(2) to include children, as appropriate to their evolving capacities, in advocacy, policy development and action, taking into account their experiences and needs, in the prevention and elimination of violence against children and to provide accessible and age-appropriate information to children;

(3) to promote an intercultural perspective while addressing violence against children, in order to adapt effective interventions and meet the needs of different contexts, and strengthen community health workers, community and family capacities to prevent risk situations;

(4) to strengthen health system leadership and governance to prevent violence against children, including by creating or designating where appropriate, a unit or focal point

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

within ministries of health to address issues related to violence against children, and liaising with other competent national ministries, departments and agencies, and, where applicable with national child protection institutions, taking into consideration Health in All Policies approach to prevent and respond to violence against children;

(5) to take stock of their legislative policy and response frameworks for prevention of violence against children as well as implementation channels, and to strengthen these where necessary including by ensuring they are gender- and age-sensitive and prioritizing improved disaggregated data collection as well as monitoring and using relevant data to set prevention and response measures and targets;

(6) to allocate the necessary budget for the prevention of and response to violence against children in relevant national plans and policies;

(7) to enhance international cooperation for the provision of requisite resources and bridging the financial gaps for the implementation of strategies and policies to prevent and counter violence against children and to promote their well-being by responding to the consequences of violence;

(8) to strengthen their efforts to support the implementation of evidence-based approaches consistent with the INSPIRE framework<sup>1</sup> to preventing violence against children to accelerate progress in achieving the target of WHO's Thirteenth General Programme of Work to reduce violence against children by 20% by the year 2025, including taking into account the WHO-developed RESPECT framework, in accordance with the national context;

(9) to increase the capacity of health systems to identify violence against children, inter alia by strengthening health information systems to capture age- and sex-disaggregated data about violence against children, and equipping health and other relevant service providers to recognize risks for violence against children and the signs, symptoms and consequences of child maltreatment and all other forms of violence against children, with particular attention to the needs of children with disabilities, children in vulnerable situations such as migrant children and children in armed conflict, and to provide evidence-based, trauma-informed first line support, reporting and referral, with the best interests of the child as a primary consideration and free of abuse, disrespect and discrimination;

(10) to provide accessible gender-sensitive, free from gender stereotypes, evidence-based and appropriate to age and evolving capacities sexuality education to children, and with appropriate direction and guidance from parents and legal guardians, with the best interests of the child as their basic concern to empower and enable them to realize their health well-being and dignity, build communication, self-protection and risk reduction skills, as a fundamental part of the efforts to prevent, recognize and respond to violence against children;

(11) to establish policies and monitoring mechanisms on safeguarding children and child protection for all government and non-government staff that come into contact with children, as well as support coordinated efforts across all sectors to train and equip, among others teachers, school administrators, religious leaders, parents and their representative organizations, justice and social welfare sector actors, detention officers, prison staff, health practitioners and sports workers and community and faith-based groups to prevent, identify and to respond to violence against children, especially adolescent girls, who, owing to negative social norms, are more likely to be subject to gender-based violence, and face a greater risk of harmful practices, such as child, early and forced marriage, and female genital mutilation, and other factors of great importance such as trafficking in persons, child labour and unintended pregnancies, which also may

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<sup>1</sup> INSPIRE: Seven strategies for ending violence against children, WHO 2016.

lead to girls leaving school before the completion of their education and never returning to school as a result;

(12) to ensure that child protection, including social protection and mental health services, is recognized as essential and that it continues to be provided and be accessible and available to all children at all times, including during lockdowns, quarantines and other types of confinement and public health measures;

(13) to strengthen implementation of WHO's global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, in accordance with national legislation, capacities, priorities and specific national circumstances to ensure that all people at risk and or affected by violence benefit from prevention and timely, safe, effective, and affordable access to health care services;

(14) to respect, protect, promote and fulfil the human rights of all women and girls, and to adopt and expedite the implementation of laws, policies and programmes that protect and enable the enjoyment by them of all human rights and fundamental freedoms including with regard to sexual and reproductive health;

(15) to develop strategies, or include in existing strategies measures for the prevention and elimination of all forms of violence against children with disabilities, who are particularly vulnerable to, inter alia, cruel, inhuman, degrading treatment, medical or scientific experimentation, and sexual and physical violence, including bullying and cyberbullying, and to develop and introduce child- and gender-sensitive, accessible, safe and confidential reporting and complaints mechanisms;

(16) to develop and/or improve epidemiological surveillance systems capable of ongoing and timely identification and description of epidemiological behaviour, monitoring trends, identifying risk factors and recommending and adopting measures for the prevention and response of violence, as well as for assessing the impact of multisectoral measures and interventions;

## OP 2. REQUESTS the Director-General:

(1) to prepare a second and third Global status report on preventing violence against children to assess national violence prevention status in 2025 and 2030 and supporting nationally representative surveys on the extent of all forms of violence against children and its consequences, in all settings;

(2) to provide Member States and humanitarian actors with technical knowledge and support, including to collect data and to train health, care and other relevant service providers in identifying and responding to violence against children, and capacity-building in the design and implementation of evidence-based strategies to prevent and respond to violence against children consistent with INSPIRE and national context, noting also the need to address violence against children, including gender-based violence, among persons and populations in humanitarian emergencies and in countries in conflict and post-conflict situations;

(3) to support Member States in developing and implementing evidence-based parenting programmes to prevent child maltreatment and promote healthy child development, and contribute to reducing inequalities in health consistent with INSPIRE and national context, and as requested, support Member States in the involvement of children as appropriate to their evolving capacities in developing implementation plans taking into account their experiences and needs and follow-up on these programmes;

(4) to foster and facilitate knowledge exchange among academic institutions, scientific researchers, practitioners, individuals with lived experiences, and children as appropriate to their evolving capacities at country, regional and global levels on best practices to prevent violence against children;

(5) to further strengthen collaboration with other mandated United Nations entities and multilateral organizations and civil society to prevent and address violence against



children, including sexual- and gender-based violence through a multisectoral approach, and support implementation of relevant strategies, consistent with INSPIRE and national context, in support of the 2030 Agenda for Sustainable Development and in the response to the COVID-19 pandemic and its recovery phase;

(6) to strengthen the violence prevention capacity of WHO's regional and country offices; and

(7) to report on the implementation of this resolution to the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, and thereafter be included in reporting on resolution WHA69.5 (2016) on the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, in 2025 and 2030.

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

<b>Resolution:</b> Ending violence against children through health systems strengthening and multisectoral approaches	
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b>	3.1.1. Countries enabled to address social determinants of health across the life course
<b>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:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	Nine and a half years.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 26.03 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	US\$ 1.73 million. Composed of: <ul style="list-style-type: none"> <li>– Staff costs at headquarters: 100% of existing staff posts in the Violence Prevention Unit for seven months.</li> <li>– Staff costs at regional offices: Six 100% P4 staff posts for seven months.</li> <li>– Activity capacity development, normative work and training: US\$ 0.01 million (headquarters) and US\$ 0.06 million (per region).</li> </ul>
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Not applicable.

**3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:**

US\$ 5.06 million.

Composed of:

- Staff costs at headquarters: 100% of existing staff posts in the Violence Prevention Unit.
- Staff costs at regional offices: Six 100% P4 staff posts.
- Activity capacity development, normative work and training: US\$ 0.3 million (headquarters) and US\$ 0.06 million (per region).

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

US\$ 19.24 million.

For 2024–2030

Staff costs at headquarters: 100% of existing staff posts in the Violence Prevention Unit.

Staff costs at regional offices: Six 100% P4 staff posts.

Activity capacity development, normative work and training: US\$ 0.30 million (headquarters) and US\$ 0.15 million (per region).

Additional one-off costs for the period 2024–2026

Activity development and dissemination of global status report on preventing violence against children 2025: US\$ 1.0 million (headquarters) and US\$ 0.02 million (per region).

One-off costs for the period 2029–2030

Activity development and dissemination of global status report on preventing violence against children 2030: US\$ 1.0 million (headquarters) and US \$0.02 (per region).

**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\$ 0.96 million (based on balance remaining from current awards to be spent in 2021).

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

US\$ 0.77 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)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2020–2021</b> resources already planned	Staff	0.15	0.13	0.12	0.14	0.11	0.13	0.49	1.27
	Activities	0.06	0.06	0.06	0.06	0.06	0.06	0.10	0.46
	Total	0.21	0.19	0.18	0.20	0.17	0.19	0.59	1.73
<b>2020–2021</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2022–2023</b> resources to be planned	Staff	0.52	0.46	0.40	0.49	0.39	0.45	1.69	4.40
	Activities	0.06	0.06	0.06	0.06	0.06	0.06	0.30	0.66
	Total	0.58	0.52	0.46	0.55	0.45	0.51	1.99	5.06
<b>Future bienniums</b> resources to be planned	Staff	1.87	1.64	1.45	1.75	1.40	1.60	6.09	15.80
	Activities	0.19	0.19	0.19	0.19	0.19	0.19	2.30	3.44
	Total	2.06	1.83	1.64	1.94	1.59	1.79	8.39	19.24

The CHAIR also drew attention to an amendment to the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches proposed by Eswatini, Mozambique, Russian Federation and Zambia to replace the words “sexuality education” in paragraph 1(10) with the words “information and education on sexual and reproductive health”.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, 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, Armenia and Georgia, aligned themselves with his statement. The coronavirus disease (COVID-19) pandemic had highlighted the need for action to address the social determinants of health in order to improve health and reduce inequities. Effective action at the country level would require the efforts of Member States and multisectoral collaboration across the United Nations system. A rights-based and participative approach should be integrated into multisectoral action to tackle sexual and gender-based violence and gender inequality, which was a key driver of interpersonal violence against women and girls.

The adoption of public health and social measures in response to the COVID-19 pandemic had considerably increased the risk of domestic violence, especially for the most vulnerable groups, as well as the risk of exposure to female genital mutilation and forced marriage. Such measures must therefore be introduced only where necessary and proportional to the level of risk. Support, including psychosocial support, must be provided to women, girls and children for their physical and mental health and well-being. Health equity should be promoted in all national policies and efforts must be made towards achieving gender equality, the empowerment of women and children, and an end to interpersonal violence, especially against women, girls and children.

The representative of the UNITED STATES OF AMERICA said that building a strong foundation of primary health care grounded in equity was essential not only to respond to health crises but also to realize the right to health for all. A multisectoral approach to addressing the social determinants of health was paramount; she therefore urged the Secretariat and Member States to engage with a wide range of actors at the local, national, regional and global levels to promote a Health in All Policies approach.

The safety and well-being of children was one of the most important responsibilities of the global health community. Holistic, evidence-based prevention, response and risk-mitigation initiatives were urgently needed to address the root causes of violence and ensure that survivors received support. Children must be given access to life-saving information, skills and opportunities, including sexuality

education, to enable them to realize their health, well-being and dignity. Child protection must be recognized as an essential right, with child protection services made accessible to children at all times, including during public health crises. Thanking the Secretariat for its support in developing the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches, she called for the provision of sufficient resources to enable its effective implementation and to further build the evidence base for effective public health and multisectoral interventions to prevent and respond to violence against children.

The representative of MONACO outlined the measures taken by her Government to tackle violence against women, girls and children and urged Member States to adopt the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches by consensus.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that, with the support of the Secretariat and the Regional Director, the Member States of the Region had made progress in improving health coverage. However, the COVID-19 pandemic had exposed and exacerbated health inequities. It was vital to build resilient, accessible and equitable health systems through primary health care and universal health coverage to ensure access to COVID-19 health services and vaccines while maintaining essential health services for all, including marginalized and vulnerable groups. It was also crucial to mobilize a whole-of-government and whole-of-society response through a Health in All Policies approach, ensuring a balance between public health and socioeconomic considerations.

Effective monitoring of health inequities must be ensured through timely and reliable health data disaggregated by age, gender, income, education and level of vulnerability. Information systems to share data among stakeholders in the COVID-19 response would aid collective and timely decision-making. The Secretariat should intensify efforts to support Member States, partners and communities in tackling the root causes of inequities and advance the core principle of the 2030 Agenda for Sustainable Development to leave no one behind. The Member States of the Region fully supported the draft resolution on the social determinants of health.

Speaking in his national capacity, he encouraged Member States to work together towards the adoption of the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches and said that his Government wished to be added to the list of sponsors.

The representative of PERU said that the COVID-19 pandemic had exposed existing health inequalities and weaknesses in health emergency preparedness and response. It had also highlighted the need to tackle the social determinants of health within and between countries through a multidisciplinary and multisectoral approach. The draft resolution on the social determinants of health, which her Government had introduced and was the first to be considered on that issue since the adoption of resolution WHA65.8 in 2012, recognized the importance of maintaining and strengthening monitoring systems, including observatories, in order to gather the information necessary to formulate policies and strategies to achieve health equity and well-being for all. She thanked Member States that had participated in the negotiations. Lastly, she welcomed the Director-General's call to action announced on World Health Day 2021 and the related measures to address health and social inequalities.

The representative of the PHILIPPINES said that the COVID-19 pandemic had clearly demonstrated the need for a whole-of-society and whole-of-government approach to public health. She outlined the range of measures taken by her Government to mitigate the health and socioeconomic impacts of the pandemic, including by ensuring continuous access to essential health services, especially for vulnerable groups. Turning to the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, she said that her Government was committed

to implementing evidence-based approaches to strengthen health governance, expand health service delivery and health workers' capacity, strengthen programmes to tackle interpersonal violence and improve information and evidence. She welcomed the continued support and technical guidance provided by the Secretariat for the development of governance measures in the areas of universal health care, the COVID-19 pandemic, and women and child protection programmes.

The representative of CANADA highlighted the need to acknowledge the disproportionate impact of the COVID-19 pandemic on people in vulnerable situations and to recognize systemic racism as a determinant of health and include affected individuals in decision-making processes. The Ottawa Charter for Health Promotion had recognized the fundamental social determinants of health; that recognition must now be transformed into action. Her Government would collaborate with the Secretariat and Member States to establish a knowledge-sharing network, which could help in promoting action. People exposed to the risk of interpersonal violence must be protected, in particular by strengthening support systems, for example through multisectoral evidence-based and gender-sensitive policies and programmes adapted to the cultural context that took into account the trauma experienced by those affected. She urged the Secretariat and Member States to continue to focus attention on the critical health issue of interpersonal violence.

The representative of SLOVENIA expressed concern over the continuing and unacceptably high levels of violence against women and girls, which had been exacerbated by the COVID-19 pandemic. He described the measures implemented by his Government to prevent violence and provide support to affected individuals and their families. Investing in child and adolescent health was vital. Violence against women and girls could only be addressed by tackling gender equality, which remained a key barrier to health equity. A multisectoral, whole-of-government approach was required to deal with the issue, with health systems playing a leading role in the prevention of violence.

The representative of CHINA said that health systems should play a more active role in promoting national legislation on the prevention of violence. It was important to enhance cooperation, establish reporting and information-sharing mechanisms between health systems and relevant law enforcement departments, and strengthen capacity-building training for Member States. She welcomed the Organization's work on addressing the social determinants of health, which required multisectoral, joint actions, and urged governments, industries, societies and individuals to fully participate in COVID-19 prevention and control efforts. WHO should continue to play a leadership role in strengthening global public health governance. Technical and financial support to developing countries should be increased to minimize the impact of the social determinants of health on vulnerable populations.

The unilateral decision taken by the Government of Japan in April 2021 to discharge water polluted by the Fukushima nuclear power plant into the sea without fully disclosing relevant information or fully consulting with neighbouring countries and the international community was unprecedented, irresponsible and deeply concerning. It also directly harmed the vital interests of the populations of neighbouring countries, including China, and seriously threatened global public health security. Her Government was willing to work with the international community to urge the Government of Japan to recognize its responsibilities, fulfil its international obligations, revoke its decisions and respond positively to international concerns.

The representative of COLOMBIA urged the Organization to continue tackling and prioritizing the prevention of interpersonal violence, mindful of the vulnerability of affected women, children and adolescents and the effect of violence on their mental health. A multisectoral, intercultural and community-based approach should be incorporated into evidence-based strategies to prevent interpersonal violence. Outlining the measures implemented by her Government to tackle the issue, she highlighted the important role of monitoring systems and the need to gather data for the development of effective policies. Her Government supported the draft resolution on the social

determinants of health and wished to be added to the list of sponsors of the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches.

The representative of GERMANY said that the ongoing public health crisis involving violence against women and children was a “shadow pandemic”. It was vital to provide children with the support they needed. Welcoming the efforts of Member States to tackle all forms of interpersonal violence, she emphasized the need for a multisectoral approach, including social systems strengthening and the provision of comprehensive sexuality education. Health systems strengthening was also necessary, with universal health care and access to services related to sexual and reproductive health and rights essential in preventing sexual and gender-based violence and providing effective support. Action to address the root causes of interpersonal violence was required, including by ensuring equal opportunities for women and girls through access to education and career prospects, prioritizing their particular needs and involving them in political representation and policy development.

The representative of NORWAY said that reducing social inequities in health would enhance preparedness for a future pandemic. She urged WHO to step up efforts to advance the agenda on the social determinants of health and health equity and called for further efforts at the country level. Violence against children was a human rights violation, negatively impacting their physical and mental health throughout the life course. Children must be involved in efforts to address the issue. They must also be informed to enable them to recognize and report exposure to violence, including sexual and gender-based violence, and be provided with the tools, including comprehensive sexuality education, to assist them in forming healthy, respectful relationships, understanding gender equality and consent, and exercising their right to control their body and sexuality without discrimination, question or violence. She would prefer the draft resolution on the social determinants of health and the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches to be adopted without any changes to the text.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government was committed to supporting comprehensive sexual and reproductive health rights for all and was concerned over any attempts to curtail those rights. Noting the worrying increase in sexual and gender-based violence against women and children during the COVID-19 pandemic, she welcomed the recent publication of data by WHO and the United Nations Entity for Gender Equality and the Empowerment of Women. She also welcomed WHO’s efforts to promote evidence-based approaches through the publication of the RESPECT women: a policy framework for preventing violence against women and to hold national policy dialogues on the INSPIRE framework and encouraged Member States to support the Generation Equality Forum Action Coalitions. Her Government supported the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches and wished to be added to the list of sponsors.

Climate change had a significant impact on the social determinants of health, including through food and water insecurity, population displacement and the spread of infectious diseases. In view of its presidency of the twenty-sixth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change to be held in November 2021, her Government would bring a focus to that issue. She encouraged all countries to develop plans for climate-resilient, sustainable, low-carbon health systems.

The representative of ARGENTINA said that the high prevalence of violence against women and children was a cause for concern and should receive attention at the highest level. Summarizing the steps taken by her Government to tackle the issue, she urged other countries to adopt measures to promote the protection of women against all forms of violence. She welcomed the renewed spotlight on the role of health systems in tackling violence against children, as well as efforts to strengthen the provision of health services and the capacity of health professionals. Highlighting the key role played

by comprehensive sexuality education in combating sexual abuse and gender-based violence, she expressed support for the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches without the proposed amendments and said that her Government wished to be added to the list of sponsors.

The representative of BRAZIL said that the COVID-19 pandemic, which had disproportionately affected vulnerable populations, had drawn attention to the importance of fully implementing the Rio Political Declaration on Social Determinants of Health and strengthening efforts to address the issue. Thanking WHO for its leadership on the topic, he highlighted his Government's commitment to ensuring a multisectoral approach to tackling the broader determinants of health in the COVID-19 response. It was crucial to ensure that no one was left behind. He reaffirmed his Government's commitment to the WHO global plan of action and recognized that violence was a public health issue that required continued, coordinated and intersectoral action for detection, monitoring, prevention and control. He outlined the range of measures taken by his Government to tackle the problem in alignment with the Sustainable Development Goals and WHO initiatives, such as the INSPIRE framework. Such multisectoral measures were of vital importance in addressing the social and economic impacts of the COVID-19 pandemic, which had led to an increase in the level of violence against women and girls.

The representative of ISRAEL said that a multisectoral, holistic approach was required to address the social determinants of health. Describing the steps taken by his country to tackle the issue, he said that his Government stood ready to work closely with the Secretariat to promote the agenda on the social determinants of health at the global level. Children had been severely affected by the consequences of the COVID-19 pandemic, increasing their vulnerability and risk to violence, and must be at the forefront of global priorities. Particular attention should be paid to supporting children living with disabilities, who were more likely to experience acts of violence. Member States should support coordinated efforts across sectors to train educators and leaders to identify, prevent and respond to violence against children, with a focus on ensuring that children were not discriminated against on account of their sexual orientation or gender identity. It was also essential to provide accessible, gender-sensitive, evidence-based and age-appropriate sexuality education. He welcomed the collaborative spirit and consensus reached among Member States in developing the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches.

The representative of URUGUAY, noting that the COVID-19 pandemic had led to a reduction in the provision of support, in particular for vulnerable groups, outlined the measures taken by her Government to reduce inequities in access to health care and strengthen the health system. The right to health could only be realized by addressing the social determinants of health. Turning to the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches, she highlighted the importance of quality sexuality education in helping children and adolescents to identify and prevent all forms of violence, including gender-based violence.

The representative of the NETHERLANDS said that measures introduced during the COVID-19 pandemic to limit social interaction had resulted in a "shadow pandemic" as women, girls and children were more frequently exposed to sexual- and gender-based violence, with limited access to services. To build healthy communities, it was imperative to eliminate violence and prevent its perpetration. Endorsing a multisectoral approach, she called for the increased engagement of children, adolescents and young people, especially those in vulnerable situations, in decision-making processes to ensure effective programmes and policies that reflected the realities experienced by them, were adapted to their needs and embodied their ideas and solutions. She urged Member States to provide young people with the necessary tools, education, resources and opportunities.

The representative of MEXICO said that his Government prioritized the protection of the rights of women and children, the need for which had been brought into sharp relief by the COVID-19 pandemic, especially for those in already vulnerable situations. Actions to combat interpersonal violence should be aligned with the Convention on the Rights of the Child and the 2030 Agenda for Sustainable Development. The objectives and strategic directions of the WHO global plan of action had been integrated into his country's national health sector programme, with a focus on strengthening health services and social care and guaranteeing the exercise of sexual and reproductive rights. Prevention and care services must be recognized as essential. He supported the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches.

The representative of PORTUGAL said that the COVID-19 pandemic had magnified pre-existing vulnerabilities. Inequalities should be tackled through policies that addressed the social determinants of health and prevented violence, especially for the most vulnerable groups, while ensuring equitable access to health services for all. His Government had implemented a national programme on the prevention of violence across the life cycle. He called for global governance, solidarity and cooperation to ensure universal health coverage both to support the right of women and children to be free from violence and to achieve the Sustainable Development Goals.

The representative of BANGLADESH welcomed WHO's efforts, including through regional and country offices, to advance work on tackling the social determinants of health during the COVID-19 pandemic. In that regard, an inclusive, resilient and sustainable recovery from the pandemic was crucial. Global solidarity and concerted efforts were needed to overcome the challenges related to achieving the goal of one billion more people enjoying better health and well-being as set out in the Thirteenth General Programme of Work, 2019–2023. The Secretariat must continue to make efforts to support Member States in improving social determinants so that no one was left behind, including by providing technical support for the development of measures to address equity and monitor their impact, as well as tools and multisectoral approaches to counter the disproportionate effect of the pandemic on socioeconomic determinants. Member States must implement measures to ensure that the COVID-19 response did not compromise progress towards the health-related targets of the Sustainable Development Goals.

The representative of INDONESIA said that the COVID-19 pandemic had demonstrated the importance of social, economic and environmental conditions in building a resilient health system, as well as the need for strong political commitment to mainstream health into all policies, including in combating inequalities. Concerted and strengthened efforts were required at the global and local levels to address the long-term effects of violence on the physical and mental health of victims. She highlighted the need for a multidisciplinary approach to prevent and respond to violence against women and children, with the health sector playing an important role. Her Government was committed to addressing interpersonal violence through cross-sectoral policies and programmes and welcomed the tailoring of WHO guidance to the national context. She noted that there was broad acceptance on the subject of sexual and reproductive health education, including by her Government.

The representative of AUSTRIA said that further action was needed to foster health equity, particularly in the light of the devastating effects of the COVID-19 pandemic on the poorest and most vulnerable populations. A joint, multisectoral commitment across governmental and non-State actors was required to effectively address gender-based violence, including through regular reporting on protection from all forms of violence. Violence against women and children were linked and must be addressed together. He outlined his country's legislation and initiatives to protect children against violence and prevent interpersonal and gender-based violence. Continuous and dynamic political engagement was necessary at the national and international levels to tackle the issue.



The representative of the UNITED ARAB EMIRATES said that it was necessary to strengthen services, preventive programmes and data collection as part of efforts to address interpersonal violence. Although her Government supported action to end all forms of violence against women, girls and children, especially those in conflict situations, it had reservations regarding the reference in paragraph 1(10) of the draft resolution to sexuality education programmes.

The representative of JAPAN expressed appreciation for the Organization's work to address the social determinants of health, particularly given the increase in gender and socioeconomic inequalities and violence resulting from COVID-19 containment measures. She called on the Secretariat to continue taking the lead and providing effective support to Member States to ensure that work on health issues moved forward. Expressing support for the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches, she highlighted the need to strengthen counselling and protection systems and ensure the provision of consistent and affordable social and medical services for victims and survivors of interpersonal violence. The Secretariat should continue its efforts to collect and provide scientific information on the impact of the COVID-19 pandemic on the prevalence, causes, consequences and preventability of interpersonal violence and provide technical guidance to Member States based on new, comprehensive data. In addition, surveys and communication platforms should be used to reinforce evidence-based measures to prevent digital forms of interpersonal violence. Her Government would continue to work with Member States, the Secretariat and other organizations of the United Nations system to tackle the issue.

The representative of ZAMBIA noted with concern that, although advances in universal health coverage had been made, inequalities still existed between and within countries. Efforts were needed to build the capacities of health ministries to coordinate a Health in All Policies approach to address the social determinants of health and make progress towards achieving universal health coverage. He welcomed the focus on the need for a whole-of-society response to health challenges and expressed appreciation for the repository of health data as a means of facilitating the use of research evidence for the formulation of policies at the national level. He called on all stakeholders to support efforts to address the social determinants of health related to neglected tropical diseases. His Government was committed to implementing resolution WHA62.14 (2009) on reducing health inequities through action on the social determinants of health. He urged the Secretariat and all stakeholders to support Member States in establishing monitoring systems.

The representative of SOUTH AFRICA expressed support for the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches. Lockdown measures aimed at curbing the spread of COVID-19 had further exposed children, especially in marginalized and vulnerable populations, to an increased risk of violence and had weakened child protection and mental health services, which threatened to undermine progress made towards achieving the related Sustainable Development Goals. Her Government had taken action to stop the cycle of neglect, abuse, violence and exploitation of children. Sexual health was fundamental to overall health and well-being and to the social and economic development of communities and countries. Comprehensive, inclusive and non-stigmatizing sexuality education that promoted gender equality and the rights of young people was key to combating sexual and gender-based violence.

The representative of FINLAND said that a multisectoral, Health in All Policies approach was required to address the social determinants of health and interpersonal violence, in addition to whole-of-society engagement. She expressed support for WHO's continued work on tackling the social determinants of health, including through the economy of well-being. Turning to the issue of interpersonal violence, she described the action taken by her Government to combat the problem. An increased focus was needed on addressing online violence and harassment, which had a disproportionate impact on women and girls. It was critical to continue efforts to ensure the provision of support for victims and survivors of violence, including gender-based and intimate partner violence.

Access to essential health services, including on sexual and reproductive health and rights, must also be ensured, as well as access to comprehensive sexuality education for children and adolescents.

The representative of PARAGUAY, expressing support for the draft resolution on the social determinants of health, described regional and national measures taken to promote health in the context of the Sustainable Development Goals. The COVID-19 pandemic provided an opportunity to strengthen the integration of social determinants into national agendas as a crucial element of achieving social, economic, political and health equity. National action included measures to address the increase in maternal mortality as an indirect result of the pandemic and to safeguard the health of babies, children and adolescents. She called on Member States to support the adoption of the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches.

The representative of IRAQ said that her Government had made efforts to ensure the provision of equitable and quality health services, taking into account the particular needs of women and children. It had adopted a coordinated, multisectoral approach to ensure that health and social services were connected. The devastating consequences of the COVID-19 pandemic had created challenges in measuring the impact of services provided to people affected by violence, in particular women, children and adolescents. She urged the Secretariat to continue to provide technical support on helping survivors of violence.

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, applauded the progress made in addressing the social determinants of health since the adoption of resolution WHA62.14 and the Rio Political Declaration on Social Determinants of Health. A multidisciplinary, Health in All Policies approach was needed to ensure that programmes outside the health sector addressed the causes of communicable and noncommunicable diseases, disability and premature death. He commended the WHO Commission on Social Determinants of Health on drawing attention to the impact of social determinants on health equity and the need for advocacy to achieve core development goals. The COVID-19 pandemic had disproportionately affected low- and lower-middle-income countries and socially disadvantaged communities. At its sixty-seventh session, the Regional Committee for Africa had discussed proposed actions to strengthen multisectoral coordination, collaboration and leadership in addressing the determinants of health. He highlighted the need for core programme design and implementation and monitoring and analysis of inequities at the national and subnational levels, and called for increased funding to mitigate the further widening of health inequities. The Member States of the Region supported the draft resolution on the social determinants of health.

He commended WHO's work on addressing interpersonal violence, in particular against women and girls, and against children. To sustain and accelerate the progress made, he requested the Secretariat to provide additional support to the Member States of the Region to scale up the implementation of prevention programmes, the provision of services to victims, the development of national action plans and policies and the collection of forensic evidence, as well as to inspire interventions.

The representative of MALAYSIA described the range of measures implemented by her Government to address interpersonal violence, including public information campaigns and the establishment of comprehensive mental health and psychosocial support services for survivors. She urged Member States to continue efforts to combat violence against children and women in line with the WHO global plan of action. While expressing support for the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches, she proposed that the words "taking into consideration the religious and culturally appropriate circumstances in Member States" be inserted after "sexuality education to children" in paragraph 1(10).

The representative of AUSTRALIA expressed deep concern over the high global rates of violence against women and girls. Her Government was strongly committed to eliminating violence against women and children and had implemented a range of prevention, protection and support measures to that end. She commended the Organization for its sustained efforts to address the health and adverse consequences of violence and looked forward to continuing to work with the Secretariat and Member States on strengthening responses. There was strong evidence that access to comprehensive sexuality education empowered children and young people with the knowledge to protect their rights, realize their health, well-being and dignity, and value respectful relationships. It was therefore important to retain the reference to “sexuality education” in the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches. She supported WHO’s efforts to systematically address the social determinants of health, including the technical guidance and support provided to Regions. Inclusive and intersectoral strategies, as well as data collection, were key to addressing the issue. Her Government had implemented targeted measures to support at-risk populations as part of its COVID-19 response.

The representative of BOTSWANA noted with concern that the COVID-19 pandemic had deepened existing inequalities. Her Government had implemented measures to address the social determinants of health, including through surveillance and monitoring and by applying a Health in All Policies approach. An intersectoral response was required to address the social, economic and environmental determinants of health during the COVID-19 recovery phase. Her Government was committed to achieving gender equality and the elimination of gender-based violence, especially against women and girls, and outlined national action taken to strengthen policies, research and data systems, enhance service capacity and educate the public. She welcomed the Secretariat’s support to strengthen health systems to ensure the provision of prevention services and care for the victims of violence, including by publishing the WHO guidelines for the health-sector response to child maltreatment.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, expressed concern about the unacceptably high level of violence against women and girls, which had increased during the COVID-19 pandemic. Noting the varying progress made by the Member States of the Region in implementing health system measures to address interpersonal violence, she commended WHO’s timely publication of guidance and advocacy briefs on the issue, which was helping to shape actions at the country level. Although she welcomed the development of a five-year blueprint to accelerate the achievement of target 5.2 of the Sustainable Development Goals on the elimination of all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation, extraordinary efforts would be required to ensure that Member States were able to achieve that goal by 2030. Awareness programmes that engaged communities and multiple sectors should be intensified but were persistently underfunded. She therefore urged the Organization to initiate a high-level dialogue on the issue for consideration at the Seventy-fifth World Health Assembly and to ensure the allocation of adequate resources for efforts to prevent and respond to violence against women, girls and children. Lastly, there must be zero tolerance of all forms of violence in health care settings.

The representative of OMAN said that her Government accorded special attention to realizing the rights of children and had introduced a range of protection and support measures at the national level. The draft resolution on ending violence against children through health systems strengthening and multisectoral approaches highlighted the need for the health sector to play a proactive role in addressing the issue, as well as the importance of a holistic approach. However, her Government had reservations concerning the terminology in paragraph 1(10) of the draft resolution, which was incompatible with her country’s social and cultural context and had not previously been used in WHO resolutions. She would instead interpret it to refer to “reproductive health education”. Although her Government remained fully supportive of the other provisions of the draft resolution, it had requested the official withdrawal of its sponsorship in view of the lack of consensus on the use of alternative

terminology. Instead of focusing on the language used in the draft resolution, efforts should be geared towards preventing violence and addressing the related risk factors.

The representative of the DOMINICAN REPUBLIC expressed support for the adoption and implementation of evidence-based strategies to combat interpersonal violence. Her Government gave high priority to tackling interpersonal violence, in particular against women and girls, and had implemented measures to that end. A policy framework was needed to strengthen the response to interpersonal violence through health systems and multisectoral approaches. There was also an urgent need to strengthen specialized services to protect, prevent and support victims of violence, and to address the harmful practice of adolescent pregnancy and child, early and forced marriage. Her Government wished to be added to the list of sponsors of the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches. Welcoming efforts to address the social determinants of health and health inequities, she expressed support for the draft resolution on the social determinants of health.

The representative of SPAIN supported efforts to address and eliminate the systemic underlying causes of inequities and related risk factors in the light of their impact on health, which had been brought into sharp relief by the effects of the COVID-19 pandemic. A particular focus was needed on protecting vulnerable groups. Her Government had adopted a multisectoral, multidisciplinary approach to tackling the social determinants of health and was working to achieve universal health coverage. Measures to tackle violence had also been put in place at the national level, including support and protection for those affected by interpersonal and gender-based violence, in particular against children and women, as well as capacity-building for health professionals. There must be zero tolerance of violence.

The representative of KENYA said that the COVID-19 pandemic had highlighted the scale of health inequities and inequalities. His Government had adopted a whole-of-government approach to dealing with the pandemic and had developed a post-pandemic socioeconomic recovery strategy to build resilience to the effects of future pandemics. He requested the Secretariat to review, during the biennium 2022–2023, the funding allocated to the African Region in the Thirteenth General Programme of Work, 2019–2023 for tackling the social determinants of health and related risk factors, which currently stood at less than 20% of the approved budget. His Government had made significant progress in combating violence against children, including through the introduction of a series of policies, programmes and initiatives. He reiterated the importance of aligning national strategies and plans with the implementation of resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children.

The representative of FRANCE said that her Government attached great importance to the issue of tackling and preventing violence against children. Comprehensive, quality sexuality education was one of the most effective ways of preventing and tackling such violence. She called for the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches, the text of which had been drafted through open and transparent negotiations, to be adopted by consensus.

The representative of NEW ZEALAND said that a multisectoral approach was essential to address the social determinants of health. A variety of approaches and resources were needed to ensure equity in health outcomes among diverse populations. He thanked WHO for its global leadership and for highlighting the urgent need for Member States to address the wider determinants of health in order to increase global resilience to future pandemics and health emergencies. Expressing strong support for the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches without the proposed amendments, he requested that his Government be added to the list of sponsors. He outlined the national measures taken to prevent and respond to violence and underscored the importance of intersectoral action.

A human-rights and evidence-based approach was needed to eliminate violence among all communities, some of which were at increased risk on account of factors such as their indigenous, sexual or gender identity.

The representative of BAHRAIN, expressing support for the draft resolution on the social determinants of health, said that countries should prioritize the development of national policies to address the issue. Her Government had introduced various measures to tackle health inequalities and provide equal and uninterrupted access to health care services, including vaccines, and would continue efforts to address risk factors. Turning to the issue of interpersonal violence, she supported the recommendations on building the capacities of health workers to prevent and report cases of violence and requested the Secretariat to develop guidelines on the subject.

The representative of FIJI highlighted the importance of a holistic approach to addressing the issue of universal health coverage, including mental health services for children and adolescents affected by violence. His Government supported both the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches and the draft resolution on the social determinants of health. He drew attention to the need to tackle the problem of childhood rheumatic heart disease, which posed a huge health burden among Pacific island countries. A lack of investment at the national and global levels severely hindered treatment of the disease. He called on the Secretariat, Member States and partners to review the level of funding allocated to tackling the disease in line with the provisions of resolution WHA71.14 (2018) on rheumatic fever and rheumatic heart disease. The issue of rheumatic heart disease must be placed at the forefront of efforts to achieve universal health coverage, including by developing a global action plan.

The representative of ECUADOR called on the Secretariat and Member States to make concerted efforts to tackle the social, economic and environmental determinants of health in order to reduce health inequalities and address the unequal coverage of health services between and within countries. Monitoring systems should be strengthened to generate data to enable an assessment of health inequalities and their linkages with the social determinants of health, as well the effectiveness of national policies. A series of actions had been taken by his Government to address the social determinants of health. He reiterated his Government's commitment to tackling interpersonal violence and requested that it be added to the list of sponsors of the draft resolution without the proposed amendments.

The representative of ZIMBABWE, expressing support for the draft resolution on the social determinants of health, emphasized the importance of creating social, physical and economic environments that promoted the attainment of health and well-being for all, ensuring that no one was left behind. Her Government had adopted a multisectoral approach to addressing the social determinants of health. She urged the Secretariat to continue providing support to Member States in tackling the issue. The continued scourge of violence was a cause for concern. She outlined the action taken by her Government to combat gender-based violence. The issue of the rights of children should be addressed separately from other groups, such as women, and separate attention should be accorded to the issue of violence against boys, who must not be sidelined. In addition, gender-based and intimate partner violence should be addressed in relation to women, rather than girls. Her Government had incorporated sexual and reproductive health and rights into national actions, but did not consider sexuality to be distinct from the country's spiritual values and heritage.

The representative of SLOVAKIA said that the actions set out in the draft resolution on the social determinants of health would be pivotal to achieving the targets and goals agreed at the international level and accelerating joint action. Limited access to stress- and trauma-management services increased the risk of domestic and other forms of violence. It was important to systematically tackle the issue of stigmatization. He called on the international community to develop preventive strategies, clinical guidelines and policy recommendations to ensure adequate, accessible and

evidence-based support as part of efforts to tackle the social determinants of health. The COVID-19 pandemic had underscored the importance of prioritizing health and allocating adequate human and financial resources to achieve universal health coverage and health-related social protection, while addressing the needs of vulnerable populations. Rapid and effective measures were urgently required to combat poverty and other major social determinants and sources of inequality.

The representative of JAMAICA said that his Government was strongly committed to addressing violence against children and safeguarding their rights, including the right to the highest attainable standard of physical and mental health, and supported the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches. A number of violence-prevention measures had been put in place by his Government. He expressed appreciation for the Organization's continued leadership on the matter, including by developing the INSPIRE framework.

The representative of SUDAN said that conflict had exacerbated existing inequities in her country. To tackle the persisting gaps in the provision of health services, her Government had implemented a number of initiatives and had adopted a Health in All Policies approach. Expressing support for several recommendations contained in the draft resolution on the social determinants of health, she called on the Secretariat to provide support in strengthening monitoring systems and to foster and facilitate information-sharing among Member States.

Turning to the issue of interpersonal violence, she supported the strategic direction of the global plan of action to strengthen health system leadership and governance. Although significant progress had been made in her country, including by criminalizing female genital mutilation, further efforts were needed to build the capacity and infrastructure of the health system, raise awareness and develop policies. The Secretariat should support Member States in strengthening health service delivery and health workers' capacity to respond and to raise awareness of ways to promote the adoption and implementation of evidence-based approaches. Support should also be provided to promote gender equality and the empowerment of women, as well as the destigmatization of victims and the integration of medical responses in actions to tackle such violence.

The representative of COSTA RICA said that, given the importance of addressing the issue of violence and the need to ensure adequate resources to do so, her Government wished to be added to the list of sponsors of the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the renewed commitment in the draft resolution on the social determinants of health to addressing the issue at the global, regional and national levels. The Member States of the Region looked forward to the implementation of the related recommendations issued by the Commission on Social Determinants of Health for the Eastern Mediterranean Region, as well as to the development of action plans tailored to the national context. Failure to take action would result in disastrous outcomes for the most vulnerable groups, including refugees, economic migrants, women and people living in poverty.

Efforts to prevent and respond to the high prevalence of violence against women and children in the Region had been impacted by emergency and humanitarian situations and compounded by the COVID-19 pandemic. Violence must be recognized as a public health concern, for example by establishing health-sector protocols and integrating the issue into relevant health platforms, initiatives and essential health services, to ensure a systematic response with the engagement of multiple relevant sectors. The health sector played a crucial role in addressing violence, with health care providers often a first point of professional contact for victims and survivors. The Member States of the Region were committed to addressing the social determinants of health and implementing the WHO global plan of action and requested continued support from the Secretariat.

The representative of MOROCCO endorsed national and global initiatives to combat interpersonal violence, in particular against women, girls and children, within the framework of government policies. He outlined the measures taken by his Government to respond to, prevent, raise awareness of and gather scientific evidence on violence, and requested the Secretariat to provide support to Member States in implementing the actions set out in the WHO global plan of action at the national level. Sexual health education programmes should not only be evidence-based, age-appropriate, gender-sensitive and rights-based, but also be centred on a human rights-based approach and be adapted to the national and cultural context.

The observer of PALESTINE said that all forms of violence against Palestinian children, adolescents and women had had a severe and lasting impact on their mental health. It had led to significant learning difficulties, behavioural and emotional problems and trauma, including urinary incontinence in the form of bed-wetting among some adolescents, as well as self-harm, aggressive behaviour, depression and suicide. He called for programmes addressing the mental health of children and women to be strengthened in collaboration with the Palestinian authorities, UNRWA, UNICEF and other partners in order to improve and safeguard the well-being of Palestinian children and help women and children cope with the additional impacts of poverty and the COVID-19 pandemic.

The representative of UNFPA highlighted the linkages between climate change and health, including the impact on sexual and reproductive health and rights, vector-borne diseases, maternal health and access to health services. Countries and health partners should commit to building resilient health systems and strengthen their capacity to cope with the severe challenges posed by an unstable and ever-changing climate and to ensure the right to health. Access to services must be ensured, in particular information and education on sexual and reproductive health, including comprehensive sexuality education. More substantial and meaningful inclusion and recognition of the intersections between climate and sexual and reproductive health and rights in climate, health and gender policies would have a positive impact on livelihoods, protect the well-being of all, reduce inequality and enable justice.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches and called on Member States to: strengthen their commitment to implementing the global plan of action, including as part of COVID-19 recovery plans; allocate adequate financial resources to the prevention of and response to violence against children; and build the capacity of health care providers and frontline workers to prevent and respond to violence. The Secretariat must hold Member States accountable for their commitments and give greater prominence to the issue at governing bodies meetings.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had disproportionately affected vulnerable populations and magnified existing health inequities. He therefore called on Member States to ensure equitable mobilization of resources and promote a rights-based approach to their health systems, including health emergency preparedness, in order to minimize health inequities and fulfil the right to health.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcoming the draft resolution on the social determinants of health, called for coordinated global solutions to: harness the potential of science, technology and innovation to effectively address and monitor the social determinants of health; increase equal access to essential medicines and health services; improve health literacy; and build resilient and sustainable health systems.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that gender-based violence required a multisectoral response to ensure survivor-centred, transformative programming. The response to sexual and gender-based violence in humanitarian settings must ensure that survivors and communities were properly supported. Health actors should be supported to fulfil the sexual violence objective of the Minimum Initial Service Package for Sexual and Reproductive Health both directly and through appropriate referral mechanisms. The issue of sexual and gender-based violence must be prioritized and fully resourced in COVID-19 recovery planning.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, expressed deep concern about the persistent and pervasive inequities that existed in societies and health systems and strongly supported the draft resolution on the social determinants of health. With their knowledge and skills, nurses were in a unique position to address and identify trends related to the social determinants of health. Governments and institutions should make meaningful, effective and enduring policy changes to ensure that everyone had same opportunity to be healthy.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of the World Heart Federation, called on Member States to: integrate the social determinants of health in national health planning; ensure that policies and programmes followed a whole-of-government approach; collect and disaggregate data to help identify key social determinants of health; recognize and address the interactions between COVID-19 and noncommunicable diseases in developing COVID-19 response and preparedness plans; and align pandemic and universal health coverage strategies to deliver equitable and affordable access to prevention, screening, diagnosis and treatment of noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that to tackle inequalities, governments should engage and support civil society to identify and address the needs of marginalized, excluded, neglected and vulnerable populations. Member States should also increase awareness of the prevalence, consequences, causes and preventability of all forms of interpersonal violence. Women made up the majority of the health workforce and should be provided with adequate child care, sick leave and other financial protection to support their livelihoods and help them in balancing demands at work and at home.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the impact of the social determinants of health on health equity and called for governments to implement policy and fiscal changes to effectively reduce social inequalities. Increased funding was needed to address violence against women, girls and children. The success of the WHO global plan of action would only be ensured by integrating women, young people, unions and communities into health system leadership and governance.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the World Cancer Research Fund International, commended WHO's commitment to recognizing the need to establish, strengthen and maintain monitoring systems, but cautioned against focusing solely on food insecurity. Commercial interests must be prevented from undermining health goals. She called on Member States to: integrate actions to address malnutrition in all its forms in national policies; implement policies conducive to creating health-promoting food environments; and focus on health equity in all policies.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, said that the prevalence of data on violence against and abuse and neglect of older women during the COVID-19 pandemic was extremely limited, reflecting their continued exclusion from datasets and studies and hampering effective protection and response. To ensure that no one was left behind, data



producers must collect, analyse, use and disseminate data on violence against women of all ages, disaggregated by age, sex and disability.

**The meeting rose at 13:00.**

## **EIGHTH MEETING**

**Saturday, 29 May 2021, at 14:30**

**Chair:** Dr S. BROSTRØM (Denmark)

### **PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING (continued)**

#### **1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 22 of the agenda (continued) [transferred from Committee A]

**Social determinants of health:** Item 22.1 of the agenda (documents A74/9 and EB148/2021/REC/1, resolution EB148.R2) (continued)

**WHO GLOBAL PLAN OF ACTION TO STRENGTHEN THE ROLE OF THE HEALTH SYSTEM WITHIN A NATIONAL MULTISECTORAL RESPONSE TO ADDRESS INTERPERSONAL VIOLENCE, IN PARTICULAR AGAINST WOMEN AND GIRLS, AND AGAINST CHILDREN:** Item 23 of the agenda (document A74/21) (continued) [transferred from Committee A]

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, said that the pandemic of coronavirus disease (COVID-19) had unmasked serious health, social and political inequities. Screening for the social determinants of health should be integrated into clinical practice workflows in conjunction with community health workers. Family doctors were the first point of contact for victims of family violence. Her organization would work with Member States and other partners on the development of materials, research and training on recognizing and addressing all forms of violence.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that interpersonal violence should be addressed with an approach focused on the structural determinants of health. Capacities should be increased to provide shelter, income and psychosocial support to victims of interpersonal violence. The focus of the response should be expanded to include men and boys and groups such as sex workers and people of marginalized sexualities and genders. Monitoring and intervention should be carried out in institutional settings. Separating children from their families in immigration facilities was a form of interpersonal violence carried out by the State. National data on interpersonal violence should be disaggregated in order to better track its different forms.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, noted the disproportionate impact of the COVID-19 pandemic on women's and girls' health and rights. Women were entitled to fair, equitable and appropriate care, and autonomy over their sexual and reproductive rights. Health care providers must be allowed the freedom to care for women subjected to harm. Member States should build the capacity of all health care workers and provide specialized care to women and girls experiencing violence.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) reiterated that health equity was central to the work of WHO across all its programmes. She thanked Member States for providing guidance to the Secretariat on addressing the social determinants of health and promoting health equity, particularly in the light of the impact of the COVID-19 pandemic.

Member States and other representatives had emphasized the prevalence of interpersonal violence, in particular against women and children, which had increased in many contexts as a result of the pandemic response and which led to negative health outcomes. The health sector had a key role to play in documenting, delivering and monitoring evidence-based approaches and providing services to mitigate the consequences of exposure to violence. The Secretariat would continue to update its guidance on detecting violence against women and children and accelerate efforts to support Member States to implement the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

**The Committee noted the reports contained in documents A74/9 and A74/21.**

The CHAIR invited the Committee to consider the draft resolution on social determinants of health recommended in resolution EB148.R2.

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

The DIRECTOR-GENERAL thanked Member States for supporting the draft resolution on social determinants of health. The COVID-19 pandemic had shown that inequalities made all people more vulnerable to health threats and should therefore be a turning point in the global fight against health inequities and inequalities. The Secretariat would continue to support efforts to strengthen health systems to deliver universal health coverage, and the social determinants of health were at the centre of that work under pillar 3 of the Thirteenth General Programme of Work, 2019–2023. The world report requested by Member States would collate the newest evidence on social determinants of health and health inequities and on how to turn the tide of inequity. The monitoring framework would help to improve understanding of health inequities and provide data to support action.

The CHAIR invited the Committee to consider the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches, and the amendment proposed to paragraph 1(10) of that draft resolution, which had been introduced in the seventh meeting of Committee B.

The representative of MALAYSIA withdrew the proposal that she had made during the seventh meeting of Committee B to amend the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches.

The representative of ARGENTINA, speaking on behalf of Argentina, Australia, Canada, Costa Rica, the Member States of the European Union, Fiji, Iceland, Israel, Japan, Mexico, Montenegro, New Zealand, Norway, Peru, South Africa, the United Kingdom of Great Britain and Northern Ireland and Uruguay, said that the draft resolution was the result of extensive consultations and reflected great efforts to accommodate all views. All Member States had needed to make concessions and demonstrate flexibility to reach consensus on the text. She thanked the chair of the informal consultations for her tireless efforts to achieve balance. Reopening the text of the draft resolution at such a late stage risked undoing that good work; she therefore requested the Committee to approve the important draft resolution without amendment.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA74.16.

The representative of PORTUGAL, speaking on behalf of the European Union and its Member States, welcomed the constructive informal consultations on the draft resolution, which contained a paragraph that highlighted the importance of sexuality education for children. Sexuality education was a key concept in the context of ending violence against children and was included under one of the strategic directions of the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. The final text of the draft resolution was the result of compromise on all sides: for instance, qualifiers had been added concerning the role of parents and legal guardians and to take into account concerns expressed by some Member States. He requested the Committee to approve the draft resolution without amendment, as the Member States of the European Union were not able to accept the proposed amendment to paragraph 1(10) and further discussion of the text of the draft resolution could endanger the work done thus far.

The representative of the RUSSIAN FEDERATION said that his Government was in favour of stepping up efforts to end violence against children and had participated actively in the consultations on the draft resolution. However, it was regrettable that the positions of all Member States had not been taken into account in the final version of the draft resolution, which contained references to concepts that were unacceptable to many delegations and had not been agreed. In the interest of seeking consensus, the Governments of Eswatini, Mozambique, the Russian Federation and Zambia, supported by the Governments of Namibia and the Syrian Arab Republic, had proposed amending paragraph 1(10) to remove the reference to “sexuality education” and replace it with “information and education on sexual and reproductive health”, wording that had previously been included in resolutions of the United Nations General Assembly. He called on all Member States to support that amendment.

The representative of JAMAICA expressed support for the draft resolution. The amendment to paragraph 1(10) proposed by the representative of the Russian Federation better aligned with previously agreed language and could therefore be a basis for achieving consensus.

The representative of NIGERIA stated his Government’s unequivocal objection to the phrases “sexuality education” and “information and education on sexual and reproductive health” as referred to in paragraph 1(10) and the proposed amendment. The vague and opaque language used did not enjoy consensus and must either be amended or deleted. The wording “free from gender stereotypes, evidence-based and appropriate to age and evolving capacities” was also misleading. His Government had the best interests of its children at heart, which included empowering them and preventing and responding to violence against them, as well as protecting them from the use of ambivalent language that could later cause them harm. Thus, his Government disassociated itself from paragraph 1(10) of the draft resolution.

The representative of the UNITED STATES OF AMERICA, as a sponsor of the draft resolution, thanked the other sponsors for their support. The World Health Assembly provided an opportunity to reenergize efforts to end all forms of violence against children. The productive and collaborative discussions that had led to the draft resolution had been welcome in the light of the global prevalence of violence against children, which had only increased during the COVID-19 pandemic. While there might be disagreement on how to achieve the goal, ending violence against children was a priority for all Member States. A fundamental part of those efforts was ensuring that children had the information, skills and opportunities to realise their health, well-being and dignity, including through access to sexuality education. As such, he did not support the proposed amendment to paragraph 1(10) and asked Member States to approve the draft resolution without amendment. However, he recognized the power of making decisions by consensus and would support efforts to find a way forward.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the draft resolution should not be undermined by the inclusion of controversial terms such as “sexuality education” that were open to conflicting interpretations and did not take into account cultural differences. He therefore expressed support for the amendment proposed to paragraph 1(10).

The representative of MEXICO said that the draft resolution reflected the different points of view of Member States and asked for his Government to be added to the list of sponsors. He welcomed the inclusion of the references to combating bullying and cyberbullying, noting that the increased use of digital platforms and distance learning had increased the exposure of children to online violence, including sexual exploitation and abuse. He encouraged WHO to coordinate with other organizations in the United Nations system to provide recommendations to the health sector on monitoring such violence. With regard to the proposed amendment, he expressed a preference for retaining the reference to “sexuality education”, which fostered equitable attitudes to gender; reduced gender-based violence and discrimination; promoted healthy, respectful relationships; and reduced the risk of sexually transmitted diseases and unintended pregnancies. Furthermore, the term had been used in previous resolutions adopted by WHO and the United Nations Human Rights Council.

The representative of the SYRIAN ARAB REPUBLIC welcomed measures to end violence against children but could not agree with the language used in paragraph 1(10). As such, she supported the amendment proposed by the representative of the Russian Federation.

The representative of EGYPT welcomed the draft resolution, which would help national authorities to develop multisectoral approaches to end violence against children. He commended the Government of the United States of America for its efforts during the informal consultations to achieve balance in the text of the draft resolution. However, it was regrettable that some Member States were seeking to force their own vision on others by using contentious and provocative terms that did not enjoy consensus. WHO should remain focused on health and not explore such controversial areas of work. His Government supported the wording of the proposed amendment, which had been used in previous United Nations General Assembly and Human Rights Council resolutions and therefore should be agreeable to all.

The representative of CANADA recalled that extensive negotiations had taken place on the draft resolution. He reiterated the importance of paragraph 1(10) and supported approving the draft resolution without amendment. Emphasizing the value of reaching consensus, he expressed appreciation for Member States’ flexibility and willingness to compromise.

The representative of MAURITANIA, reiterating his Government’s commitment to the rights of children, expressed the hope that consensus could be reached on the draft resolution. He supported the proposed amendment to paragraph 1(10) of the draft resolution, which used language that had previously been agreed in other intergovernmental forums.

The representative of AUSTRALIA said that the draft resolution was the result of extensive consultation and the discussions on its wording should not be reopened. The inclusion of the term “sexuality education” was already a compromise for her Government; she would have preferred the term “comprehensive sexuality education”, which recognized the importance of empowering children and had been demonstrated to strengthen children’s understanding of healthy relationships, gender equality and consent. She supported finding a path that would achieve consensus. While encouraging Member States to approve the draft resolution without amendment, she suggested that Member States that were uncomfortable with the term used could consider disassociating themselves from paragraph 1(10).

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that comprehensive sexuality education was a priority for her Government, and as such she did not support the proposed amendment. Compromises had already been made on all sides; she therefore hoped that Member States would approve the draft resolution by consensus without amendment.

The representative of SAUDI ARABIA welcomed efforts to end violence against women and children, including the WHO global plan of action. He supported the amendment proposed to paragraph 1(10) of the draft resolution.

The representative of URUGUAY reaffirmed her Government's support for the draft resolution without amendment and welcomed the transparent negotiations that had led to that text. The term "sexuality education" had been used in previous resolutions approved by Member States and had been recommended by relevant United Nations treaty bodies that, because of their equitable geographical representation, took into account the diversity of national and regional systems and sensibilities. Furthermore, the International technical guidance on sexuality education developed by several organizations in the United Nations system emphasized the need for quality sexuality education.

The representative of INDONESIA said that it was regrettable that consensus had not been reached on the draft resolution and called on its sponsors to be open to the proposed amendment as a way to reconcile concerns raised by Member States. The term "education on sexual and reproductive health" enjoyed wider acceptance among Member States, had been used previously in various United Nations documents and respected the cultural and value systems of each country. Achieving consensus on the text would encourage wider implementation of the draft resolution and thereby enhance efforts to end violence against children.

The representative of KENYA highlighted the commitment of his Government to ending violence against children. He expressed support for the proposed amendment, and further proposed deleting the term "free from gender stereotypes" from paragraph 1(10) as that language was inconsistent with some cultures, values and beliefs. The term "gender-sensitive" was already clearly understood by stakeholders and was therefore sufficient. Finally, he requested to add to the beginning of paragraph 1(10) the phrase "in accordance with national legislation, capacities, priorities and specific national circumstances", which was language taken from the WHO global plan of action.

The representative of NEW ZEALAND expressed support for the draft resolution without amendment. There was evidence that comprehensive sexuality education could improve sexual, social and emotional health outcomes and prevent the sexual exploitation and abuse of children. While the language in paragraph 1(10) was not as ambitious as his Government would have liked, the reference to sexuality education would facilitate progress towards ending violence against children.

The representative of MONACO aligned herself with the comments made by the representative of Argentina. The different points of view expressed by Member States were irreconcilable; however, the draft resolution must be adopted by consensus. It was with regret, therefore, that she proposed deleting paragraph 1(10) in its entirety in the interest of compromise.

The representative of CHINA, opposing any form of violence against women and children, said that any resolution to that end should take the opinions of Member States into account and should be adopted by consensus. Thus, he encouraged all parties to be flexible.

The representative of LEBANON said that physical and psychological violence against children had a devastating and lifelong impact, and that Member States should strengthen their health systems to address that issue. She welcomed the draft resolution but noted that the paragraph under discussion contained some controversial language and went beyond the scope of the matter at hand. She therefore

supported the compromise offered by the amendment proposed by the representative of the Russian Federation.

The representative of ZAMBIA expressed support for the amendment proposed by the representative of the Russian Federation, which contained previously agreed language from other WHO and United Nations General Assembly resolutions.

The representative of PAKISTAN, in the spirit of consensus, supported the amendment proposed by the representative of the Russian Federation.

The representative of ALGERIA supported the amendment proposed by the representative of the Russian Federation in order to reach consensus and said that the proposal by the representative of Monaco to delete paragraph 1(10) should also be considered.

The representative of MOZAMBIQUE supported the amendment proposed by the representative of the Russian Federation, which contained clear language that would facilitate implementation of the draft resolution in settings with scarce human and material resources.

The representative of THAILAND supported the draft resolution in its original form, but said that it would be important to adopt the draft resolution by consensus.

The representative of QATAR said that his Government attached great importance to the health of children and preventing violence against them. He expressed support for the amendment proposed by the representative of the Russian Federation.

The representative of JAPAN expressed support for the proposal made by the representative of Monaco to delete paragraph 1(10) of the draft resolution in the absence of consensus on its wording.

The representative of SENEGAL expressed support for the amendment proposed by the representative of the Russian Federation. The proposal made by the representative of Monaco was also worthy of consideration.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the proposal made by the representative of Monaco to delete paragraph 1(10) could be a good compromise.

The representative of GERMANY said that the original version of the draft resolution reflected the best efforts of a constructive negotiation process. Wishing to see the draft resolution adopted by consensus, he did not believe that the amendments proposed were helpful in that regard.

The representative of ZIMBABWE expressed support for the amendment proposed by the representative of the Russian Federation. It would be important to adopt the draft resolution by consensus and to use language that had been previously agreed within the United Nations system, avoiding the proliferation of terms and concepts that were open to different interpretations.

The representative of SWITZERLAND said that while she would have preferred to retain the reference to sexuality education, she supported the proposal made by the representative of Monaco to delete paragraph 1(10) and called on others to do so in order to reach consensus.

The representative of ESWATINI said that the draft resolution would enable Member States to address violence against children, particularly in the context of the COVID-19 pandemic. Her Government had engaged actively in the negotiations on the draft resolution and it was regrettable that consensus had not been reached. The wording of the amendment proposed by the representative of the Russian Federation was based on language previously used in the United Nations system, whereas the

use of the term “sexuality education” had not been agreed. Furthermore, the draft resolution would have an impact on the ongoing negotiations on the political declaration on HIV/AIDS to be adopted later in 2021. She therefore called for the deletion of paragraph 1(10).

The representative of KENYA supported the deletion of paragraph 1(10) from the draft resolution.

**The meeting was suspended at 15:45 and resumed at 15:50.**

The CHAIR, taking into account the comments and proposals made regarding the draft resolution on ending violence against children through health systems strengthening and multisectoral approaches, said that there did not seem to be agreement on the language that should be used in paragraph 1(10). However, in view of the strong will of Member States to achieve consensus, he proposed that the Committee should accept the proposal made by the representative of Monaco to delete paragraph 1(10), which he hoped would lead to the approval of the amended draft resolution.

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

The representative of the ISLAMIC REPUBLIC OF IRAN, explaining his position regarding the resolution just approved, noted the many positive and constructive approaches set out in the resolution that would facilitate Member States’ efforts to combat violence against children. Member States had different cultural, religious and traditional characteristics that could not be overlooked. However, the resolution did not sufficiently reflect all views and had included contradictory terms that had not been agreed upon during intergovernmental negotiations. While reiterating the commitment of his Government to ending violence against children, he said that his Government dissociated itself from those parts of the resolution that might imply, in any manner whatsoever, the recognition, protection or promotion of behaviours deemed unethical under its legal system or sociocultural norms, or which might contradict its moral and religious values. Accordingly, his Government would not be bound by, or commit to, any recommendation related to or arising from the abovementioned paragraphs of the resolution.

The CHAIR invited those Member States that wished to do so to exercise their right of reply concerning interventions made during the discussion on the social determinants of health and the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

The representative of JAPAN, in the exercise of a right of reply, said that his Government had provided explanations of its handling of wastewater from the Fukushima Daiichi Nuclear Power Station to the international community and would continue to do so in a transparent manner. His Government had received 16 IAEA review missions since the accident and had disclosed the findings of those missions. The IAEA had acknowledged that a discharge into the sea was technically feasible and in line with international practice. His Government would take measures on the basis of international standards and practices, taking into account the impact on the environment and the health and safety of people.

The representative of CHINA, in the exercise of a right of reply, said that the Government of Japan had discharged contaminated wastewater into the sea before exhausting all safe disposal methods, despite doubt and opposition from within Japan and internationally and without consulting neighbouring countries or the international community. The IAEA had reported that discharging

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA74.17.



tritium-contaminated wastewater into the sea would affect the marine environment and people's health in neighbouring countries, and that the wastewater required further purification. Experts had indicated that radioactive isotopes in the wastewater could spread throughout the world's oceans in decades and would remain hazardous for thousands of years. He therefore strongly urged the Government of Japan to fulfil its international obligations and respond to the legitimate concerns that had been expressed. It should also reach consensus with all stakeholders, including IAEA, before continuing to discharge wastewater. The facts had proven that the Government of Japan had failed its people with regard to the handling of the accident at the Fukushima Daiichi Nuclear Power Station and had lost the trust of the international community. He therefore questioned whether the decision to discharge wastewater into the sea had been made on the basis of reliable data and scientific information and urged the Government of Japan to contemplate other options and to consider human health and the environment.

**2. FOURTH REPORT OF COMMITTEE B** (document A74/63)

The ASSISTANT SECRETARY read out the draft fourth report of Committee B.

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

**3. CLOSURE OF THE MEETING**

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

**The meeting rose at 16:10.**

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<sup>1</sup> See page 312.



## **PART II**

### **REPORTS OF COMMITTEES**



In the following sections, information has been drawn from the relevant Health Assembly report. That report is identified by its document number and publication date, which are provided in square brackets under each subheading. Square brackets have also been used in the reports of Committee A and Committee B to indicate where the text of resolutions and decisions recommended and subsequently adopted by the Health Assembly has been replaced by the respective resolution or decision number. The verbatim records of the plenary meetings at which these reports were approved are available on the WHO website, official records page (<http://apps.who.int/gb/or/>).

## **COMMITTEE ON CREDENTIALS**

### **Report<sup>1</sup>**

[A74/56 – 26 May 2021]

The Committee on Credentials met virtually on 25 May 2021. Delegates of the following Member States attended the meeting: Andorra; Australia; Cameroon; Haiti; Iceland; Mali; Monaco; Namibia; Panama; Singapore; Somalia; Thailand.<sup>2</sup>

The Committee elected the following officers: H.E. Ms Carole Lanteri (Monaco) – Chair; and Dr Mohamed Jama (Somalia) – Vice-Chair. The Committee assessed whether the credentials delivered to the Director-General were in conformity with the requirements of Rule 23 of the Rules of Procedure of the World Health Assembly. It noted that the Secretariat had found these credentials to be in conformity with the Rules of Procedure.

The Committee noted that the Secretariat had received two sets of documents from two different delegations, each asserting that it represents the Government of Myanmar at the Seventy-fourth World Health Assembly. Both delegations initiated the online registration process for the Health Assembly and submitted supporting documents. One set of documents was submitted on behalf of the Minister of Health of the State Administration Council. Another set of documents was submitted on behalf of the Minister of Health of the National Unity Government.

Statements on the question of the representation of Myanmar were made by members of the Committee.

The Committee, noting United Nations General Assembly resolution 396 (V) of December 1950, decided to recommend to the Health Assembly that it defer a decision on the question of the representation of Myanmar, pending guidance from the United Nations General Assembly, on the understanding that no one would represent Myanmar at the Seventy-fourth World Health Assembly.

The credentials of the delegates of the Member States shown in the following paragraph were found to be in conformity with the Rules of Procedure. The Committee therefore proposed that the Health Assembly recognize their validity.

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<sup>1</sup> Approved by the Health Assembly at its fifth plenary meeting.

<sup>2</sup> See decision WHA74(1).

**States whose credentials the Committee considered should be recognized as valid** (see the previous paragraph and decision WHA74(7)):

Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; Central African Republic; Chad; Chile; China; Colombia; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czechia; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominican Republic; Ecuador; Egypt; El Salvador; Eritrea; Estonia; Eswatini; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Montenegro; Morocco; Mozambique; Namibia; Nauru; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; North Macedonia; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Suriname; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

## GENERAL COMMITTEE<sup>1</sup>

### Report<sup>2</sup>

[A74/57 – 27 May 2021]

#### **Election of Members entitled to designate a person to serve on the Executive Board**

At its meeting on 26 May 2021, the General Committee, in accordance with Rule 102 of the Rules of Procedure of the World Health Assembly, drew up the following list of 12 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the election of 12 Members to be entitled to designate a person to serve on the Executive Board: Afghanistan, Belarus, Denmark, France, Japan, Malaysia, Paraguay, Peru, Rwanda, Slovenia, Syrian Arab Republic, Timor-Leste.

In the General Committee's opinion these 12 Members would provide, if elected,<sup>3</sup> a balanced distribution of the Board as a whole.

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<sup>1</sup> See decision WHA74(4) for the establishment of the Committee.

<sup>2</sup> Approved by the Health Assembly at its sixth plenary meeting.

<sup>3</sup> The Health Assembly considered the list at its sixth plenary meeting and elected the 12 Members (see decision WHA74(8)).

## COMMITTEE A

### First report<sup>1</sup>

[A74/60 – 28 May 2021]

Committee A held its first meeting on 24 May 2021, chaired by Dr Adriana Amarilla (Paraguay).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Zwelini Mkhize (South Africa) and Dr Ali Muhammad Miftah Al-Zinati (Libya) Vice-Chairs, and Professor Plamen Dimitrov (Bulgaria) Rapporteur.

Committee A held its sixth and seventh meetings on 27 May 2021, chaired by Dr Adriana Amarilla (Paraguay).

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

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

##### **Budget matters**

11. Proposed programme budget 2022–2023  
Programme budget 2022–2023 [WHA74.3]

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

13. Review of and update on matters considered by the Executive Board
  - 13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases  
Follow-up of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases [WHA74(10)]  
The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases [WHA74(11)]  
Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes [WHA74.4]  
Oral health [WHA74.5]
  - 13.9 Integrated people-centred eye care, including preventable vision impairment and blindness [WHA74(12)]

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<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting.

**Second report<sup>1</sup>**

[A74/62 – 29 May 2021]

Committee A held its eighth and ninth meetings on 28 May 2021 chaired by Dr Adriana Amarilla (Paraguay).

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached decision relating to the following agenda items:

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

- 13. Review of and update on matters considered by the Executive Board
  - 13.1 Global action on patient safety [WHA74(13)]

**Third report<sup>1</sup>**

[A74/64 – 31 May 2021]

Committee A held its tenth and eleventh meetings on 29 May 2021, chaired by Dr Adriana Amarilla (Paraguay).

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

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

- 13. Review of and update on matters considered by the Executive Board
  - 13.4 Global strategy and plan of action on public health, innovation and intellectual property
    - Strengthening local production of medicines and other health technologies to improve access [WHA74.6]

**Fourth report<sup>1</sup>**

[A74/65 – 1 June 2021]

Committee A held its twelfth meeting on 31 May 2021, chaired by Dr Adriana Amarilla (Paraguay).

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached three decisions and one resolution relating to the following agenda items:

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

- 18. Mental health preparedness for and response to the COVID-19 pandemic [WHA74(14)]
- 17. Public health emergencies: preparedness and response
  - 17.4 Implementation of the International Health Regulations (2005) [WHA74(15)]
  - 17.3 WHO's work in health emergencies

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<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting.



Strengthening WHO preparedness for and response to health emergencies [WHA74.7]

Special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response [WHA74(16)]

## **COMMITTEE B**

### **First report<sup>1</sup>**

[A74/58 – 27 May 2021]

Committee B held its first and second meetings on 26 May 2021, chaired by Dr Ifereimi Waqainabete (Fiji) and Dr Søren Brostrøm (Denmark), respectively.

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Søren Brostrøm (Denmark) and Ms Kazi Zebunnessa Begum (Bangladesh) as Vice-Chairs and Lt. Col. Jeffrey Bostic (Barbados) 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 Mustafizur Rahman (Bangladesh) as Vice-Chair ad interim.

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

25. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan [WHA74(9)]

### **Second report<sup>1</sup>**

[A74/59 – 28 May 2021]

Committee B held its third and fourth meetings on 27 May 2021, chaired by Dr Søren Brostrøm (Denmark).

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

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

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

### **Managerial, administrative and governance matters**

#### **26.3 WHO reform**

WHO reform: governance [WHA74(17)]

WHO reform: World health days

World Neglected Tropical Diseases Day [WHA74(18)]

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<sup>1</sup> Approved by the Health Assembly at its sixth plenary meeting.

- Review of entitlements of members of the Executive Board [WHA74(19)]
- 26.4 Global strategies and plans of action that are scheduled to expire within one year  
WHO global disability action plan 2014–2021: better health for all people with disability  
The highest attainable standard of health for persons with disabilities [WHA74.8]  
The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021  
The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections [WHA74(20)]  
Global technical strategy and targets for malaria 2016–2030  
Recommitting to accelerate progress towards malaria elimination [WHA74.9]

**Staffing matters**

- 26.8 Amendments to the Staff Regulations and Staff Rules  
Salaries of staff in ungraded positions and of the Director-General [WHA74.10]

**Managerial, administrative and governance matters**

- 26.5 Process for the election of the Director-General of the World Health Organization  
Process for the election of the Director-General of the World Health Organization: candidates' statements and travel support [WHA74(21)]  
Process for the election of the Director-General of the World Health Organization: contingency arrangements [WHA74(22)]
27. Appointment of representatives to the WHO Staff Pension Committee [WHA74(23)]
31. Management and legal matters  
31.2 Agreements with intergovernmental organizations  
Agreement between the World Health Organization and the International Organisation of La Francophonie [WHA74.11]
32. Collaboration within the United Nations system and with other intergovernmental organizations  
Participation of the Holy See in the World Health Organization [WHA74.12]
33. Updates and future reporting  
WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments [WHA74(24)]  
The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond [WHA74(25)]

**Third report<sup>1</sup>**

[A74/61 – 29 May 2021]

Committee B held its fifth and sixth meetings on 28 May 2021, chaired by Dr Søren Brostrøm (Denmark) and Mr Mustafizur Rahman (Bangladesh), respectively.

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached three resolutions and four decisions relating to the following agenda items:

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

- 30. Audit and oversight matters
  - 30.1 Report of the External Auditor [WHA74(26)]
- 29. Financial matters
  - 29.1 WHO programme and financial reports for 2020–2021, including audited financial statements for 2020 [WHA74(27)]
  - 29.2 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 situation in respect of 2020 [WHA74(28)]
  - 29.4 Scale of assessments 2022–2023 [WHA74.13]
  - 29.6 Assessment of new Members and Associate Members
    - Assessment of the Faroe Islands [WHA74(29)]

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

- 15. Health workforce
  - Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)
    - Protecting, safeguarding and investing in the health and care workforce [WHA74.14]
  - Global Strategic Directions for Nursing and Midwifery
    - Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery [WHA74.15]

**Fourth report<sup>1</sup>**

[A74/63 – 31 May 2021]

Committee B held its seventh and eighth meetings on 29 May 2021, chaired by Mr Mustafizur Rahman (Bangladesh) and Dr Søren Brostrøm (Denmark), respectively.

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached two resolutions relating to the following agenda items:

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<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting.

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

- 22. Review of and update on matters considered by the Executive Board
    - 22.1 Social determinants of health [WHA74.16]
  - 23. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children
    - Ending violence against children through health systems strengthening and multisectoral approaches [WHA74.17].
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