World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY A75/A/PSR/16
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SIXTEENTH MEETING

Palais des Nations, Geneva
Saturday, 28 May 2022, scheduled at 19:30

Chair: Dr H. NAKATANI (Japan)

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SIXTEENTH MEETING

Saturday, 28 May 2022, at 19:35

Chair: Dr H. NAKATANI (Japan)

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

1. **Review of and update on matters considered by the Executive Board:** Item 14 of the agenda (continued from the fourteenth meeting)

The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections: Item 14.2 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, resolution EB150.R3) (continued)

Global strategy for tuberculosis research and innovation: Item 14.3 of the agenda (document A75/10 Rev.1) (continued)

Road map for neglected tropical diseases 2021–2030: Item 14.4 of the agenda (document A75/10 Rev.1) (continued)

The CHAIR, recalling that the discussion on agenda items 14.3 and 14.4 had been concluded, invited the Committee to resume its consideration of agenda item 14.2 and the draft resolution contained in resolution EB150.R3 on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. He reminded the Committee that the version of the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections under consideration was dated 1 May 2022 and had been drafted by the Secretariat. He recalled that informal consultations had been undertaken to discuss two proposals relating to the draft resolution and the draft global health sector strategies: first, during the fourteenth meeting of the Committee, the representative of Mexico had proposed amending the draft resolution and had proposed deleting Annex 3 from the draft global health sector strategies; and second, during the twelfth meeting of the Committee, the representative of Saudi Arabia had proposed amending the draft global health sector strategies.

The representative of MEXICO said that, during the informal consultations, Member States had been unable to reach consensus on the two proposals; therefore, both proposals remained on the table.

At the invitation of the CHAIR, the LEGAL COUNSEL outlined the procedure to follow to make a decision in the current context, where two or more proposals for amendments to a draft text were on the table and the Committee was unable to reach consensus. In accordance with Rule 65 of the Rules of Procedure of the World Health Assembly, the proposed amendments would be considered in order, starting with the proposal that the Chair considered the furthest removed in substance from the original proposal. The Chair considered that the amendments proposed by the representative of Mexico, which would change the action to be taken by the Health Assembly, were the furthest removed, and the Committee would therefore consider them first. If there was an objection to adoption by consensus of these amendments, the Committee would move to a vote. These amendments would be considered as a group unless a Member State requested to consider them separately. Whether the amendments proposed by the representative of Mexico were accepted or not, the Committee would then consider the amendments proposed by the representative of Saudi Arabia. As one amendment was the same in both sets of proposed amendments, if it were adopted in the context of consideration of the amendments proposed by the representative of Mexico, it would not be considered again as part of the amendments

proposed by the representative of Saudi Arabia. Once those decisions had been made, the Committee would consider whether to approve the resulting texts of the draft resolution and the draft global health sector strategies. In the current case, it would be possible for both sets of amendments to be approved, as they were not contradictory.

In the absence of consensus on proposed amendments, and in accordance with Rule 73 of the Rules of Procedure, voting was normally conducted by a show of hands with no record of individual votes kept, unless a delegate requested a recorded vote, in which case a vote would be taken by roll-call. The procedure would be followed for each set of proposed amendments in turn and then for the resulting draft resolution and the draft global health sector strategies, as amended or unamended. The resulting decision would be reported by the Committee to the plenary.

The representatives of EGYPT, MONACO, SAUDI ARABIA, DJIBOUTI, MEXICO and NIGERIA requested further clarification of the procedures to be followed and their implications for decision-making.

The LEGAL COUNSEL clarified that the Rules of Procedure provided for the Committee to make decisions on amendments to a proposal, before making a decision on whether to approve that proposal. The Committee had received two sets of amendments reflecting alternative approaches for moving forward and the Legal Counsel explained that although in practice most decisions were made by consensus, under the Rules of Procedure voting was the primary procedure by which decisions were made.

In the event that the Committee was unable to reach consensus on the amendments proposed by the representative of Mexico, the Committee would make a decision by holding a vote. In this context, a formal call for a vote was not needed. An amendment would be adopted if a simple majority of those present and voting voted in favour of the amendment.

The CHAIR asked whether the amendments proposed by the representative of Mexico could be adopted by consensus.

The representative of EGYPT said that he would not accept the amendments proposed by the representative of Mexico.

The CHAIR said that the Committee would therefore take a vote on the amendments proposed by the representative of Mexico.

The representative of NIGERIA requested a suspension of the meeting in order for Member States to consult briefly before voting.

The meeting was suspended at 20:10 and resumed at 20:20.

At the invitation of the CHAIR, the LEGAL COUNSEL recalled that the amendments proposed by the representative of Mexico were as follows: first, in paragraph 1 of the draft resolution to replace "Adopts" with "Notes with appreciation"; second, to insert a new paragraph in the draft resolution after paragraph 1, which would read: "Reaffirms that in implementing the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, the national context should be considered;"; and third, to delete Annex 3 of the draft global health sector strategies, which contained the glossary.

The LEGAL COUNSEL explained the procedure for the vote on the amendments proposed by the representative of Mexico, which would be taken by a show of hands in accordance with Rule 73 of the Rules of Procedure. 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, Comoros, Equatorial Guinea, Gambia,

Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

The representative of JAMAICA said that he was unaware of any precedent for this type of vote, and as such he expressed concern regarding the procedure to be followed. As Member States had had little time to consult, he asked the Chair to suspend the meeting for a further five minutes.

The CHAIR declined the request by the representative of Jamaica on the grounds that time was short. He invited the Secretariat to proceed with the vote by show of hands. Once the vote was complete, he announced the results, saying that 183 Member States had the right to vote but that 95 Member States were absent. Thirty Member States had abstained, and of the 58 Member States that were present and voting, 58 had voted in favour and none had voted against.

The amendments were therefore accepted by 58 votes to 0, with 30 abstentions.

The CHAIR invited the Committee to consider the amendments proposed by the representative of Saudi Arabia. He drew attention to the fact that one of those amendments was the same as one of those proposed by the representative of Mexico, namely, to delete Annex 3 from the draft global health sector strategies. As that particular amendment had already been accepted, there was no need to vote on it again. The remaining two amendments proposed by the representative of Saudi Arabia would therefore be the subject of a vote. In accordance with Rule 64 of the Rules of Procedure, the two amendments could be voted on separately if requested by a Member State.

He recalled that the two amendments were as follows: first, to insert a footnote after "sexual orientation" in the section entitled Drivers of progress in section 2.1 of the draft global health sector strategies, which would read: "Some countries have a reservation regarding the use of the term sexual orientation, the definition of which has not been agreed in United Nations intergovernmental negotiations among Member States, and reaffirm that their understanding of this paragraph is to be implemented in line with their national legislations."; and second, to insert a footnote after "WHO technical guidance" in section 3.2.1 of the draft global health sector strategies, which would read "The international technical guidance on sexuality education is not the result of an intergovernmental negotiation among Member States."

The representatives of NORWAY, SINGAPORE, MONACO and SAUDI ARABIA requested further clarification of the procedures to be followed and their implications for decision-making.

The LEGAL COUNSEL clarified that the Committee had already voted in favour of the amendments proposed by the representative of Mexico, which had therefore been incorporated into the draft global health sector strategies. As one of those amendments was the same as one of the amendments proposed by the representative of Saudi Arabia (deletion of Annex 3), only the remaining two amendments proposed by the representative of Saudi Arabia would be the subject of a vote. Should they be accepted, those amendments would also be incorporated into the draft global health sector strategies, of which the Seventy-fifth World Health Assembly would subsequently take note. The outcome of the vote on the amendments proposed by the representative of Saudi Arabia would not change the text of the draft resolution. He reiterated that for amendments such as those under discussion to be accepted, a simple majority of Member States present and voting was required.

The representatives of CHINA and SAUDI ARABIA asked whether the Secretariat had verified that the number of Member States present constituted a quorum.

The LEGAL COUNSEL said that the results of the previous vote would not indicate whether there was a quorum, as the number of Member States announced as absent had included those that had been absent from the room and also those present but choosing not to participate in the vote. He reaffirmed Member States' right to abstain from voting. The Secretariat had established that there had

been a quorum at the beginning of the meeting. He said that, pursuant to the Rules of Procedure, 96 Member States constituted a quorum at the Health Assembly.

The representative of EGYPT asked why a quorum had not been established prior to the vote on the amendments proposed by the representative of Mexico. He said that the use of the word "absent" was not clear.

The LEGAL COUNSEL said that the Chair had verified at the beginning of the session that the quorum required to carry a vote was met. Although the World Health Assembly's practice was not to carry out a quorum count proactively before each votes, a quorum count could be requested by any Member State.

Regarding the majority required for a proposal to be approved, he referred the Committee to Rules 69 and 72 of the Rules of Procedure, which stipulated that a majority of those Member States present and voting – in other words, those Member States casting an affirmative or negative vote – was required. Member States who were either absent or present but choosing to abstain were not counted for these purposes. He said that the Secretariat would clarify when announcing the results of the upcoming vote that the number of Member States who were absent included those who were present and choosing not to vote.

The representative of MEXICO said that the procedure was now clear and suggested that the Committee should proceed with the vote on the amendments proposed by the representative of Saudi Arabia.

The representative of EGYPT clarified that the amendments to be voted upon had been proposed by the representative of Saudi Arabia on behalf of the Member States of the Eastern Mediterranean Region.

The CHAIR asked whether there was any objection to the amendments proposed by the representative of Saudi Arabia on behalf of the Member States of the Eastern Mediterranean Region. Seeing an objection raised by the representative of the Netherlands, he said that the Committee would therefore take a vote by show of hands on the amendments.

Before proceeding to the vote, the LEGAL COUNSEL clarified that the proposed amendment to delete Annex 3 from the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections had already been accepted and would not be voted on a second time. Therefore, the Committee was asked to vote on the remaining amendments proposed by the representative of Saudi Arabia on behalf of the Member States of the Eastern Mediterranean Region, namely the insertion of two footnotes.

The representative of EGYPT expressed concern that, following the votes on the amendments, the draft resolution may not be approved, which could lead to a situation in which Annex 3 would not be deleted. Therefore, it was essential, in his opinion, that the deletion of Annex 3 should be included as part of the package of amendments that was the subject of the upcoming vote. He asked for confirmation that the deletion of Annex 3 was guaranteed, regardless of the outcome of the expected vote on the draft resolution.

The representative of ALGERIA reiterated the concerns expressed by the representative of Egypt. In addition, he expressed concern that accepting the amendments proposed by the representative of Saudi Arabia would contradict those proposed by the representative of Mexico that had just been accepted.

The LEGAL COUNSEL clarified that the result of the vote on the amendments proposed by the representative of Saudi Arabia would have no effect on the amendments already accepted. After the votes on all amendments proposed, the Committee would decide whether to approve the draft resolution,

as amended. If the draft resolution was not approved by the Committee, the Committee would not take note of the draft global health sector strategies, and thus, any amendments that had been accepted would fall as well.

The CHAIR reiterated that the Committee would not vote on a proposed amendment that had already been accepted.

At the invitation of the CHAIR, the LEGAL COUNSEL explained the procedure for the vote on the amendments proposed by the representative of Saudi Arabia on behalf of the Member States of the Eastern Mediterranean Region, which would be taken by a show of hands. 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, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

The CHAIR announced the results of the vote, saying that 183 Member States had the right to vote but that 96 Member States were either absent or present but not voting. Eleven Member States had abstained. Therefore, 76 Member States were present and voting, of which 27 had voted in favour and 49 had voted against.

The amendments were therefore rejected by 49 votes to 27, with 11 abstentions.

The CHAIR invited the Committee to consider the draft resolution contained in resolution EB150.R3. He recalled that the amendments proposed by the representative of Mexico to that draft resolution had been accepted earlier in the meeting. He asked whether the Committee was willing to approve the draft resolution, as amended, by consensus.

The representative of EGYPT said that he could not accept the draft global health sector strategies in their current form.

The CHAIR asked whether a vote by show of hands would be acceptable.

The representative of EGYPT asked for the vote to be taken by roll-call.

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

At the invitation of the CHAIR, the LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with Rule 74 of the Rules of Procedure. The names of the Member States would be called in the French alphabetical order, starting with the Russian Federation, the letter F 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, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

The result of the vote was:

In favour: Argentina, Australia, Austria, Barbados, Belgium, Bolivia (Plurinational State of), Botswana, Brazil, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, Estonia, Eswatini, Fiji, Finland, France, Georgia, Germany, Guatemala, Ireland, Israel, Italy, Japan, Kenya, Luxembourg, Malta, Mexico, Monaco, Namibia, Netherlands, New Zealand, Norway, Panama, Papua New Guinea, Paraguay,

Peru, Poland, Portugal, Republic of Moldova, Romania, Rwanda, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Timor-Leste, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay.

Against: Libya, Senegal.

Abstaining: Algeria, Angola, Bangladesh, Burkina Faso, Cameroon, Chad, China, Djibouti, Egypt, Indonesia, Iran (Islamic Republic of), Iraq, Jamaica, Jordan, Lesotho, Malaysia, Maldives, Mauritania, Morocco, Nigeria, Pakistan, Qatar, Russian Federation, Saudi Arabia, Syrian Arab Republic, Thailand, Tunisia, Turkey, United Republic of Tanzania, Zimbabwe.

Absent: Albania, Andorra, Antigua and Barbuda, Armenia, Azerbaijan, Bahamas, Bahrain, Belarus, Belize, Benin, Bhutan, Bosnia and Herzegovina, Brunei Darussalam, Burundi, Cabo Verde, Cambodia, Central African Republic, Congo, Cook Islands, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Dominica, El Salvador, Eritrea, Ethiopia, Gabon, Ghana, Greece, Grenada, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, Iceland, India, Kazakhstan, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lebanon, Liberia, Lithuania, Madagascar, Malawi, Mali, Marshall Islands, Mauritius, Micronesia (Federated States of), Mongolia, Montenegro, Mozambique, Nauru, Nepal, Nicaragua, Niger, North Macedonia, Oman, Palau, Philippines, Republic of Korea, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Serbia, Seychelles, Sierra Leone, Sri Lanka, Sudan, Suriname, Tajikistan, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, Ukraine, United Arab Emirates, Uzbekistan, Vanuatu, Viet Nam, Zambia.

The draft resolution, as amended, was therefore approved by 61 votes to 2, with 30 abstentions.

The representative of NIGERIA, speaking in explanation of vote, said that his Government wished to dissociate itself from the use in the global health sector strategies of the terms "sexual orientation", "transgender" and "men who have sex with men"; and the references to "WHO technical guidance" and "international technical guidance on sexuality education" under section 3.2.1 of the strategies.

The representative of EGYPT, speaking in explanation of vote, said that, while his Government supported the global health sector strategies in principle and would seek to implement them in accordance with its national legislation and context, it could not accept strategies that contained terminology that was not consensual and language that had not been agreed through intergovernmental processes. It would have been preferable to approve the resolution by consensus by accepting the regions' different but relevant positions.

The representative of MONACO, speaking in explanation of vote, expressed deep sadness that the Committee had been forced to vote on the resolution, even though the results of the votes on the proposed amendments suggested that consensus could have been reached. A precedent had been set that would have consequences in the future.

The representative of JORDAN, speaking in explanation of vote, said that while his Government supported the global health sector strategies, it had abstained from voting because the strategies contained terms that had not been universally agreed upon and that it could not accept. The deletion of those terms would not have affected the strategies or their application. In addition, the resolution was not sufficiently flexible so as to address those concerns.

The representative of INDONESIA, speaking in explanation of vote, noted with regret that the global health sector strategies had not achieved consensus. The concepts and approaches presented in the strategies should take into account differing local, national and regional contexts and cultural backgrounds. Only then would the strategies gain Member States' support, ensure successful implementation and fully benefit target populations. That should be taken into account in the implementation of the strategies and in the formulation of similar strategies in the future.

The representative of IRAQ, speaking in explanation of vote, said that his Government supported the global health sector strategies in principle but had abstained from voting because some paragraphs did not take into account the social and religious customs and traditions of some Member States. Care should be taken to avoid such a situation occurring again in the future.

The representative of FRANCE, speaking in explanation of vote and also on behalf of the European Union and its Member States, said that it was important that all Member States were able to express their positions on the fundamental issues that had been discussed. He reiterated that the global health sector strategies were based on scientific data, as well as on evidence of the groups that were most vulnerable to HIV, viral hepatitis and sexually transmitted infections and of the measures necessary to fight effectively against these diseases. While expressing regret that a consensus had not been reached, he affirmed that further postponing the approval of the strategies would have had negative consequences. Each Member State was now responsible for implementing the strategies, which represented a significant development for people with or at risk of contracting the diseases concerned, health personnel and communities.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, noted that her Government had abstained from voting owing to the inflexibility of some Member States and the failure to take the concerns of all parties into account. It was regrettable that consensus had not been achieved. Her Government welcomed the global health sector strategies as amended, but would apply them in accordance with national priorities.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, expressed appreciation for those Member States that had acted in good faith during the deliberations. The discussion had served as a painful reminder of the need to strengthen the focus on evidence, human dignity and decency. There should be no need to vote on the existence of entire communities of people. Her Government recognized and would continue to support gay, lesbian, bisexual, queer, intersex, transgender and gender-non-conforming people worldwide who faced constant discrimination, stigma and violence because of who they were and loved.

The representative of DJIBOUTI, speaking in explanation of vote, expressed regret that consensus had not been reached on the global health sector strategies, despite extensive efforts to that end. When preparing such strategies in the future, Member States and partners must endeavour to earn collective political support to ensure that any guidance was approved by consensus. Existing processes and procedures should be respected, but should be more inclusive. Despite abstaining from the vote, her Government would implement the provisions and recommendations of the strategies for populations in need, in accordance with national laws, priorities and religious and cultural backgrounds.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, expressed her disappointment that the Health Assembly had needed to vote on the global health sector strategies, setting an unhelpful precedent for the development of future technical strategies. It served as a timely reminder that WHO technical documents should be approached with due recognition of the role that WHO must play in convening the best evidence available and setting forth strategies based on that evidence.

The representative of PAKISTAN, speaking in explanation of vote, welcomed the efforts made towards achieving consensus. However, it was unfortunate that consensus could not be reached and that a lengthy voting process had been necessary. He said that, while his Government was committed to implementing the global health sector strategies in line with its national context, it was regrettable that the approved strategies contained terminology that was not universally accepted, such as "sexual orientation", "sexual rights" and "comprehensive sexuality education".

The representative of CANADA, speaking in explanation of vote, emphasized the critical importance of the global health sector strategies. Acknowledging that consensus was important for many Member States, including her own, she expressed deep regret that a vote had been necessary, particularly as the amendments proposed by the representative of Mexico had elegantly addressed the concerns of many Member States.

The representative of BANGLADESH, speaking in explanation of vote, said that it was unfortunate that a vote had been necessary on such an important document. He had voted in favour of the amendments proposed by the representative of Mexico to affirm the importance of the global health sector strategies; and had voted in favour of the amendments proposed by the representative of Saudi Arabia to affirm that his Government did not support the use of terms that had not been universally agreed through intergovernmental processes. His Government would implement the approved strategies in accordance with national legislation.

The representative of NORWAY, speaking in explanation of vote and also on behalf of Sweden, Denmark, Finland, Latvia and Estonia, noted with regret that the Committee had had to resort to a vote on a set of technical strategies. While the adoption of the global health sector strategies as originally presented to the Committee would have been preferable, he supported the compromise reached, which had enabled the approval of life-saving strategies.

2. SEVENTH DRAFT REPORT OF COMMITTEE A (document A75/70)

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

The report was adopted.

The representative of CHINA, exercising his right of reply, said that the Health Assembly, with the general support of Member States, had once again rejected discussion of the proposal relating to the participation of Taiwan[1] in the Health Assembly as an observer. However, some Member States continued to make irresponsible remarks, in violation of United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972). His Government firmly opposed such behaviour and called on Member States to respect the one-China principle.

3. CLOSURE OF THE MEETING

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

The meeting rose at 22:55.

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