World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/5**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

Palais des Nations, Geneva
Wednesday, 25 May 2022, scheduled at 9:00

Chair: Dr H. NAKATANI (Japan)
Later: Dr T. GABUNIA (Georgia)

CONTENTS

Page

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

1. Public health emergencies: preparedness and response (continued)
Strengthening WHO preparedness for and response to health emergencies (continued) **2**
Implementation of the International Health Regulations (2005) **2**

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

2. Review of and update on matters considered by the Executive Board (continued)
Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (continued) **19**
(a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 ..... **19**
(d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies **19**
(f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health **19**
(j) Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases **19**

FIFTH MEETING

Wednesday, 25 May 2022, at 09:10

Chair: Dr T. GABUNIA (Georgia)
Later: Dr H NAKATANI (Japan)

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

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the agenda (continued)

Strengthening WHO preparedness for and response to health emergencies: Item 16.2 of the agenda (documents A75/10 Rev.1, A75/17, A75/17 Add.1, A75/18, A75/19, A75/20 and A75/21) (continued)

Implementation of the International Health Regulations (2005): Item 16.4 of the agenda (document A75/22)

The CHAIR invited the Committee to continue its consideration of the work undertaken to strengthen WHO's preparedness for and response to health emergencies and of the implementation of the International Health Regulations (2005). He recalled that a draft resolution on amendments to the Regulations, with its financial and administrative implications, had been introduced during the Committee's third meeting.

The CHAIR drew attention to a draft resolution on strengthening health emergency preparedness and response in cities and urban settings, proposed by Botswana, Brunei Darussalam, China, Colombia, Ecuador, Indonesia, Jamaica, Japan, Malaysia, Mexico, Peru, the Republic of Korea, Saudi Arabia, Singapore, Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Vanuatu, which read:

> The Seventy-fifth World Health Assembly,
>
> (PP1) Recalling WHO Member States' commitments to the Sustainable Development Goals, including to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks;
>
> (PP2) Recalling the Thirteenth General Programme of Work, 2019–2023, and its strategic priority of one billion more people better protected from health emergencies by 2023;
>
> (PP3) Recalling resolution WHA73.1 (2020) on COVID-19 response, in which the Seventy-third World Health Assembly 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);
>
> (PP4) Recalling also resolution WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), which recognizes that urban settings are especially vulnerable to infectious disease outbreaks and epidemics, and that urban planning is a key element of preparedness and response;
>
> (PP5) Reaffirming resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which underlines that preparing for and responding to health emergencies is primarily the responsibility and crucial role of governments;
>
> (PP6) Recognizing the important role that cities and local authorities have in preventing, preparing for and responding to health emergencies;

(PP7) Acknowledging the High-level Conference on Preparedness for Public Health Emergencies: Challenges and Opportunities in Urban Areas held in Lyon, France, on 3–4 December 2018, which acknowledged that urbanization leads to new challenges for global health and that multisectoral coordination, including that at local level, and engagement of local authorities and local communities, as well as urban leaders, play an important role in emergency preparedness and response;

(PP8) Recognizing the work of the technical working group on advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond,[1] which led to the development of the framework for strengthening health emergency preparedness in cities and urban settings[2] and the operational guidance for national and local authorities,[3] and encouraging broader engagement of Member States in the discussions within this Technical Working Group;

(PP9) Noting with concern that the COVID-19 pandemic has revealed serious shortcomings in preparedness – especially at the city and urban levels – 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;

(PP10) Stressing the key role of coordination between the national, regional and local levels, as well as of effective community engagement, in preparedness and response to health emergencies;

(PP11) Highlighting the disruptions caused by the pandemic and public health measures taken in response to the COVID-19 pandemic on cities and urban settings, including in informal settlements;

(PP12) Highlighting the concern regarding lack of adequate resources for health emergency preparedness and response, particularly at the subnational level, and that resources available are predominantly at the national level,

OP1. URGES Member States:[4]

(1) to sustain political commitment at the highest level and to give due attention to preparedness and response to health emergencies in cities and urban settings, recognizing their unique vulnerabilities;

(2) to provide adequate resources and to strengthen capacities and capabilities in urban health emergency preparedness and response;

(3) to strengthen multisectoral, multilevel and multistakeholder collaboration in national health emergency preparedness and response policies;

(4) to develop, strengthen and implement health emergency preparedness and response plans, recognizing that such plans should be context specific, given the heterogeneity of cities and urban settings;

(5) to consider conducting simulation exercises and intra- and after-action reviews through adopting a multisectoral, multilevel and multistakeholder approach;

(6) to collaborate, support learning and sharing of good practices with international partners including national public health institutes, the WHO Global Strategic Preparedness Network, and other relevant national and international organizations working on the urban health emergency preparedness agenda;

OP2. REQUESTS the Director-General:

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[1] WHO and the Government of Singapore co-hosted the virtual technical working group from February to April 2021 to advance the topic.

[2] https://apps.who.int/iris/handle/10665/348351, accessed 12 May 2022.

[3] https://apps.who.int/iris/handle/10665/351721, accessed 12 May 2022.

[4] And, where applicable, regional economic integration organizations.

(1) to provide technical support to Member States,[1] upon request, to strengthen capacities and capabilities in urban health emergency preparedness and response;
(2) to take appropriate measures for securing adequate financial and human resources at all levels of WHO for providing this support, in line with the priorities of the Thirteenth General Programme of Work, 2019–2023;
(3) to provide support to Member States, upon their request, in the implementation of the framework for strengthening health emergency preparedness in cities and urban settings;
(4) to submit a progress report on the implementation of this resolution to the Seventy-seventh World Health Assembly in 2024.

The financial and administrative implications for the Secretariat were:

Resolution:	Strengthening health emergency preparedness and response in cities and urban settings
A.	**Link to the approved Programme budget 2022–2023**
1.	**Output(s) in the approved Programme budget 2022–2023 to which this draft resolution would contribute if adopted:** 2.1.2. Capacities for emergency preparedness strengthened in all countries 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Two years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 6.32 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** US$ 5.16 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US$ millions:** US$ 1.16 million.

[1] And, where applicable, regional economic integration organizations.

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

Not applicable.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

US$ 1.60 million.

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

US$ 3.56 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		
2022–2023 resources already planned	Staff	0.52	0.43	0.40	0.45	0.47	0.45	0.99	3.71
	Activities	0.14	0.15	0.15	0.15	0.15	0.15	0.56	1.45
	Total	0.66	0.58	0.55	0.60	0.62	0.60	1.55	5.16
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.14	0.12	0.11	0.12	0.13	0.12	0.27	1.01
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.09	0.15
	Total	0.15	0.13	0.12	0.13	0.14	0.13	0.36	1.16
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

He further drew attention to a draft resolution on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination, proposed by Argentina, Peru and the United Kingdom of Great Britain and Northern Ireland, which read:

The Seventy-fifth World Health Assembly,

(PP1) Recalling resolutions WHA58.34 (2005) acknowledging that high-quality, ethical research, and the generation and application of knowledge, are critical in achieving internationally agreed health-related development goals, WHA63.21 (2010) outlining the World Health Organization's role and responsibilities in health research, WHA66.22 (2013) and WHA69.23 (2016) on the follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, WHA67.20 (2014) on regulatory system strengthening for medical products, WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage, WHA74.6 (2021) on strengthening local production of medicines and other health technologies to improve access, and WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which notes the importance of basic and clinical research and recognizes the critical role of international

collaboration in research and development, including in multi-country clinical and vaccine trials, as well as rapid diagnostics test and assay development, while acknowledging the need for further rigorous scientific evidence;

(PP2) Noting the recommendations made by the Independent Panel for Pandemic Preparedness and Response in their review "COVID-19: Make it the Last Pandemic"[1] relating to health research and development, including clinical trials;

(PP3) Recognizing that well-designed[2] and well-implemented clinical trials are indispensable for assessing the safety and efficacy of health interventions;

(PP4) Noting the role of clinical trials in the development of safe and efficacious new health interventions, and in informing associated comparative cost-effectiveness evaluations vis-à-vis existing interventions with a view to promoting the affordability of health products;

(PP5) Noting that clinical trials on new health interventions are likely to produce the clearest result when carried out in diverse settings, including all major population groups the intervention is intended to benefit, with a particular focus on under-represented populations;

(PP6) Recognizing the potential benefits available from collaboration, coordination and the exchange of information between public and non-public funders of clinical trials, while actively preventing and managing conflicts of interest, and noting the potential benefits from public and non-public funders of clinical trials taking steps to ensure funding is targeted towards well-designed and well-implemented clinical trials that will produce actionable evidence regarding health interventions, which address public health priorities and in particular the health needs of developing countries, such as neglected tropical diseases, while seeking to strengthen the capability in developing countries to conduct scientifically and ethically sound clinical trials;

(PP7) Recognizing the essential contribution of clinical trial participants;

(PP8) Underscoring that clinical trials should be health-needs driven, evidence-based, well-designed, well-implemented and be guided by established ethical guidance, including principles of fairness, equity, justice, beneficence, and autonomy; and that clinical trials should be considered a shared responsibility;

(PP9) Acknowledging the importance of promoting equity in clinical trial capability, including by enhancing the core competencies of research personnel, ensuring human subject protections from the risks of clinical trials and acknowledging the shared benefits from the results generated from clinical research and development, including clinical trials, both by strengthening the clinical trial global ecosystem to evaluate health interventions and by working to strengthen country capacities to conduct clinical trials that provide the highest human subjects protections and meet relevant regulations and internationally harmonized standards by considering:

(a) systematic assessment of country level clinical trial capabilities to promote the ability to conduct rigorous clinical trials compliant with international guidelines and the ability to safeguard human subjects;

(b) strengthened global clinical trial capabilities, in coordination with existing organizations and structures, in order to promote well-designed and well-implemented clinical trials which produce high-quality evidence, as well as to ensure trials are designed to reflect the heterogeneity of those who will ultimately use or benefit from the intervention being evaluated, and are conducted in diverse settings, including all major population groups the intervention is intended to benefit, with a particular focus on under-represented populations;

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[1] The Independent Panel for Pandemic Preparedness and Response. Covid-19: Make it the Last Pandemic. 2021.

[2] Throughout this document "well-designed trials" refers to trials which are scientifically and ethically appropriate. For submission to medical product regulatory authorities trials should adhere to International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) guidelines and some Member States may consider International Coalition of Medicines Regulatory Authorities (ICMRA) guidelines. In order to generate evidence which is robust enough to support decision-making, such as widespread use of therapeutics or preventives, trials should be designed, conducted, analysed and reported appropriately. A well-designed trial must also be practically feasible to conduct.

(c) where possible, inclusion of all trial stakeholders, including representatives of patient groups, according to best practices in the development of clinical trials with affected communities to ensure that the health interventions address their needs, such as solutions on neglected tropical diseases;

(d) that clinical trial participants include all major population groups which the intervention is intended to benefit;

(e) promoting transparent and voluntary sharing, while ensuring information and data security, both of well-designed clinical trial methodologies and the results of clinical trials, including negative results, through open-source methods internationally to enable capability building in diverse settings;

(f) that regulatory measures and other related processes be solidly defined and implemented, including for public health emergencies of international concern;

(PP10) Recognizing that data from clinical trials play an important role in informing cost-effectiveness assessments of new health interventions and their comparison with existing interventions in order to assess their affordability within the context of national health systems,

OP1 CALLS ON Member States,[1] in accordance with their national and regional legal and regulatory frameworks and contexts and as appropriate:

(1) to prioritise the development and strengthening of national clinical trial capabilities able to comply with international standards of trial design and conduct and human subject protections as well as strengthening and developing national regulatory and quality control frameworks and authorities;

(2) to increase clinical trials capability, and strengthen clinical trials policy frameworks, particularly in developing countries, to enable a greater number of clinical trial sites that can conduct well-designed and well-implemented clinical trials, and to ensure readiness for coordination of trials through existing, new or expanded clinical trial networks, that meet relevant regulations and internationally harmonized standards, promoting sharing of information and best practices on efficient and ethical clinical trial design and delivery, and in designing, preparing and conducting clinical trials;

(3) to coordinate clinical trials research priorities based on public health needs of Member States including collaborative, and as appropriate, multi-country and multi-regional clinical trials when mutually beneficial, while avoiding unnecessary duplication of work, taking into account that aligning clinical trials across countries will require preparatory work, including the coordination, as appropriate, in national regulatory practices and funding frameworks;

(4) to collaborate with private sector funders and academic institutions, while actively preventing and managing conflicts of interest, to encourage the targeting of clinical trials towards the development of health interventions that address public health priorities and concerns of global, regional and national importance including communicable and noncommunicable diseases, with a focus on the health needs of developing countries, and that evaluate the safety and efficacy of health interventions, including having special regard to common diseases in LMICs, unmet medical needs, rare diseases and neglected tropical diseases;

(5) to note and, as appropriate, benefit from the potential role of regional organizations in coordinating clinical trials and recruiting participants;

(6) to encourage research funding agencies to prioritise and fund clinical trials that are well-designed and well-implemented, conducted in diverse settings and include all major population groups the intervention is intended to benefit, have adequate statistical power, and relevant control groups and interventions in order to generate the scientifically robust and actionable evidence needed to inform public health policy, regulatory decisions, and medical practice while preventing underpowered, poorly-designed clinical trials and

[1] And, where applicable, regional economic integration organizations.

avoiding the exposure of clinical trials participants to unjustified and unnecessary risk, in normal times as well as in public health emergencies of international concern, including through:

(a) encouraging investment in well-designed clinical trials, including through clinical trials networks, that are developed in collaboration with affected communities, with a view to addressing their public health needs and with the potential for trials to contribute to clinical trial capabilities, including strengthening the core competencies of research personnel, particularly in developing countries;

(b) introducing grant conditions for funding clinical trials to encourage the use of standardized data protocols where available and appropriate and to mandate registration in a publicly available clinical trial registry within the World Health Organization's International Clinical Trials Registry Platform (ICTRP) or any other registry that meets its standards;

(c) promoting, as appropriate, measures to facilitate the timely reporting of both positive and negative interpretable clinical trial results in alignment with the WHO joint statement on public disclosure of results from clinical trials[1] and the WHO joint statement on transparency and data integrity,[2] including through registering the results on a publicly available clinical trial registry within the ICTRP, and encouraging timely publication of the trial results preferably in an open-access publication;

(d) promoting transparent translation of results, including comparison to existing treatments and data on effectiveness, based on thorough assessment, into clinical guidelines where appropriate;

(e) exploring measures during public health emergencies of international concern to encourage researchers to rapidly and responsibly share interpretable results of clinical trials, including negative results, with national regulatory bodies or other appropriate authorities, including WHO for clinical guideline development and emergency use listing (EUL), to support rapid regulatory decision-making and emergency adaptation of clinical and public health guidelines as appropriate, including through pre-print publication;

(7) to support ethics committees and regulatory authorities to enable efficient governance processes to focus on the fundamental scientific and ethical principles that underpin randomized controlled trials, maintaining patient and other trial participant protections, including personal data protection and acting proportionately to risk, to best support well-designed and well-implemented clinical trials and facilitate the development of preparedness for clinical trials including, when appropriate multi-country trials during PHEICs, where scientifically appropriate, while embracing flexibility and innovation;

(8) to support new and existing mechanisms to facilitate rapid regulatory decision-making during public health emergencies of international concern, so that:

(a) safe, ethical, well-designed clinical trials can be approved and progress quickly; and

(b) data from clinical trials can be assessed rapidly, including through WHO EUL, and health interventions deemed safe and effective swiftly authorized;

(9) to facilitate while protecting confidentiality of information when appropriate, in normal times as well as in public health emergencies of international concern, sharing among regulatory authorities of:

(a) their assessments of clinical trial protocols to enable the implementation of rigorous protocols in practice; and

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[1] World Health Organization. Joint statement on public disclosure of results from clinical trials. 2017.

[2] International Coalition of Medicines Regulatory Authorities (ICMRA) and World Health Organization. Joint Statement on transparency and data integrity. 2021.

(b) assessment reports on health interventions with potential significance and public health importance to inform, when possible, decision-making processes in other countries including for potential regulatory assessments and decisions related to the inclusion of health interventions in their national health system, as well as for safety monitoring;

(10) to support new and existing mechanisms to facilitate the rapid interpretation of data from clinical trials to develop or amend, as necessary, relevant guidelines during public health emergencies of international concern;

(11) to facilitate collaboration and synergies among actors, institutions and networks in the clinical evidence ecosystem throughout the continuum from clinical research to utilization of data from clinical trials in clinical practice through comparative evidence evaluations, evidence synthesis, health technology assessments, regulatory decisions, comparative cost-effectiveness analysis, vis-à-vis existing health interventions and, as appropriate, development of evidenced based guidelines and monitoring of implementation in clinical practice;

OP2. INVITES nongovernmental international organizations and other relevant stakeholders:to explore opportunities to coordinate research priorities, and promote investments in clinical trial research and the effective, equitable and timely deployment of resources and funding, while actively preventing and managing conflicts of interest, to support robust, quality clinical trials as well as to strengthen clinical trial research capacities globally, particularly in developing countries and for diseases disproportionately affecting developing countries;

OP3. REQUESTS the Director-General:

(1) to organize, in a transparent manner, stakeholder consultations in line with FENSA, with Member States, NGOs including patient groups, private sector entities including international business associations, philanthropic foundations and academic institutions, as appropriate, on the respective roles of the WHO, Member States[1] and non-State actors, and to identify and propose to Member States, for consideration in governing bodies, best practices and other measures to strengthen the global clinical trials ecosystem, taking into account relevant initiatives where appropriate;

(2) to review existing guidance and develop, following the standard WHO processes, new guidance as needed on best practices for clinical trials, including on strengthening the infrastructure needed for clinical trials, to be applied in normal times and with provisions for application during a public health emergency of international concern, taking into account relevant initiatives and guidelines as appropriate such as those led by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) and other organizations by providing, as appropriate:

(a) guidance on best practices to help guide Member States implementation of scientifically and ethically sound clinical trials within their national and regional contexts;

(b) guidance on best practices for non-State actors in the design and conduct of clinical trials and in strengthening the global clinical trials ecosystem to meet the needs of major population groups that the intervention is intended to benefit, with a particular focus on under-represented populations, developed in consultation with WHO Member States[1] and relevant non-State actors s;

[1] And, where applicable, regional economic integration organizations.

(3) to provide to Member States, on their request, guidance, taking into account relevant initiatives and guidelines, as appropriate, on best practices for developing the legislation, infrastructure and capabilities required for clinical trials taking into account national and regional contexts;
(4) to engage with as appropriate relevant non-State actors in line with FENSA to strengthen clinical trial capabilities, particularly in developing countries, on innovations which meet the needs of major population groups that the intervention is intended to benefit, with a particular focus on under-represented populations;
(5) to present a report outlining progress in the activities requested of the Director-General in this resolution for consideration by the Seventy-sixth World Health Assembly through the Executive Board at its 152nd session in 2023.

The financial and administrative implications for the Secretariat were:

Resolution:	Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination
A.	**Link to the approved Programme budget 2022–2023**
1.	**Output(s) in the approved Programme budget 2022–2023 to which this draft resolution would contribute if adopted:** 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.
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** One year.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 4.15 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** US$ 4.15 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US$ millions:** Not applicable.

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

Not applicable.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

Zero.

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

US$ 4.15 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		
2022–2023 resources already planned	Staff	0.37	0.38	0.28	0.38	0.28	0.30	1.66	3.65
	Activities	0.03	0.02	0.02	0.02	0.02	0.05	0.34	0.50
	Total	0.40	0.40	0.30	0.40	0.30	0.35	2.00	4.15
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of BELGIUM said that the inclusion of UNEP to form a quadripartite One Health partnership would advance development of the draft One Health joint plan of action. A strong One Health approach was urgently needed to avoid future pandemics; his Government therefore supported the draft plan of action. Given the clear link between the emergence of zoonoses and the way in which humans used the planet, as underlined by the recent report of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services on biodiversity and pandemics, it was vital to address the main anthropogenic drivers of pandemic risk. In his country, exposure of the population to factors such as persistent organic pollutants, air pollution and endocrine disruptors represented a major public health threat; a healthy environment was the foundation for human health. He therefore called on WHO and the other members of the quadripartite partnership to guide Member State efforts to assess health threats and mitigate their effects. Member States and other international organizations should fully support the draft plan of action and continue to improve human, plant, animal and planetary health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking as a sponsor of the draft resolution on strengthening clinical trials, said that adoption of the draft resolution would transform the global approach to developing safe and effective

health interventions, which were crucial for addressing both health emergencies and chronic endemic conditions. The aim was to facilitate the development of a more efficient, diverse and equitable clinical trials ecosystem, building on the best advances and innovations from the coronavirus disease (COVID-19) pandemic, while learning from the failures. The draft resolution would establish key principles for improving clinical trials and called on Member States, non-State actors and the Secretariat to ensure that investment was channelled towards well-designed, well-implemented trials that were transparently reported, with the results routinely used to inform practice. It was also intended to guarantee that effective clinical trials could take place in all countries by establishing stronger, more equitable national clinical trial capabilities and regulatory frameworks, including in low- and middle-income countries. Other benefits would include greater prioritization of health needs, including those affecting disadvantaged populations; increased scope for collaboration across countries and regions; enhanced transparency regarding the trials under way and their results; and rapid information-sharing between regulators.

The representative of JAMAICA welcomed the report on the implementation of the International Health Regulations (2005) and the publication of the second edition of the State Party self-assessment annual reporting tool incorporating lessons learned from the COVID-19 pandemic. The pandemic had indeed provided an opportunity to strengthen national core capacities; in Jamaica, laboratories had been improved with the support of WHO/PAHO and other partners. The self-assessment annual reporting tool and the joint external evaluation provided a framework for ongoing improvements in the health system, while her Government continued to benefit from the training opportunities detailed in the report, including on monitoring and evaluation and for the national rapid response team. The International Health Regulations (2005) should nevertheless be further strengthened in accordance with the principles of consensus, equity, solidarity, inclusivity, transparency and respect for national sovereignty; specifically, any amendments needed to address the challenges encountered during the COVID-19 pandemic, chiefly regarding core capacities and cooperation. The Regulations remained a valuable tool for global health protection, and her Government was committed to strengthening their implementation.

The representative of BAHRAIN commended the work of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, notably its methodological approach, and expressed support for the observations on equity, systems and tools, leadership and governance, and finance. Her Government would review the contents of the Working Group's report with a view to further action, and was also open to considering targeted amendments to the International Health Regulations (2005) in order to ensure their full application. In relation to the One Health approach, it welcomed the addition of UNEP to form a quadripartite partnership and supported the development of the draft joint plan of action along the six proposed actions tracks. Efforts should now be accelerated to finalize and launch the plan of action, establish an implementation framework and mobilize resources for implementation. Lastly, she expressed support for the Universal Health and Preparedness Reviews, which would help assess and strengthen national capacity in health emergency preparedness, and contribute to the achievement of universal health coverage.

The representative of CUBA said that new challenges in her country had led to a greater focus on the interrelated nature of public health, and animal, plant and environmental health in the face of major threats to life and sustainable development. Her Government was therefore developing the national One Health governance structure based on the prevention of health risks, vigilance and timely diagnosis, and believed it was essential to prioritize capacity-building and cooperation among Member States to stimulate local production, promote joint research and strengthen health systems.

The representative of AUSTRALIA stressed the importance of Member States fulfilling their obligations under the International Health Regulations (2005). Although the Secretariat had provided support in that respect, more work was needed for full implementation; her Government therefore welcomed the proposed amendments to the Regulations contained in the draft resolution on the subject. The progress made regarding the pilot implementation of the Universal Health and Preparedness Review

mechanism was also commendable, and she looked forward to further efforts to align the mechanism with the existing monitoring and evaluation framework. The report on strengthening the global architecture for health emergency preparedness, response and resilience was a timely and considered contribution to ongoing global health reform processes, and should lead to deeper reflection on those topics. Lastly, she commended the formalization of the quadripartite partnership and the draft One Health joint plan of action, whose holistic scope would sustainably scale up the One Health approach. Increased collaboration on the One Health approach should be prioritized to strengthen the global health architecture, and would also be critical for the alignment of activities across the pandemic prevention, preparedness and response reforms, including amendments to the International Health Regulations (2005) and the development of a new international instrument. In that respect, her Government wished to see collaborative governance arrangements that would enable the quadripartite partnership to co-design and co-own that instrument.

The representative of SINGAPORE said that urban settings were particularly conducive to the spread of disease due to their high population density and status as major travel hubs, as the COVID-19 pandemic had revealed. In strengthening urban health emergency preparedness and response, multilevel and multisectoral coordination using a whole-of-government approach was vital. Recommendations and guidelines should be implemented according to local contexts, using the data provided by local authorities. In addition, trust needed to be built through clear, targeted communication; that was the only way to combat misinformation and allow communities to play their part in preparedness and response. He therefore encouraged Member States to adopt the draft resolution on strengthening health emergency preparedness and response in cities and urban settings, which his Government had sponsored. Lastly, given the importance of strengthening clinical trial capacities to ensure that effective, safe vaccines could be developed in response to pandemics, his Government asked to be added to the list of sponsors of the relevant draft resolution.

The representative of ARGENTINA said that, in addition to strengthening clinical trial capacities to fill the gaps identified during the COVID-19 pandemic, the aim of the draft resolution on strengthening such trials was to address remaining challenges regarding access to medicines, vaccines and treatments, especially in relation to diseases affecting developing countries, including tropical diseases. During the COVID-19 pandemic, her Government had been able to harness pre-existing capacities to contribute to scientific evidence regarding the safety and efficacy of various vaccines and treatments; without those pre-existing capacities and support from the scientific community, health authorities, the private sector, ethics committees and legal experts, it would have been unable to do so.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the low COVID-19 vaccination rate in her region and called for continued vigilance, particularly given that the additional challenges presented by conflict and natural disaster, exacerbated by climate change, were increasing food insecurity and malnutrition. Although Member States in the Region were working to address gaps in prevention, preparedness, response and recovery, technical solutions alone were insufficient; responsible political leadership and a whole-of-government, whole-of-society approach were needed. The International Health Regulations (2005) remained a fundamental legal framework, and implementation of the associated national action plans was key to health security. She therefore welcomed targeted amendments to the Regulations.

The Universal Health and Preparedness Review pilot in Iraq had proven its worth and she looked forward to hearing about the outcome of the pilot phase elsewhere. The inclusion of UNEP to form the quadripartite One Health partnership was another positive step; the COVID-19 pandemic had indeed demonstrated the need to increase cooperation regarding the human–animal–plant–environment interface. She applauded the commitment of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and acknowledged the challenge of prioritizing the findings 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. It was encouraging to see progress regarding the potential international instrument on pandemic prevention, preparedness and response to complement the Regulations, and she also welcomed the report on strengthening the global architecture for health emergency preparedness, response and resilience; further work should be done to deliver on its proposals. In closing, she called on Member States to overcome political divisions in the interests of achieving health for all.

The representative of SWITZERLAND expressed support for the draft resolution on strengthening clinical trials and asked that his country be added to the list of sponsors.

The representative of NORWAY endorsed the draft One Health joint plan of action and the inclusion of UNEP to form a quadripartite partnership, underscoring the importance of considering environmental aspects as part of a true One Health approach. She also welcomed the report on strengthening the global architecture for health emergency preparedness, response and resilience; the associated proposals would form a good basis for further debate among Member States. Lastly, stressing the crucial role of clinical trials in supporting public health needs and health care systems, she expressed support for the relevant draft resolution and asked that her Government be added to the list of sponsors.

The representative of CAMEROON commended efforts to introduce Universal Health and Preparedness Reviews. His Government had been involved in the pilot phase and believed that the process represented a potential way to change intergovernmental peer review mechanisms. Thanks to support from the Secretariat, his Government had made progress towards monitoring and evaluating the International Health Regulations (2005), notably developing and implementing a national action plan for health security. It supported the establishment of a global strategic preparedness network and commended the Secretariat's efforts to adjust existing tools, such as the self-assessment annual reporting tool and joint external evaluations, to incorporate lessons learned from the COVID-19 pandemic. In the current context, it was appropriate to amend the Regulations and discuss a potentially more restrictive instrument on pandemic prevention, preparedness and response. He fully supported the draft resolution on strengthening health emergency preparedness and response in cities and urban settings, and welcomed the report on strengthening collaboration on One Health. He also welcomed the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, notably its recommendation to equip WHO with the authority and resources needed to coordinate pandemic prevention and response. His Government would follow with interest the development of the global health architecture for health emergency preparedness, response and resilience, including financing mechanisms.

The representative of BANGLADESH said that further inclusive, transparent consultation of Member States, potentially through a working group, was needed to finalize the draft One Health joint plan of action and develop the subsequent implementation framework. Indeed, the One Health approach had huge implications for Member States, particularly developing countries, and their concerns and limitations should be duly taken into account. His Government therefore did not support finalization of the draft plan of action or the implementation framework by the quadripartite partnership at the current session of the Health Assembly. Furthermore, there had been insufficient consultation on the draft resolution on strengthening clinical trials, which lacked elements regarding health emergencies in operative paragraph 3; a drafting group should be convened to incorporate input from all Member States. The drafting process had followed a more general trend whereby draft resolutions were finalized prior to Assembly or Executive Board sessions with very limited input from Member States. Such discussions should be managed with greater transparency and inclusivity, for example by sharing a calendar of events to allow everyone to participate.

The representative of SENEGAL welcomed the efforts of the Secretariat to strengthen the One Health approach following the adoption of resolution WHA74.7 (2021), noting the inclusion of UNEP to form a quadripartite partnership and the development of the draft plan of action. Globalization, climate change and rapid urbanization were changing ecosystems and fostering the emergence of

infectious diseases; his Government was implementing a range of measures in that regard. He called for the rapid roll-out of the draft plan of action on the One Health approach, which was vital to address global health security issues.

The observer of GAVI, THE VACCINE ALLIANCE, commenting on the report on strengthening the global architecture for health emergency preparedness, response and resilience, said that the proposed financial intermediary fund should allow rapid decision-making in the provision of contingency financing, to ensure an effective pandemic response guided by equity, global cooperation and solidarity. In relation to the proposed global health emergency council, an inclusive approach should be taken by integrating health financing institutions on the frontlines of outbreak response. It was also vital to maintain the key, rapidly scalable innovations of the COVID-19 Vaccine Global Access (COVAX) Facility and to establish guarantee facilities, in addition to strengthening long-term investment in routine immunization and primary health care in inter-pandemic periods, with a focus on marginalized communities. Lastly, he called for the diversification and expansion of manufacturing in emerging economies, to increase global vaccine supply security for both pandemic vaccines and those used in routine immunization.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the draft resolution on strengthening clinical trials should cover all clinical trials and all medical technologies. It should also take into consideration the need to involve diverse populations in such trials, as appropriate, and stipulate requirements regarding transparency, including in relation to the sharing of protocols, timely data publication and the public disclosure of research and development costs. Lastly, it should safeguard access to the comparator medicines, diagnostics and vaccines needed for research or bioequivalence purposes, and embed access and benefit-sharing conditions in clinical trial management and governance.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked Member States for their input. As many speakers had highlighted, high-threat pathogens were increasingly likely to emerge, intensify and spread, especially given the existence of other risks such as climate change, biological fragility and conflict. Pandemics and other disasters began and ended in communities; it was therefore essential to take an all-hazards approach focused on communities by investing in local and national systems; hence the emphasis on the International Health Regulations (2005) and building capacity through national action plans for public health security as a basis for global health security. Regional action platforms were also being developed to support those national systems. The One Health approach and quadripartite partnership were extremely important initiatives that the Secretariat would seek to put into action, with the aim of managing biological risks at the animal–human interface.

Other factors driving disease amplification included unsafe health facilities and overcrowded urban settings, especially where there were weak public health services; the draft resolution on strengthening health emergency preparedness and response in cities and urban settings was therefore vital. Education and trust-building were other key ways to protect communities; trust had been lacking in many instances during the COVID-19 pandemic, but strong public health campaigns could save lives where communities could not be otherwise protected. The transparent exchange of data, samples and information was also central, as demonstrated by the current collaboration to address the spread of monkeypox virus – the fact that the outbreak had already become a multi-country event showed the risks of an unmanaged endemic disease that was poorly understood.

In conclusion, he stressed the need to develop and ensure equitable access to countermeasures; the draft resolution on strengthening clinical trials was welcome in that respect. The WHO Health Emergencies Programme worked closely with the Science Division on both the research and development blueprint for action to prevent epidemics and its broader research agenda, where the key to success was the capacity to respond rapidly to emerging issues. It was essential to combine those elements with well-coordinated preparedness and response, as described by the Director-General in his report on strengthening the global architecture for health emergency preparedness, response and resilience. The Secretariat had already begun to implement many aspects of the systems described in the

report, including through institutions at national and regional level. Additional financing and governance measures were needed; progress must be accelerated to implement the lessons of the COVID-19 pandemic.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) thanked Member States for their guidance on the Universal Health and Preparedness Review, which had been designed as a peer-to-peer mechanism to promote more effective international cooperation. The aim was to strengthen health and emergency preparedness through an intergovernmental, whole-of-society process that engaged national leadership at the highest level, catalysed action to fill identified gaps and increased the attention and financing given to preparedness. The Secretariat was therefore working closely with Member States on the development of the Review mechanism to make it a trusted cooperation platform: a pilot phase had already been completed in the Central African Republic, Iraq, Portugal and Thailand, which had led to improvements and informed the concept note. Member States had also provided welcome support for strengthening health emergency preparedness and response in cities and urban settings, through the technical working group on advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond, and in developing the draft resolution. The Secretariat would continue to build the relevant framework by developing additional tools, training and monitoring mechanisms for implementation at all levels, and by working with Member States to establish the global prepared city platform.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, called for kidney disease and other circulatory conditions to be prioritized in preparedness and response planning. Measures should include the prevention, screening and treatment of kidney disease in collaboration with patients, the priority vaccination of kidney patients and the implementation of indicators on kidney disease prevalence, comorbidities and risk factors.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the impact of health emergencies on people living with dementia, and their carers. During the COVID-19 pandemic, those groups had been disregarded and denied access to treatment; provision should be made to ensure that they could continue to access essential medicines and services during health emergencies.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, said that children were often deprived of life-saving care and essential services during health emergencies, whether related to an armed conflict or a natural disaster. Explicit advance planning was required to take into account children's needs, maintain routine services and meet the mental health and educational needs of displaced populations and disrupted societies.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, drew attention to the lack of information on medicines in different languages, which represented a significant barrier to the safe use of medicines. Currently, medication package inserts were only available in the languages of the country where marketing authorization was granted; WHO should develop an international multilingual database of medicines information for Member States that could be accessed via a scannable code on the package.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIR, underscored the relevance of rehabilitation during both acute and subacute phases of injury or disease and for long-term conditions, including post-COVID-19 symptoms. In compliance with the United Nations Convention on the Rights of Persons with Disabilities, rehabilitation services should continue to be provided during disease outbreaks, as they were essential for many people with chronic conditions and disabilities. Rehabilitation should therefore be integrated into pandemic preparedness and response and given greater prominence on the agenda of the World Health Assembly.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, said that older people in lower- and middle-income countries had accounted for the vast majority of global excess deaths during the COVID-19 pandemic. She welcomed WHO's efforts to strengthen the global architecture for health emergency preparedness, response and resilience, which should be explicitly based on human rights. In order to deliver inclusive, whole-of-society approaches, those most at risk during health emergencies, including older people, must be involved in preparedness and response actions.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, observed that it was nurses and health workers who had to deal with the consequences when pandemic preparedness fell short. He therefore supported the development of a new instrument on pandemic prevention, preparedness and response in accordance with the recommendations of the Independent Panel for Pandemic Preparedness and Response, and called on governments to invest in their nursing workforce and involve nurse leaders in all decision-making.

The representative of the TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, called for increased national and global public health capacity to assure essential public health functions. Specifically, that capacity should be sustained through regular assessment, accountability and action plans, together with adequate financing, while information-sharing should be boosted to ensure a prompt response to health threats. It was also vital to ensure equitable access to vaccines, diagnostics and other countermeasures by establishing regional planning, manufacturing and distribution mechanisms, alongside global networks.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, called on Member States to incorporate palliative care into pandemic preparedness and response as reflected in resolution WHA73.1 on the COVID-19 response. That should be done by integrating palliative care into primary health care in line with the Declaration of Astana, training community health workers and aligning national essential medicines lists with the WHO Model List of Essential Medicines.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the ongoing regional response to the COVID-19 pandemic involved addressing the priorities identified in national strategic preparedness and response plans, and was based on interaction reviews and lessons learned exercises. Health emergency preparedness and response had been a priority for the Region since 2014, with efforts undertaken to strengthen funding mechanisms such as the South-East Asia Regional Health Emergency Fund, to which a preparedness stream had been introduced in 2016. Member States of the Region had expressed sustained political commitment to strengthening preparedness, response and health systems resilience through declarations and decisions of the Regional Committee, and would consider a new road map on strengthening health security at the next session.

She welcomed the recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and looked forward to incorporating lessons learned from the piloting of the Universal Health and Preparedness Review mechanism into future work on comprehensive assessments and monitoring. Key priorities for the Region included ensuring coherence and complementarity between parallel processes and workstreams such as the Intergovernmental Negotiating Body to develop a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, work on amendments to the International Health Regulations (2005), and the work of the Standing Committee on Health Emergency (Pandemic) Preparedness and Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. It was also essential to guarantee an empowered, sustainably funded WHO with strengthened country offices to achieve maximum dynamism and responsiveness. She commended all stakeholders for their steadfast commitment to strengthening health emergency preparedness and response governance, financing and systems, and thanked senior leadership for ensuring excellent coordination across the three levels of the Organization.

The DIRECTOR-GENERAL thanked Member States for their guidance, including through the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Strengthening emergency health preparedness, response and resilience remained a priority, as the COVID-19 pandemic had shown that the world was unprepared for such events. The proposals regarding the global architecture for health emergency preparedness, response and resilience were based on the lessons learned from the pandemic and extensive consultation with Member States. The goal was a more equitable, inclusive and coherent global architecture centred on the International Health Regulations (2005). He welcomed the proposal to shorten the time required for the entry into force of amendments to the Regulations, noting that it would pave the way for further amendments. The WHO instrument on pandemic prevention, preparedness and response currently being negotiated by Member States would complement the Regulations by providing an overarching framework for further cooperation. A legally binding instrument would guarantee a better response to future pandemics or health emergencies, and must be supported by key changes to governance, systems and tools, and financing. It would also be vital to strengthen WHO's role at the centre of the global health architecture. In conclusion, he welcomed the many positive responses to the report, while recognizing the need to ensure that the intergovernmental process was inclusive of all Member States, regardless of size or capacity.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/19, A75/20, A75/21 and A75/22, and the section of the report contained in document A75/10 Rev.1 on strengthening WHO preparedness for and response to health emergencies.

The Committee noted the reports.

The CHAIR, noting that opinions were divided, proposed that further discussion of the draft resolution on strengthening WHO preparedness for and response to health emergencies, with its financial and administrative implications, should be deferred pending informal consultations.

The representative of the ISLAMIC REPUBLIC OF IRAN, observing that no provision had been made for informal consultations inclusive of all Member States, asked for specific details regarding the consultations.

The CHAIR said that the Secretariat would facilitate informal consultations, to be led by the sponsors of the draft resolution. On that basis, he took it that the Committee agreed to defer further discussion of the draft resolution.

It was so agreed.

(For continuation of the discussion and approval of a resolution, see the summary records of the twelfth meeting, section 2).

The CHAIR took it that the Committee wished to approve the draft resolution on strengthening health emergency preparedness and response in cities and urban settings.

The draft resolution was approved.[1]

[1] Transmitted to the World Health Assembly in the Committee's third report and adopted as resolution WHA75.7.

The CHAIR took it that the Committee wished to approve the draft resolution on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination.

The draft resolution was approved.[1]

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda (continued from the first meeting, section 3))

Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: Item 14.1 of the agenda (documents A75/10 Rev.1, A75/10 Rev.1 Add.1, A75/10 Rev.1 Add.2, A75/10 Add.1, A75/10 Add.2, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.4, A75/10 Add.5, A75/10 Add.6, A75/10 Add.8, A75/INF./8 and EB150/2022/REC/1, decision EB150(4)) (continued)

(a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030

(d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies

(f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health

(j) Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases

The CHAIR invited the Committee to continue its consideration of subitems (a), (d), (f) and (j) of item 14.1 of the agenda, of the preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases in 2025, and of the draft decision recommended by the Executive Board in decision EB150(4).

Dr Gabunia took the chair.

The representative of PERU welcomed the report on the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health. It was concerning that public expenditure on mental health remained low, especially given the negative impact of the COVID-19 pandemic on mental health; additional efforts were needed to provide support through community health services. Her Government was undertaking a range of measures in that respect, recognizing that everyone had the right to the highest possible level of mental health, without discrimination.

The representative of PARAGUAY commended the reports, particularly the draft implementation road map 2023–2030 and the draft recommendations on how to strengthen the design and implementation of policies for resilient health systems. Prevention and treatment services for

[1] Transmitted to the World Health Assembly in the Committee's third report and adopted as resolution WHA75.8.

noncommunicable diseases had been gravely affected by the COVID-19 pandemic, creating an even greater threat to public health; her Government had endeavoured to respond, for example by providing remote health services. The pandemic had also had a negative impact on mental health, and strengthening treatment and support services at the global, regional and national levels remained a major challenge. In that respect, her Government was implementing the WHO Special Initiative for Mental Health, to provide services and programmes, and incorporating mental health considerations into emergency preparedness, response and recovery plans.

The representative of GREECE said that the COVID-19 pandemic and the ongoing conflict in Ukraine had shown that physical and mental health should be considered on the same level. Mental health systems in the European Region had been underfunded for years, and not everyone could access them; financial tools should be harnessed to create well-funded modern mental health services available in the community. Particular attention should be given to lower-income countries and vulnerable populations, with a focus on quality of care and patient safety. The pandemic had also demonstrated the need to develop new services to support those experiencing psychological distress and mental illness; that could be achieved by collecting data and expanding digital care services. Strong national and international cooperation based on solidarity was also key, as illustrated by the regional initiatives highlighted in the report.

The representative of SEYCHELLES said that noncommunicable diseases accounted for the main burden of disease in her country, which faced particular challenges in addressing their risk factors and maintaining sufficient human resources. Her Government recognized the need to address the socioeconomic determinants of health and was taking specific measures to tackle substance use, promote good mental health and encourage healthy diets and physical activity. It fully supported the strategies outlined in the reports.

The representative of MAURITIUS, speaking on behalf of the Member States of the African Region, expressed support for the draft decision set out in document A75/10 Rev.1 and welcomed the draft implementation road map 2023–2030, which would support Member State efforts to accelerate progress and reorient their domestic action plans on noncommunicable diseases. Highlighting the disruptions to essential services for noncommunicable diseases caused by the COVID-19 pandemic, he called on the Secretariat to work with Member States to incorporate noncommunicable diseases into preparedness and response plans. More broadly, progress in implementing comprehensive noncommunicable disease strategies and policies had been hampered by fragmentation and a lack of resources; targeted, evidence-based actions were needed to address the changing disease burden in Africa, notably through knowledge transfer – covering modern medical technologies, diagnostic tools and medicines – from developed countries. The Region should not be left behind as it had been with the COVID-19 vaccine.

He welcomed the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets, and called for more technical support for Member States in the Region to help them tackle the challenges of access to essential medicines and diagnostics. He supported the proposed preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025, as set out in document A75/10 Add.5, observing that the launch of the Global Noncommunicable Diseases Compact 2020–2030 and the Global Group of Heads of State and Government on Prevention and Control of Noncommunicable Diseases would raise the priority accorded to the issue. He called on other Member States to join the Group and sign the Compact.

The representative of the RUSSIAN FEDERATION expressed support for the draft implementation road map 2023–2030, which would help Member States take action on noncommunicable diseases at a time when cooperation was increasingly important. In that respect, the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases was an excellent platform for the exchange of information and best practices among Member States.

Noncommunicable diseases also represented a challenge for populations in emergency situations, when damage to medical infrastructure, service disruptions and a climate of fear exacerbated the risk factors; her Government was currently providing emergency medical assistance to populations experiencing a humanitarian crisis in Donetsk and Luhansk. She thanked the Secretariat and Member States for the constructive dialogue on the issue.

The representative of TUNISIA thanked the Secretariat for its efforts to follow up on the commitments made under the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and welcomed the associated reports. Outlining the steps taken by his country to implement the national multisectoral strategy for the prevention and control of noncommunicable diseases, he highlighted the important contribution of civil society to the strategy and stressed the importance of maintaining health services during the COVID-19 pandemic.

The representative of ISRAEL said that, despite growing recognition of the importance of mental health, gaps remained in diagnosis and treatment. His Government took a multistakeholder approach to mental health services and sought to promote greater access to those services by reducing the stigma associated with mental illness. Other practical steps included the incorporation of mental health services into health insurance policies and the development of digital platforms to address mental health issues, especially among young people, who were a particularly vulnerable group.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the draft implementation road map 2023–2030, which Member States would use to progress towards the updated voluntary targets of the global action plan. To that end, he requested the Secretariat's support in using lessons learned from the COVID-19 pandemic to improve emergency preparedness and response measures, so as to ensure essential service provision for people living with noncommunicable diseases in humanitarian emergencies. He noted the need to adapt models of care to include noncommunicable diseases in operational procedures, observing that the development of the noncommunicable disease toolkit during the pandemic had helped address needs regarding essential medicines and supplies during emergencies. Lastly, he said that a regional consultation for people living with noncommunicable diseases and mental illness had resulted in the development of a guiding framework on the patient experience, which would be implemented with support from the Secretariat.

The representative of POLAND detailed national measures to improve the detection of noncommunicable diseases and increase access to specialized care. Steps had also been taken in relation to mental health services, notably for young people, and he thanked the Secretariat and UNHCR for their support for a project to provide psychosocial services to Ukrainian refugees in Poland, which had involved training health workers to deal with post-traumatic stress disorder. He called on the international community to enhance efforts to raise awareness about mental health problems in order to combat stigma, and to provide the infrastructure and human resources needed to improve access to mental health services.

The representative of SPAIN welcomed the draft implementation road map 2023–2030 and outlined the measures being taken by her Government to strengthen the national health system on the basis of an integrated approach that addressed inequalities. It was right to include oral health on the noncommunicable disease agenda. Mental health was another key issue that directly affected the overall health of the population; her Government had recently developed a strategy and action plan on the subject. She supported the draft recommendation for the prevention and management of obesity over the life course, the associated acceleration plan to support Member States and the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

The representative of MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, highlighted the impact of the COVID-19 pandemic on mental health. In a context of growing need, access to mental health services remained inequitable, meaning the greatest burden fell on the most marginalized and vulnerable populations. Member States in the Region had made progress towards integrating mental health services into primary health care, but required further technical support to build capacity, including through knowledge-exchange programmes with other WHO regions. The emphasis should be on community-based rehabilitation services and effective public-awareness campaigns, backed up by sound research and adequate funding.

The representative of the UNITED STATES OF AMERICA commended the progress made regarding noncommunicable disease prevention and control, particularly efforts to address gaps in mental health laws, policies and treatment availability. He encouraged Member States to continue prioritizing mental health and psychosocial support to reduce depression, anxiety, stress and suicide rates. The COVID-19 pandemic continued to have a profound effect on the availability of mental health and psychosocial support services, notably for pregnant women, children and adolescents, and other severely affected groups such as caregivers. Greater efforts were needed to expand access to services, including through telehealth platforms; there was a clear need to invest in the promotion of mental health and address the deep disparities in mental health outcomes due to inequitable access to treatment and care. He welcomed the focus on providing continuity of essential and preventive services for people living with noncommunicable diseases during humanitarian emergencies by building preparedness and response capabilities. In the draft implementation road map 2023–2030, it was positive to see recommendations that the Secretariat should help Member States strengthen national surveillance and monitoring systems, track progress, pursue multistakeholder collaboration and meaningfully engage people living with noncommunicable diseases and mental health conditions. Multisectoral and multistakeholder actions would be central to making progress on noncommunicable diseases and his Government looked forward to continued collaboration during preparations for the fourth high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases.

The representative of PORTUGAL said that the COVID-19 pandemic had exacerbated the impact of noncommunicable diseases, as those suffering from such conditions were at greater risk of complications due to COVID-19. He commended the draft implementation road map 2023–2030, particularly the recognition that mental health conditions contributed to the high global burden of noncommunicable diseases. Indeed, the issue of mental health had been neglected for too long; it was vital to pay greater attention to the matter and acknowledge its importance to well-being, particularly given the mounting prevalence of conditions such as depression and anxiety, and the continued existence of stigma and discrimination. He therefore welcomed the ongoing work on WHO's comprehensive mental health action plan 2013–2030, which his Government was using as a basis for national action, notably to strengthen governance for mental health.

The representative of CUBA expressed support for the draft implementation road map 2023–2030 and the "5 x 5 NCD agenda", and outlined several initiatives taken under the national plan for the prevention and control of noncommunicable diseases and their risk factors. Successful implementation of the road map would require cooperation and the exchange of positive experiences between Member States.

The representative of the SYRIAN ARAB REPUBLIC highlighted the measures taken nationally to ensure continuity of service for noncommunicable diseases during the COVID-19 pandemic, particularly for vulnerable populations. Efforts had also been made to strengthen data-collection systems, develop a national response and recovery plan, improve the surveillance system for common risk factors and promote healthy lifestyles.

The representative of COSTA RICA, referring to the report on the preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025, stressed the importance of ensuring that all activities undertaken during the process took place in the official languages of the Organization, to guarantee full participation by all Member States. Her Government was committed to achieving the targets regarding cervical cancer and requested the Secretariat's support to strengthen the integration of cervical cancer prevention and care into primary health care, sexual and reproductive health services, and HIV and other service points and outreach programmes. Regarding the draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage, her Government had several suggestions to improve the Spanish text, which it would submit in writing. Similarly, the draft global strategy on oral health could be strengthened to position oral health as a social value and fundamental right, and place greater emphasis on helping Member States apply policies to increase oral health care coverage; those proposals would also be submitted in writing. It was also important to focus the training of health professionals on the promotion of healthy lifestyles and prevention of risk factors, and to promote access to generic medicines and other materials for self-care.

The representative of CANADA said that strengthening health systems to ensure that they were comprehensive, resilient and gender responsive would be key to the post-pandemic recovery. Those efforts should address noncommunicable diseases and promote good mental health and well-being through whole-of-society approaches, emergency mental health and psychosocial support, and building mental health systems. She welcomed global steps to prioritize noncommunicable diseases, including through the International Strategic Dialogue on Noncommunicable Diseases and the Sustainable Development Goals, and praised the Secretariat's work to support Member State efforts to operationalize their commitments. In finalizing the draft implementation road map 2023–2030, the Secretariat should emphasize its links to existing WHO resources on noncommunicable diseases and focus on practical action to enhance multisectoral collaboration on the broader determinants of health, given their impact on the risk factors for noncommunicable diseases. In that regard, her Government welcomed the inclusion of air pollution as a major risk factor and called for further work to understand the impact of other environmental factors. Lastly, she welcomed the draft recommendations for integrating work on noncommunicable diseases into humanitarian emergency settings, observing that strong national, regional and global health systems were critical to prevent health crises and provide an effective response to disasters and diseases.

The representative of TURKEY welcomed efforts to improve the prevention and control of noncommunicable diseases and expressed support for the draft decision. Strengthening the design and implementation of noncommunicable disease policies, notably by focusing on behavioural risk factors, would help build resilient health systems. The COVID-19 pandemic had demonstrated the importance of ensuring essential service provision for people living with noncommunicable diseases in emergencies. She therefore supported the draft implementation road map 2023–2030, drawing attention to the importance of evidence-based policies, and called on other Member States to do the same. Her Government had adopted a multisectoral approach to build back better after the pandemic, and appreciated the Secretariat's support for efforts to achieve the targets regarding noncommunicable diseases.

The representative of ARGENTINA expressed support for the draft implementation road map 2023–2030, mentioning several national instruments introduced to address noncommunicable diseases. Her Government would also continue to prioritize the objectives of the comprehensive mental health action plan 2013–2020, including through a national mental health strategy to increase the financial and human resources allocated to mental health services. The draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority was commendable, notably in terms of its gender responsive approach and the proposed actions making provision for technical support to prevent and manage alcohol-related violence, including violence towards women, children and the elderly.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, highlighted the growing burden of disease represented by poor mental health. Urgent action was needed to enhance the quality of prevention, treatment and rehabilitation through a holistic approach, with a special focus on children and adolescents. It was nevertheless encouraging to see mounting political and societal awareness of mental health issues, including through measures such as the establishment of the European Mental Health Coalition, and he looked forward to the release of the World Mental Health Report later in the year. The current momentum must be harnessed to ensure that mental health care was provided to the same standard as that for physical illnesses. In addition, mental health should be a stand-alone item on the agenda of the WHO governing bodies, to give it the same visibility as other noncommunicable diseases and allow more in-depth discussions.

The representative of AUSTRIA commended the draft implementation road map 2023–2030, noting that it would be implemented in line with commitments to reduce air pollution and would catalyse action in eye, ear and hearing care. WHO's efforts to address the prevention and control of noncommunicable diseases were timely given that health systems needed to respond to weaknesses in that area following the COVID-19 pandemic. She outlined national measures to strengthen primary health care, in particular the national public mental health strategy. Noncommunicable diseases and mental health problems shared common risk factors, and socioeconomic and commercial determinants; action was needed to tackle the wider determinants of those conditions and invest in psychosocial support.

The representative of SLOVENIA said that investment in health promotion and primary prevention, early detection and effective treatment was necessary to address noncommunicable diseases, including mental health problems. Her Government had made such investments, and believed that the capacities of nongovernmental organizations could be better harnessed in work to address noncommunicable diseases, particularly to improve health literacy. Prevention was less costly than treatment, yet many of the most cost-effective measures, such as those related to tax, advertising and labelling, were blocked by aggressive lobbying from industry; further work should be done to counter such lobbying, including by using the advocacy capacity of partners. Lastly, she asked for noncommunicable diseases to be addressed in a different format at future governing body sessions, to allow closer attention to be given to specific issues.

The representative of PANAMA, noting that the COVID-19 pandemic had magnified persistent inequalities in health outcomes and determinants, reaffirmed her Government's commitment to strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and prevent and control their risk factors in humanitarian emergencies. She agreed that it was important to support the development, implementation and continuity of a prioritized essential noncommunicable disease health package to be guaranteed in health emergencies, and supported the recommendations for WHO contained in document A75/10 Add.2. It was particularly important to strengthen the Organization's normative role and technical capacity to develop and disseminate normative products, technical guidance, tools, data and scientific evidence to help countries develop and implement national response plans.

The representative of NORWAY said that unless services for noncommunicable diseases were integrated into primary health care, it would not be possible to achieve universal health coverage. Noncommunicable diseases should also be addressed in humanitarian settings and as part of the response to the COVID-19 pandemic. Expressing support for the draft implementation road map 2023–2030, she underscored the importance of integrating air pollution and mental health into all relevant activities. Lastly, she called on Member States and non-State actors to join the Global Noncommunicable Diseases Compact 2020–2030.

The representative of the LAO PEOPLE'S DEMOCRATIC REPUBLIC said that his Government remained committed to strengthening the national health system in order to combat noncommunicable diseases, which represented a major burden of disease in the country. A range of measures had been taken as part of a multisectoral approach, with particular attention given to addressing risk factors, in line with the recommendations given in the reports. He fully supported the draft implementation road map 2023–2030.

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

The meeting rose at 12:10.

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