World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY A75/B/PSR/4
COMMITTEE B 2022

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

Palais des Nations, Geneva
Thursday, 26 May 2022, scheduled at 14:30

Chair: Mr R. BHUSHAN (India)
Later: Dr F. ABIAD (Lebanon)

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FOURTH MEETING

Thursday, 26 May 2022, at 14:35

Chair: Mr R. BHUSHAN (India)
later: Dr F. ABIAD (Lebanon)

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

1. UPDATES AND FUTURE REPORTING: Item 27 of the agenda

Availability, safety and quality of blood products: Item 27.1 of the agenda (documents A75/40 and A75/40 Add.1)

Human organ and tissue transplantation: Item 27.2 of the agenda (documents A75/41 and A75/41 Add.1)

Traditional medicine: Item 27.3 of the agenda (documents A75/42 and A75/42 Add.1)

Public health dimension of the world drug problem: Item 27.4 of the agenda (documents A75/43 and A75/43 Add.1)

The CHAIR invited the Committee to consider the draft decision on the availability, safety and quality of blood products contained in document A75/40, the draft decision on human organ and tissue transplantation contained in document A75/41, the draft decision on traditional medicine contained in document A75/42 and the draft decision on the public health dimension of the world drug problem contained in document A75/43. The financial and administrative implications for the Secretariat of the draft decisions were set out in documents A75/40 Add.1, A75/41 Add.1, A75/42 Add.1 and A75/43 Add.1, respectively.

The representative of the PHILIPPINES said that all Member States should take steps to increase voluntary blood donation. He outlined a number of measures adopted in his country to provide safe and adequate blood products for all, promote voluntary, non-remunerated organ donation and integrate traditional and complementary medicine into health care services. The health and social services sectors must work together to address the world drug problem through a multidisciplinary public health approach. He supported the draft decision on human organ and tissue transplantation.

The representative of CHINA expressed appreciation for the progress made on the topics under discussion. His Government would continue to support WHO's guidelines and strategies on blood safety and availability and would work with all relevant stakeholders to ensure blood safety and quality globally. It was important to cross-check organ transplantation data between countries and ensure the international traceability of organs in accordance with WHO principles and mechanisms. His Government stood ready to help countries to develop mechanisms relating to organ donation, organ trafficking and transplantation tourism. The Secretariat should step up the technical support provided, particularly to developing countries, in order to build management capacities within organ transplantation services.

He expressed appreciation for the Secretariat's active cooperation with Member States on integrating traditional medicine into national health systems and assessing its role in the response to the pandemic of coronavirus disease (COVID-19), including by convening the WHO Expert Meeting on Evaluation of Traditional Chinese Medicine in the Treatment of COVID-19. His Government would

continue to participate in the implementation and review of relevant WHO resolutions and the development of technical guidelines and policies on traditional medicine, and was willing to strengthen cooperation with all relevant stakeholders to address the world drug problem.

The representative of the REPUBLIC OF KOREA said that health system regulations should promote the safe and effective use of traditional and complementary medicine and harness its potential contribution to health, wellness, people-centred health care and universal health coverage, which had not been sufficiently leveraged in some countries. Given the lack of data on traditional and complementary medicine, existing knowledge should be transferred to digital data formats to facilitate the exchange of information among countries, clinicians and researchers. To that end, efforts should be stepped up to develop global knowledge platforms that provided evidence-based information, including an international database of clinical practice guidelines. It would be useful to evaluate how the Secretariat's efforts to develop standards, guidance and tools were aligned with the development of such platforms. Evidence-based clinical practice guidelines should be developed and disseminated to ensure the safety and efficacy of traditional and complementary medicine. It would be crucial to monitor how the chapter on traditional medicine in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems was used by Member States, as well as their progress on the relevant indicators contained in the second edition of the *Global Reference List of 100 Core Health Indicators*.

The representative of SPAIN said that he was also speaking on behalf of Andorra, Argentina, Australia, Austria, Azerbaijan, Belgium, Brazil, Colombia, Croatia, Cyprus, the Czech Republic, Ecuador, Finland, France, Hungary, Ireland, Italy, Kenya, Latvia, Lithuania, Luxembourg, Malaysia, Mexico, North Macedonia, Paraguay, the Philippines, Poland, Portugal, Qatar, the Republic of Moldova, Slovenia, Sweden, Ukraine, the United Republic of Tanzania and Uruguay.

He expressed appreciation for the Secretariat's commitment to the development of frameworks to improve access to human organ and tissue transplantation. The number of organ transplantation interventions had been rising until 2020, when it had declined sharply as a result of the COVID-19 pandemic. However, global demand for human organ transplantation far outpaced supply, and needs were increasing in line with the growing noncommunicable disease burden. Further action would be needed to help Member States to attain Sustainable Development Goal target 3.4 on noncommunicable diseases. While prevention remained the priority, transplantation must be included in the continuum of care for noncommunicable disease. Transplantation contributed to the sustainability of health systems, especially in low- and middle-income countries, as it was more cost-effective than many other treatment options. However, organ transplantation was not sufficiently developed in all countries, and access was not universal or equitable even within high-income countries. Member States therefore needed additional support in that regard in order to attain Sustainable Development Goal target 3.8 on achieving universal health coverage.

He invited Member States to work with all stakeholders to formulate a draft resolution on human organ transplantation using lessons learned from the implementation of resolution WHA63.22 (2010). The text of the draft resolution could reaffirm the need to include transplantation in the continuum of care for noncommunicable disease and lay the foundations for a global strategy to promote the integration of donation and transplantation programmes into health systems. The proposed strategy should contain provisions on legislative frameworks, skilled workers, international cooperation, data collection and appropriate transplant follow-up. Member States could also explore the possibility of establishing mechanisms to provide technical and financial support to low- and middle-income countries in the development and optimization of donation and transplantation programmes.

The representative of the RUSSIAN FEDERATION said that all countries should seek to provide plasma and blood components free of charge. Organ transplantation was not only a matter of health but also of international and national law. The sharing of information through international registries such as the International Registry in Organ Donation and Transplantation had been crucial in the development of organ transplantation systems. Effective donor selection could help to extend the lives of recipients.

As most of the global population faced barriers in accessing pain medication, effective measures must be implemented to ensure the availability of such medication in all countries while also preventing its release onto the black market.

The representative of GHANA called for concerted efforts by Member States to urgently address the challenges concerning access to safe blood and blood products and expressed support for the related draft decision. He reiterated the call for the Secretariat to provide technical guidance on traditional and complementary medicine and supported the related draft decision. He commended the Secretariat's continued efforts to improve WHO's coordination with the INCB and UNODC and highlighted the concerning upward trend in drug addiction among health workers in his country.

The representative of JAPAN acknowledged the importance of achieving universal access to safe blood and blood products and welcomed the related draft decision. He requested an explanation from the Secretariat for the slow progress in establishing and strengthening national blood systems and achieving self-sufficiency in blood and blood products and voluntary non-remunerated donation in many parts of the world, as well as an evaluation of the impact of the COVID-19 pandemic on blood supplies and transfusion services. It was important to ensure that Member States had the necessary knowledge and skills to integrate traditional and complementary medicine into health systems, particularly as it could contribute to primary health care strengthening and resilience. His Government was ready to share its experiences in traditional and complementary medicine to support health promotion, especially among older people. He looked forward to the submission of a final report on progress made in the implementation of resolution WHA67.18 (2014).

The representative of SINGAPORE expressed support for WHO's work to address the public health dimension of the world drug problem. However, the problem was primarily driven by economic forces: the current opioid crisis in some countries could, for instance, be traced back to the deceptive marketing practices of profit-seeking manufacturers. The growing trend in cannabis legalization was also motivated by economic considerations rather than scientific evidence. He welcomed WHO's efforts to monitor and research the health and social consequences of drug abuse, which caused economic, societal and intergenerational harm and should not be normalized, especially among young people. He looked forward to the updated publication on the health and social effects of non-medical cannabis use. Member States should tailor drug-related policies to local contexts and continue to work together to fight the scourge of drug misuse.

The representative of BAHRAIN expressed her appreciation for WHO's work to strengthen the availability, safety and quality of blood products and her support for the related draft decision. She welcomed the steps taken by the Secretariat to implement the operational recommendations of the outcome document of the 2016 special session of the United Nations General Assembly on the world drug problem and expressed her support for the draft decision on the public health dimension of the world drug problem.

The representative of MALAYSIA supported WHO's efforts to strengthen the availability, safety and quality of blood products. She applauded the Secretariat for developing frameworks to improve access to tissue and organ transplantation while also improving governance regarding the medical, legal and ethical aspects of transplantation. Given the disease burden associated with the increasing prevalence of end-stage organ failure, organ and tissue transplantation must be optimized, and she underscored the importance of standardized data collection in enhancing quality initiatives and monitoring outcomes. Traditional and complementary medicine had great potential, including in the promotion of healthy lifestyles and disease prevention and management. She would therefore support further research in that area and the incorporation of evidence-based practices into health systems strengthening. Her Government stood ready to contribute to WHO's educational, capacity-building and technical support activities relating to traditional and complementary medicine.

The representative of AUSTRALIA expressed support for the Secretariat's work to ensure universal access to blood products and the help given to low- and middle-income countries in that regard. She welcomed WHO's work to increase the supply of plasma-derived medicinal products through fractionation of domestic plasma. Member States should work together to develop a global strategy to integrate human organ and tissue donation and transplantation into health care systems and create ways to provide low- and middle-income countries with technical and financial support for transplantation programmes. She supported the proposals to request continued reporting on the availability, safety and quality of blood products and on human organ and tissue transplantation.

The representative of INDIA, noting that the South-East Asia Region had not been mentioned in the report on human organ and tissue transplantation, suggested that the Secretariat should appoint transplantation focal points for the Region and the countries in the Region to ensure that due attention was paid to the issue at both levels. His Government had taken several steps to regulate traditional medicine and incorporate it into the health system, including by integrating a traditional medicine database into its clinical trial registry. WHO should create a similar repository of traditional and complementary medicine initiatives for use by Member States. The WHO Global Centre for Traditional Medicine, which had recently been established in India, would amplify WHO's capacity to support Member States in increasing evidence, data and innovation with regard to traditional medicine. A draft resolution on a new WHO traditional medicine strategy should be submitted to the Seventy-sixth World Health Assembly.

The representative of ANGOLA commended the Secretariat for providing guidance to Member States on traditional and complementary medicine, including on its integration into national health care systems. The upcoming publication of the WHO guidance document on clinical research in traditional medicine would help to strengthen research at the national level. He called on the Secretariat to continue to provide technical and financial support to enable his country to implement regulatory guidelines and conduct clinical research.

The representative of SUDAN highlighted the importance of ensuring the safety of the blood transfusion process for donors and recipients, enhancing the availability of blood products and encouraging the local production of plasma products. The challenges that had arisen during the COVID-19 pandemic, such as altered health behaviours and the spread of misinformation, had created obstacles to blood donation. She therefore requested the Secretariat to provide technical support to strengthen national risk communication strategies; optimize national blood services; establish an electronic system for blood data and services to facilitate information exchange; and establish a haemovigilance programme. She supported the related draft decision.

The representative of TOGO requested the Secretariat and partners to support his Government in improving research, safety monitoring and training concerning traditional medicine. His Government had also sought to combat drug misuse through a range of interventions.

The representative of BELARUS provided details on recent progress made in his country regarding organ transplantation, including through cooperation with other countries in the European Region. It was time to address the challenges concerning organ transplantation at the global level; his Government therefore supported the statement made by the representative of Spain and stood ready to participate actively in further work on a draft resolution on the issue.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for WHO's efforts to improve traditional and complementary medicine in Member States and requested the Secretariat to continue providing financial support to countries in that regard. She gave details on several measures implemented in her country to research and register traditional medicines and monitor their use, including in the treatment of COVID-19.

The representative of the ISLAMIC REPUBLIC OF IRAN outlined initiatives implemented in his country to legislate on, and ensure oversight of, organ transplantation and to regulate and research traditional medicine. He recommended the establishment of an international donor registry and regional hub to address the limited availability of organs for transplantation and the need for more knowledge and research in that area. His Government stood ready to share its knowledge and experience to support such efforts. WHO documents and strategies on traditional and complementary medicine should be informed by evidence-based research, including on Persian medicine. His Government was willing to cooperate in preparing a new version of the WHO traditional medicine strategy.

The representative of BOTSWANA noted with satisfaction that the Secretariat had helped Member States to develop sustainable blood transfusion services and ensure the availability and accessibility of blood and blood products in recent years. While the number of countries with regulatory frameworks for traditional and complementary medicine had increased, more needed to be done to support Member States that were lagging behind. The Secretariat should help Member States to build a knowledge base for the active management of traditional and complementary medicine through research and national policy development. The forthcoming WHO guidance document on clinical research in traditional medicine would enable Member States to enhance their innovation and research capacities, develop their traditional medicine knowledge and practices and harness the potential of natural products. He supported the recommendations contained in the reports.

The representative of MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, expressed appreciation for WHO's efforts to strengthen the prevention and treatment of drug use disorders and supported the draft decision on the public health dimension of the world drug problem. She acknowledged the vote by the Commission on Narcotic Drugs to accept the recommendations of the WHO Expert Committee on Drug Dependence and expressed appreciation for the progress achieved by the UNODC/WHO "Stop Overdose Safely" initiative and the new inter-agency technical working group on prevention of drug use and treatment and care of drug use disorders. The growth in the drugs trade had increased the availability and use of illicit drugs, putting additional pressure on substance use treatment and other health services. National policies needed to strike the right balance between ensuring access to pain medication and preventing harm from drug misuse. Some countries in the South-East Asia Region had amended their national essential medicines lists to include opioids and other psychoactive drugs in order to improve access. However, barriers such as punitive laws and stigmatization still hampered access, and the COVID-19 pandemic had further hindered the provision of health services for people with substance use disorders. While such disorders should be addressed within primary health care contexts, their prevention, early detection and management, along with opioid accessibility and availability, must be addressed at all levels of the health system through a multisectoral, whole-of-society approach. She requested the Secretariat to: intensify its efforts to remove common barriers to integrated care for substance use disorders; invest in the development of human resources; implement and integrate evidence-based interventions for substance use disorders and health care facilities; provide support for the development of information management systems; promote community management and family-based care; address substance use disorders in pregnancy; and support further legislative and policy-making actions for the prevention and treatment of substance use disorders.

The representative of NEW ZEALAND welcomed the agreement to establish the WHO Global Centre for Traditional Medicine and the approval of the Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific. Traditional medicine had cultural importance in addition to its health dimension. She expressed strong support for a health- and human rights-based approach to illicit drug use that prioritized well-being.

The representative of COLOMBIA welcomed the reports on blood products and organ transplantation, both of which reflected the realities and challenges observed in his country. The lack of global consensus on the classification of blood products complicated matters regarding the sale of such

products, including in terms of income generation. It was important to provide recommendations on the information to be included in consent forms in order to inform donors about the donation of plasma for plasma derivatives, including the possibility that those products might be sold. He described the situation regarding blood donation in his country, highlighting the development of a regulatory framework with WHO technical support. It was important to continue making progress towards better, faster and safer access to organs, tissues and cells as well as cost-effective, quality treatment for various health conditions. He emphasized the need for regulations that explicitly protected potential living donors from coercion and abuse and for protocols approved by the competent authorities. Recommendations should be developed to support the formulation of regulations on obtaining cells for transplantation, certifying cell banks and obtaining cells and tissues for use in advanced therapies such as gene therapy.

The representative of INDONESIA, emphasizing the benefits of quality blood products in disease management, said that the use of safe, quality, locally derived blood products could be increased in some countries. His country was dependent on costly imported plasma-derived medicinal products, which were insufficient to fulfil national needs. The Secretariat should therefore facilitate research and discussion with a view to supporting developing countries to ethically, safely and appropriately increase local access to and production of plasma-derived medicinal products. He welcomed ongoing research and development into traditional and herbal medicine to harness its health and economic benefits while also taking into account the issues of safety, efficacy and quality. It was necessary to foster innovation and formulate policies to support the development of traditional medicines with a focus on the requisite safety, efficacy, quality, registration and control, including negative import lists. Active and consistent collaboration with relevant stakeholders would be needed to that end. Lastly, he highlighted the intersectoral nature of the response to the world drug problem.

The representative of THAILAND said that the number of blood and organ donors had decreased during the COVID-19 pandemic but demand had increased. To ensure that donation practices remained sustainable and safe, the Secretariat should help Member States to strengthen their donation systems and develop strategies to increase donation during emergencies. The principal challenge concerning traditional and complementary medicine was the lack of evidence; the WHO Global Centre for Traditional Medicine should therefore play an active role in promoting the availability, accuracy and use of information. She urged WHO to continue to strengthen the regulatory system for traditional and complementary medicine to ensure safe, effective and quality-assured products. Practitioners should be engaged in capacity-building activities, and traditional and complementary medicine should be integrated into mainstream health systems. She expressed appreciation for the progress made by WHO in collaboration with UNODC in combating the world drug problem and welcomed the related draft decision. Support needed to be tailored to country contexts to enable Member States to address the diverse challenges they faced in that area.

The representative of TURKEY expressed appreciation for the cooperative efforts of the Secretariat and Member States to integrate traditional medicine into national health care systems. Modern medicine had its roots in traditional and complementary medicine, which also carried cultural significance. The WHO traditional medicine strategy 2014–2023 should be updated, or alternatively a new guidance document should be published, building on lessons learned from the current strategy and emerging needs, with a view to accelerating progress towards achievement of the health-related Sustainable Development Goals.

The representative of EL SALVADOR expressed support for the statement made by the representative of Spain. His Government was reforming the national health system to allow patients to receive transplanted organs from deceased donors for the first time in the country’s history.

The representative of NIGERIA outlined her Government’s efforts to promote blood donation and strengthen the national blood transfusion service. She called for support in integrating traditional and complementary medicine into her country’s national health system while also ensuring the safety

and efficacy of traditional medicinal products. The national drug problem had been exacerbated by ongoing insecurity in certain parts of the country and increased support was needed to manage the issue. She expressed support for the draft decisions under discussion.

The representative of BHUTAN said that traditional medicine had long been integrated into his country's national health care system. He commended WHO's work to implement the WHO traditional medicine strategy 2014–2023 and supported its extension.

The representative of ARGENTINA welcomed the renewed designation of her country's national coordination centre for donation and transplantation as the WHO collaborating centre on donation and transplantation and emphasized the importance of addressing donation and transplantation together. Governments should invest in and develop systems for identifying deceased donors within their health systems in order to secure organs and tissue for transplantation and ensure the quality of care. Donation and transplantation should be properly monitored, as keeping track of activities fostered transparency, and the data collected could be used to improve strategies aimed at enhancing those activities. To that end, she invited countries to participate in the DONASUR registry, a tool used by WHO/PAHO to monitor the implementation of the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue and Cell Transplants 2019–2030 of the Region of the Americas. She underscored the importance of international, and particularly regional, cooperation.

The representative of MEXICO noted the progress made in the implementation of resolution WHA63.22 (2010) on human organ and tissue transplantation and reiterated the call for a new resolution on that same topic to enhance the capacities of Member States to attain universal health coverage in that regard. He highlighted a number of initiatives implemented by his Government, including campaigns to prevent organ trafficking. Publicly funded liver, heart and lung transplantation programmes were poorly resourced in some countries and non-existent in others that only had private, for-profit programmes requiring living donors, resulting in inequitable access to transplantation. Access to donation and transplantation should be a public health priority in all countries and must be funded from donation through to the follow-up stage.

The representative of the FEDERATED STATES OF MICRONESIA expressed support for the draft decisions on the availability, safety and quality of blood products and on traditional medicine. He noted the importance of traditional medicine for human health and expressed appreciation for the details provided in the respective report on its use within health systems in other Member States. He requested technical support from WHO and partners to ensure the safe application of traditional medicine.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, welcomed WHO's commitment to support Member States in ensuring the quality, production and management of blood products. She highlighted the importance of setting rigorous targets for voluntary blood donation, optimizing systems to regulate supplies and developing a framework to tackle shortages of plasma-derived medicinal products. WHO should facilitate multilateral collaboration between community pharmacists and blood donation agencies to promote voluntary donations, including by establishing donation sites at pharmacies, launching awareness campaigns and using pharmacies' information systems to track progress on donation.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, said that demand for cornea donations far outstripped availability, particularly in low- and middle-income countries. While implementation of resolution WHA63.22 (2010) had stimulated improvements in human tissue donation and allocation, progress remained slow and inequitable, and donation and transplantation services lacked the necessary resources. The frameworks on organ and tissue donation and transplantation offered essential steps to mitigate those challenges.

The representative of THE TRANSPLANTATION SOCIETY, speaking at the invitation of the CHAIR, said that, in the light of the increase in noncommunicable diseases, countries should expand access to transplantation, increase organ donation from deceased donors, protect living donors and establish outcome registries. He requested WHO to include organ transplants in the WHO Universal Health Coverage Compendium and immunosuppressive medicines in the WHO Model List of Essential Medicines. Technical and financial support should be provided to low- and lower-middle-income countries. He expressed support for the statement made by the representative of Spain.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that it was unacceptable that unnecessarily restrictive regulations prevented so many people from receiving the palliative care they needed. Countries should at least provide patients with the palliative care medicines on the WHO Model List of Essential Medicines, and physicians must be properly trained to use opioids to relieve cancer pain. She looked forward to the upcoming publication of the WHO guideline on ensuring balanced national policies for access and safe use of controlled medicines.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that the world drug problem was multifaceted, and around half of the people with mental health disorders also experienced substance use disorders. Her organization supported a people-centred response, which included: access to controlled substances to ensure comprehensive primary health care, particularly for end-of-life care and pain management; substance use prevention; harm reduction; and universal access to effective care for those with substance use disorders.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, said that Member States could make progress towards targets 3.8 and 3.4 of the Sustainable Development Goals through robust regulatory systems, public procurement of generic controlled medicines including oral morphine, appropriate workforce education and access to treatment for substance use disorders. She welcomed WHO's cooperation with the INCB and UNODC and called on Member States to implement the recommendations contained in their 2021 joint inter-agency statement to reduce preventable suffering among vulnerable populations, especially older people.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) welcomed the information provided by Member States on their efforts to develop their regulatory systems to ensure the availability, safety and quality of blood and blood products. However, the goal of universal access was yet to be achieved in many countries, and many gaps remained in ensuring an adequate and safe blood supply. Ninety out of 171 countries imported plasma-derived medicinal products, and 16 reported that they did not have access to such products. That disparity must be addressed, as a lack of blood-processing facilities at the country level hindered blood safety and provision. Responding to the representative of Japan, she said that the slow progress in establishing and strengthening national blood systems stemmed from the fact that many countries did not have regulatory frameworks for blood transfusion, which prevented oversight. Supply and quality were also insufficient owing to a lack of resources, and clinicians did not receive the necessary support regarding blood use. The COVID-19 pandemic had had a negative impact on blood donation, particularly in countries already experiencing shortages prior to the pandemic, although the situation had generally improved in 2021. While countries with regulatory systems in place had returned to pre-pandemic blood supply levels following the initial stage of the pandemic, those without such systems had not. WHO had issued an interim guidance document on maintaining a safe and adequate blood supply during the pandemic in 2020 to help countries in that regard.

Turning to organ and tissue transplantation, she said that the ageing population and the increase in chronic conditions that led to loss of organ function were a problem in developing and developed countries alike. The Secretariat was developing a plan to scale up its activities and provide guidance and support to countries looking to establish or strengthen national transplantation systems. Several Member

States had shared useful experiences that could be emulated by other countries, and the African Region and the Region of the Americas had developed regional action plans. She welcomed Member States' calls for the creation of a new global strategy on organ, tissue and cell transplantation.

She thanked Member States for their leadership in advancing traditional medicine within primary health care while taking into account its contribution to universal health coverage and the sustainable use of natural resources. She took note of the call for the evidence base and guidelines on traditional medicine to be strengthened. The Secretariat would continue to support Member States in the development of their regulatory frameworks to safely and effectively integrate traditional medicine into health systems.

The Secretariat addressed the world drug problem through a multi-department approach, covering issues from access to pain relief to prevention and treatment of substance use disorders and the promotion of well-being. However, while she acknowledged the need to consider all dimensions of the world drug problem, she emphasized the importance of tackling the public health dimension in the interest of preventing harm from drug misuse and ensuring access to controlled medicines. WHO was working with the INCB, UNODC, and civil society organizations to place public health and human rights at the centre of its work on the topic. In addition to intensifying its work on the implementation of decision WHA70(18) (2017), the Secretariat would continue to report on its activities to the Commission on Narcotic Drugs and through the reporting mechanism associated with the 2016 special session of the United Nations General Assembly on the world drug problem.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decisions on the availability, safety and quality of blood products, on human organ and tissue transplantation, on traditional medicine and on the public health dimension of the world drug problem.

The draft decisions were approved.[1]

2. MATTERS FOR INFORMATION: Item 28 of the agenda

Progress reports: Item 28.1 of the agenda (documents A75/44 and A75/44 Add.1)

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

A. Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (resolution WHA72.4 (2019))
B. Primary health care (resolution WHA72.2 (2019))
C. Strengthening integrated people-centred health services (resolution WHA69.24 (2016))
D. Improving access to assistive technology (resolution WHA71.8 (2018))
E. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))
F. Eradication of dracunculiasis (resolution WHA64.16 (2011))
G. Global vector control response: an integrated approach for the control of vector-borne diseases (resolution WHA70.16 (2017))
H. WHO strategy on research for health (resolution WHA63.21 (2010))

[1] Transmitted to the Health Assembly in the Committee's second report and adopted as decisions WHA75(17), WHA75(18), WHA75(19) and WHA75(20).

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

I. Smallpox eradication (resolution WHA60.1 (2007))

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

J. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))

The representative of DENMARK said that it was important to ensure universal access to sexual and reproductive health care services and integrate reproductive health into national strategies and programmes by 2030, in line with the Sustainable Development Goals. It was time to evaluate whether the world was on track to reach those targets. She welcomed WHO's continued commitment to the promotion and protection of women's and girls' sexual and reproductive health and rights. However, it would only be possible to reduce the rate of physical and sexual violence against women if Member States implemented the instruments and tools developed by WHO. Sexual and gender-based violence was not only an issue for women, girls and minorities but also a structural problem.

The representative of the PHILIPPINES expressed appreciation to the Secretariat for supporting Member States in the implementation of the respective resolutions. The COVID-19 pandemic had laid bare the weaknesses in health systems but had also provided opportunities to strengthen a number of areas, such as epidemiological surveillance. He underscored the importance of strengthening primary health care by standardizing the skills of primary health care workers; licensing primary health care facilities; introducing maximum retail prices for medicines; implementing mandatory reporting of notifiable diseases and health events; enhancing health promotion strategies in communities; covering the costs of COVID-19 testing and treatment; creating primary health care packages; improving payment systems; and collaborating with the private sector.

Health-related decisions and actions must be based on research and evidence. The COVID-19 response had demonstrated the importance of evidence in informing quick decisions, crafting responsive policies and delivering evidence-based solutions, such as vaccines. His Government was committed to financing research and translating evidence-based, innovative solutions into public health policies. The Secretariat should continue to support Member States in the execution of research that was impactful on their health priorities.

The representative of NORWAY, speaking also on behalf of France, Germany, Ghana, Greece, Ireland, Portugal, Slovenia, Spain and the United Kingdom of Great Britain and Northern Ireland, expressed appreciation to WHO and the other signatory agencies of the Global Action Plan for Healthy Lives and Well-being for All for their continued collaborative efforts to support countries in attaining the health-related Sustainable Development Goals. As country-level impact was at the centre of the Global Action Plan, it was pleasing that more than 50 countries were now engaged in that regard. It would be useful to see how the underlying principles of the Global Action Plan could inform the process of building back better from the COVID-19 pandemic, particularly in the light of the discussions on the future global health architecture. All signatory agencies should include the four key incentives highlighted in the third Global Action Plan progress report on the agenda of their upcoming governing bodies meetings in order to further institutionalize the Global Action Plan in the respective organizations and help Member States to understand how they could build stronger collaboration on the Goals. She welcomed the news that all signatory agencies had addressed the six recommendations stemming from the joint evaluability assessment of the Global Action Plan and requested an update on the planning for the upcoming independent evaluation of the Global Action Plan, including a timeline. Efforts must be redoubled to achieve the health-related Sustainable Development Goals, and multilateral agencies should collaborate ever more closely to that end.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the important work on improving access to assistive technology, a transformative tool that helped people, especially persons with disabilities and older people, to lead independent lives and realize their human rights. Lack of access to such technology could limit those people's participation in education, community life and employment and their access to health care. He welcomed the extensive consultation process on the *Global Report on Assistive Technology* and emphasized the importance of working closely with users and organizations of persons with disabilities to ensure their inclusion and representation in decision-making processes.

The representative of INDIA said that robust primary health care networks were the backbone of health systems, as they helped to lower overall health care expenditure and improve performance. He expressed support for WHO's strategic priority to reorient health systems towards primary health care as the foundation of universal health coverage. WHO should prioritize the creation of hosted partnerships for digital health, with a focus on leveraging technology to build capacities in primary health care networks in order to improve access to quality health services. The Organization should also address gaps in human resources and community health workforces by creating incentives and fostering a community-centred approach to ensure that less accessible areas and vulnerable populations were reached. A common framework could be established to enable the Secretariat to provide technical expertise to Member States and enhance institutional capacities and leadership at regional and country offices in order to advance primary health care.

The representative of THAILAND said that resilient health systems, universal health coverage and primary health care had proved crucial in the response to the COVID-19 pandemic. WHO should work to get back on track in progressing towards universal health coverage in the context of the pandemic and propose recommendations to that end for discussion by Member States at the Seventy-sixth World Health Assembly and at the United Nations General Assembly in 2023.

The recent monkeypox outbreaks in countries in which the virus was not endemic had demonstrated the need to act quickly to prevent its global spread. Having live variola virus stocks put the world at risk of smallpox outbreaks. Global health security required collective measures to be implemented by all Member States.

The representative of MALAYSIA commended the Secretariat for the extensive activities undertaken in the implementation of resolution WHA72.2 (2019) on primary health care. She provided details on several interventions carried out by her Government in that regard, highlighting in particular a number of initiatives to enhance screening for noncommunicable diseases.

The representative of UNFPA said that the upcoming high-level meeting of the United Nations General Assembly on universal health coverage would be an excellent opportunity to build momentum towards universal health coverage, get back on track in achieving the health-related Sustainable Development Goals and ensure that investments in health systems were prioritized. Health services, particularly those for women and young people, were coming under increasing strain. It was estimated that nearly 12 million women in 115 countries had lost access to family planning services in 2020 as a result of the COVID-19 pandemic, leading to 1.4 million unintended pregnancies. The development of a new reproductive health strategy should be seen as a unique and timely opportunity to support Member States in accelerating progress towards the attainment of the health-related Sustainable Development Goals. UNFPA stood ready to share its technical expertise and work with WHO and other partners to ensure that all people had access to essential health care, including sexual and reproductive health services. Member States should build on the political momentum around universal health coverage to dismantle barriers to sexual and reproductive health services and strengthen accountability mechanisms.

The representative of the INTERNATIONAL SOCIETY FOR TELEMEDICINE AND EHEALTH, speaking at the invitation of the CHAIR, said that the lofty ambitions of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the political

declaration of the high-level meeting on universal health coverage could only be attained through the judicious and appropriate use of digital technology.

The SENIOR STRATEGIC ADVISER (Universal Health Coverage/Life Course) thanked Member States for sharing their experiences of how to reorient health systems towards primary health care. Resilience in all aspects of health systems, including governance, financing, human resources, integrated services, information systems, infrastructure and maintenance, should be viewed as the backbone of those systems in many countries. She took note of the examples shared by Member States of technologies developed in their response to the COVID-19 pandemic and the importance of scaling up innovations and sharing best practices. The Secretariat would continue to support Member States in ensuring access to health and care services and assistive technology; realizing sexual and reproductive health and rights; eradicating neglected tropical diseases; and building research capacities across all those areas to support policies and programmes.

The SPECIAL ADVISOR TO THE DIRECTOR-GENERAL thanked Member States for expressing their support for the Secretariat's work on the implementation of the Global Action Plan for Healthy Lives and Well-being for All. Progress towards the health-related Sustainable Development Goals was slow, and no country had been fully prepared for a pandemic of the scale of COVID-19. To accelerate progress towards the Goals, a rigorous delivery approach should be adopted in combination with innovation, innovative financing and collaboration among multilateral agencies; such collaboration was the focus of the Global Action Plan. Transformational change in multi-agency collaboration would only be achieved by directly addressing the incentives highlighted in the third Global Action Plan progress report. Regarding the timeline for the related independent evaluation, he said that the Secretariat aimed to complete the evaluation and report the results to Member States by the Seventy-sixth World Health Assembly. He noted with gratitude the call for multilateral agencies to discuss collaboration within their respective governing bodies. The Secretariat would work with Member States to further improve the effectiveness and efficiency of the multilateral system by strengthening the incentives for collaboration. Addressing the lagging progress towards the achievement of the health-related Goals was a matter for the Secretariat, all Member States and all populations.

Dr Abiad took the Chair.

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

3. HUMAN RESOURCES FOR HEALTH: Item 15 of the agenda [transferred from Committee A]

- **Working for Health: draft 2022–2030 action plan** (document A75/12)
- **Global health and care worker compact** (document A75/13)
- **WHO Global Code of Practice on the International Recruitment of Health Personnel** (document A75/14)
- **Global Strategy on Human Resources for Health: Workforce 2030** (document A75/15)

The CHAIR drew attention to a draft resolution on human resources for health proposed by Botswana, Colombia, Croatia, Eswatini, Ethiopia, Jamaica, Namibia and Norway, which read:

The Seventy-fifth World Health Assembly,

(PP1) Having considered the Working for Health: draft 2022–2030 action plan;[1]

(PP2) Recalling resolution WHA74.14 (2021) and previous resolutions and reaffirming the provisions in resolution WHA74.14 on protecting, safeguarding and investing in the health and care workforce;

(PP3) Noting the continuing disruption to essential health services and the delivery of coronavirus disease (COVID-19)-related services, including: (a) all medical countermeasures including personal protective equipment, vaccines, diagnostics and therapeutics, and (b) treatment when falling sick, including in an intensive care unit, due inter alia to inequitable access to quality, safe, effective and affordable health products within and among countries and to insufficient workforce availability in most countries;

(PP4) Concerned that the progress being made in addressing the global shortage of health workers is inequitable, highlighting the variation across regions, particularly in those countries on the WHO Health Workforce Support and Safeguards List (2020);

(PP5) Alarmed at the increasing challenges to the health, well-being, lives and safety of health and care workers, including attacks on the health workforce and health facilities from the beginning of the COVID-19 pandemic and including in conflict and other settings in recent years and especially in recent months and the reported increases in psychological distress and mental health conditions experienced by health and care workers exacerbated by the onset of the COVID-19 pandemic, influencing reduced productivity and performance and impacting workforce retention;

(PP6) Recognizing United Nations Security Council resolution 2286 (2016) on protection of the wounded and sick, medical personnel and humanitarian personnel in armed conflict, and acknowledging resolution WHA70.6 (2017), which recognized the need to substantially increase the protection and security of health and social workers and health facilities in all settings, including acute and protracted public health emergencies and humanitarian settings;

(PP7) Further recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel, through which the Sixty-third World Health Assembly adopted the Global Code, and the Global Code's recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system and to the provision of health services, bearing in mind the necessity of mitigating the potentially negative effects of health personnel migration on health systems, particularly those of developing countries;

(PP8) Bearing in mind the recommendations of the Report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel on the need for the full implementation of the Global Code as well as health workforce- and health systems-related support and safeguards through strengthened international cooperation, particularly to countries facing the greatest challenges;

(PP9) Noting the mismatch between global and regional workforce needs to achieve universal health coverage, COVID-19 recovery and future emergency preparedness and response versus the inadequate investment in the health and care workforce education, decent employment, continuous training and retention;

(PP10) Recognizing the need to further advance equity for women in the health and care sector and emphasizing the critical role that women, who represent almost 70% of health workers, play in the health and care sector,

OP1. ADOPTS the Working for Health 2022–2030 Action Plan as a platform and implementation mechanism for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection;

OP2. CALLS ON Member States,[2] in accordance with national contexts and priorities:

(1) to implement the Working for Health 2022–2030 Action Plan and integrate, as appropriate, its objectives and actions for workforce planning and financing, education and employment, and protection and performance within their health and care workforce strategies, investment plans and programmes at national and subnational levels, in line with resolution WHA74.14;

[1] Document A75/12.

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

(2) to implement and monitor policy options and actions, supported by multisectoral partnership, coordination and financing:

(a) to enhance protection and safeguarding, as well as to optimize the distribution, deployment and utilization of the health and care workforce, with a focus on the employment, inclusion and participation of women at all levels and youths;

(b) to consider regional and global approaches to building multidisciplinary health and care worker capacity to address and respond to population needs, with particular emphasis for the most vulnerable groups, and to enable the functioning of efficient health systems and service delivery, with specific attention to equity, accessibility diversity and social inclusion;

(c) to maximize the health, social and economic benefits of investment in the health and care workforce, with a view to achieving universal health coverage;

(3) to utilize, where relevant, the global health and care worker compact to inform national review, action and implementation to protect and support health and care workers;

(4) to engage at the national, regional and global levels to undertake and accelerate work on building a health and care workforce through training programmes and using best available educational and training facilities, online platforms and hybrid learning opportunities; and to increase the absorption of trained staff into health and care systems through sustainable employment practices;

OP3. INVITES international, regional, national and local partners and stakeholders from across the health sector and other relevant sectors, as appropriate, to engage in and support implementation of the Working for Health 2022–2030 Action Plan:

(1) to implement, as appropriate, national, regional and global employment initiatives to promote decent jobs, including for youth and women in the health and care sector;

(2) to invite Member States and regional bodies to undertake educational investment and educational training opportunities in person and through hybrid learning or other technological platforms to allow greater access to learning tools, including through the WHO Academy;

(3) to support the Working for Health Multi-Partner Trust Fund and encourage direct funding to Member States for the implementation of the Working for Health 2022–2030 Action Plan in collaboration with national stakeholders, United Nations agencies and implementing partners;

OP4. REQUESTS the Director-General:

(1) to support implementation of the Working for Health 2022–2030 Action Plan for Member States through technical support, and mobilize catalytic funding and expertise, especially for those countries on the WHO Health Workforce Support and Safeguards List (2020), taking advantage of the existing WHO training platforms, such as the WHO Academy, as a key resource for global health professionals, political leaders, business leaders and representatives of civil society;

(2) to support Member States in how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination, and a safe and enabling practice environment, including by taking into account, as appropriate, the global health and care worker compact;

(3) to report on the progress of the implementation of this resolution to the Seventy-eighth and Eighty-first World Health Assembly (in 2025 and 2028, respectively), aligned with reporting on the Global Strategy on Human Resources for Health: Workforce 2030 and the WHO Global Code of Practice on the International Recruitment of Health Personnel; and also report to the Eighty-third World Health Assembly (in 2030), in advance of the Working for Health 2022–2030 Action Plan's end-point.

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

Resolution:	Human resources for health
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:** 1.1.5. Countries enabled to strengthen their health and care workforce
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:** Nine years (2022–2030).
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 445.17 million. These costs have been presented previously for resolution WHA74.14 in May 2021 and refined slightly to take into account lessons learned from the implementation process as well as minor changes in actual costs. This costing would replace the amount costed for resolution WHA74.14.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** US$ 74.78 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$ 107.68 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 262.71 million.
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$ 39.34 million. – **Remaining financing gap in the current biennium:** US$ 35.44 million. – **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** US$ 3.00 million.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	16.16	1.62	3.18	1.16	4.75	2.13	11.04	40.05
	Activities	12.72	2.85	3.15	1.40	3.69	3.29	7.63	34.73
	Total	28.88	4.47	6.33	2.56	8.44	5.42	18.67	74.78
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	23.28	2.34	4.57	1.67	6.83	3.07	15.90	57.67
	Activities	18.32	4.11	4.53	2.02	5.31	4.73	10.99	50.01
	Total	41.60	6.45	9.10	3.69	12.14	7.80	26.89	107.68
Future bienniums resources to be planned	Staff	56.79	5.71	11.16	4.08	16.67	7.48	38.80	140.69
	Activities	44.70	10.03	11.05	4.93	12.96	11.54	26.80	122.02
	Total	101.49	15.74	22.21	9.01	29.63	19.02	65.60	262.71

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

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the Secretariat's efforts to advance the Working for Health: draft 2022–2030 action plan. The COVID-19 pandemic had shone a spotlight on problems concerning the health workforce. Most countries in the Region had experienced disruption to basic health services as a result of health worker shortages during the pandemic, and despite recent improvements, the Eastern Mediterranean Region would bear an increased share of the total shortage in 2030. Investment in health worker education and employment was therefore a regional priority. The fourth round of national reporting on the WHO Global Code of Practice on the International Recruitment of Health Personnel had shown that there was growing interest in addressing the increasing numbers of health workers that were emigrating from the Region. Interregional dialogue on international mobility policies, such as the dialogue held among stakeholders in the Eastern Mediterranean, European and South-East Asia Regions in 2021, was important and should continue. She welcomed WHO's efforts to protect and safeguard the health and well-being of health workers considering the threats to their safety and security, and noted with satisfaction that WHO's work on basic public health functions was being reviewed in the light of lessons learned during the pandemic. The Member States of the Region would continue to support the Secretariat's efforts to create a healthy, sustainable workforce and called for enhanced coordination and cooperation among partners in line with national health workforce policies, strategies and the Global Strategy on Human Resources for Health: Workforce 2030.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, welcomed the substantial work done by the Secretariat to update the draft 2022–2030 action plan. Member States in the Region looked forward to receiving the necessary technical support and guidance from WHO on the global health and care worker compact. The fourth round of national reporting on the WHO Global Code of Practice on the International Recruitment of Health Personnel had provided valuable insights into international mobility and migration among health personnel. The COVID-19 pandemic had stretched health systems in the Region, and some Member States were observing increased emigration of health workers, particularly to high-income countries. Member States and other stakeholders should apply the precautionary principle in international recruitment to ensure that economic demand for health personnel in high-income countries did not weaken access to health in Africa. She expressed deep concern about the regional inequalities in the implementation of the Global Strategy on Human Resources for Health: Workforce 2030 and about the increasing share of the global health worker shortages that the Region would bear in 2030 unless concerted action was taken. She therefore requested the Secretariat to accelerate implementation of the draft 2022–2030 action plan in

the 47 countries on the WHO Health Workforce Support and Safeguards List (2020), most of which were in Africa. She asked for the Region to be added to the list of sponsors of the draft resolution and invited other Member States to support it.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, paid tribute to the health workers who had sacrificed their lives during the COVID-19 pandemic. The unacceptable levels of mortality among health workers as a result of the pandemic were a reflection of WHO's inadequate efforts to protect them since many deaths could have been avoided through the provision of personal protective equipment. It was time to accelerate the health workforce agenda, and she encouraged Member States to support the draft resolution. It was crucial to increase investment in education and training, decent employment, fair deployment and worker retention to ensure high-quality care for all, especially within primary health care. To that end, implementation of the Global Strategy on Human Resources for Health: Workforce 2030 must be accelerated. It was essential to adhere to the WHO Global Code of Practice on the International Recruitment of Health Personnel; implement the global health and care worker compact in line with country contexts; and strengthen the provision of decent jobs and reasonable, equitable incentives. Since most health and care workers were women, it was necessary to create safe, gender-sensitive work environments to support worker retention. Effective health workforce monitoring must be carried out at the national level to drive evidence-based policies, ensure adequate resources and prevent, prepare and respond to public health emergencies. The Secretariat should encourage Member States to invest in health and care workers and secure sufficient staff levels, thereby enabling health systems to better respond to health emergencies while also maintaining essential services, reducing staff burnout and maximizing retention.

The representative of LEBANON commended WHO's efforts in the implementation of the Global Strategy on Human Resources for Health: Workforce 2030 and in the monitoring of its progress. Competency-based, continuous education, gender-inclusive policies and health leadership and governance helped to empower health workers and optimize their contribution. She highlighted the importance of ensuring that young people contributed to the primary health care agenda and to minimizing disruption to the provision of essential health services in crisis settings by adopting a community-based approach. Her Government was addressing the emigration of health workers from her country through health worker education and retention initiatives. She thanked the Regional Office for the Eastern Mediterranean and the WHO country office for their support in the development of her country's health sector strategy.

The representative of NORWAY said that, to achieve the health-related Sustainable Development Goals, countries needed health personnel to have appropriate skills, equipment and working conditions. The COVID-19 pandemic had demonstrated the need for sustained protection and investment in the health workforce in order to build resilience and preparedness in health systems. Health professionals must be placed at the centre of health initiatives. The draft 2022–2030 action plan was effective and relevant to the human resources for health agenda, as it set out coordinated, evidence-based measures to improve education, skills, jobs, worker protection, cooperation, equity and gender equality and would contribute to the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. She deplored the increase in violent attacks on health workers and applauded WHO's work to map and document those attacks.

The representative of the PHILIPPINES signalled his Government's commitment to implementing the global health and care worker compact to ensure that workers were protected from harm, supported in their needs and rights and provided with an enabling, inclusive working environment in line with the draft 2022–2030 action plan. It was important to build on the work done during the COVID-19 pandemic to optimize the deployment, protection and utilization of the health and care workforce, focusing on the employment, inclusion and participation of women and young people in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel. He highlighted the crucial role that data played in national health workforce planning, management and

monitoring and said that his Government was investing in its health workforce information systems in its efforts to implement the Global Strategy on Human Resources for Health: Workforce 2030. He paid tribute to health workers for their service during the pandemic and emphasized the importance of collaboration among Member States in pushing for sustainable investments in programmes for health workers. He wished to be added to the list of sponsors of the draft resolution.

The representative of the FEDERATED STATES OF MICRONESIA emphasized the critical role that a skilled health workforce played in delivering primary and advanced health care, including mental health and psychosocial care, as well as in achieving universal health coverage and improving living standards. Investment in the current and future health workforce was critical. He encouraged the Secretariat and partners to scale up their support to Member States to enable them to deliver health care to dynamic populations within overstretched health systems. He wished to be added to the list of sponsors of the draft resolution.

The representative of MALAYSIA said that many countries at varying stages of economic development had faced health workforce challenges, including shortages, during the COVID-19 pandemic. As such, it was important for Member States to include investment in the health economy in their national development policies in order to foster sustainable and continuous health-related development. She outlined several initiatives implemented by her Government to invest in the training, protection and welfare of her country's health workforce.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR and also on behalf of the International Pharmaceutical Federation, the International Pharmaceutical Students' Federation, FDI World Dental Federation, the World Confederation for Physical Therapy, March of Dimes Foundation. and the International League of Dermatological Societies, said that the health workforce was at the core of all health systems. The COVID-19 pandemic had exacerbated health worker shortages, and the increased educational inequities had caused future health professionals to cease study or receive substandard education, which had widened skills gaps. Throughout the pandemic, health personnel had worked long hours in high-pressure environments, encountered violence and experienced worsened mental health. Furthermore, underinvestment had resulted in deteriorating working conditions. Early-career professionals must not be exploited. Member States must implement the WHO Global Code of Practice on the International Recruitment of Health Personnel; mobilize investment to retain health workers by ensuring their protection, resourcing, training, career development and fair remuneration; implement the global health and care worker compact; improve the safety and sustainability of the health workforce through accountability and data-driven decision-making; and explore legally binding mechanisms to uphold health workers' rights, including guaranteeing their safety in high-risk settings. WHO should play a central role in increasing coherence in the governance of human resources for health.

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

The meeting rose at 17:25.

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