World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/B/PSR/6**
2022

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Friday, 27 May 2022, scheduled at 14:30

Chair: Mr R. BHUSHAN (India)

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SIXTH MEETING

Friday, 27 May 2022, at 14:35

Chair: Mr R. BHUSHAN (India)

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

1. HUMAN RESOURCES FOR HEALTH: Item 15 of the agenda (continued) [transferred from Committee A]

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

The representative of FIJI welcomed the draft resolution on human resources for health and the Global Strategy on Human Resources for Health: Workforce 2030, which must be appropriately prioritized and implemented. He noted with concern the allegations relating to the Regional Office for the Western Pacific but expressed confidence in the ability of the Secretariat to use its relevant systems, processes and guidelines to address the issues in question and to report on findings and actions taken, in line with the Executive Board's recommendations. The availability of WHO internship opportunities for technical professionals from lower-income countries, which was a priority for his Government, would help in the implementation of technical guidance at the national level. Job security and retention of talent at WHO was of great importance and should be facilitated by the sustainable funding mechanism. Moreover, diversity, equity and inclusion of all regions must remain a consideration in staff recruitment.

The representative of MEXICO said that his Government shared the vision of creating dedicated mental health programmes for all health workers, having already taken action to support health workers' mental health during the coronavirus disease (COVID-19) pandemic. He outlined several other measures taken at the national level in line with WHO recommendations, including carrying out a health labour market analysis with a view to reducing gaps in the geographical distribution of health workers, facilitating postgraduate entry into the health workforce and identifying priority competencies in curriculum design.

The representative of COLOMBIA thanked WHO and PAHO for their efforts in conducting a study into the impact of COVID-19 on health workers, which had allowed key areas to be identified, including governance and mental health. He expressed the hope that fruitful discussion on such issues would continue, leading to further tangible policy action. He outlined steps taken nationally to implement the Global Strategy on Human Resources for Health: Workforce 2030 and develop human resources management within the framework of the Working for Health: draft 2022–2030 action plan.

The representative of the DOMINICAN REPUBLIC supported the global health and care worker compact, which her Government would use as a basis for developing national measures to implement

the draft 2022–2030 action plan. She noted that it was unclear in the Director-General's reports how WHO would protect the well-being of health workers in non-medical roles such as management and administration, which should be made explicit. More generally, she noted that cost-effective strategies to increase investment in health must be available, as must access to global funds to guarantee the protection and well-being of the health workforce. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of NIGERIA noted that her Government intended to develop a health workforce migration policy with a view to retaining trained health workers in Nigeria and increasing the ratio of health workers to citizens, which was currently below the level recommended by WHO. Nigeria already had programmes in place to improve health service delivery, especially in hard-to-reach rural areas. She requested the Secretariat to continue providing support to ensure implementation of those programmes.

The representative of ROMANIA, taking note of the draft 2022–2030 action plan, outlined existing and planned national initiatives to support human resources for health, including legislation and financial investment. His Government had committed to prioritizing continued investment in lifelong learning, skills, employment and the protection of health workers and was also committed to implementing the WHO global strategic directions for nursing and midwifery 2021–2025. In line with the guidance, Romania had launched several initiatives in support of nurses and midwives, including a leadership training programme for nurses to empower them to contribute to policy-making.

The representative of ILO welcomed the draft 2022–2030 action plan, which allowed for accelerated investment in areas contributing to strengthening the health workforce. However, more sustainable investments in employment opportunities in the health sector were required, alongside measures to provide decent conditions of work. The economic and social recovery from the COVID-19 pandemic must be driven by a human-centred approach that respected human and labour rights. The effective protection of health workers must remain a priority.

The representative of WOAH said that her organization continued to empower the veterinary services workforce as part of the implementation of the One Health joint plan of action. WOAH noted the Global Strategy on Human Resources for Health: Workforce 2030 and was committed to working with WHO and its partners to strengthen the implementation of the One Health approach.

The representative of UNFPA expressed strong support for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030 and the draft 2022–2030 action plan. She drew attention to the urgent need for increased investment in the health and care workforce, particularly midwives. She looked forward to working with WHO and other partners on scaling up efforts to address the unmet needs of midwifery professionals, supporting the implementation of midwife-led continuity-of-care models and improving the psychosocial well-being of frontline health care workers.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, outlined numerous issues faced by health workers globally, including high-stress environments, insufficient medical resources, violence and discrimination. She called on Member States to meaningfully engage with representatives at the local, national and international levels to address those issues. Regarding the migration of health workers, she called for equitable agreements and information-sharing between countries.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, called on Member States to build competence among health workers in disability- and gender-responsive approaches to respond to population needs without discrimination, invest in training for rehabilitation professionals and foster a diverse health workforce with a strong representation of persons with disabilities.

The representative of INTRAHEALTH INTERNATIONAL, INC., speaking at the invitation of the CHAIR, urged Member States to invest in human resource information systems and leadership opportunities for women, fully support the draft 2022–2030 action plan and ensure the clear definition of new investments and partnerships in any new health worker initiatives.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, urged Member States to adopt the Global Strategy on Human Resources for Health: Workforce 2030 and implement the actions proposed therein to support all health workers, including those specialized in treating cancer.

The representative of THE ALBERT B. SABIN VACCINE INSTITUTE, INC., speaking at the invitation of the CHAIR, called on Member States to take urgent action to support health workers and to support the global health and care worker compact and the draft 2022–2030 action plan, including providing ongoing financial support to the Working for Health Multi-Partner Trust Fund.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, urged Member States to take practical actions to support, protect and invest in nurses and all health workers, including by implementing and monitoring the policy priorities of the WHO global strategic directions for nursing and midwifery 2021–2025.

The representative of the INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH, speaking at the invitation of the CHAIR, said that occupational health and safety programmes must include comprehensive prevention and care for work-related diseases and injuries and monitoring of workers' physical and mental health and well-being. By the same token, health and care services must not be excluded from occupational safety and health regulations, employment injury schemes and social health protection. Her organization stood ready to support the implementation of the draft 2022–2030 action plan and the global health and care worker compact.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, urged Member States to include information on the number and distribution of eye health workers when reporting on progress in implementing the Global Strategy on Human Resources for Health: Workforce 2030 and to include eye health workers in their health workforce planning.

The REGIONAL DIRECTOR FOR THE AMERICAS recognized the enormous sacrifice and contribution made by health workers in the Americas and worldwide throughout the COVID-19 pandemic. Their resilience was testament to their commitment to saving lives. Innovations in recruiting, retaining and building the capacity of health teams, such as task shifting and sharing and digital transformation in patient care delivery, had been central to the pandemic response. However, long-standing deficiencies in health care systems impacting the capacities of the health workforce must be addressed. The shortage of health professionals in the Americas was affecting access to health in rural and underserved areas, particularly in primary health care, and that shortage was being exacerbated by the migration of health workers to urban centres or wealthier countries. Lack of planning in the education and labour sectors, combined with insufficient emphasis on interprofessional and continuous education, had affected pandemic preparedness and the quality of the health workforce. Those gaps must be addressed as a matter of urgency. Investment in health systems and a fit-for-purpose health workforce was a priority for the Americas. Specifically, investment was needed in health leadership for the transformation towards universal health based on primary health care; public health capacities that protected health workers and citizens and improved preparedness and essential public health functions; and education and decent working conditions for current and future health care workers. Member States in the Americas had adopted the PAHO Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023, which aligned well with the policy orientations presented at the Seventy-fifth World Health Assembly, in particular the draft 2022–2030 action plan.

She looked forward to working with Member States, partners and the Secretariat to develop a transformative agenda in human resources for health in the Americas in the quest for universal health, equity and better preparedness.

The DIRECTOR (Programme Management, WHO Regional Office for Africa) paid tribute to health workers worldwide for their heroic contribution to the COVID-19 response. Notwithstanding the significant increase in the number of health workers in the African Region, it still faced a critical lack of qualified health workers owing to low pay, gaps in specialist training and the migration of qualified African health workers abroad. He welcomed the increase in spending on the recruitment of health workers in recent years and, in that regard, urged Member States in the Region to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel. He noted that some countries would require significant support to absorb the number of health workers required to meet the needs of the population. The draft 2022–2023 action plan would allow Member States and partners to address issues that were currently undermining the achievement of the health-related Sustainable Development Goals, particularly in the African Region. Optimizing the deployment of health personnel to achieve universal health coverage would require considerable investment – including specific investment in reducing gender inequality – but it should nonetheless be an area of focus as it would benefit the health of both populations and economies. He emphasized the importance of collaboration and solidarity in overcoming the challenges relating to the lack of health workers.

The DIRECTOR (Health Workforce) acknowledged the challenges posed by the accelerated international migration of health workers. The Secretariat would soon publish updated guidance on bilateral labour agreements and the Director-General would reconvene the Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel to examine the latest data on migration trends in the context of increasing vulnerabilities brought about by the pandemic and to provide further information on the issue before the 152nd session of the Executive Board.

Turning to the global health and care worker compact, he acknowledged the need to protect health and care workers worldwide from discrimination and violence, including in situations of conflict. Efforts would be redoubled to ensure that all health facilities and all health workers in all health settings were protected under international treaties and provisions. The compact offered an opportunity to better protect workers from sexual exploitation, abuse and harassment. He highlighted the importance of recognizing the rare instances where health workers were the perpetrators of such acts and of addressing them, giving due consideration to any gendered dimension. In that connection, he thanked Member States for their support for the Working for Health draft 2022–2030 action plan to address critical and long-standing health and care workforce challenges, including operationalizing the compact. It represented an opportunity to support Member States and their health systems by ensuring that they had the tools, resources and long-term sustainable financing required. The experience of the COVID-19 pandemic had reaffirmed that the health and care workforce was the greatest asset to health systems worldwide. The Secretariat stood ready to support Member States in implementing measures to address the issues facing the workforce.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/12, A75/13, A75/14 and A75/15.

The Committee noted the reports.

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

The draft resolution was approved.[1]

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 18 of the agenda [transferred from Committee A]

Maternal, infant and young child nutrition: Item 18.1 of the agenda (documents A75/10 Rev.1, A75/10 Add.7 and EB150/2022/REC/1, decision EB150(7))

WHO Implementation Framework for Billion 3: Item 18.2 of the agenda (documents A75/10 Rev.1 and A75/25)

- **WHO global strategy for food safety** (documents A75/10 Rev.1 and EB150/2022/REC/1, decisions EB150(8) and EB150(9))

The CHAIR invited the Committee to consider the draft decision on maternal, infant and young child nutrition contained in Executive Board decision EB150(7), the draft decision on the WHO global strategy for food safety contained in Executive Board decision EB150(8), and the draft decision on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets contained in Executive Board decision EB150(9).

He drew attention to the draft resolution on the outcome of the SIDS Summit for Health: For a healthy and resilient future in small island developing States, proposed by Barbados, Cabo Verde, the Dominican Republic, Fiji, Guyana, Haiti, Jamaica, the Marshall Islands, Mauritius, the Russian Federation, Tonga, Tuvalu and Vanuatu, which read:

> The Seventy-fifth World Health Assembly,
>
> (PP1) Having considered the report by the Director-General on WHO's Implementation Framework for Billion 3;[2]
>
> (PP2) Noting that climate change, a persistent crisis, threatens the health of the people of all Member States, but that the populations of the small island developing States are among the first and hardest hit;
>
> (PP3) Noting also that, besides climate change, small island developing States share grave health and sustainable development challenges posed by the impacts of natural and manmade hazards, environmental degradation, health emergencies, loss of biodiversity, the COVID-19 pandemic, external economic shocks, malnutrition, noncommunicable diseases and mental health conditions;
>
> (PP4) Recognizing that small island developing States are disproportionately impacted by climate change, which undermines the progress towards their achievement of the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3 on good health and well-being;
>
> (PP5) Further recognizing that the vulnerabilities of small island developing States to extreme weather events, including natural and man-made hazards, and other external economic

[1] Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA75.17.

[2] Document A75/10.

shocks, underscore the importance of strong and resilient health systems, underpinned by universal health coverage, that focus on equitable access, quality, as well as financial protection and financing for development in the era of COVID-19 and beyond;

(PP6) Recalling General Assembly resolution 69/15 (2014), which set forth the SIDS Accelerated Modalities of Action (SAMOA Pathway) for accelerated development plan in small island developing States, and resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development with the collective aim towards a transformative step for a sustainable and resilient path in ensuring that no one is left behind, and noting the correlation between high levels of vulnerability and impacts on progress towards achieving the Sustainable Development Goals;

(PP7) Recalling WHO's memorandum of understanding with the United Nations Framework Convention on Climate Change in the margins of the twenty-third session of the Conference of the Parties to the Convention (COP23), and the launch of the special initiative to protect people living in small island developing States and the report submitted to the Seventy-third World Health Assembly in May 2020 on the implementation of the plan;

(PP8) Welcoming the initiative of the Director-General to host the first SIDS Summit for Health: For a healthy and resilient future in small island developing States on 28 and 29 June 2021;

(PP9) Noting with appreciation the outcome statement of the SIDS Summit for Health[1] agreed upon by the small island developing States that are Member States of WHO;

(PP10) Noting the actions proposed in the SIDS Summit for Health outcome for all partners to small island developing States to guide them in pursuing key actions needed to prevent and respond to the urgent threats faced by small island developing States;

(PP11) Acknowledging the commitments made by the Director-General to pursue the actions requested of the Secretariat in response to the SIDS Summit for Health outcome statement, including on the establishment of a Leaders Group for Health, and organizing a second SIDS Summit for Health in 2023;

(PP12) Taking note of the SIDS Summit for Health outcome statement, which emphasizes the urgent health challenges and needs of small island developing States with the aim of amplifying small island developing States' voice, promoting collaborative action and strengthening health and development partnerships and financing,

OP1. URGES Member States[2] to strengthen their collaboration and partnership in support and recognition of the unique vulnerabilities of small island developing States in addressing the various health needs and priorities as highlighted in the SIDS Summit for Health outcome statement and assisting the small island developing States' response to address persistent health, climate change and development challenges that they encounter including through the implementation of the SAMOA Pathway;

OP2. CALLS UPON all international, regional, and national partners from within and beyond the health sector, to pursue the actions called for in the SIDS Summit for Health outcome statement and to promote the needs and required actions needed for small island developing States;

OP3. DECIDES to propose a Voluntary Health Trust Fund for small island developing States with the terms of reference to be tabled in conjunction with a report from the Secretariat on current practices for funding participation of Member States in WHO meetings, at the Seventy-sixth World Health Assembly, with a view, inter alia, to facilitate the participation of small island developing States in WHO meetings and to support technical and capacity-building in their favour

[1] SIDS Summit for Health Outcome Statement: For a Healthy and Resilient Future in Small Island Developing States, https://cdn.who.int/media/docs/default-source/sids-summit/sids-summit-for-health---final-outcome-statement.pdf?sfvrsn=7a5db89f_5, accessed 13 May 2022.

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

on issues of direct relevance to their situation and encourage all States and partners to make voluntary contributions to the Voluntary Health Trust Fund for small island developing States;

OP4. REQUESTS the Director-General:

(1) to continue to pursue the commitments made before and at the SIDS Summit for Health, including:

(a) Support for the SIDS Leaders Group for Health for high level advocacy and driving further attention globally on the health challenges and initiatives of the small island developing States and collaboration across Member States and partners;

(b) Support for the leveraging of improved multisectoral and innovative financing for small island developing States and strengthening platforms to better support small island developing States on urgent health challenges;

(c) Facilitating greater collaboration for cooperation frameworks with other United Nations entities, Member States[1] and partners;

(2) to report to the Seventy-seventh World Health Assembly in 2024 on the progress made as well as the outcomes of the second SIDS Summit for Health.

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

Resolution:	Outcome of the SIDS Summit for Health: For a healthy and resilient future in small island developing States
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:** 3.1.1. Countries enabled to address social determinants of health across the life course 3.3.1. Countries enabled to address environmental determinants, including climate change
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$ 3.35 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** US$ 3.35 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.

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

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:**

US$ 1.12 million.

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

US$ 2.23 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	0.63	0.61	0.00	0.00	0.00	0.49	1.12	2.85
	Activities	0.10	0.10	0.00	0.00	0.00	0.10	0.20	0.50
	Total	0.73	0.71	0.00	0.00	0.00	0.59	1.32	3.35
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 CHAIR drew attention to the draft resolution on well-being and health promotion, proposed by Azerbaijan, Bahrain, Bosnia and Herzegovina, Botswana, Colombia, Iraq, Oman, Peru, Saudi Arabia, Thailand, the United Arab Emirates, the United States of America and Vanuatu, which read:

> The Seventy-fifth World Health Assembly,
>
> PP0 Considering the vast implications that current economic, environmental and social conditions have on the health of societies, communities and people and the potential that health promotion, health protection and disease prevention have on enhancing the capacities of people to protect and improve their health and well-being, in addition to health and social measures by governments;
>
> PP1 Reaffirming that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity;
>
> PP2 Reaffirming, as enshrined in the WHO constitution, that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

PP3 Reaffirming that the objective of WHO shall be the attainment by all peoples of the highest possible level of health;

PP4 Reaffirming that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

PP5 Recalling General Assembly resolution A/RES/70/1 entitled "Transforming our world: the 2030 Agenda for Sustainable Development" which identifies as part of the New Agenda to promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care and affirms that no one must be left behind;

PP6 Recalling General Assembly resolution A/RES/67/81 which recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and has an adequate skilled, well trained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing determinants of health through policies across sectors, including promoting the health literacy of the population;

PP7 Recalling the report of the Commission on the Social Determinants of Health (2008) and the three overarching recommendations of the Commission: to improve daily living conditions, to tackle the inequitable distribution of power, money, and resources; and to measure and understand the problem and assess the impact of action;

PP8 Recalling the Thirteenth General Programme of Work, 2019–2023 of WHO and the target of one billion people enjoying better health and well-being by 2023;

PP9 Building on the legacy of the 1986 *Ottawa Charter for Health Promotion* and noting the outcomes of other previous global conferences on health promotion;

PP10 Acknowledging that the health and well-being of the population is associated with peace, security, stability, improved productivity and economic growth and that socially and economically unfair and largely avoidable inequities within and between countries may have a reverse impact;

PP11 Noting that health is produced and that it can be endangered in all environments of the society, which is why promoting health and well-being requires environmentally and financially sustainable, action and investment by multiple sectors of government and input from wider society, including multisectoral engagement with social and economic actors from individuals, communities, NGOs and the private sector;

PP12 Acknowledging that successful promotion of health and well-being builds on complementary and essential approaches, including "health in all policies", emphasizing that public policies and decisions made in policy areas other than health impact citizens' health and its determinants; "the whole-of-government approach", referring to the joint activities performed by diverse ministries, public administrations and public agencies in order to provide a common solutions; as well as "the whole-of-society approach", stressing the role of, participatory governance and partnerships with different non-State actors at all levels, including the private sector, NGOs, communities and individuals;

PP13 Acknowledging that the promotion of health and well-being can address determinants of health and/or risk factors at the population, community, specific group or individual levels and in different contexts, taking into account the specific needs of people in vulnerable situations, including the removal of attitudinal, institutional and environmental barriers encountered by persons with disabilities;

PP14 Noting the increasing impact on premature mortality from noncommunicable diseases, the continued burden caused by communicable diseases and the new demands they both put on governments in the protection and promotion of health in order to achieve health equity and ensuring universal health coverage;

PP15 Emphasizing that in order to have capacity for health-informed decisions and health-seeking behaviours individuals must have achieved an appropriate level of health literacy;

PP16 Stressing that the development of interventions at population, community and individual level to further increase health literacy and improve health outcomes must be guided by evidence, in particular from social and behavioural science, and consider using innovative approaches, communication channels and technologies;

PP17 Noting that many persons with disabilities, particularly girls and women, face barriers to access information and education, including with regards to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences as adopted by the UNGA;

PP18 Recalling that multisectoral action on social, environmental, economic determinants of health, both for the entire population and proportionate to the level of disadvantage of people in vulnerable situations, is essential to create inclusive, equitable, economically productive, resilient and healthy societies with healthy environments that make healthy options the easy options to choose;

PP19 Acknowledging the importance of national, international and global cooperation and solidarity for the equitable benefit of all people and the important role that relevant multilateral organizations, under the leadership of WHO, have in articulating and promoting norms and guidelines and identifying and sharing good practices for supporting actions on social, environmental and economic determinants of health;

PP20 Considering that positioning human health and well-being as one of the key features of what constitutes a successful, inclusive and fair society in the 21st century is consistent with our commitment to human rights at national, regional and international levels,

OP1. URGES Member States[1] to:

(1) Strengthen health promotion and disease prevention through high impact public policies, based on scientific evidence and best available knowledge, across sectors, developed through participatory processes, to strengthen health systems and to address health determinants and reduce risk factors, including appropriate regulation, and use health and health equity impact assessments in their development in order to achieve equitable outcomes;

(2) Strengthen the health system and empower the health workforce, including by base and continuous training, in the provision of health promotion, disease prevention and health communication at all levels of health services, including by using innovative approaches, communication channels and technologies, ensuring that people in vulnerable situations have access to information;

(3) Develop enabling environments conducive to health by addressing determinants of health across sectors and by reducing risk factors and thus make it easier for individuals to make healthy choices to support the realization of healthy, safe and resilient communities;

(4) Accelerate efforts to ensure healthy lives and promote well-being and universal health coverage by 2030 for all throughout the life course, and in this regard re-emphasize our resolve to cover one billion additional people by 2025 with quality essential health and mental health services, quality, safe and effective essential medicines, vaccines, diagnostics and health technologies, and essential and quality health information, with a view to cover all people by 2030;

(5) Ensure the implementation of country and context specific essential public health functions to protect and promote health and to prevent diseases;

(6) Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

(7) Consider taking steps to include basic health knowledge in curricula to ensure that everybody has an appropriate level of health literacy and implement effective, high impact,

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

quality-assured, people-centred, gender-, disability- and health literacy-responsive, equity oriented and evidence-based interventions, mindful of cultural contexts to meet the health needs of all throughout the life course, and in particular persons with disabilities and people in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health services at all levels of care for health promotion, prevention, diagnosis, treatment and care, and rehabilitation in a timely manner, including promoting return-to-work programmes;

(8) Support establishment, as appropriate, of mechanisms for generating, gathering and sharing evidence for developing high impact policies to promote and protect people's physical, mental and social well-being and comprehensively address structural, social, economic, environmental and other determinants of health by working across all sectors through a whole-of-government, whole-of-society and Health in All Policies approach;

(9) Consider, as appropriate, establishing governmental, regional, subregional and local structures responsible for population level health promotion, with sustainable financing, and continuous reporting and strengthen population-based health promotion implementation and ensure its resilience;

(10) Promote health and well-being through coordinated and multisectoral action throughout the life course and by providing conditions for people to access and enjoy clean and safe water, healthy food from sustainable food systems, clean air, tobacco free environments, social participation, free from all forms of discrimination and inequalities and where all people are able and empowered to take responsibility for their own health and well-being;

(11) Design and orient public systems and infrastructures, including health systems that serve people's needs, are accessible, affordable to all to ensure health equity contributing to sustainable and resilient economic development;

OP2. REQUESTS the Director-General to:

(1) develop, within the mandate of WHO, a framework on achieving well-being, building on the Agenda 2030 with its 17 Sustainable Development Goals and identify the role that health promotion plays within this, in consultation with Member States[1] for consideration by the WHA76 through EB152;

(2) develop as part of that framework an implementation and monitoring plan that includes identifying and supporting the translation into practice of innovative approaches for well-being using health promotion tools, new technologies and approaches to contribute to the WHO General Programme of Work;

(3) provide technical support to Member States in strengthening their governance, financing, human resources, evidence generation, data disaggregation and research structures for well-being and health promotion;

(4) promote and recommend scientifically sound interdisciplinary research to develop the evidence base for interventions for the promotion of health and well-being at population, community and individual levels, including by using big data, building on the measurement systems of the SDGs;

(5) report back on the implementation of this resolution to the 77th (2024), 79th (2026) 84th (2031) World Health Assembly, through the Executive Board.

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

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

Resolution:	Well-being and health promotion
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:** 3.2.1. Countries enabled to address risk factors through multisectoral actions 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures 3.3.1. Countries enabled to address environmental determinants, including climate change 3.3.2. Countries supported to create an enabling environment for healthy settings
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:** Ten years (2022–2031).
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 10.58 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** US$ 1.96 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$ 1.99 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 6.63 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$ 1.96 million.

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

Not applicable.

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

Not applicable.

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	0.12	0.10	0.10	0.12	0.09	0.09	0.20	0.82
	Activities	0.11	0.10	0.11	0.11	0.11	0.10	0.50	1.14
	Total	0.23	0.20	0.21	0.23	0.20	0.19	0.70	1.96
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.12	0.10	0.10	0.12	0.09	0.09	0.21	0.83
	Activities	0.11	0.10	0.11	0.11	0.11	0.10	0.52	1.16
	Total	0.23	0.20	0.21	0.23	0.20	0.19	0.73	1.99
Future bienniums resources to be planned	Staff	0.41	0.34	0.34	0.41	0.30	0.30	0.68	2.78
	Activities	0.37	0.34	0.37	0.37	0.37	0.34	1.69	3.85
	Total	0.78	0.68	0.71	0.78	0.67	0.64	2.37	6.63

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, welcomed the support already provided by the WHO Secretariat to strengthen regulations on the marketing of breast-milk substitutes in the African Region, but noted with concern the increased use of digital media for marketing breast-milk substitutes. High-level political will, accountability mechanisms and strengthened monitoring and sanction mechanisms, as well as increased awareness of the International Code of Marketing of Breast-Milk Substitutes, would be needed to safeguard the benefits of breastfeeding.

She also noted with concern the increase in overweight and obese children in the African Region and encouraged Member States in the Region to adopt the acceleration plan to prevent and manage obesity; develop and use specific implementation plans; and set objective frameworks to track and report progress towards achieving the global nutrition targets 2025 and the Sustainable Development Goals.

She urged the Secretariat to support Member States in the African Region in crisis in the development and implementation of comprehensive nutrition security policies. Children and pregnant and breastfeeding women, in particular, must be guaranteed the minimum required level of food security. Appropriate safeguards with realistic monitoring systems and quality data on basic nutrition indicators must be put in place to that end.

She noted the priority areas highlighted in the WHO global strategy for food safety and supported its adoption. The importance of ensuring universal access to safe and wholesome food could not be overstated. However, differences in populations and supply chains must be taken into account. For example, indigenous expertise should be sought in the design of food safety strategies in the African Region, given the role played by traditional food markets in supply chains.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries of Turkey, North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, and the European Free Trade Association country and member of the European Economic Area Iceland, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement.

Supporting the adoption of the WHO global strategy for food safety, she said that the One Health approach was crucial to ensuring sustainable food systems and global food security and to reducing the risk of a pandemic. Reducing and potentially eliminating the use of antibiotics for non-medical purposes were also key.

She reaffirmed the commitment of the European Union and its Member States to reducing the public health risks associated with the sale of live animals in traditional food markets, which was essential to pandemic prevention, preparedness and response.

She welcomed the expansion of the tripartite partnership to a quadripartite partnership, with the inclusion of UNEP, and the drafting of the One Health joint plan of action. She asked the partnership to ensure that the new plan of action was aligned with other quadripartite initiatives to avoid duplication of work, and to draft an accompanying implementation plan with clearly defined results, deadlines and responsibilities for the Secretariat, the quadripartite partnership and Member States.

The representative of FIJI, speaking also on behalf of the other sponsors of the draft resolution on the outcome of the SIDS Summit for Health, said that small island developing States shared many socioeconomic and environmental challenges and, owing to their fragile and limited economies, were highly vulnerable to external economic and financial shocks. Climate change remained the most critical threat since it undermined the environmental determinants of health, including clean air and water, sufficient food and adequate shelter, and increased the risks of extreme weather events. The challenges experienced by small island developing States were hindering progress towards achieving the Sustainable Development Goals and the SIDS Accelerated Modalities of Action (SAMOA) Pathway, and must be the subject of due attention within the global health architecture to ensure that those States were not left behind. He therefore called on Member States to support the adoption of the draft resolution.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the draft decision on the WHO global strategy for food safety and emphasized the importance of the leadership role of ministries of health, working in close collaboration with FAO and WHO. He called on the WHO Regional Director for the Eastern Mediterranean to develop a regional strategy for food safety that included public health considerations, and on the Secretariat to support Member States in developing and enhancing their own food safety systems, monitoring food commodities, improving risk assessment and creating programmes to tackle foodborne diseases. Further support was needed to ensure that the nutritional needs of pregnant mothers, infants and adolescents were met to prevent nutritional disorders. He therefore welcomed plans to hold a joint FAO, UNICEF, WFP and WHO high-level meeting in the Region in 2022 to accelerate action on maternal, infant and child undernutrition in low- and middle-income countries. He drew attention to the draft resolution on well-being and health promotion and emphasized the urgent need for greater efforts to place the well-being of people and the planet at the centre of policies.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, emphasized the importance of continuing to promote, protect and support breastfeeding, including through stricter enforcement of legislation incorporating the International Code of Marketing of Breast-Milk Substitutes. Member States should be encouraged to enforce legislation on breast-milk substitutes and receive Secretariat support in addressing marketing campaigns, including digital marketing strategies. The Secretariat's support in developing the strategic action plan to reduce the double burden of malnutrition in the Region and in conducting market research on breast-milk substitutes was appreciated. Several countries in the Region had the potential to contribute to universal salt iodization but still faced challenges. The Secretariat could conduct external assessments of regional

universal salt iodization programmes to help Member States to achieve optimum iodine status; strengthen salt iodization monitoring and surveillance systems by integrating them into national monitoring and evaluation systems; and provide sustainable funding to scale up execution of the comprehensive implementation plan on maternal, infant and young child nutrition and universal salt iodization.

The representative of ECUADOR said that his Government had succeeded in virtually eliminating iodine deficiency disorders nationally and had numerous measures in place to sustain progress in that area. However, iodine deficiency remained a serious global issue. Continued efforts towards eliminating iodine deficiency were thus key to making and maintaining progress. He therefore welcomed the report by the Director-General on sustaining the elimination of iodine deficiency disorders.

The representative of CANADA emphasized the importance of health promotion in addressing current and future health crises, including climate change, and welcomed the report by the Director-General on behavioural sciences. She strongly supported the updated WHO global strategy for food safety but noted with concern that the draft decision, contained in Executive Board decision EB150(8), still showed actions that the Secretariat had proposed without having consulted Member States. The draft decision would be more effective if it reflected actions already taken by Member States, consistent with resolution WHA73.5 (2020) on strengthening efforts on food safety. She therefore suggested amending paragraph 2 of the draft decision by inserting the words "or reflect actions to implement the strategy within existing food safety policies and programmes", after the words "To call on Member States to develop national implementation road maps". She invited Member States to support the amendment and looked forward to receiving a progress report on the implementation of resolution WHA73.5.

The representative of MALAYSIA emphasized that strong partnerships with relevant government agencies and the salt industry were crucial to ensuring universal salt iodization and eliminating iodine deficiency disorders. Expressing strong support for mainstreaming behavioural sciences in WHO's work, she said that capacities must be strengthened at all three levels of the Organization. She suggested that Member States should share their expertise to support the Secretariat's capacity-building efforts to that end and that, in their own countries, they should use digital solutions as a tool – combining artificial intelligence, data science and behavioural science methodologies to achieve better health, economic and social outcomes. She expressed the hope that Member States would agree on a vision for promoting a behavioural science approach to health, particularly in addressing noncommunicable and emerging diseases, and urged the Secretariat to advocate for voluntary contributions to be additionally earmarked for behavioural sciences within their original disease-specific scope.

The representative of BANGLADESH urged the Secretariat to mobilize global support, using existing resources, to ensure that trading and export standards, guidelines and regulations were compliant with the International Code of Marketing of Breast-Milk Substitutes and relevant World Health Assembly resolutions; to promote the gradual phasing-out of cross-branded products functioning as breast-milk substitutes according to the Codex Alimentarius standard for follow-up formula; and to encourage Member States to ensure compliance with the WHO and UNICEF Ten Steps to Successful Breastfeeding.

The representative of BAHRAIN supported the draft decision on maternal, infant and young child nutrition requesting the Director-General to develop guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes. Her country had followed recommendations on eliminating iodine deficiency disorders, which, alongside national surveys and market control, had resulted in Bahrain being classified as a country without an iodine deficiency problem. She strongly supported the draft resolution on well-being and health promotion, which would accelerate progress towards achieving the health-related Sustainable Development Goals. Food safety was an essential pillar of food security, which countries should promote by implementing effective

measures, including the WHO global strategy for food safety. Bahrain had taken steps to strengthen its own food safety systems, which included the use of risk assessment, risk management and food analysis databases.

The representative of ANGOLA emphasized the importance of sustaining the elimination of iodine deficiency disorders and outlined steps taken in his country to increase and sustain iodine levels, including fortifying salt with iodine, enacting supporting legislation and monitoring iodine levels in people by testing their urine. As domestic legislation on the marketing of breast-milk substitutes was still pending, the Government was struggling against companies marketing breast-milk substitutes and gaining influence, even among health professionals. It was working hard to protect and promote breastfeeding, but recognized that it would still require technical assistance from the Secretariat to implement the International Code of Marketing of Breast-Milk Substitutes and a fortified foods policy to tackle the chronic problem of malnutrition.

The representative of MEXICO said that WHO must take action to promote breastfeeding and counteract the risk to infant health and food security posed by breast-milk substitutes. He therefore urged the Secretariat to strengthen the wording of the draft decision on maternal, infant and young child nutrition to indicate that Member States should be supported in: drawing up guidance, standards and regulations on the implementation of the International Code of Marketing of Breast-Milk Substitutes; adopting legislation covering all infant foods and related products; adopting and implementing safeguards to ensure transparency and prevent conflicts of interest in the establishment of appropriate policies on infant foods; and ensuring compliance with the WHO and UNICEF Ten Steps to Successful Breastfeeding.

The representative of NIGER reaffirmed his Government's strong support for the draft decision on maternal, infant and young child nutrition because the marketing of breast-milk substitutes threatened to halt progress in promoting breastfeeding and infant nutrition. It supported the call to Member States in difficulty or crisis to draft and implement food security policies using a multisectoral approach. He outlined elements of the national food security policy, which included strategies to promote breastfeeding and universal salt iodization and to address malnutrition. However, further steps must be taken to improve the critical situation for children and pregnant women; he invited the Secretariat to support his country to that end by helping to mobilize its partners.

The representative of NAMIBIA supported the recommendation to encourage countries to continue the regular monitoring of iodine status. He outlined numerous measures that his Government had adopted to promote adequate nutrition, including monitoring micronutrient levels in food, administering folic acid to pregnant women and following up reports of food safety incidents. His Government welcomed the forthcoming updated guidance on the population assessment of iodine status and the updated guidance on food safety and encouraged the Secretariat to continue supporting Member States in their implementation.

The representative of SUDAN said that the COVID-19 pandemic, reduced food security and environmental challenges associated with climate change, such as desertification, were impeding her Government's implementation of the WHO global strategy for food safety. Political instability, high inflation and the cost of living particularly adversely affected women, children and adolescents. Moreover, a chronic lack of longer-term donor funding meant it was unlikely that most of the global health and nutrition targets would be met. WHO and the international community should therefore develop policies to support local health system strengthening; scale up school health interventions for adolescents and neonatal health interventions; strengthen the reproductive, maternal, newborn and child health surveillance system and the referral system for emergency obstetric care and maternal and child care; and scale up nutrition interventions through primary health care and community structures.

The representative of JAPAN welcomed the report on WHO's Implementation Framework for Billion 3, the draft resolution on well-being and health promotion, and the report on behavioural science. Practical approaches, based on past experiences and practices, should be identified and replicated at the country level to address new challenges such as patient safety. She supported the draft resolution on the outcome of the SIDS Summit for Health since it was important to improve access to services and address malnutrition, noncommunicable diseases and the lack of human resources in small island developing States. Her Government welcomed the updated WHO global strategy for food safety, supporting the inclusion of interim guidance on reducing public health risks associated with the sale of live wild animals and mammalian species in traditional food markets, and expressed continued commitment in that field, as shown through the Tokyo Nutrition for Growth Summit. While acknowledging the Secretariat's ongoing efforts and achievements in addressing iodine deficiency, she expressed concern that progress had stalled. She requested the Secretariat to analyse the causes and propose possible solutions.

The representative of NORWAY supported developing guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes. Updated and new regulations must address digital marketing practices and focus on health care workers' skills in the promotion of breastfeeding. Moreover, efforts should be in line with resolution WHA63.14 (2010) on the marketing of foods and non-alcoholic beverages to children. Her Government supported the adoption of the updated WHO global strategy for food safety and interim guidance on reducing public health risks associated with the sale of live wild animals and mammalian species in traditional food markets. Commending efforts to achieve the Sustainable Development Goals and the adoption of a One Health approach, she emphasized the importance of including a focus on reducing the spread of antimicrobial resistance, protecting nature and reducing biodiversity loss. Her Government also supported the draft resolution on the outcome of the SIDS Summit for Health and the call for Member States to strengthen their collaboration and partnership with small island developing States.

The representative of MAURITIUS recalled the unique vulnerabilities faced by small island developing States, the causes of which included global warming, extreme weather conditions, a high risk of foodborne and waterborne diseases, the prevalence of noncommunicable diseases, food security and diversity issues, and poor accessibility to health products and services, and noted that the draft resolution on the outcome of the SIDS Summit for Health would be the first dedicated WHO resolution on small island developing States. He invited Member States to support the draft resolution and ensure its implementation.

The representative of THAILAND, welcoming the draft decision on maternal, infant and young child nutrition, encouraged the Secretariat to collaborate with WTO or other trade agreement bodies to ensure that the guidance on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes included tools to tackle modern marketing strategies effectively. She welcomed the draft resolution on well-being and health promotion, which was the first of its kind, and emphasized the need to secure sufficient funding for its implementation. Her Government also supported the draft decision on the WHO global strategy for food safety, as strong political commitment and multisectoral collaboration, as well as monitoring and evaluation systems that generated reliable data, were crucial to achieving food safety along the entire food supply chain.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed deep concern about the high numbers of malnourished children and mothers around the world and the slow implementation of the comprehensive implementation plan on maternal, infant and young child nutrition. More action was needed to prevent wasting, improve food systems and diets and integrate nutrition services into health systems and to ensure continued progress following the 2021 Nutrition for Growth Summit. Her Government agreed with the proposal in the draft decision on maternal, infant and young child nutrition to develop guidance on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes. Her Government strongly supported the behavioural sciences for better health initiative. Behavioural science should be applied to infectious

diseases, noncommunicable diseases, environmental health, health services, health-care-seeking behaviours, sexual and reproductive health and rights, gender equality, water sanitation and hygiene and across primary, secondary and tertiary prevention. The Government stood ready to continue collaborating internationally and to share its experiences and good practices.

The representative of PERU said that current evidence indicated that breastfeeding was the safest and healthiest means of infant nutrition, affording both short- and long-term health benefits to children. His Government therefore supported the draft decision on maternal, infant and young child nutrition calling for guidance to be developed for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, which threatened to undermine the benefits of breastfeeding.

The representative of CHINA requested the Secretariat to provide guidance to Member States on using data to assess progress in improving maternal, infant and young child nutrition. The establishment of a platform through which Member States could share experiences would be useful. The Secretariat should also support Member States in establishing a multisectoral approach to addressing the digital marketing of breast-milk substitutes. Better health literacy would also be key in addressing the issue; he therefore asked the Secretariat to provide technical support in that area. His Government welcomed the updated WHO global strategy for food safety, which it would use as a basis to further strengthen its national food safety system.

The representative of COLOMBIA said that breastfeeding was promoted in his country in line with WHO recommendations. His Government was planning to submit a draft resolution to the Seventy-sixth World Health Assembly on the prevention of spina bifida and other neural tube defects by fortifying food products with folic acid. Progress on food safety and public health could only be made by strengthening national food surveillance systems, including by updating regulations. It would be important to consider issues such as changes in food systems at the global level related to health as well as trade. He outlined his Government's efforts to reduce the risk of zoonotic disease outbreaks under a One Health approach and looked forward to receiving the updated interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets.

The representative of AUSTRIA, welcoming the draft resolution on well-being and health promotion, emphasized the importance of intersectoral policy collaboration, participatory governance and partnerships with civil society organizations in the development of a global framework. She welcomed the behavioural sciences for better health initiative. Her Government was of the view that health behaviours could be changed only by taking a determinant-oriented approach and that investments in health promotion, including health-promoting health care and health literacy activities, were of great importance. Protecting women of childbearing age, pregnant women and mothers from the digital marketing of breast-milk substitutes was of utmost importance. Her Government would therefore welcome guidance on regulatory measures aimed at restricting digital marketing. She suggested expanding the use of the CLICK monitoring framework already used to monitor and restrict digital marketing of unhealthy processed foods to children in Europe.

The representative of LEBANON said that, despite efforts to promote food safety, her country had experienced numerous technical, economic and human resource challenges. She commended the Secretariat on its role in supporting food safety in Lebanon, including in the establishment of a public health laboratory service, the digital transformation of the sector and the provision of human resources. She noted that Lebanon had also experienced food security issues; several basic food products were either widely unavailable or unaffordable and the risk of malnutrition had increased. She requested that Lebanon be added to the list of sponsors of the draft resolution on well-being and health promotion.

The representative of MALDIVES said that much of the global disease burden could be prevented by ensuring safe and supportive environments, enabling people to make healthy choices and adopt healthy behaviours. The global community must build on the lessons learned from the COVID-19 pandemic and focus on fostering such environments. In view of the particular vulnerability of small island developing States to the effects of climate change, she asked the Secretariat to continue to support those States in addressing their health challenges, including by promoting the implementation of strategies addressing health determinants and promoting healthy, equitable and sustainable societies. In that connection, she requested that Maldives be added to the list of sponsors of the draft resolution on the outcome of the SIDS Summit for Health.

The representative of GHANA said that his country had made progress in achieving its targets on maternal, infant and young child nutrition, including by introducing a combined maternal and child health record book and establishing walk-in wellness clinics to tackle obesity. However, the COVID-19 pandemic and other current world events had exacerbated food insecurity and led to an increase in the number of children affected by malnutrition. He urged Member States to improve maternal, infant and young child nutrition by strengthening intersectoral collaboration. He noted that his Government had developed a national food safety policy that was aligned with the WHO global strategy for food safety.

The representative of ETHIOPIA outlined some of the national initiatives in place to address malnutrition, which was a serious issue in Ethiopia. Iodine deficiency disorders were a major public health problem and particularly affected women and children. The promotion of iodized salt consumption and breastfeeding had proved to be the most successful and cost-effective means of tackling the problem.

The representative of the UNITED STATES OF AMERICA supported the amendment proposed by the representative of Canada to the draft decision on the WHO global strategy for food safety. Turning to maternal, infant and young child nutrition, she said that investment was crucial to prevent malnutrition in children and to help to build resilient health and sustainable food systems to overcome setbacks caused by the COVID-19 pandemic, global climate crisis and recurring conflicts, such as the Russian Federation's war against Ukraine. That conflict in particular had the potential to cause malnutrition on a devastating scale. The United States strongly supported the practice of breastfeeding but recognized the critical importance of ensuring access in all countries to safe breast-milk substitutes where breast milk was not available. Regarding the draft decision on maternal, infant and young child nutrition, she called on WHO to conduct its work in a consultative and transparent manner, ensure that gaps in existing guidance were addressed, and consider the range of approaches used by Member States to protect and support breastfeeding. Guidance must not infringe on the work of other international bodies, such as FAO and its Codex Alimentarius.

The representative of ARGENTINA said that her Government agreed that health workers should determine the circumstances in which the use of breast-milk substitutes was appropriate and that direct marketing of any kind could threaten good health practices. However, guidance on regulatory measures aimed at restricting digital marketing should be balanced and reasonable and not inhibit access to breast-milk substitutes in instances where breastfeeding was not possible. Regarding the updated WHO global strategy for food safety, she welcomed the inclusion of a reference to the WTO's Agreement on the Application of Sanitary and Phytosanitary Measures under strategic objective 5.4, which stipulated that Member States should base their sanitary and phytosanitary measures on international standards, directives or recommendations. She also welcomed strategic objective 3.4, which stated that transparency and consistency in risk management decisions should be guaranteed and that cost and practicability of a proposed control measure, proportionality of the level of risk reduction to be achieved, availability of sampling tools and socioeconomic impacts should all be considered. Her country supported the amendment proposed by the representative of Canada to the draft decision on the WHO global strategy for food safety.

The representative of AUSTRALIA acknowledged the Secretariat's work in highlighting the challenges faced by small island developing States that had been further exacerbated by the pandemic, and supported calls for the Secretariat to offer more support to accelerate implementation of the strategic actions proposed in the SIDS Summit for Health outcome. He encouraged the Secretariat to further strengthen coordinated country support for small island developing States, particularly in the Western Pacific Region, which should include a focus on human resources and the supply of high-quality medicines. He welcomed the updated WHO global strategy for food safety and supported the amendment proposed by the representative of Canada to the draft decision on the WHO global strategy for food safety. He also welcomed the draft decision on reducing public health risks associated with the sale of live wild animals in traditional food markets. He further welcomed the drafting of the One Health joint plan of action, recognizing the important role played by the quadripartite partnership in strengthening animal health surveillance systems. He encouraged WHO to continue its cross-sectoral collaboration but also to increase its focus on ensuring that adequate risk assessment mechanisms were in place. He noted that to ensure in-country implementation was successful, country plans needed to articulate the relevant sectoral areas of responsibility, funding sources and timelines.

The representative of the RUSSIAN FEDERATION, welcoming the update on progress in implementing the International Code of Marketing of Breast-Milk Substitutes, noted that her Government was considering amendments to legislation that would ban the marketing of breast-milk substitutes for infants aged 1 year and under. She also noted that, while iodine supplements were routinely prescribed to pregnant women throughout pregnancy to prevent thyroid problems in newborn babies, iodine deficiency remained an issue countrywide.

The representative of SENEGAL said that progress had been made in his country towards improving access to affordable and high-quality nutritional services for all, but particularly for mothers, infants and young children. However, the marketing of breast-milk substitutes and other food products was a source of major concern, and his Government was therefore taking steps to introduce legislation regulating the marketing of foods for infants and young children. His Government was already promoting food safety, including through a national emergency response plan, participation in the FAO/WHO International Food Safety Authorities Network and a centralized platform for data collection and analysis.

The representative of BRAZIL welcomed the updated WHO global strategy for food safety and supported the amendment proposed by the representative of Canada to the associated draft decision. He commended the focus on risk assessment and evidence-based guidelines in the updated strategy and also the linkages to international standards and recommendations such as the Codex Alimentarius. It was essential for WHO to continue working on strengthening global food safety, but it must remain within its mandate and not make qualitative or selective judgements on specific products central to traditional and healthy diets, nor discriminate against innovate and safe practices. His country looked forward to consultations with Member States on developing a framework for promoting well-being and welcomed the draft resolution on the outcome of the SIDS Summit for Health. Regarding maternal, infant and young child nutrition, his Government had established a programme to promote breastfeeding and was moving towards achieving the global nutrition target of increasing the rate of exclusive breastfeeding for the first six months to 50%.

The representative of SLOVAKIA, outlining some measures adopted nationally to promote breastfeeding and eliminate iodine deficiency disorders, expressed his country's continued commitment to improving maternal, infant and young child nutrition and underscored the importance of further developing WHO guidelines in that area.

The representative of PARAGUAY said that her country supported intersectoral measures that promoted health through the consumption of safe food and food systems that did not harm the environment and mitigated climate change. She emphasized the usefulness of having product labels on

breast-milk substitutes that detailed their nutritional value and that many Member States would benefit from guidance on regulatory measures aimed at restricting the digital marketing of such products. Her country promoted breastfeeding through the inclusion of measures in national plans, programmes and projects designed to tackle food insecurity and achieve universal health coverage and was in favour of fostering international cooperation on research into that area. She supported the amendment proposed by the representative of Canada to the draft decision on the WHO global strategy for food safety and also supported the draft decisions on maternal, infant and young child nutrition and on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets.

The representative of the ISLAMIC REPUBLIC OF IRAN outlined existing national policies on maternal, infant and young child nutrition, including iodine deficiency monitoring and policies on sexual and reproductive health, which included the implementation of WHO recommendations on intrapartum care to ensure a positive childbirth experience. With the Secretariat's support, his country would take part in the WHO and partners' global iodine status updating process.

The representative of INDIA affirmed his country's commitment to achieving the global nutrition targets 2025 and outlined domestic measures to improve maternal, infant and young child nutrition and promote safe and healthy eating. His Government would welcome the development of guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes. The Indian population had transitioned from an iodine-deficient to an iodine-replete status. He welcomed the Secretariat's plans to update the global iodine status for school-age children, pregnant women and non-pregnant women and to update guidance on the population assessment of iodine status. A report on iodine intake, including information on the use of iodized salt in the production of processed foods, would also be welcome. Turning to food safety, he emphasized the importance of developing proactive rather than reactive food safety systems and adopting a One Health approach to health risks.

The representative of the REPUBLIC OF KOREA, recognizing that the WHO global strategy for food safety was crucial to managing public health, said that her Government intended to expand and reinforce its information-sharing networks with other Member States with a view to promoting public health. She emphasized that redoubling efforts to improve the supply of healthy food from sustainable food systems would also help to enhance access to medicines and other health products.

The representative of the PHILIPPINES welcomed the draft decision on maternal, infant and young child nutrition. It supported the draft resolution on well-being and health promotion and welcomed the report on behavioural sciences, which were aligned with its national priorities. The global sharing of experiences and good practices on the implementation of such approaches would be welcome. Her Government also welcomed the greater focus on iodine deficiency disorders; it had measures to promote salt iodization in place but continued to struggle with implementation of legislation in that area. She welcomed the plans to update guidance on the population assessment of iodine status and looked forward to additional strategies to address gaps. She reaffirmed her Government's commitment to strengthening its food control policy in line with the updated WHO global strategy for food safety.

The representative of VANUATU said that, in view of the challenges faced by small island developing States, which were particularly vulnerable to the effects of climate change, his Government called on Member States to support the draft resolution on the outcome of the SIDS Summit for Health.

The representative of INDONESIA reaffirmed his Government's commitment to supporting the implementation of the WHO global strategy for food safety and outlined several national measures taken to that end, including a food control system assessment, the launch of online food safety training for food handlers and business operators and the use of WHO's Early Warning, Alert and Response System in responding to foodborne disease outbreaks.

The representative of EGYPT said that her country wished to be added to the list of sponsors of the draft resolution on well-being and health promotion.

The representative of URUGUAY supported the draft decision on maternal, infant and young child nutrition. Given the numerous and significant health benefits of breastfeeding and the increased marketing of breast-milk substitutes, especially digital advertising and marketing via social media networks, there should be monitoring of the implementation of the International Code of Marketing of Breast-Milk Substitutes in more Member States. Although iodine deficiency was not an issue in Uruguay, helped by measures introduced since the 1960s such as iodine supplements and urine testing on pregnant women and the general population, his Government expressed solidarity with all countries confronting that problem.

The representative of TUVALU outlined national initiatives taken to improve nutrition, including revising domestic legislation. Although his Government promoted exclusive breastfeeding and had noted an increase in the rate of breastfeeding in the first six months of life, Tuvalu continued to face the double burden of malnutrition and would struggle to meet the WHO global nutrition targets by 2025 and target 2.2 of the Sustainable Development Goals on ending all forms of malnutrition by 2030 without significant support. He therefore called on the Secretariat to provide support to his country to that end. His Government supported the draft decision on maternal, infant and young child nutrition and requested the Secretariat's support in developing and enforcing national legislation aimed at restricting the digital marketing of breast-milk substitutes, particularly where such marketing originated from outside the country.

The meeting rose at 17:30.

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