



WORLD HEALTH ORGANIZATION

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY

GENEVA, 22–28 MAY 2022

**SUMMARY RECORDS OF COMMITTEES
REPORTS OF COMMITTEES**

**GENEVA
2022**

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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PREFACE

The Seventy-fifth World Health Assembly was held at the Palais des Nations, Geneva, from 22 to 28 May 2022, in accordance with the decision of the Executive Board at its 149th session.¹

¹ Decision EB149(10) (2021).

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¹ Adopted at the second plenary meeting.

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¹ Including election of Vice-Chairs and Rapporteur.

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- 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))

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

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

LIST OF DOCUMENTS

A75/1 Rev.2	Agenda ¹
A75/1 Add.1	Proposal for supplementary agenda item
A75/2	Report of the Executive Board on its 149th and 150th sessions
A75/3	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A75/5	Post of Director-General Contract of the Director-General ²
A75/6	Proposed revision to the Programme budget 2022–2023
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A75/10 Rev.1	Consolidated report by the Director-General ⁵
A75/10 Rev.1 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ³
A75/10 Rev.1 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ³

¹ See page xv.

² See document WHA75/2022/REC/1 Annex 1.

³ See document WHA75/2022/REC/1 Annex 18.

⁴ See document WHA75/2022/REC/1 Annex 4.

⁵ See document WHA75/2022/REC/1 Annexes 9, 13–15.

A75/10 Add.1	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease Annex 3 – Draft global strategy on oral health ¹
A75/10 Add.2	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease Annex 4 – Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies ²
A75/10 Add.3 and A75/10 Add.3 Corr.1	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Annex 5 – Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030 ³
A75/10 Add.4	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease Annex 7 – Draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 ⁴
A75/10 Add.5	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease Annex 11 – Preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025 ⁵
A75/10 Add.6	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease Annex 12 – Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course ⁶

¹ See document WHA75/2022/REC/1 Annex 10.

² See document WHA75/2022/REC/1 Annex 11.

³ See document WHA75/2022/REC/1 Annex 5.

⁴ See document WHA75/2022/REC/1 Annex 12.

⁵ See document WHA75/2022/REC/1 Annex 6.

⁶ See document WHA75/2022/REC/1 Annex 7.

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A75/10 Add.7	Maternal, infant and young child nutrition Sustaining the elimination of iodine deficiency disorders
A75/10 Add.8	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease Annex 1 – Draft implementation road map 2023–2030 for the global action plan for the prevention and control of non-communicable diseases 2013–2030 ¹
A75/11	Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices
A75/11 Add.1	Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices
A75/12	Human resources for health Working for Health: draft 2022–2030 action plan
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¹ See document WHA75/2022/REC/1 Annex 8.

² See document WHA75/2022/REC/1 Annex 18.

A75/18	Strengthening WHO preparedness for and response to health emergencies Proposal for amendments to the International Health Regulations (2005) ¹
A75/19	Strengthening WHO preparedness for and response to health emergencies Strengthening collaboration on One Health
A75/20	Strengthening the global architecture for health emergency preparedness, response and resilience
A75/21	Strengthening WHO preparedness for and response to health emergencies Universal Health and Preparedness Review: concept note
A75/22	Implementation of the International Health Regulations (2005)
A75/23	Poliomyelitis Poliomyelitis eradication
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A75/26	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A75/27	Financing and implementation of the Programme budget 2022–2023
A75/28	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
A75/29	Prevention of sexual exploitation, abuse and harassment
A75/30	WHO reform Written statements: guidelines for Member States ²
A75/31	Human resources: annual report
A75/32	WHO Results Report: Programme budget 2020–2021
A75/33	Audited Financial Statements for the year ended 31 December 2021

¹ See document WHA75/2022/REC/1 Annex 2.

² See document WHA75/2022/REC/1 Annex 16.

LIST OF DOCUMENTS

A75/34	Agreements with intergovernmental organizations Agreement between the World Health Organization and the International Development Law Organization ¹
A75/35	Report of the External Auditor
A75/36	Report of the Internal Auditor
A75/37	External and internal audit recommendations: progress on implementation
A75/38	Appointment of representatives to the WHO Staff Pension Committee
A75/39	Collaboration within the United Nations system and with other intergovernmental organizations
A75/40	Availability, safety and quality of blood products
A75/40 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ²
A75/41	Human organ and tissue transplantation
A75/41 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ²
A75/42	Updates and future reporting Traditional medicine
A75/42 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ²
A75/43	Public health dimension of the world drug problem
A75/43 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ²
A75/44	Progress reports
A75/44 Add.1	Progress reports
A75/45 ³	Special procedures

¹ See document WHA75/2022/REC/1 Annex 3.

² See document WHA75/2022/REC/1 Annex 18.

³ Based on the format chosen for this session of the Health Assembly, it was decided to delete this document.

A75/46	Draft resolution: Revision of the Programme budget 2022–2023
A75/47	Health situation update in Ukraine
A75/48	Special arrangements for settlement of arrears Islamic Republic of Iran
A75/49	Special arrangements for settlement of arrears Republic of the Sudan
A75/50	Prevention of sexual exploitation, abuse and harassment Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly
A75/51	WHO programmatic and financial reports for 2020–2021, including audited financial statements for 2021 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly
A75/52	Financing and implementation of the Programme budget 2022–2023 Reporting on operational efficiencies Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly
A75/53	Programme budget 2022–2023: revision Extending the Thirteenth General Programme of Work, 2019–2023 to 2025 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly
A75/54	Sustainable financing: report of the Working Group Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly
A75/55	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly
A75/56	Report of the External Auditor Report of the Internal Auditor External and internal audit recommendations: progress on implementation Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly

LIST OF DOCUMENTS

A75/57	Human resources: annual report Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly
A75/58	First report of Committee A (Draft)
A75/59	Committee on Credentials Report
A75/60	Second report of Committee A (Draft)
A75/61	Third report of Committee A (Draft)
A75/62	First report of Committee B (Draft)
A75/63	Election of Members entitled to designate a person to serve on the Executive Board
A75/64	Second report of Committee B (Draft)
A75/65	Fourth report of Committee A (Draft)
A75/66	Third report of Committee B (Draft)
A75/67	Fifth report of Committee A (Draft)
A75/68	Fourth report of Committee B (Draft)
A75/69	Sixth report of Committee A (Draft)
A75/70	Seventh report of Committee A (Draft)

Information documents

A75/INF./1	Post of Director-General Appointment of the Director-General
A75/INF./2	Practical arrangements for the conduct of the secret ballot vote for the nomination of the candidate for the post of Director-General
A75/INF./3	Awards ¹

¹ See document WHA75/2022/REC/1 Annex 17.

A75/INF./4	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control
A75/INF./5	Voluntary contributions by fund and by contributor, 2021
A75/INF./6 ¹	Decision-making
A75/INF./7	Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023)
A75/INF./8	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Diverse documents

A75/DIV./1 Rev.1	List of delegates and other participants
A75/DIV./2	Guide for delegates to the World Health Assembly
A75/DIV./3	List of decisions and resolutions
A75/DIV./4	List of documents

¹ Based on the format chosen for this session of the Health Assembly, it was decided to delete this document.

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES¹

President

H.E. Dr Ahmed Robleh ABDILLEH
(Djibouti)

Vice-Presidents

Dr Maria Endang SUMIWI (Indonesia)
Professor Asena SERBEZOVA (Bulgaria)
Mr Colin MCIFF (United States of America)
Mr Khairy JAMALUDDIN (Malaysia)
Professor Moustafa MIJIYAWA (Togo)

Secretary

Dr Tedros Adhanom GHEBREYESUS,
Director-General

Committee on Credentials

The Seventy-fifth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Australia, Azerbaijan, Bolivia (Plurinational State of), Chad, Croatia, Eswatini, Ireland, Nepal, Nicaragua, Sierra Leone, Singapore, Sudan.

Chair: Mr Jeff ROACH (Australia)

Vice-Chair: Ms María René Castro
CUSICANQUI (Plurinational State of
Bolivia)

Secretary: Mr Xavier DANEY, Senior Legal
Officer

General Committee

The Seventy-fifth World Health Assembly elected the delegates of the following 17 countries as members of the General Committee: Angola, Armenia, Benin, Burkina Faso, Cameroon, China,

Congo, Cuba, Czechia, Dominica, El Salvador, France, Saudi Arabia, Somalia, Turkey, United Kingdom of Great Britain and Northern Ireland, Uruguay.

Chair: H.E. Dr Ahmed Robleh ABDILLEH
(Djibouti)

Secretary: Dr Tedros Adhanom
GHEBREYESUS, Director-General

MAIN COMMITTEES

Under Rule 34 of the Rules of Procedure of the World Health Assembly, each delegation is entitled to be represented on each main committee by one of its members.

Committee A

Chair: Dr Hiroki NAKATANI (Japan)

Vice-Chairs: Dr Tamar GABUNIA (Georgia)
Dr Maryam ABDOL-RICHARDS
(Trinidad and Tobago)

Rapporteur: Dr Walaiporn
PATCHARANARUMOL (Thailand)

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

Committee B

Chair: Mr Rajesh BHUSHAN (India)

Vice-Chairs: Dr Firass ABIAD (Lebanon)
Dr Emmanuel Osagie EHANIRE (Nigeria)

Rapporteur: Dr Grzegorz JUSZCZYK (Poland)

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

REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr Patrick AMOTH (Kenya)
Mrs Carla MORETTI (Argentina)
Dr Wahid MAJROOH (Afghanistan)
Dr Clemens Martin AUER (Austria)

¹ In addition, the list of delegates and other participants is contained in document A75/DIV./1 Rev.1.

PART I

SUMMARY RECORDS OF MEETINGS OF COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Sunday, 22 May 2022, at 18:05

Chair: Dr A. ROBLEH ABDILLEH (Djibouti)
President of the World Health Assembly

1. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES (document A75/1 Rev.1)

The CHAIR reminded the Committee that its terms of reference were set out in Rule 32 of the Rules of Procedure of the World Health Assembly. The provisional agenda was contained in document A75/1 Rev.1. The preliminary timetable was contained in document A75/GC/1.

Proposed supplementary agenda item

The CHAIR drew attention to a proposal, referred to in document A75/1 Add.1, for the inclusion of a supplementary agenda item, “Inviting Taiwan to participate in the World Health Assembly as an observer”,¹ on the provisional agenda of the Seventy-fifth World Health Assembly. The proposal had been received from 13 Member States. In line with the procedure followed in previous years, he suggested that two delegations should speak in favour of the proposal and two against, following which the recommendation not to include the supplementary agenda item would be made.

It was so agreed.

The representative of SAINT VINCENT AND THE GRENADINES² said that the Health Assembly was a forum at which to share experience and learn from others. His Government had received support from countries around the world in combating the coronavirus disease (COVID-19) pandemic but could not extend its gratitude in person to Taiwan³ as it was not represented at the session. Throughout the pandemic, the Director-General had repeatedly stated that no region, country, community or individual was safe until all were safe. The General Committee should therefore support the inclusion of the proposed supplementary item on the provisional agenda of the Health Assembly in order to truly realize that goal. Taiwan had been invited to attend the Health Assembly as an observer from 2009 to 2017, yet that practice had been discontinued, apparently for political reasons and because of a lack of cross-Strait understanding. Although inadequate, the invitation extended to Taiwan to participate as an observer should not have been withdrawn and, if it had been appropriate from 2009 to 2017, it must still be so now. Taiwan had proved that it was a staunch partner in the global public health

¹ The title of the proposal has been reproduced as received. The designations employed do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory or area, or of its authorities. The terminology used is at variance with that used by the World Health Organization.

² Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.

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

system. Since the onset of the pandemic, Taiwan had successfully contained local transmission of severe acute respiratory syndrome coronavirus 2 and had shared its expertise globally. Taiwan was a country with a fully functioning democratically elected Government; its achievements in the field of health care should be recognized and the world stood to benefit from its participation in the Health Assembly.

The representative of CHINA expressed his opposition to any participation by Taiwan, China, in the Seventy-fifth World Health Assembly, and to the inclusion of the proposed supplementary item on the provisional agenda. WHO should follow the one-China principle, in accordance with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972). Since the authorities of Taiwan, China, obstinately retained their position on independence, the political and legal foundation for the region's participation in the Health Assembly had ceased to exist. The Chinese central Government had made arrangements for Taiwan, China, to participate in global health affairs, had sent multiple notifications about COVID-19 to the region and had approved the participation of Taiwanese health experts in WHO's technical activities. There was no gap in international epidemic prevention and no shortage of channels through which to exchange information on pandemic prevention. The Health Assembly should focus its discussions on the equitable distribution of prevention and control tools to combat the COVID-19 pandemic and on improvements to global health governance, rather than engage in political issues. He urged the Chair to rule that the proposed supplementary item should not be included on the provisional agenda of the Health Assembly.

The representative of BELIZE¹ supported the participation of Taiwan as an observer at the Health Assembly and the inclusion of the proposed supplementary item on the provisional agenda. Concerted international efforts were needed to respond to the ongoing COVID-19 pandemic, yet WHO – which was responsible for providing leadership on global health matters – continued to exclude the Republic of China, Taiwan owing to political considerations. Since Taiwan was a vital transport hub, particular efforts were needed to prevent a gap in the global health system due to a lack of timely access to crucial information on COVID-19. The theme for the current session of the Health Assembly of health for peace and peace for health called for a focus on the concept of peace as one of societal friendship and harmony in the absence of hostility and violence. An inclusive and collaborative approach was imperative to successfully contain the pandemic. Taiwan should therefore participate in the Health Assembly and other WHO events.

In December 2019, it was Taiwan that had reported a pneumonia of unknown origin emanating from China, clearly demonstrating that the exclusion of Taiwan was detrimental to combating the pandemic and to building resilience as part of post-pandemic recovery efforts. General Assembly resolution 2758 (XXVI) and resolution WHA25.1 only addressed the issue of the representation of China. The Taiwanese authorities were solely responsible for the health and well-being of the population of Taiwan; they also held the most accurate information on local disease outbreaks and the associated risks to global health. Taiwan and China were separate jurisdictions and neither was subordinate to the other. China had never ruled Taiwan and had no right to represent the Taiwanese people at an international organization. The Organization should live up to its vision of the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

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

¹ Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.

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

The CHAIR said that he took it that the Committee wished to recommend that the proposed supplementary item should not be included on the provisional agenda of the Seventy-fifth World Health Assembly.

It was so agreed.

Deletion of agenda items

The CHAIR said that, if there was no objection, five items on the provisional agenda would be deleted, namely item 4.1 (Procedures for the conduct of the election); item 5 (Invited speaker(s)); item 6 (Admission of new Members and Associate Members [if any]); item 22.3 (Assessment of new Members and Associate Members [if any]); and item 22.4 (Amendments to the Financial Regulations and Financial Rules [if any]).

It was so agreed.

The CHAIR took it that the Committee wished to recommend the adoption of the agenda in document A75/1 Rev.1, as amended. The recommendation would be sent to the Health Assembly at its second plenary meeting.

It was so agreed.

2. ALLOCATION OF AGENDA ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The CHAIR said that the provisional agenda of the Health Assembly had been prepared by the Executive Board in such a way as to indicate a proposed allocation of items between Committees A and B, on the basis of the terms of reference of the main committees. It was proposed that item 22.2 (Special arrangements for settlement of arrears) should be moved from Committee B to Committee A. Seeing no objections, he took it that the proposal was acceptable.

It was so agreed.

The General Committee reviewed the programme of work for the Health Assembly until Wednesday, 25 May 2022.

List of speakers

The CHAIR, referring to the list of speakers for the general discussion under item 3 of the agenda, proposed that, as on previous occasions, the list of speakers should be strictly adhered to and that additional speakers should be allowed to take the floor in the order in which they submitted their requests to speak. He further proposed that the list of speakers should be closed on Tuesday, 24 May 2022, at 10:00.

The representative of JAPAN, speaking in his capacity as Chair of Committee A, said that, while emphasis had been placed on the timely submission of draft decisions and resolutions in plenary discussions, some flexibility would be required in that regard.

The CHAIR said that, in the absence of any objection, he would inform the Health Assembly of the arrangements for the list of speakers at its second plenary meeting.

It was so agreed.

The CHAIR drew attention to decision EB149(10) (2021), whereby the Executive Board had decided that the Seventy-fifth World Health Assembly should close no later than Saturday, 28 May 2022. It was therefore proposed that the Health Assembly should close that day.

It was so agreed.

3. ORGANIZATIONAL MATTERS

The CHAIR noted that the General Committee would hold its second meeting on Wednesday, 25 May 2022, in order to draw up a list of members for the purpose of the annual election of Members entitled to designate a person to serve on the Executive Board and to consider any change in the programme of work of the Health Assembly.

The meeting rose at 18:35.

SECOND MEETING

Wednesday, 25 May 2022, at 17:40

Chair: Dr A. ROBLEH ABDILLEH (Djibouti)
President of the World Health Assembly

1. EXECUTIVE BOARD: ELECTION

Proposals for the election of Members entitled to designate a person to serve on the Executive Board (document A75/GC/2)

The CHAIR recalled that the procedure for drawing up the list of candidates to be transmitted by the General Committee to the Health Assembly for the purpose of the annual election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the WHO Constitution and Rule 101 of the Rules of Procedure of the World Health Assembly. In accordance with those provisions, the Committee needed to nominate 12 new Members for that purpose.

Two documents had been prepared to assist the Committee in its task. The first indicated the present composition of the Executive Board by region; the names of the 12 Members whose term of office would expire at the end of the Seventy-fifth World Health Assembly and who had to be replaced were underlined. The second (document A75/GC/2) contained a list of the 12 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. Vacancies by region were: African Region: 2; Region of the Americas: 3; Eastern Mediterranean Region: 2; European Region: 2; South-East Asia Region: 1; and Western Pacific Region: 2.

As no additional suggestions had been made by the Committee, the number of candidates was equal to the number of vacant seats on the Executive Board. He therefore took it that the Committee wished, in accordance with Rule 80 of the Rules of Procedure, to proceed without taking a ballot.

There being no objection, he concluded that it was the Committee's wish, in accordance with Rule 102 of the Rules of Procedure, to transmit to the Health Assembly the following list of 12 candidates for the annual election of Members entitled to designate a person to serve on the Executive Board: Brazil, Canada, China, Ethiopia, Maldives, Micronesia (Federated States of), Morocco, Republic of Moldova, Slovakia, Senegal, United States of America and Yemen.

It was so agreed.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the inclusion of his country on the list of candidates for the annual election of Members entitled to designate a person to serve on the Executive Board. The Board should play a vital role in advancing the mission of the Organization and its vision of a world in which all peoples could attain the highest possible level of health. Recalling the theme of the Seventy-fifth World Health Assembly – health for peace and peace for health – he said that every Member of the Executive Board should uphold the key principle of sovereignty and share a commitment to the promotion of international peace and security, and respect for human rights and the international rules-based order.

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

The representative of JAPAN, speaking in his capacity as Chair of Committee A, said that, since discussions in Committee A involved a large number of statements on each sub-item, a heavy programme of work remained.

The representative of INDIA, speaking in his capacity as Chair of Committee B, reported that Committee B had made steady progress on its programme of work and would soon be in a position to take on additional work.

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

It was so agreed.

The General Committee drew up the programme of work of the Health Assembly for Thursday, 26 May and Friday, 27 May 2022, and the remainder of the Health Assembly.

The meeting rose at 17:55.

COMMITTEE A

FIRST MEETING

Monday, 23 May 2022, at 11:10

Chair: Dr H. NAKATANI (Japan)

1. OPENING OF THE COMMITTEE: Item 11 of the agenda

The CHAIR welcomed the participants.

Election of Vice-Chairs and Rapporteur

Decision: Committee A elected Dr Tamar Gabunia (Georgia) and Dr Maryam Abdool-Richards (Trinidad and Tobago) as Vice-Chairs and Dr Walaiporn Patcharanarumol (Thailand) as Rapporteur.¹

Organization of work

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

It was so agreed.

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

2. BUDGET AND FINANCIAL MATTERS: Item 22 of the agenda

Special arrangements for settlement of arrears: Item 22.2 of the agenda (documents A75/48 and A75/49) [transferred from Committee B]²

The CHAIR drew attention to the draft resolutions on special arrangements for settlement of arrears in respect of the Islamic Republic of Iran and Sudan contained in documents A75/48 and A75/49.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the proposed rescheduling of payment of his country's arrears, which demonstrated his Government's strong commitment to the

¹ Decision WHA75(3).

² See the summary records of the General Committee, first meeting, section 2.

work and functioning of WHO. His Government had been unable to meet its financial obligations to the Organization because of the unilateral coercive sanctions imposed on his country by the Government of the United States of America. The international community needed to hold the Government of the United States of America to account for its unlawful banking and financial sanctions, which constituted a breach of the rule of law and a violation of fundamental human rights, in particular the right to health and to medical treatment.

The representative of SUDAN welcomed the proposed rescheduling of payment of her country's arrears. Her country had experienced political instability and many economic crises, which had prevented her Government from meeting its payment obligations in recent years. Her Government was nevertheless highly committed to complying with the proposed payment schedule going forward.

The representative of the UNITED STATES OF AMERICA said that, while he was pleased for the draft resolution on special arrangements for the settlement of arrears to be approved on the basis of consensus, he rejected the suggestion that the Government of the Islamic Republic of Iran was in arrears as a result of economic sanctions. He did not consider economic sanctions to be a valid basis for a country to be in arrears.

Right of reply

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking in exercise of the right of reply, said that his Government was committed to meeting its financial obligations to WHO in a timely manner under Article 56 of the Constitution of the World Health Organization and in accordance with the scale of assessments determined by the Health Assembly. The unlawful unilateral coercive measures in force against his Government had affected its ability to pay its contributions to some international organizations, including WHO. That situation was beyond his Government's control. He therefore urged the Secretariat to take into consideration the banking restrictions caused by the unilateral coercive measures and, in consultation with the Member States concerned, to develop innovative means and mechanisms to support Member States that were subject to those measures and submit them for consideration at the Seventy-sixth World Health Assembly.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft resolution on special arrangements for settlement of arrears in respect of the Islamic Republic of Iran contained in document A75/48.

The draft resolution was approved.¹

The CHAIR took it that the Committee wished to approve the draft resolution on special arrangements for settlement of arrears in respect of Sudan contained in document A75/49.

The draft resolution was approved.²

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.1.

² Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.2.

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE**3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 14 of the agenda

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

- (a) **Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030**
- (d) **Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies**
- (f) **Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health**
- (j) **Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases**

The CHAIR drew attention to the reports contained in documents A75/10 Add.2, A75/10 Add.5 and A75/10 Add.8, and the section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1. The preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025 was also under discussion. Following discussion of all reports on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, the Committee would consider the draft decision recommended by the Executive Board in decision EB150(4) and the draft decision on the progress made towards the achievement of global obesity targets contained in document A75/10 Rev.1.

The representative of the PHILIPPINES expressed support for the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and its strategic directions. Rather than focusing their support on vertical health programmes that addressed single conditions or small groups of health issues, WHO and other global partners should seek to provide country-specific support that facilitated the development of enabling environments for the co-implementation of programmes that cut across diseases and risk factors, thereby enabling the delivery of appropriate people-centred, life-stage responsive and settings-specific care. Alignment across action plans and strategies was needed to ensure responsive, timely and efficient universal health coverage programmes and services.

The representative of SINGAPORE said that the prevalence of chronic noncommunicable diseases caused by unhealthy lifestyles could pose greater challenges than the pandemic of COVID-19. Investing in and expanding health care capacities would not be enough if the root causes of those diseases were not addressed. There needed to be a greater focus on building health in the community and strengthening primary health care by: building stronger links and referral protocols between family doctors and hospitals; enabling family doctors to deliver both social and medical prescriptions;

encouraging people to remain with their family doctor over the long term; building information technology systems that could share patient information seamlessly across health care providers; and embracing advancements in medical technology without losing sight of the essential role played by family doctors.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, the European Free Trade Association country and member of the European Economic Area Iceland, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She commended the Secretariat on the comprehensive reports, recommendations and guidance on noncommunicable diseases and mental health, two areas requiring urgent action, sustained awareness, financing and the mobilization of a range of stakeholders, facilitated by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025. The growing prevalence and heavy burden of noncommunicable diseases called for a Health in All Policies approach that addressed the socioeconomic aspects of illness and health equity. The draft implementation road map 2023–2030 was a good basis for that work but should further consider the effects of climate change and other environmental factors.

The impact of the COVID-19 pandemic on the prevention and treatment of noncommunicable diseases was regrettable. To reduce the resulting health inequities and improve pandemic preparedness, Member States should scale up the prevention and control of noncommunicable diseases, strengthen primary health care and prioritize health promotion, patient-centred education and high-quality early detection, diagnosis and treatment. Health promotion should empower people to increase control over their health and its determinants by addressing risk factors. Furthermore, digital environments had become a determinant of health and should be better regulated. Multisectoral approaches to emergency preparedness and response should include noncommunicable diseases, in order to preserve essential health care delivery in emergencies such as pandemics and armed conflicts, including the conflict in Ukraine, and ensure continuity in the treatment of noncommunicable diseases and in the prevention of risk factors.

Mental illness exacerbated vulnerabilities among those affected and constituted one of the most neglected areas of public health. Mental health services should be reorganized and oriented towards care in the community on the basis of the needs and priorities in each country in order to ensure the highest attainable standard of mental health free of stigmatization and discrimination. In that regard, the Pan-European Mental Health Coalition, a flagship initiative of the WHO Regional Office for Europe, would contribute to implementation of the comprehensive mental health action plan 2013–2030. She called on Member States and the Secretariat to ensure that mental health remained on WHO's agenda and was mainstreamed in its discussions, including as a stand-alone item at future sessions of WHO's governing bodies.

The representative of SENEGAL expressed support for the draft implementation road map 2023–2030. The Secretariat should support Member States in its implementation and provide technical guidance on establishing, and mobilizing resources for, policies and strategies aimed at strengthening mental health care.

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

The meeting rose at 12:05.

SECOND MEETING

Monday, 23 May 2022, at 14:35

Chair: Dr H. NAKATANI (Japan)

Later: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)

Later: Dr H. NAKATANI (Japan)

1. FIRST REPORT OF COMMITTEE A (document A75/58)

The RAPPORTEUR read out the draft first report of Committee A.

The report was adopted.¹

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

2. PROGRAMME BUDGET 2022–2023: REVISION: Item 12 of the agenda (documents A75/6, A75/7 and A75/46)

- **General Programme of Work results framework** (documents A75/8, A75/8 Add.1, A75/53 and EB150/2022/REC/1, resolution EB150.R4)

The CHAIR drew attention to the draft resolution on the revision of the Programme budget 2022–2023, contained in document A75/46, and the draft resolution on extending the Thirteenth General Programme of Work, 2019–2023 to 2025, recommended by the Executive Board in resolution EB150.R4 and revised by the Programme, Budget and Administration Committee of the Executive Board at its thirty-fifth meeting, contained in document A75/53, the financial and administrative implications of which were set out in document A75/8 Add.1.

The representative of CANADA highlighted the importance of fostering the interconnections between WHO's strategic priorities 1, 2 and 3 and expressed strong support for the proposed revision of the Programme budget 2022–2023. He welcomed the accelerated application of the WHO gender mainstreaming strategy across all initiatives and requested further information on the Organization's actions to develop systems and tools to manage the impacts of health emergencies on gender equality. The proposed inclusion of resource requirements to strengthen accountability, compliance and risk management, with a special focus on the Organization's capacity to prevent and respond to sexual exploitation, abuse and harassment, was also welcome. He supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 and welcomed opportunities to further review the results framework. He looked forward to meaningful, in-depth consultations with Member States on the development of the proposed programme budget for 2024–2025 over the next year.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, welcomed the alignment of the proposed revision of the Thirteenth General Programme of Work, 2019–2023 with WHO's first three priority areas. The proposal to allocate additional resources to

¹ See page 338.

strengthen WHO's accountability, compliance and risk management functions, with a focus on enhancing prevention of and response to sexual exploitation, abuse and harassment, was also a welcome step. Although she supported the increased focus on the country and regional levels, she questioned why the need for additional resources at those levels had not been foreseen earlier. Further details were needed concerning the longer-term budgetary implications of the increases and expected investments, as well as concerning the expected increase in resources allocated to the first and third billion targets under the Thirteenth General Programme of Work. She also sought clarification as to why the reprioritization of resources was not possible within the approved Programme budget 2022–2023 and requested the Secretariat to further examine possible synergies. She welcomed the savings realized by the Secretariat but highlighted that the remaining gap between the Programme budget 2022–2023 and the resources available might result in certain parts of the budget not being implemented or having to be reprioritized. She hoped that the recommendations of the Working Group on Sustainable Financing would be adopted at the current Health Assembly in order to improve the sustainability and predictability of WHO's funding and ensure that it had the necessary capacities to implement its mandate. She expressed support for the draft resolution on extending the Thirteenth General Programme of Work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, expressing support for the draft resolution on the proposed revision of the Programme budget 2022–2023, welcomed the importance accorded to the WHO Health Emergencies Programme and called for flexible investments to support the related core functions of WHO. She also welcomed the recognition of the interconnections between strategic priorities 1, 2 and 3, supported the general focus within pillars 1 and 3 of the Thirteenth General Programme of Work, 2019–2023 and looked forward to seeing the impact of additional investment in those areas. The proposed budget uplift to strengthen accountability, compliance and risk management, with a focus on prevention of and response to sexual exploitation, abuse and harassment, was also a positive step, and she supported the shift towards a victim- and survivor-centred approach, as well as efforts to reform the Organization's culture.

She expressed support for the proposed extension of the Thirteenth General Programme of Work to 2025. Efforts to achieve the triple billion targets and the Sustainable Development Goals must be redoubled. She also supported the proposed Member State consultations on the extension during the intersessional period and the proposal to submit the results framework for consideration by the Executive Board at its 152nd session, on the understanding that the development of the proposed programme budget for 2024–2025 would be based on the Thirteenth General Programme of Work.

The representative of LEBANON, noting that efforts to achieve most of the health-related Sustainable Development Goals by 2030 were considerably off track, supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 and welcomed continued efforts to achieve the triple billion targets despite the challenges ahead. His Government welcomed the five proposed areas of focus and was committed to their achievement at the national level. Emphasizing the crucial role played by young people in science, research innovation, data and technology, he highlighted the importance of supporting young students, innovators and entrepreneurs.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that the COVID-19 pandemic had hampered efforts to achieve the triple billion targets and called for increased support at the country level to ensure a timely recovery. He supported the proposed revision of the Programme budget 2022–2023 and the 14% budget increase, which would help to strengthen emergency preparedness and response in priority areas and enhance support at the country level. Increased resources should be allocated to low- and middle-income countries, whose already fragile health systems had been disrupted by the pandemic. Continued support should be provided to enable the Member States of the Region to tackle common challenges and reduce the specific vulnerabilities they faced. He encouraged all Member States to contribute to WHO's funding and to the effective implementation of the revised Programme budget 2022–2023.

The representative of SWEDEN expressed support for the draft resolution on the proposed revision of the Programme budget 2022–2023. The proposed additional resources were necessary in order to strengthen global health security and support Member States in their capacity-building efforts.

Lessons learned from the COVID-19 pandemic must be incorporated into WHO's business model and into its technical and normative work. She welcomed the proposal to strengthen the WHO Health Emergencies Programme and the focus on country and regional offices. However, adequate resources must be ensured at the headquarters level to hire and retain highly skilled professionals. She expressed particular concern about the long-term resourcing of the Science Division and the antimicrobial resistance team at headquarters and requested the Secretariat to report on the long-term needs for technical and normative guidance from those two units. She welcomed the consensus reached by the Working Group on Sustainable Financing, which would contribute to the long-term and improved financing of WHO and represented a huge step forward. She supported the proposed additional resources to address sexual exploitation, abuse and harassment and looked forward to continued discussions at governing bodies sessions on enforcing an Organization-wide zero-tolerance approach. The recent allegations of racism and professional misconduct in the Western Pacific Region must be addressed, and the mental health and well-being of staff promoted and ensured.

The representative of FIJI said that Member States should reduce their reliance on donors and reinforce their commitment to achieving strategic priority 3. The impact of the COVID-19 pandemic, along with the reprioritization of donor funding, including through the COVID-19 Vaccine Global Access (COVAX) Facility, must be taken into account in that process. The disparity in financing at the regional level highlighted the deep inequalities that existed. The proposed revision of the Programme budget 2022–2023 should be centred on universal health coverage and building safe and equitable societies by addressing the determinants of health. Health emergencies should be a central focus of the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025. Further targeted support was imperative at the country level, including in small island developing States, in order to ensure a resilient recovery and address the unequal and uneven progress towards the achievement of the health-related Sustainable Development Goals.

The representative of the RUSSIAN FEDERATION welcomed efforts to improve the efficiency and transparency of the Organization's activities and supported continued reporting on that process. In the future, such reporting should include concrete proposals on the reallocation of resources to support development and an assessment of the significant increase in WHO's contributions to the United Nations Resident Coordinator system. In addition to assessing efficiency, it was important to reduce staff numbers, vacant posts and the hiring of consultants and avoid the duplication of staff functions. Reports should be prepared on expected savings for current and future budget cycles in order to increase the predictability of WHO's funding. The planned allocation of the requested additional resources was not sufficiently detailed and needed to be broken down by type of expenditure to enable Member States to more adequately assess the Organization's additional budgetary requirements. He expressed support for the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 and the proposed consultations with Member States on its content, which would allow for a detailed discussion of the future of the Organization and enable the Secretariat to plan its resources.

The representative of BANGLADESH expressed support for the draft resolution on the proposed revision of the Programme budget 2022–2023 and welcomed the proposed increase in the base budget segment. The proposal to authorize the Director-General to make budget transfers between the four strategic priorities could prove to be a useful tool during health emergencies. He also supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 and welcomed the work on the WHO transformation and the adoption of the United Nations Sustainable Development Group methodology. Developing countries required additional support for health systems strengthening and capacity-building, particularly in terms of data capacity. The revised Programme budget 2022–2023 should include a specific allocation for health emergency preparedness, and varying country contexts should be taken into account in the allocation of resources. He called on the Secretariat to explore possibilities for adopting a more robust and situation-responsive budgetary mechanism in line with United Nations standards.

The representative of PARAGUAY, noting the significant improvement in the Organization's operational efficiencies, requested further information on the methodology used to estimate the cost

savings and whether they were expressed as nominal values and had been compared against a specific financial period. She pointed out that the recommendation of the Working Group on Sustainable Financing to increase Member States' assessed contributions was based on the approved Programme budget 2022–2023 rather than the proposed revision. If approved, the proposed increase in the base budget segment would therefore result in an even greater absolute increase in Member States' assessed contributions. Clarification was therefore needed regarding the proposed percentage increases in assessed contributions. It was important to take into account the principle of common but differentiated responsibilities in efforts to achieve global health equity.

The representative of MALAYSIA welcomed the proposed budget increase under strategic priority 2, which would enable WHO to strengthen its capacity to prepare for and respond to health emergencies. She welcomed the proposed allocation of resources to strengthen the Organization's accountability and business integrity with regard to preventing and responding to sexual exploitation, abuse and harassment. At the national level, the guidance and technical support provided by the country and regional offices were welcome. She expressed support for the draft resolution on the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025, in particular the proposed areas of focus, and looked forward to the development of additional public health indicators, including on mental health and behavioural insights.

The representative of MALDIVES said that the COVID-19 pandemic had underscored the need to streamline national health sector strategic planning and health security in order to improve efficiencies using the limited resources available. Efficiency gains should not be considered exclusively from a monetary savings perspective. A range of initiatives were needed to maximize efficiencies through the optimization and automation of business processes. She welcomed the inclusion of "greening" initiatives and highlighted the need to streamline procurement practices with those of other organizations of the United Nations system and to use new and improved technologies to ensure that the Organization continued to deliver results and achieve its mission. She supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025.

The representative of the UNITED REPUBLIC OF TANZANIA said that it was the duty of Member States to ensure that the required resources were mobilized to achieve the goals set out in the Thirteenth General Programme of Work, 2019–2023 and mitigate the impact of the COVID-19 pandemic on essential health services. Resources must be sufficiently flexible and sustainable to ensure close alignment with planning and budgeting under the oversight of the WHO governing bodies. Her Government was committed to working with the Secretariat in raising voluntary contributions from bilateral and multilateral partners at the country level and exploring options to broaden the financing base of WHO programmes. She supported the recommendations of the Working Group on Sustainable Financing, in particular on increasing assessed contributions to cover at least 50% of the base segment of the Programme budget 2022–2023, but said that WHO should aim to achieve that increase by the biennium 2030–2031. She also welcomed the proposal to allocate additional resources to strengthen WHO's accountability, compliance and risk management functions. More flexible funding and unearmarked voluntary contributions were necessary, in addition to efforts to report on the benefits derived from each dollar invested. Extensive consultations should be held with Member States to ensure the effective investment of additional resources.

The representative of VIET NAM welcomed the proposed budget increase, particularly in the context of the COVID-19 pandemic, and the Secretariat's efforts to increase efficiency savings. She supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 and thanked the Secretariat and international development partners for their technical and financial support in strengthening her country's health system.

The representative of the PHILIPPINES supported the draft resolution on extending the Thirteenth General Programme of Work, 2019–2023 to 2025 and the proposed revision of the Programme budget 2022–2023, which, among other things, would help to improve progress towards

universal health coverage and strengthen WHO's role in the global health architecture. The severe inequities in financing across regions must be addressed. He welcomed the Secretariat's efforts to fulfil the commitments outlined in the approved Programme budget 2022–2023 despite the demands of the COVID-19 response, and to learn lessons from the pandemic to better inform current and future programme budgets. The extended Thirteenth General Programme of Work should include a focus on expanding the health emergencies protection index's indicators and methodologies for smaller-scale events in order to build local capacity to prevent outbreaks. Lastly, the Secretariat should intensify its support at the country level to enable countries to make a resilient recovery and in order to tackle the uneven progress in achieving the indicators of the Sustainable Development Goals.

The representative of BRAZIL welcomed the proposed revision of the Programme budget 2022–2023 and appreciated the related Member State consultations. To improve the current budgeting methodology, a structured framework should be developed to ensure regular dialogue between the Secretariat and Member States at the headquarters and regional levels, including regular financial and budgetary updates. Further clarity on key inputs and activities was also needed. Not only would support for the budget prioritization process be strengthened as a result, but the oversight role of the governing bodies would also be facilitated. The workplan must be aligned with the outcomes of ongoing discussions with Member States, without pre-empting discussions on programmatic initiatives. A higher proportion of the base budget segment must be financed sustainably, which would require discipline from both Member States and the Secretariat and further advances on cost efficiencies and savings. Moreover, the size of the base segment could benefit from a re-evaluation, particularly with regard to the inclusion of specific initiatives. He supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 but underlined that any substantive revisions must be comprehensively discussed with Member States. Universal health coverage should remain the guiding principle of WHO's work until 2030.

The representative of NAMIBIA supported the draft resolution on the proposed revision of the Programme budget 2022–2023 but emphasized that any revisions should be aligned with WHO's principles on strategic budget space allocation to ensure that resources were not allocated away from countries and regions with the greatest need. He also expressed support for the proposal to extend the Thirteenth General Programme of Work, 2019–2023 to 2025, which would accelerate progress towards achieving the health-related Sustainable Development Goals and the triple billion targets.

The representative of MEXICO said that the programme budget should be allocated to each strategic priority through the reprioritization of the resources available rather than through a budget increase, which would be difficult for Member States to implement in the light of the current global economic context. The programme budget should be developed based on an analysis of the results achieved and the effectiveness of the actions implemented using allocated resources, and financing gaps should be identified by programme type. Furthermore, information should be provided on the methodology used to determine the long-term resources required for each strategic priority. In that context, he welcomed the adoption of the United Nations Sustainable Development Group methodology. It was essential to strengthen the linkages between the implementation of activities, the results achieved and operational efficiency and transparency and to continually assess performance and accountability. In addition to the reallocation of resources, continued efforts to improve coordination and communication across priority areas and the three levels of the Organization were necessary in order to maximize the effective use of resources, generate savings, avoid duplication and deliver results.

The representative of JAPAN supported the proposal to continue consultations with Member States on extending the Thirteenth General Programme of Work, 2019–2023 to 2025 and to submit the outcome of those consultations to the Executive Board at its 152nd session, as well as to continue working on the development of the proposed programme budget for 2024–2025 based on the Thirteenth General Programme of Work, as extended. Those actions should go hand in hand with efforts to increase operational efficiencies. A more efficient budget development mechanism was needed, and Member States' engagement in the budget development process needed to be enhanced. The investigation into

allegations of misconduct in the Western Pacific Region should be completed in a thorough, fair and timely manner and without disruption.

The representative of CHINA highlighted the need for more flexible and predictable voluntary contributions. Programme budget development should be based on the resources available and WHO's core functions and activities, while seeking to minimize budget increases. He welcomed efforts to strengthen the capacity of country and regional offices, including by providing them with the necessary financial support. The process of identifying the 30 countries that required intensified support should be transparent and fair. The proposed consultations with Member States should be closely linked with the budget development process and clearer information should be provided on that process, including on procedures to tailor the budget to changing goals. Regular and inclusive consultations were necessary to ensure that Member States' views were taken on board.

The representative of AUSTRALIA welcomed the intersessional Member State consultations that had informed the revision of the Programme budget 2022–2023 and expressed support for the proposed budget uplift. He noted that the revision reflected the need to strengthen WHO's COVID-19 preparedness and response capacities, and the increasing expectations of Member States in this regard. The proposal to allocate additional resources to preventing and responding to sexual exploitation, abuse and harassment was critical to strengthen WHO's accountability and transparency; a sustained impact across WHO's accountability functions must be ensured. Efforts to strengthen delivery capacity in country offices were also essential in order to reinforce WHO's impact on the ground. The proposed budget revision had highlighted the importance of providing WHO with adequate, flexible and sustainable funding to enable it to deliver its critical work and illustrated the growing need for sound budgetary and governance reform. He welcomed efforts to improve the Organization's operational efficiencies, including the consideration of efficiency gains beyond monetary savings. Correcting the overreliance on voluntary contributions would help to ensure that staff skills were used more efficiently.

The representative of INDIA said that a framework was needed to evaluate the support provided to Member States based on country context. The Secretariat must be driven by the requirements and aspirations of Member States. A mechanism should be created to ensure regular dialogue with Member States on financial resources and their use at a more granular level. In addition, the Secretariat's investments in health at the country level should be aligned with country priorities. A quarterly review mechanism was also needed between country offices and Member States to monitor programme implementation and the efficient use of funds. To enhance transparency, real-time digital access to information on the implementation status and expenditure of WHO's ongoing programmes was needed. The Secretariat must engage meaningfully with Member States on the collection of data instead of relying on unverified sources and must ensure that no data provided by Member States were shared with third parties, including non-State actors, without the permission of the Member State concerned. WHO's procurement practices should be diversified to incorporate developing countries, including with regard to the manufacturing of medical countermeasures.

The representative of the UNITED STATES OF AMERICA supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025. Concerning the proposed revision of the Programme budget 2022–2023, the additional information provided on outcome 4.2 on strengthening WHO's accountability, compliance and risk management functions was welcome. However, budget documents must be provided in a more timely manner to allow Member States sufficient time to review and consider the contents. She supported the draft resolution on the proposed revision of the Programme budget 2022–2023 and called on the Secretariat to fulfil Member States' requests with regard to regular reporting, monitoring and performance assessment.

The representative of SOUTH AFRICA said that a radical change was needed in the way in which WHO was financed in order to enhance preparedness for current and future threats. She urged Member States to take bold steps and adopt recommendations that would improve the financing of the Organization and place it on a more stable footing as the leading United Nations agency for global health.

It would be useful to obtain additional information on how the reported cost savings had been utilized and allocated, particularly with regard to underserved areas, in order to accelerate the achievement of results related to the Thirteenth General Programme of Work.

The representative of PANAMA welcomed the Secretariat's efforts to improve cost savings and operational efficiencies but requested further information on their sustainability and on whether additional areas had been identified or new strategies or initiatives were envisaged to further enhance savings and efficiencies. She supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025, which was necessary in order to get back on track towards the achievement of the health-related Sustainable Development Goals and the objectives and targets of the Thirteenth General Programme of Work. Action must be taken to tackle inequities and inequalities. The conclusions of the Working Group on Sustainable Financing reflected the diverse views of Member States and the consensus reached. However, the governance reform deliverables must be clearly defined. In addition, the financing of WHO must be sustainable and transparent, and Member States should commit to increasing their assessed contributions to 50% of the base budget segment and reduce reliance on extra-budgetary contributions.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the inclusive and transparent process for the revision of the Programme budget 2022–2023 and the strategic investment approach, which would significantly enhance delivery capacity at the country level and WHO's overall capacity to fulfil its mandate. The proposed budget increase for strategic priority 2 was necessary in view of current global challenges and would benefit the countries in the Region that were facing large-scale humanitarian emergencies. However, additional investment in strategic priority 3 was needed to address the underlying causes of ill health. WHO's current funding model was not viable, and additional investments and modalities must be explored. He therefore supported the proposed revision of the Programme budget 2022–2023. Continued efforts to enhance operational efficiency and effectiveness were a positive step and he looked forward to further updates in that regard, particularly on improvements to the methodology used to report on efficiency savings. Lastly, he supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023 to 2025, noting that the five proposed areas of focus would help Member States to build back better.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that Member States' suggestions on improving the presentation of budget information would be considered by the proposed Member State task group on strengthening WHO budgetary, programmatic and financing governance. With regard to the timeliness of the report on the proposed revision of the Programme budget 2022–2023, the short amount of time available to amend the document between the end of the 150th session of the Executive Board in January 2022 and the Seventy-fifth World Health Assembly, together with the need to discuss the document at the regional level and hold consultations with Member States, had limited the time frame for preparing and submitting the document, especially in the light of the extensive changes required. Nevertheless, ways of improving that process would be considered, including by the proposed Member State task group. The Secretariat was working on the first draft of the proposed programme budget for 2024–2025, which would be made available to the regional committees by early June 2022.

Responding to comments by the representative of Canada on health emergencies and gender equality, he said that the Secretariat had established the WHO Health Emergencies Programme Gender Working Group, which was working on a strategy that would be published in the coming weeks. In response to a question from the representative of France on why the need for additional resources had not been foreseen earlier, he explained that the financial implications of resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies had not included the costings for the first and third billion targets under the Thirteenth General Programme of Work, 2019–2023 owing to the short amount of time available but had indicated that they would be submitted for consideration at a later date. With regard to the longer-term impact of the proposed budget increase, most of the increase related to strengthening capacities at the country level, namely by scaling up human resources, and would therefore need to be carried over to subsequent bienniums. Although the possibility

of reprioritizing resources had been examined, most of the proposed investments were related to scaling up capacities at the country level and there was therefore very limited scope for reprioritization, especially as the current budget biennium had only recently begun.

The Science Division and antimicrobial resistance team were reliant on flexible corporate funding, and no additional funding had yet been made available. For that reason, strengthening and creating programmes on those areas was challenging. Implementation of the recommendations of the Working Group on Sustainable Financing would, however, result in a step change in the financing of programmes and initiatives that relied on flexible funding. In terms of efficiency savings, the reported values were nominal, and 2018 had been selected as the base year as it coincided with the start of the WHO transformation. Cost and time savings had been examined, along with improvements in effectiveness, providing both a qualitative and a quantitative perspective. The proposed budget increase would not impact the proposed increase in Member States' assessed contributions, which had been set at 50% of the approved Programme budget 2022–2023 and was fixed in absolute terms.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery) thanked Member States for their support for the proposal to extend the Thirteenth General Programme of Work, 2019–2023 to 2025. The two-year extension would provide a window of opportunity to enhance effectiveness and efficiency and allow the Secretariat to strengthen the support provided to Member States. It would also allow the Secretariat to generate the evidence needed to guide and implement public policies and programmes at an accelerated pace.

With regard to the measurement system for tracking progress towards the triple billion targets and the health-related Sustainable Development Goals, the Secretariat was guided by the results framework, established in consultation with Member States, which was a vital mechanism for monitoring progress, identifying roadblocks and delivering a measurable impact. The Secretariat would continue to consult with Member States regarding any proposed fine-tuning of that measurement system. There were currently no proposed changes to the results framework. The collective goal was to use a data-driven approach to deliver results at the country level and to prioritize and focus actions to ensure the greatest and quickest impact. The Secretariat would continue to consult with Member States and regional committees to ensure that the extension was aligned with the proposed programme budget 2024–2025 and provided an opportunity to better link the programme budget with the fourteenth general programme of work.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) thanked Member States for their comments and guidance, which had been reflected in the proposed revision of the Programme budget 2022–2023. Input from Member States was key to the development of such documents. With regard to the comments on ensuring that adequate financing was allocated at the headquarters level, he explained that the additional resources identified had been allocated to the two critical areas of work, as well to the regional and country levels, with zero additional flexible funding for other areas of work at the headquarters level. However, it was anticipated that additional investments would be made in the future. The Secretariat was committed to accountability, transparency, efficiency, compliance and better governance and aimed to provide Member States with clear information on the operations of the Organization and the actions taken to deliver results, and would continue to make improvements in that regard.

Once finalized, the United Nations Sustainable Development Group methodology for estimating efficiencies would be shared with Member States, whose views would be taken on board. The timing of the publication of the document on the proposed revision of the Programme budget 2022–2023 had been affected by the revisions thereto and the need to consult extensively with Member States. Translating the document into all official United Nations languages, which was imperative to ensure equal access, had also contributed to the delay. Nevertheless, the Secretariat would endeavour to improve the timeliness of document publication and ensure that sufficient time was allocated to incorporate the views of Member States.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/6, A75/7 and A75/8.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft resolution on the revision of the Programme budget 2022–2023, contained in document A75/46.

The draft resolution was approved.¹

The CHAIR took it that the Committee wished to approve the draft resolution on extending the Thirteenth General Programme of Work, 2019–2023 to 2025 recommended by the Executive Board in resolution EB150.R4 and revised by the Programme, Budget and Administration Committee of the Executive Board, contained in document A75/53, the financial and administrative implications of which were set out in document A75/8 Add.1.

The draft resolution was approved.²**3. SUSTAINABLE FINANCING: REPORT OF THE WORKING GROUP:** Item 13 of the agenda (documents A75/9, A75/9 Add.1 and A75/54)

The CHAIR drew attention to the draft decision on sustainable financing, contained in document A75/9.

The CHAIR OF THE WORKING GROUP ON SUSTAINABLE FINANCING said that the Working Group had been established by the Executive Board through decision EB148(12) to enable WHO to have the robust structures needed to fulfil Member States' expectations. In total, 86% of WHO's budget was dependent on generous donors, and only approximately 14% of its funding was predictable. That situation put not only the independence, integrity and agility of the Organization at severe risk but also its mandated role as the leading and coordinating authority on global health. Numerous efforts had been made over the past two decades to tackle the issue of sustainable financing but without success. There had been a clear consensus among the members of the Working Group that WHO's current financing model was unacceptable. Implementation of the recommendations of the Working Group would, however, improve that situation.

Key recommendations included the need for Member States as a collective to match their willingness to fund the Organization with the demands they placed on it. In addition, any increase in Member States' assessed contributions needed to be accompanied by appropriate governance reforms to be agreed by Member States, together with the further strengthening of transparency, efficiency, accountability and compliance within the Organization. The Working Group had discussed and acknowledged the severe fiscal constraints faced by Member States, some of which had been accentuated by the COVID-19 pandemic.

The Working Group had strongly recommended that the role of the Programme, Budget and Administration Committee of the Executive Board should be strengthened, potentially through additional deliberations. Regarding a potential increase in assessed contributions, the Working Group had recommended that the Seventy-fifth World Health Assembly should request the Secretariat to develop budget proposals, through the regular budget cycle, for an increase of assessed contributions, with the aspiration to reach a level of 50% of the base budget 2022–2023 by the biennium 2030–2031, while aiming to achieve that by the biennium 2028–2029. It had proposed concrete steps through which to achieve that aspiration. The Working Group had also recommended that the Health Assembly should request the Secretariat to explore the feasibility of a replenishment mechanism to further broaden the financing base, in consultation with Member States and taking into consideration the Framework of

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.5.

² Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.6.

Engagement with Non-State Actors. It had further recommended the establishment of an agile Member State task group.

The discussions among the members of the Working Group had encompassed not merely the technical aspects of the financing of WHO but also the future role of WHO in global health, including the need to ensure a less fragmented, better coordinated, more efficient and truly inclusive approach to global health governance with a fundamentally strengthened WHO at its centre. The adoption and implementation of the recommendations would enable WHO to live up to Member States' expectations and would address many of the key issues discussed over the past two decades. He praised the strong commitment of the members of the Working Group in reaching consensus and their will to strengthen the Organization and thanked them for their readiness to compromise. He also thanked the Secretariat and regional and country offices for their support and acknowledged the role of external partners, including civil society and academic institutions, who had pushed for an ambitious outcome.

The representative of TOGO supported the recommendations of the Working Group on Sustainable Financing, in particular on increasing Member States' assessed contributions to reach a level of 50% of the base budget 2022–2023. Those recommendations would improve transparency, accountability, efficiency and compliance with regard to the management and allocation of programme budget resources.

The representative of MALAYSIA supported the recommendations of the Working Group on Sustainable Financing, in particular those on increasing the assessed contributions of Member States and on providing WHO with fully unearmarked voluntary contributions for the financing of the base programme segment. His Government agreed in principle to extend its in-kind voluntary contribution to host the WHO Global Service Centre in Cyberjaya, Malaysia, the 15-year contract for which was set to expire in December 2022. Improved budget transparency was needed, together with fair and equitable allocation and reallocation of resources to fully fund all programme budget outcomes across the three levels of the Organization. A mechanism that aligned the needs of Member States and donors would help to broaden the financing base. He urged Member States to support the recommendations of the Working Group, which would allow WHO to better coordinate and respond to global health issues.

Dr Abdool-Richards took the Chair.

The representative of the PHILIPPINES welcomed the recommendations of the Working Group on Sustainable Financing, in particular on increasing assessed contributions to 50% of the base budget 2022–2023, if possible by the biennium 2028–2029. Member States' expectations of the Organization should be matched by their willingness to fund it. Similarly, the strengthening of transparency and accountability mechanisms should be matched with Member States' willingness to increase assessed contributions. A more transparent presentation of programme budget priority-setting across all three levels of the Organization would help Member States in the preparation, evaluation and approval of the programme budget and other initiatives. He supported the establishment of the Member State task group, which would facilitate a results-based approach to cost management, and looked forward to the Secretariat's budget proposals in relation to the recommended percentage increases in assessed contributions and on the implementation plan. Member States and donors should increase the flexibility of voluntary contributions. Lastly, the establishment of a Member State-driven replenishment mechanism would promote a more robust global health architecture.

The representative of PERU welcomed the discussions on WHO reform. Overreliance on voluntary contributions hindered the Organization's ability to implement the mandates agreed by Member States and prioritized donor interests. Addressing the urgent need to strengthen health systems, in particular in developing countries, called for sustainable, predictable and transparent financing. She welcomed the extended time frame recommended by the Working Group on Sustainable Financing for increasing Member States' assessed contributions to a level of 50% of the base budget 2022–2023. However, any increase must be accompanied by a prioritization of mandates and the improved management of resources. Consideration should be given to the Member States of the Region of the

Americas that contributed financially to both PAHO and WHO and a mechanism should be developed to take account of that particularity through collaboration between the two organizations.

The representative of GHANA, speaking on behalf of the Member States of the African Region, welcomed the efforts and commitment of the Working Group on Sustainable Financing and the invaluable support provided by the Secretariat throughout the process, as well the insights shared by experts. The frank and intense negotiations had resulted in consensus on the most important aspect of improving WHO's financing, namely the recommended gradual increase in assessed contributions to 50% of the base budget segment. Initiatives to improve governance, transparency, accountability, efficiency and compliance would also be key. Recognizing the significant return on investment represented by an increase in assessed contributions, he supported the request for the Secretariat to develop a budget proposal with a targeted first increase of 20% of the assessed contributions assessment for the biennium 2022–2023, which would be presented to Member States for consideration as part of the Proposed programme budget 2024–2025. He expressed support for the draft decision and the Working Group's recommendations.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked all those that had contributed to the positive outcome reached by the Working Group on Sustainable Financing, which represented a significant milestone in the history of WHO's financing and would help to create positive long-term impacts, particularly for the Member States of the Region, many of which were facing daunting public health challenges, humanitarian crises and weak health systems. Funding should be viewed as an investment, not an expense. Sustainable financing was critical to ensure that WHO was fully equipped to deliver its mandate. She supported the recommendations of the Working Group, particularly on increasing assessed contributions with the aspiration of reaching a level of 50% of the base budget 2022–2023 by the biennium 2030–2031, with the aim of doing so by the biennium 2028–2029. She urged the Secretariat to put in place measures to ensure the effective and timely implementation of the recommendations.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that Turkey, the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, the European Free Trade Association country and member of the European Economic Area Iceland, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with his statement. Resolving the issue of WHO's inadequate funding was not merely about providing the Organization with sufficient, high-quality sustainable financing, but more importantly about its present and future leadership role in the global health architecture and in coordinating the response to health emergencies. WHO's dependence on voluntary and earmarked contributions for the implementation of its core programmes was unsustainable, and ambitious reform was urgently needed. He therefore welcomed the broad consensus reached through the Working Group on Sustainable Financing, which represented the first step towards an effective, agile and well-financed WHO.

He supported the aspiration for a gradual increase in assessed contributions to reach a level of 50% of the base budget 2022–2023 by the biennium 2030–2031, taking into account national capacities while also delivering on budgetary, programmatic, finance, governance and accountability initiatives. The Organization should be strengthened through an improved budget development process that prioritized activities and governance reform. Expressing support for the establishment of a Member State task group, he emphasized the need for Member States to show better budgetary discipline and to refrain from micromanaging the implementation of agreed programmes and from requesting new programmes or priorities without additional unearmarked funding. He supported the recommendations of the Working Group.

The representative of POLAND welcomed the efforts and commitment of the Working Group on Sustainable Financing and the compromise reached. He was pleased to note that the report of the Working Group was focused not only on the need for an increase in assessed contributions, but also on the importance of in-depth discussions on the necessary reforms to improve the functioning of WHO

and its leading role in the global health architecture. He strongly supported the proposed establishment of the Member State task group and looked forward to engaging in its discussions.

The representative of INDIA said that voluntary contributions needed to be unearmarked to enhance the Organization's operational flexibility. A mechanism should be developed for involving Member States in the selection of activities in order to reflect countries' priorities, as well as in expenditure and monitoring. Value for money must be ensured. Linking expenditure at the country level with parameters such as population and burden of disease was also necessary. An annual country report should be prepared on activities undertaken by Member States, including information on briefings, consultations and evaluations conducted by country offices. There was also a need to ensure effective and improved representation of low- and middle-income countries at the senior management level and in technical committees across the three levels of the Organization; an annual report on that parameter would also be welcome. He agreed in principle with the proposed phased increase in assessed contributions, which must be accompanied by effective Member State consultations, as well as by an accountability mechanism, clear outcome indicators and a review of country office and Member State expenditure. Transparency with regard to data reporting and disbursement of funds was also crucial. In terms of WHO's involvement with non-State actors, it was important to ensure that there was no conflict of interest, that transparency was maintained and that the approval of the Member States concerned was obtained.

The representative of AUSTRALIA said that the COVID-19 pandemic had brought into sharp focus not only WHO's essential and central role in global health but also the significant funding challenges faced by the Organization in fulfilling its mandate and delivering on the increasing expectations of Member States. Recommendations of many expert reviews had made it clear that predictable and flexible funding for WHO was core to managing future health emergencies and strengthening global health architecture, and he noted that not doing so risked undermining the delivery of WHO's programme of work and constraining WHO in addressing future health challenges. He applauded the efforts of all those involved in building a consensus through the Working Group, whose recommendations showed a strong commitment to empowering and safeguarding WHO to enable it to continue to deliver outcomes both for Member States and the global community. The necessary governance and budgetary reforms must be considered and implemented in parallel, and actionable reform priorities established through the proposed Member State task group, whose next steps should be clarified at the forthcoming session of the Executive Board. He noted that the commitment to better quality financing for the Organization would provide the certainty needed to facilitate next steps on WHO reform.

The representative of SENEGAL welcomed the efforts of the Working Group on Sustainable Financing and recognized the need for robust action to change the current funding situation. She supported the Working Group's recommendations, especially those on: increasing assessed contributions; strengthening the role of the Programme, Budget and Administration Committee to make it more effective and transparent; and improving the equitable allocation of resources, including for noncommunicable diseases, emergency preparedness and, in particular, data and scientific activities. However, those objectives would only be achieved by strengthening efficiency, transparency and accountability. Strong implementation of the recommendations must be ensured.

The representative of SLOVAKIA recognized the importance of a meaningful adjustment of resources. Ways of calibrating national financial schemes must be explored to enable the mobilization of resources beyond assessed contributions. An international coordinated stepwise process should be established to support investments in global health at the national level, particularly in the areas of planning, implementation and monitoring. As part of that process, the Secretariat should provide a transparent overview of the areas to which Member States' resources had been allocated, with the aim of identifying added value in relation to addressing gaps in national health systems. The ability of Member States to provide contributions should be managed in a predictable and structured manner so as to support the achievement of the Sustainable Development Goals at the national level; technical

support should be provided by the Secretariat to that end. Progress towards the Goals would also be facilitated through an overall re-assessment of the resources allocated to global health.

The representative of BANGLADESH welcomed the efforts of the Working Group on Sustainable Financing and supported the recommendation to increase assessed contributions by 50% in a stepwise manner. Flexible and unearmarked voluntary contributions would nevertheless remain the cornerstone of WHO's long-term sustainable financing. Further discussions were needed on the Secretariat's proposal regarding the base programme budget in order to confirm how the increase in assessed contributions would be realized, taking into account the resource and capacity constraints of developing countries. A strengthened WHO was necessary more than ever before in order to optimize deliverables in developing countries. Member States should demonstrate their commitment to transforming WHO through sustainable financing. Efficient management and prioritization of key deliverables were necessary to improve governance. Lastly, measures to strengthen health systems must be prioritized and alternative ways of replenishing the base budget explored. He expressed support for the draft decision.

The representative of ETHIOPIA acknowledged the efforts of the Working Group on Sustainable Financing and appreciated Member States' input in that process. She recognized the need to ensure the sustainable financing of WHO in order to enable it to fulfil its role and mandates and fully supported the recommendation to increase assessed contributions in a predictable manner. However, the Secretariat must take into consideration the current financial situation of Member States, particularly those in the African Region, whose economies had been strained as a result of the COVID-19 pandemic and other global events. She encouraged the Secretariat to explore alternative flexible and sustainable financing mechanisms, including through collaboration with development partners, to establish unearmarked pooled funding from voluntary contributions and the private sector in order to enable the Secretariat to better respond to Member States' needs.

The representative of the RUSSIAN FEDERATION welcomed the achievements of the Working Group on Sustainable Financing. The consensus reached had been largely facilitated by the format of the meetings of the Working Group, in which all countries had participated on an equal footing. He hoped that the agreements reached would create a robust foundation to implement practical measures to strengthen WHO's funding base. The recommended gradual increase in assessed contributions clearly demonstrated the resolve of Member States to significantly enhance the profile of WHO in the global health architecture and its success would require the combined efforts of the Secretariat and Member States. He emphasized that any increase in assessed contributions must be accompanied by appropriate governance reforms, including in relation to the budget development process.

The representative of SLOVENIA thanked the Working Group on Sustainable Financing for its work. He fully supported the recommendations, which represented an important step towards securing the Organization's financial sustainability. His Government had expressed support for an increase in assessed contributions during the discussions of the Working Group and welcomed the consensus reached, even though it was a compromise. He welcomed in particular the proposed replenishment mechanism and establishment of a Member State task group but cautioned that the work of existing bodies, such as the Programme, Budget and Administration Committee, must not be duplicated. Improving financial governance and management would not only ensure better and independent funding but would also contribute to a more transparent and responsible use of resources. It was unacceptable for WHO's experts to waste their time securing financial resources as a result of the unpredictable and inflexible funding provided and for priorities to be jeopardized by a lack of alignment with available resources.

The representative of NORWAY, expressing support for the draft decision, acknowledged the tireless efforts of the members of the Working Group on Sustainable Financing, as well as the commitment of Member States and the Secretariat. The historic consensus reached would put WHO on a path towards more sustainable financing. The proposed establishment of a Member State task group

was a welcome step. In that context, the Executive Board, at its 151st session, should decide on a timely and efficient process to facilitate Member States' input. He looked forward to the Secretariat's analysis of a potential replenishment mechanism for consideration at the thirty-seventh meeting of the Programme, Budget and Administration Committee and at the 152nd session of the Executive Board. Such a mechanism should cover the entire cycle of the general programme of work in order to significantly enhance the predictability of WHO's financing. Lastly, to strengthen accountability and transparency, WHO's results should be independently reviewed before being submitted to the governing bodies.

The representative of TURKEY appreciated the significant efforts of the Working Group on Sustainable Financing and all those who had contributed to the process. The negative consequences of the COVID-19 pandemic had been a decisive factor in the consensus reached on the final recommendations. He requested the Secretariat to prepare budget proposals for a gradual increase in assessed contributions and lay the groundwork for Member States to reach consensus on the next steps. He expressed support for the recommendations and the proposed way forward.

The representative of the UNITED STATES OF AMERICA thanked the Working Group on Sustainable Financing and Member States for their critical work. A stronger, more agile WHO with a solid financial foundation was essential to enable it to address current and future global health challenges. She welcomed the consensus reached, including the request for the Secretariat to develop a budget proposal, with a first increase of 20% of assessed contributions to be presented to Member States for consideration at the Seventy-sixth World Health Assembly. Timely and regular updates on the progress made on the reform process could inform the development of the implementation plan, enable Member States to share key milestones and progress with national bodies and would be critical to the consideration of future increases in assessed contributions. The timely sharing of related documents was imperative to allow Member States to review them with due time and consideration and engage effectively in discussions. Shifting from an aspirational to a concrete and accountable budget required new approaches and actions. Her Government was strongly committed to improving the governance and transparency of WHO. Key areas for reform included budget and financial transparency and oversight; accountability; responsible allocation of resources across all three levels of the Organization; strengthened human resources management; improved protection against sexual exploitation, abuse and harassment; and improved compliance, risk management and ethics.

The representative of NAMIBIA commended the members of the Working Group for their commitment, thanking the Secretariat for its support and technical experts for their input. The Working Group had proposed a solid way forward to change the unacceptable status quo. The bold recommendations reached by consensus on the complex and multidimensional issue of sustainable financing had been made on the understanding that the Secretariat would also implement initiatives to improve governance, transparency, accountability, efficiency and compliance. He fully supported the adoption of the recommendations and the establishment of a Member State task group and looked forward to further discussions on its programme of work.

The representative of MEXICO said that during the discussions of the Working Group on Sustainable Financing, his Government had highlighted that the issue of sustainable financing should be considered not only in terms of an increase in resources but also through the prioritization of topics and an analysis of value added and results achieved in strengthening national capacities. It had also outlined the importance of reform in the areas of governance, transparency, accountability and efficiency and the need to explore innovative and alternative sources of financing. In addition, it had highlighted the need for effective coordination across the three levels of the Organization, as well as with other entities of the United Nations system and international partners. It had further considered that insufficient information had been provided on the proposed increase in assessed contributions. The COVID-19 pandemic had affected the availability of resources, in addition to which his Government's current national fiscal policy would not allow for an increase in assessed contributions. Nevertheless, he expressed support for the recommendations in the interest of establishing a sustainable financing system that positioned the Organization as the coordinating authority on global health, on the

understanding that a Member State task group would be established to guide the Secretariat with regard to mechanisms to improve resource efficiency and accountability.

The representative of NEW ZEALAND acknowledged the efforts and commitment of the Working Group on Sustainable Financing, which had enabled progress to be made towards urgent and much-needed change. Sustainable, flexible and predictable funding that reflected an ever-evolving public health context must be ensured to enable WHO to play its crucial role as the normative voice on global health. He therefore strongly supported the recommendation to increase assessed contributions to 50% of the base budget 2022–2023 no later than by the biennium 2030–2031. Such an increase must be accompanied by targeted governance reforms that would require action on the part of both Member States and the Secretariat. The transparency, efficiency and accountability of the Organization were paramount, and effective resource allocation was required to address needs and build capacity, particularly at the country level. The Secretariat must be supported in prioritizing activities based on the funding provided. The recommended development of an implementation plan on financing reform was also a positive step, as was the proposed establishment of a Member State task group.

Dr Nakatani resumed the Chair.

The representative of ITALY supported the long overdue revision of WHO's financing model and the proposed increase in assessed contributions to a level of 50% of the base budget. The recommendations of the Working Group on Sustainable Financing struck the right balance between the need for a game-changing shift in the Organization's financing model and the importance of improving the budgetary, programmatic and financial governance of WHO. They represented a historic opportunity to strengthen WHO as the leading and coordinating authority on global health. He was confident that the recommendations would address underfunded areas within the base budget. Political will would be crucial for their smooth and timely implementation and Member States must play their part.

(For continuation of the discussion, see the summary records of the fourth meeting, section 1.)

The meeting rose at 17:25.

THIRD MEETING

Tuesday, 24 May 2022, at 09:30

Chair: Dr H. NAKATANI (Japan)

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

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

Technical update on the COVID-19 response and the monkeypox outbreak

The COVID-19 TECHNICAL LEAD and HEAD (Emerging Diseases and Zoonoses), providing an update on the response to the pandemic of COVID-19, said that 3.7 million confirmed cases of COVID-19 and over 9000 deaths had been reported to WHO in the previous week; those were high figures considering that the pandemic was in its third year. While a total of more than 500 million confirmed cases and over 6.2 million deaths had been reported to WHO, the real numbers were estimated to be much greater. Regional variation also remained substantial.

Each country would need to adopt a specific strategy for ending the COVID-19 pandemic based on a number of factors, including: current and previous strategies; current epidemiology, population demographics and risk factors for severity; population-level immunity; access to life-saving tools and vaccines; operational readiness and agility; and, most importantly, public trust and societal engagement. Given the multiple drivers of transmission and impact, it would be difficult for all countries to exit the emergency at the same time. Furthermore, the virus continued to evolve. While the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (B.1.1.529) and its BA.2 sublineage remained dominant, WHO continued to track many sublineages, notably BA.4 and BA.5. However, the ability to track the virus was being compromised by the substantial decrease in testing rates and changes in testing strategies. It was not clear how the virus would continue to evolve, and there was concern about the possibility of recombinant variants and new animal reservoirs of SARS-CoV-2, the detection of which becomes more challenging in a context of reduced testing. As such, it was important to maintain and enhance surveillance and genomic sequencing worldwide and plan for base, best- and worse-case scenarios. WHO remained firmly focused on ending the COVID-19 health emergency in all countries through prevention, diagnosis and treatment and efforts to reduce the virus's current intense spread. Its strategic preparedness, readiness and response plan to end the global COVID-19 emergency in 2022 had five core components, which were collaborative surveillance, community protection, optimizing clinical care, ensuring access to life-saving countermeasures and COVID-19 coordination.

Although almost 12 billion vaccine doses had been administered globally, inequities persisted, particularly in Africa. The Access to COVID-19 Tools (ACT) Accelerator was crucial in addressing inequalities in access to COVID-19 tools, with some 82% of vaccines in low-income countries having been delivered by the COVID-19 Vaccine Global Access (COVAX) Facility. The window of opportunity to increase vaccine coverage was limited, as countries had to address competing health priorities and the Omicron variant had changed perceptions. As most countries with low coverage rates were also dealing with humanitarian emergencies, COVID-19 vaccination should be integrated into humanitarian activities, with a focus on health workers and at-risk groups. Efforts should be made to maintain political attention on COVID-19 vaccination, provide continued funding for flexible service

delivery and invest in primary health care systems and local production as key components of pandemic preparedness.

In terms of the future of pandemic preparedness and response, she said that without swift and coordinated action to strengthen the global health architecture, the costs of the next pandemic might exceed those of COVID-19. Accordingly, countries needed to maintain, strengthen and integrate surveillance systems, including genomic sequencing, support their health workforce, ensure integrated disease management, rebuild trust and be more agile. The most vulnerable groups in every country must be fully vaccinated and efforts made towards the longer-term goal of developing a sustainable system for integrated respiratory disease preparedness, response and control.

The DIRECTOR (Epidemic and Pandemic Preparedness and Prevention), providing an update on the response to the outbreak of monkeypox, said that since the eradication of smallpox, WHO had been closely monitoring the monkeypox virus, which was transmitted in humans primarily through close physical contact with patients or objects contaminated with the virus. Every year, localized outbreaks of the viral zoonotic disease occurred in the African countries in which it was considered endemic. While monkeypox cases had been exported by travellers in the past, those cases had not resulted in major outbreaks. The current situation was therefore highly unusual. Since the Government of the United Kingdom of Great Britain and Northern Ireland had reported the first case on 7 May 2022, a total of 131 confirmed cases and 106 suspected cases had been reported in 19 different countries. As yet, it was unclear whether the outbreak was a result of a change in the virus or of the increase in human contact following the lifting of many COVID-19 restrictions. Member States were encouraged to increase monkeypox surveillance to ascertain transmission levels. Furthermore, the animal reservoir of the monkeypox virus was still unknown, and further research was required, including on modes of transmission. Although a number of medical countermeasures existed, they were not fully licensed for monkeypox and supplies were extremely limited.

Efforts should be made to contain the outbreak in countries in which monkeypox was not endemic, including by: raising awareness among population groups currently at highest risk; enhancing clinical recognition of the need for early detection and isolation of cases; intensifying surveillance in certain population groups, especially where transmission during sexual activity was suspected; using cluster investigations and contact tracing; protecting health workers; and preventing transmission in health care settings. Clear communication was essential to ensure public trust and community engagement and avoid stigmatization of certain population groups. Measures taken must be commensurate with risk. She called for strong global coordination and collaboration, the exchange of data, enhanced research and the equitable sharing of diagnostic and limited medical resources based on public health needs. It was also important to strengthen the One Health approach in countries in which monkeypox was endemic.

Several global expert networks had already been convened and coordinated. A global research meeting would be held the following week to identify the issues to be addressed and find solutions. In addition, a number of technical guides, resources and training materials, together with regular situation updates, were available on the WHO website. Regional and country offices were available to support Member States in adjusting their risk management strategies.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) praised the thousands of health workers around the world who continued to fight disease outbreaks and deal with the health impacts of natural disasters and conflicts. The international community, which had to work together to tackle the cycle of disease emergence, amplification and dissemination, was clearly making progress in strengthening its capacity to deal with emerging threats. He expressed appreciation for the efforts to pool data and information and share genomic sequencing and knowledge, as well as for the collective approach to risk assessment and strategy development. The Secretariat would be pleased to find an appropriate time to hold a technical briefing for Member States.

2. SECOND REPORT OF COMMITTEE A (document A75/60)

The RAPPORTEUR read out the draft second report of Committee A.

The report was adopted.¹

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

3. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the agenda (resumed)

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

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

The CHAIR invited the Committee to consider the final report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the draft decision on strengthening WHO preparedness for and response to health emergencies contained in document A75/17. The financial and administrative implications of the draft decision for the Secretariat were set out in document A75/17 Add.1. The Committee also drew attention to a draft resolution on amendments to the International Health Regulations (2005) proposed by Australia, Bosnia and Herzegovina, Colombia, the European Union and its Member States, Japan, Monaco, the Republic of Korea, the United Kingdom of Great Britain and Northern Ireland and the United States of America, which read:

The Seventy-fifth World Health Assembly,

PP1 Having considered the Proposal for amendments to the International Health Regulations (2005),² which includes in its annex proposed amendments submitted by the United States of America in accordance with paragraph 1 of Article 55 of the International Health Regulations (2005);

PP2 Recalling EB150(3) on Strengthening the International Health Regulations (2005), which noted the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies related to strengthening the International Health Regulations (2005), including through implementation, compliance and potential amendments, and urged Member States to take all appropriate measures to consider potential amendments to the International Health Regulations (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation;

PP3 Expressing appreciation for the work of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies in developing an inclusive Member State-led process for considering amendments to the International Health Regulations (2005);

¹ See page 339.

² Document A75/18.

PP4 Welcoming WHA75.[XX], in which Member States decided to commence a Member State-led process to consider proposed amendments¹ to the International Health Regulations (2005) beyond those adopted below;

PP5 Noting Member State consensus to reduce the period for entry into force of amendments to the International Health Regulations (2005) as set out in Article 59, and to make technical adjustments to Article 59 and related Articles of the instrument, to ensure coherence and consistency;

OP1 ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the amendments to Articles 59, 55, 61, 62, and 63 of the International Health Regulations (2005) set out below.

ANNEX²

Article 59: Entry into force; period for rejection or reservations

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations ~~or an amendment thereto~~, shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations ~~or of an amendment to these Regulations~~ by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

1bis The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, an amendment to these Regulations shall be 9 months from the date of the notification by the Director-General of the adoption of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, **and amendments to these Regulations shall enter into force 12 months after the date of notification referred to in paragraph 1bis of this Article,** except for:

- (a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;
- (b) a State that has made a reservation, for which these Regulations **or an amendment thereto** shall enter into force as provided in Article 62;
- (c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which these Regulations shall enter into force as provided in Article 60; and

¹ Including the other proposed amendments set out in the annex of Document A75/18, as well as other amendments which have or may be submitted by other IHR (2005) States Parties or the Director-General, including through the above-mentioned Member State-led process.

² Deletions are shown with strikethrough; insertions are shown in bold.

(d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 64.

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations **or an amendment thereto** within the period set out in paragraph 2 of this Article, **as applicable**, that State shall submit within the **applicable** period specified in paragraph 1 **or 1bis** of this Article a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party **and no later than 6 months after the entry into force of an amendment to these Regulations for that State Party**.

Article 55: Amendments

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.

2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.

3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations, **subject to the periods provided for in those Articles with respect to amendments to these Regulations**.

Article 61 Rejection

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the **applicable** period provided in paragraph 1 **or 1bis** of Article 59, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 58 to which such State is already a party shall remain in force as far as such State is concerned.

Article 62 Reservations

1. States may make reservations to these Regulations **or an amendment thereto** in accordance with this Article. Such reservations shall not be incompatible with the object and purpose of these Regulations.

2. Reservations to these Regulations **or an amendment thereto** shall be notified to the Director-General in accordance with paragraphs 1 **and 1bis** of Article 59 and Article 60, paragraph 1 of Article 63 or paragraph 1 of Article 64, as the case may be. A State not a Member of WHO shall notify the Director-General of any reservation with its notification of acceptance of these Regulations. States formulating reservations should provide the Director-General with reasons for the reservations.

3. A rejection in part of these Regulations **or an amendment thereto** shall be considered as a reservation.

4. The Director-General shall, in accordance with paragraph 2 of Article 65, issue notification of each reservation received pursuant to paragraph 2 of this Article. The Director-General shall:

(a) if the reservation was made before the entry into force of these Regulations, request those Member States that have not rejected these Regulations to notify him or her within six months of any objection to the reservation, or

(b) if the reservation was made after the entry into force of these Regulations, request States Parties to notify him or her within six months of any objection to the reservation, or

(c) if the reservation was made to an amendment to these Regulations, request States Parties to notify him or her within three months of any objection to the reservation.

States Parties objecting to a reservation to an amendment to these Regulations should provide the Director-General with reasons for the objection.

5. After this period, the Director-General shall notify all States Parties of the objections he or she has received with regard to reservations. **In the case of a reservation made to these Regulations, Unless by the end of six months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one-third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and these Regulations shall enter into force for the reserving State, subject to the reservation. In the case of a reservation made to an amendment to these Regulations, unless by the end of three months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one-third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and the amendment shall enter into force for the reserving State, subject to the reservation.**

6. If at least one-third of the States referred to in paragraph 4 of this Article object to the reservation **to these Regulations** by the end of six months from the date of the notification referred to in paragraph 4 of this Article, **or, in the case of a reservation to an amendment to these Regulations, by the end of three months from the date of the notification referred to in paragraph 4 of this Article,** the Director-General shall notify the reserving State with a view to its considering withdrawing the reservation within three months from the date of the notification by the Director-General.

7. The reserving State shall continue to fulfil any obligations corresponding to the subject matter of the reservation, which the State has accepted under any of the international sanitary agreements or regulations listed in Article 58.

8. If the reserving State does not withdraw the reservation within three months from the date of the notification by the Director-General referred to in paragraph 6 of this Article, the Director-General shall seek the view of the Review Committee if the reserving State so requests. The Review Committee shall advise the Director-General as soon as possible and in accordance with Article 50 on the practical impact of the reservation on the operation of these Regulations.

9. The Director-General shall submit the reservation, and the views of the Review Committee if applicable, to the Health Assembly for its consideration. If the Health

Assembly, by a majority vote, objects to the reservation on the ground that it is incompatible with the object and purpose of these Regulations, the reservation shall not be accepted and these Regulations **or an amendment thereto** shall enter into force for the reserving State only after it withdraws its reservation pursuant to Article 63. If the Health Assembly accepts the reservation, these Regulations **or an amendment thereto** shall enter into force for the reserving State, subject to its reservation.

Article 63 Withdrawal of rejection and reservation

1. A rejection made under Article 61 may at any time be withdrawn by a State by notifying the Director-General. In such cases, these Regulations or **an amendment thereto, as applicable**, shall enter into force with regard to that State upon receipt by the Director-General of the notification, except where the State makes a reservation when withdrawing its rejection, in which case these Regulations **or an amendment thereto, as applicable**, shall enter into force as provided in Article 62. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59 **and in no case shall an amendment to these Regulations enter into force in respect to that State earlier than 12 months after the date of notification referred to in paragraph 1bis of Article 59.**

2. The whole or part of any reservation may at any time be withdrawn by the State Party concerned by notifying the Director-General. In such cases, the withdrawal will be effective from the date of receipt by the Director-General of the notification.

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

Resolution: Strengthening WHO preparedness for and response to health emergencies. Proposal for amendments to the International Health Regulations (2005)	
A. Link to the approved Programme budget 2022–2023	
1. Output(s) in the approved Programme budget 2022–2023 to which this draft resolution would contribute if adopted:	2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness
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:	Zero.

<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</p> <p>Not applicable.</p> <p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</p> <p>Not applicable.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the resolution in the current biennium: Not applicable. – 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.

The CO-CHAIRS OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES, speaking in turn to present the final report of the Working Group, thanked the Officers of the Working Group for their collective and cohesive efforts, the Secretariat for its support, and Member States and other stakeholders for their flexibility and dedication in ensuring that the Working Group's mandate was completed on time. The Working Group had held nine formal sessions and completed hours of informal intersessional work, during which Member States had recognized that the status quo was unacceptable and shown strong political will to work together to develop recommendations to strengthen WHO and the global health architecture. The Working Group's report to the Second special session of the Health Assembly in November 2021 had made a strong consensus-based case for a new international instrument on pandemic prevention, preparedness and response, as reflected in the ongoing work of the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response. Another key principle and outcome of the Working Group was the strong commitment to addressing inequities both within and between Member States.

The Working Group had been the first of a new type of intergovernmental working group empowered by the Health Assembly to make recommendations not only on a limited negotiating mandate, but also on the basis of recommendations from other committees and review panels. The Intergovernmental Negotiating Body would benefit from the Working Group's activities, and, as reflected in the draft decision on strengthening WHO preparedness for and response to health emergencies, the close coordination and cooperation between the two entities would continue in order to ensure that the recommendations from both workstreams were complementary and coherent. The

Working Group was pleased that the active engagement and participation it had fostered with relevant stakeholders and observers were being built upon by the Intergovernmental Negotiating Body.

The final report outlined the remaining key proposed actions and provided an overview of the Working Group's discussions. Several of the issues covered by the Working Group could be considered by the Intergovernmental Negotiating Body when developing the new international instrument on pandemic prevention, preparedness and response. Ways to strengthen implementation of the International Health Regulations (2005) had also been discussed, and consideration had been given to the aspects of the Regulations that had and had not worked throughout the COVID-19 response. Discussions had focused on a possible package of limited targeted amendments to the Regulations, without the need for full renegotiation. It had been emphasized that any amendments should be made through an inclusive, transparent and Member State-led process that built on the success of the Working Group. The draft decision therefore requested the Health Assembly to extend the Working Group, to focus its mandate on amending the International Health Regulations and to rename it as the working group on International Health Regulations amendments. Its work should take place over the next two years in parallel and in close coordination with the Intergovernmental Negotiating Body and it should hold its first meeting on 15 November 2022.

The report set out possible actions for Member States, the Secretariat and non-State actors in the areas of political leadership, equity, cooperation and collaboration, financing, feasibility and sustainability of COVID-19 innovative mechanisms, global preparedness for and response to health emergencies, including through a One Health approach, travel measures, and strengthening the International Health Regulations. Although the possible actions had not been negotiated line by line owing to time constraints and should therefore not be considered as negotiated text, they could facilitate discussions going forward, including by the governing bodies. In finalizing the report, the Officers of the Working Group had sought to reflect the inputs and positions of all participating Member States, in particular with regard to the possible actions described above, and to present a balanced approach that addressed the core concerns of all participating countries and regions. Consideration of those possible actions by the Intergovernmental Negotiating Body, the working group on International Health Regulations amendments or WHO more broadly would help to ensure that the Organization and its Member States were better and more equitably prepared for the inevitable next pandemic.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that Turkey, North Macedonia, Montenegro, Albania, Bosnia and Herzegovina, Ukraine and the Republic of Moldova and Georgia associated themselves with his statement. Expressing appreciation for the excellent output of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, he said that the Working Group's discussions had highlighted critical gaps in pandemic preparedness and response capacities and the necessary reforms required to address them. The European Union would be actively engaged in the work of the Intergovernmental Negotiating Body and the efforts to strengthen the International Health Regulations (2005). Full implementation of the Regulations must be a priority for all countries. He supported the proposed amendments to Article 59 of the Regulations, which would provide for more rapid amendments to the Regulations in the future. The strengthened Regulations and the new international instrument on pandemic prevention, preparedness and response should form the cornerstone of the global health architecture.

Equity, together with a scientific and evidence-based approach, must be the guiding principles for future action. Accordingly, efforts must be made to increase local production, develop production and skills transfer partnerships and ensure a strong link between humanitarian and development interventions. He welcomed the inclusion of UNEP in the One Health alliance, the development of the draft One Health joint action plan and the work of the One Health High-Level Expert Panel. He also supported the Director-General's vision on strengthening the global architecture for health emergency preparedness, response and resilience, which should be developed further, and consultations on implementing the ten key proposals should be held with partners within and outside the United Nations system. It was important to learn from the Global Action Plan for Healthy Lives and Well-being for All and the ACT-Accelerator, which had demonstrated the importance of cooperation.

It was essential to act on the lessons learned from the pandemic. Although the Intergovernmental Negotiating Body and efforts to strengthen the International Health Regulations, together with the work on sustainable financing, governance and architecture, constituted steps in the right direction, success would be possible only with the sustained efforts of Member States, civil society, the private sector and international organizations.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that the Region was fully committed to strengthening the global health architecture for emergencies, as reflected in the active role it had played in the efforts to strengthen WHO preparedness for and response to health emergencies. The Director-General should ensure synergies and avoid duplication, particularly in the work of the proposed working group on International Health Regulations amendments, the Intergovernmental Negotiating Body and other proposed mechanisms. The Universal Health and Preparedness Review, which was a robust tool for the assessment of preparedness, prevention and response capacities, should be included as a substantive element of the Intergovernmental Negotiating Body's work to develop a new international instrument on pandemic prevention, preparedness and response. The new instrument should also address the need to significantly strengthen the capacity of low- and middle-income countries to produce countermeasures in order to ensure equitable and affordable access for all.

The representative of TOGO welcomed the vision of the draft One Health joint action plan. Outlining the efforts made by her Government on the draft joint action plan's six action tracks, she said that a number of challenges nevertheless remained, including the institutionalization of the One Health platform, harmonization and the establishment of a multisectoral surveillance system.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the progress achieved in the implementation of and compliance with the International Health Regulations (2005), in particular the updated policy and technical guidance and operational tools, the intra- and after-action reviews, the simulation exercises and the Global Laboratory Leadership Programme. All Member States in the African Region had completed joint external evaluations, as well as the annual self-assessment for each of the previous five years. Although 72% of all graded emergencies during the reporting period had occurred in the African Region, it was still the region with the least capacity to deal with health emergencies. He therefore called on WHO and partners to provide support to national efforts to build a sustainable health workforce and improve detection capacities. In the light of the ongoing transmission and international spread of poliovirus, outbreaks of circulating vaccine-derived poliovirus and the effect of COVID-19 on eradication efforts, he called for continued support from the Secretariat to sustain the gains achieved by the polio eradication programme.

In order to maintain the integrity of the International Health Regulations and protect the gains achieved, it was important to carry out limited targeted amendments, considered as a holistic package. The process should be transparent, inclusive, credible and consensus-based and should not be expedited through amendments to Article 59 or other technical adjustments at the current Health Assembly. Member States in the Region were undertaking the necessary country- and regional-level consultations on the proposed amendments. With regard to the Universal Health and Preparedness Review, it was necessary to focus on emergency response capacity and health systems strengthening. Any peer review mechanism should be based on existing monitoring and evaluation tools under the Regulations and on transparency, solidarity, equity, mutual trust and accountability. The draft One Health joint action plan should be developed through an inclusive and transparent process with the adequate engagement of Member States.

The representative of ETHIOPIA said that his country, which was prone to emergencies, recognized the importance of complying with the International Health Regulations (2005). In the light of the ongoing transmission and international spread of poliovirus and the continued potential effects of the COVID-19 pandemic, he requested continued support from the Secretariat in order to sustain polio

eradication efforts. Consultation with other Member States on amendments to the Health Regulations was essential to ensure collective action. He welcomed the concept note on the Universal Health and Preparedness Review, which outlined the need for comprehensive emergency preparedness and response capacities. Core capacities were essential to ensure the continuum of care during health emergencies. He was pleased that the Secretariat was partnering with relevant agencies to develop a common strategy on the One Health approach and looked forward to contributing to the development of the draft One Health joint action plan.

The representative of the UNITED STATES OF AMERICA said that the proposal to amend Article 59 of the International Health Regulations (2005) in order to reduce the period for entry into force of amendments from 24 to 12 months was consensus-based and would make the Regulations more agile and responsive to technological, communications-related or other developments. The ability of domestic authorities to make decisions in their territory was inherent in the Regulations, which reinforced the sovereignty of Member States, and compliance with the legally binding commitments contained in the Regulations was essential. Strengthening and updating the Regulations would demonstrate that the international community was learning from the challenges of COVID-19 and working towards better pandemic preparedness, prevention and response. The COVID-19 pandemic had demonstrated the importance of coordinated efforts and effective communication, and any failure in that regard was unacceptable. Her Government commended the Secretariat for its efforts to support implementation of the Regulations despite the challenges of the COVID-19 pandemic response and looked forward to working with the Secretariat and other Member States to build a safer, more secure and better prepared future.

The representative of COSTA RICA, speaking on behalf of the sponsors of the Solidarity Call to Action, said that the emergence of new and more transmissible variants of SARS-CoV-2 had highlighted the need to increase production and diversify manufacturing locations to ensure equitable access to and distribution of COVID-19 treatments, diagnostics and vaccines. The voluntary sharing of know-how and intellectual property could increase manufacturing capacity, especially in developing countries, and help to close the access gap. Noting with concern the high costs and limited distribution of COVID-19 therapeutics, she called on technology holders to join the COVID-19 Technology Access Pool (C-TAP) and to license their technologies transparently to manufacturers in all regions. Member States should incentivize patent holders to share their publicly funded technologies and support the principles of C-TAP, and manufacturers should voluntarily share their patents and knowledge through C-TAP. She commended those countries and institutions that had shared their technology in that way or had pledged to do so.

The representative of DENMARK said that it was important to safeguard WHO's capacity to deliver on its core mandate even during times of crisis. The focus going forward should be on enhancing surveillance and ensuring the timely sharing of information without compromising on quality. While his Government looked forward to the continued strengthening and updating of the International Health Regulations (2005) through targeted amendments, the process should not overshadow the importance of a continued focus on implementation of the Regulations in all Member States, since the Regulations should remain the cornerstone of the global response to health emergencies. The Director-General's vision for strengthening the global architecture for health emergency preparedness, response and resilience provided a solid basis for the important work ahead to ensure that WHO could prepare for and respond to future health emergencies and deliver on other elements of its mandate.

The representative of NORWAY welcomed the consensus achieved by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies but said that agreement should have been reached on the possible actions set out in the Working Group's report in order to strengthen the Secretariat's mandate. The Secretariat must continue its work in key areas, such as building genomic sequencing capacities, information sharing, Universal Health and Preparedness Review pilots and

increasing countermeasure production capacities. She supported the findings of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. Much could be done without altering the Regulations, including ensuring a faster information flow between States Parties and WHO, improving responses to requests for verification and addressing weaknesses identified during joint external evaluations. WHO must share assessments of publicly available information even if unverified by States Parties. Greater transparency concerning the International Health Regulations (2005) Emergency Committee, standardized communication processes and an open call for the Expert Roster could enhance trust and ensure a more cohesive response to health emergencies. Furthermore, travel restrictions should be risk-based, proportional and non-discriminatory. She supported the proposed process for strengthening the International Health Regulations, particularly the establishment of a review committee. The process should be Member State-led and guided by technical advice. The Secretariat must follow the negotiations closely and ensure that the final package of proposed amendments was of a high technical standard.

The representative of the ISLAMIC REPUBLIC OF IRAN said that it was premature to reduce the period for entry into force of amendments to the International Health Regulations (2005), as set out in Article 59, or to make technical adjustments; the fifth preambular paragraph of the draft resolution on amendments to the International Health Regulations (2005) should therefore be deleted. He also expressed reservations regarding paragraph 1: procedural modifications and tighter time limits would not strengthen implementation, and Member States should decide on the time limits for accepting or rejecting substantive amendments once the content of those amendments was clear. The Health Assembly's decision to consider the proposed amendments to the Regulations submitted by the Government of the United States of America did not confer any legal status or standing on those proposals. All Member States should be mindful of the immediate and long-term implications of any proposed amendments that could undermine WHO's mandate and mission.

The representative of SINGAPORE said that although the world had been better prepared for the Omicron variant, it was important to ensure that Member States were well prepared for any new wave of infection involving a potentially more severe variant. As the science demonstrated, the focus should be on the number of people who died or fell severely ill, rather than on the number of infections. Widespread vaccination rather than lockdowns should be the cornerstone of any response. Such steps were particularly important in cities, where viruses spread quickly, and he looked forward to the adoption of the draft resolution on strengthening health emergency preparedness and response in cities and urban settings.

The representative of TURKEY, noting that the future global health architecture must have a stronger WHO at its centre, commended the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies on its work. His Government, which had joined the group of friends of the pandemic treaty, had fully supported the establishment of the Intergovernmental Negotiating Body and looked forward to participating in its valuable discussions. It was important for the International Health Regulations (2005) to be strengthened in order to increase compliance and ensure better preparedness for health emergencies, and he hoped that the proposed new working group on International Health Regulations amendments would produce successful results. The new international instrument on pandemic prevention, preparedness and response and the strengthened International Health Regulations would form the two main pillars of the global health architecture.

The representative of MALAYSIA said that, while there were gaps in the International Health Regulations (2005) that required amendment, he had significant concerns about some of the amendments proposed and his Government would provide official feedback in that regard following internal consultations. It was imperative that Member States' national legislation and policies were taken into consideration when determining the amendments to be made. Discussions should continue after the current Health Assembly within the framework of the new working group on International Health

Regulations amendments, which would be the forum for addressing all proposed amendments equally and achieving consensus.

The representative of ZAMBIA said that the COVID-19 pandemic had highlighted the need to strengthen pandemic preparedness and response and build resilient health systems. Despite numerous ongoing health threats, her Government had continued to strengthen pandemic prevention, preparedness and response, improve disease surveillance and early warning systems and implement the International Health Regulations (2005). She encouraged partnerships among relevant stakeholders to enhance health emergency preparedness and response capacities. Her Government would continue to commit resources and expertise to strengthen national, regional and global public health security.

The representative of SOUTH AFRICA expressed support for the establishment of the working group on International Health Regulations amendments. The amendment process should begin only after all Member States had submitted their proposals by the 30 September 2022 deadline, in order to ensure equal participation of all Member States in that process. The timing of the meetings of the working group on International Health Regulations amendments and the Intergovernmental Negotiating Body should be coordinated so as to enable the full participation of all Member States in both entities.

The representative of ANGOLA said that, despite improvements following the adoption of the regional strategy for integrated disease surveillance and response, continued efforts were needed to mobilize funding in order to build health emergency response capacities at the national and subnational levels. She called for more technical support from WHO to improve disease surveillance and response indicators and develop a five-year strategic plan to improve preparedness for and response to public health emergencies.

The representative of AUSTRALIA welcomed the draft decision on strengthening WHO preparedness for and response to health emergencies and said that it was critical for Member States to work together to translate the lessons learned from the pandemic into urgent action. His Government would continue to support the strengthening of WHO's health emergency preparedness and response capacities and would actively engage in efforts to drive collective action and ensure mutual accountability, including through the Intergovernmental Negotiating Body. The draft resolution on amendments to the International Health Regulations (2005) was far from premature and its early adoption would enable the benefits of targeted amendments to be felt in a timely manner. It was incumbent on Member States and States Parties to the Regulations to strengthen all available tools to prevent and prepare for future health emergencies.

The representative of ARGENTINA welcomed the amendments to the International Health Regulations (2005) proposed by the Government of the United States of America and the informal consultations that had been held. However, it was important to agree on an amendment procedure that allowed all Member States to participate. With regard to the proposed amendment to Article 59 of the Regulations, she recognized the need to make the Regulations more flexible and agile. Concerning the report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, it was important to ensure that there was sufficient time to discuss the Working Group's recommendations and to set a clear mandate and realistic goals based on consensus. She noted with concern that some of the possible actions considered by the Working Group had not been fully discussed with Member States and proposals concerning, among other things, intellectual property and the equitable sharing of genomic sequencing data and transparency in public financing had not been included in the possible actions. She agreed that the new working group on International Health Regulations amendments should continue the work in that regard; however, its officers should be rotated to ensure that all Member States were properly represented.

The representative of TUNISIA, recognizing the need to improve WHO's ability to respond to health emergencies, said that related programmes must be structured and budgeted in line with the One Health approach. Member States must commit to strengthening their commitments and contributions to preparedness programmes. He supported the recommendations made by the Working Group, particularly those on strengthening preparedness and response capacities, which would require additional and more sustainable financing and increased cooperation among Member States. He supported the proposed continuation of the activities of the Working Group.

The representative of MEXICO, highlighting the importance of sharing best practices, said that the work to strengthen pandemic preparedness and response must continue through the proposed working group on International Health Regulations amendments. The lessons learned from the pandemic at the national and international levels must be implemented, and his Government welcomed the Director-General's focus on health promotion and primary health care for the coming years.

The representative of MONACO said that it was important to establish long-lasting mechanisms with the necessary financial resources in order to strengthen health emergency preparedness, prevention and response. Equity, health systems strengthening and the use of innovative tools would be at the heart of the discussions in that regard. The International Health Regulations (2005) must be made more agile and modernized and the One Health approach institutionalized. A 'One Health' codex based on the Codex Alimentarius model should be established to that end. The draft resolution on amendments to the International Health Regulations (2005) should be adopted by consensus; shortening the period for entry into force of amendments to the Regulations would demonstrate Member States' collective will to respond to the challenges highlighted by the COVID-19 pandemic.

The representative of BANGLADESH said that more time was needed to discuss topics with such far-reaching impacts for Member States. While the recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies were consensus-based, it was important not to lose sight of the valuable dissenting views expressed, and all Member State proposals should be fully discussed by the proposed working group on International Health Regulations amendments. The Regulations should not be amended solely on the basis of the COVID-19 pandemic but rather should take into account other health emergencies as well. Amendments to the International Health Regulations (2005) should incorporate aspects of health systems strengthening, particularly with regard to developing countries. The concerns of Member States regarding the WHO BioHub System and the WHO Hub for Pandemic and Epidemic Intelligence should be discussed further and developing countries' aspirations regarding access and benefit sharing must be safeguarded. The issue of whether the new international instrument on pandemic prevention, preparedness and response should focus on compliance, responsibility and information sharing or prioritize equity had been discussed at length, and he hoped that the Intergovernmental Negotiating Body would come up with a prudent solution in that regard. Solidarity, unity, inclusivity and dialogue were required to develop effective measures to secure the health of all.

The representative of BARBADOS described the progress made in his country in achieving the core capacities required by the Regulations and expressed appreciation for the Secretariat's continued support in that regard. Noting the conclusions of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, he said that the lack of sustained financing, failure to issue timely alerts and poor response to requests for verification had facilitated the spread of COVID-19. He expressed reservations about the amendments to the Regulations proposed by the Government of the United States of America, as there had been no agreement to support countries with limited human and financial resources, including members of the Caribbean Community, in ensuring compliance with the Regulations.

The representative of SLOVENIA said that some important steps had been taken to address the gaps in preparedness highlighted by the COVID-19 pandemic. He welcomed the Director-General's vision for strengthening the global architecture for health emergency preparedness, response and resilience, highlighting the importance of ensuring coherence across all new proposals, with WHO at the centre. The work of the Intergovernmental Negotiating Body should be transparent and inclusive and lead to meaningful change. He supported the proposed amendments to the International Health Regulations (2005) and stood ready to discuss other proposals in the related working group. Emphasizing the need to strengthen the role played by the Executive Board in responding to health emergencies, he also looked forward to further consideration of the Standing Committee on Health (Pandemic) Emergency Preparedness and Response at the 151st session of the Executive Board.

The representative of the PHILIPPINES said that stronger global coordination, together with local legislation and protocols, would facilitate immediate action on future health events of international concern. Fragmentation and duplication of global action must be avoided and response strategies must be easy to adopt and implement. The timelines for the sharing of information must be shorter, and the capacity and context of each Member State to declare and manage local outbreaks, with the possible support and guidance of WHO, must be recognized. Global agreements should remain collaborative and democratic and no undue burden should be imposed on Member States. The obligation to share information without being penalized should be addressed. The Secretariat and Member States were urged to ensure sufficient capacities to meet global and local objectives, particularly as the establishment of surveillance systems for emerging pathogens would require significant investment. Efforts should also be made to ensure that research was responsive to the needs of developing countries and underrepresented groups, address gaps based on specific needs, develop legal frameworks to ensure the integrity of research projects and foster global linkages for data sharing and capacity-building. As population-based health interventions might not lend themselves well to clinical trials, equal importance should be given to studies using innovative designs and methodologies.

The representative of PORTUGAL said that his Government had been pleased to support the Contingency Fund for Emergencies, which gave WHO the flexibility to respond quickly to health emergencies. The time was right to establish a peer review mechanism to assess global core capacities under the International Health Regulations (2005) and essential public health functions. He was therefore grateful to the Secretariat for facilitating the development of the Universal Health and Preparedness Review, which was a Member State-led initiative that embodied the spirit of multilateralism, international cooperation and solidarity needed for scaling up pandemic preparedness and sharing policies, technical expertise and best practices. As a steadfast supporter of the Review, Portugal had been the first country in Europe to undergo an evaluation, which had provided valuable insights and feedback, and he hoped that the process would lead to a renewed commitment to global health.

The representative of NAMIBIA commended the Secretariat for the ongoing support provided through the WHO Health Emergencies Programme. Noting the recent outbreaks and international spread of poliovirus and monkeypox and the potential effects of COVID-19 on polio eradication efforts, he called on the Secretariat to support Member States in sustaining the gains achieved on polio eradication. The pandemic was a unique opportunity to strengthen the global health architecture. He welcomed the progress made by Member States in complying with the International Health Regulations (2005) and outlined some of the steps taken by his Government to meet its obligations under the Regulations. Amendments to the Regulations should be considered as a holistic package with due respect to the sovereignty of Member States, and the process, which should be continued by the working group on International Health Regulations amendments, should be transparent, inclusive, credible, consensus-based and not be expedited through amendments to certain articles at the current Health Assembly. He welcomed the recommendations of the Working Group on Strengthening WHO

Preparedness and Response to Health Emergencies, including the recommendations of the Independent Oversight and Advisory Committee of the WHO Health Emergencies Programme.

The representative of the UNITED ARAB EMIRATES expressed support for the efforts and recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, the Independent Panel for Pandemic Preparedness and Response and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. Noting some of the responsibilities of States Parties under the Regulations, she said that it was important to enhance coordination, transparency and information sharing in order to promote global solidarity and cooperation in health emergency preparedness and response efforts. Available resources should be strengthened, and Member States should demonstrate a shared political and financial commitment to the establishment of a new international instrument on pandemic prevention, preparedness and response. Opportunities for potential links with other multilateral and global initiatives should be explored. The One Health approach should be enhanced by giving the necessary priority to the animal health sector through the involvement of relevant technical bodies, notably WOAHA, and stakeholders at country level and the establishment of a WHO-led electronic surveillance and notification system for zoonotic diseases.

The representative of PARAGUAY thanked the Co-Chairs of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies for their guidance and efforts and all those that had contributed to the discussions. Although many Member States had been unable to properly express their views when the report was being finalized owing to time constraints, he welcomed some of the results achieved. While there was greater clarity in terms of purpose and goal, the Working Group's work had still duplicated that of other entities. He therefore welcomed the working group's revised mandate, as set out in the draft decision, to work exclusively on consideration of proposed targeted amendments to the International Health Regulations (2005). Noting that the Director-General would be invited to convene a review committee to make technical recommendations on the proposed amendments submitted by States Parties, he said that it would be difficult for many delegations to conduct an exhaustive analysis and submit proposed amendments in such a short time frame.

The representative of PERU said that, alongside the welcome negotiations on a new international instrument on pandemic prevention, preparedness and response, which should be based on the principle of equity, progress could also be made in other areas to ensure better pandemic preparedness and response. Action to strengthen the International Health Regulations (2005) through timely amendments regarding compliance, monitoring and alert systems was important, and she supported the proposed reduction in the period for the entry into force of amendments. She also supported the draft resolution on strengthening health emergency preparedness and response in cities and urban settings, in the light of the lessons learned from the COVID-19 pandemic. Her Government would continue to actively support coordinated, multilateral efforts to strengthen pandemic preparedness and response capacities.

The representative of FRANCE reiterated his Government's commitment to health for all. Efforts must be made to promote multilateralism in public health and the central role of WHO. He supported the strengthening of the International Health Regulations (2005), which must remain the cornerstone of health emergency preparedness and response efforts, and welcomed the proposed amendments to Article 59 and the proposal concerning additional targeted amendments. He also supported the development of a legally binding instrument on pandemic prevention, preparedness and response, which should be based on the principles of equity and solidarity and the One Health approach. The negotiation processes for the new instrument and for strengthening the International Health Regulations (2005) should be aligned so that the outcomes of both initiatives could be adopted by the Seventy-seventh World Health Assembly in 2024. Noting the interdependence between human and animal health and the environment, he welcomed the signature of the quadripartite memorandum of understanding between FAO, UNEP, WHO and WOAHA, the development of the draft One Health joint action plan and the

creation of the One Health High-Level Expert Panel. Member States should also integrate a One Health approach, which was essential for fighting antimicrobial resistance, into their public health policies and work together to prevent emerging zoonotic disease risks.

The representative of the REPUBLIC OF KOREA said that, given the vulnerabilities that had been exposed by the COVID-19 pandemic, the strengthening of WHO preparedness and response for health emergencies had become a top priority. She therefore supported the development of a new international instrument on pandemic prevention, preparedness and response and the proposed targeted amendments to the International Health Regulations (2005), including those to Article 59 of the Regulations. Noting the difficulties that some low- and middle-income countries faced in sharing and assessing information on a real-time basis, she expressed support for the amendment to Article 6 proposed by the Government of the United States of America to provide a 48-hour time limit for assessment. WHO should continue to provide capacity-building support, including in relation to National IHR Focal Points. Her Government welcomed the quadripartite partnership for One Health and the progress made in discussions on strengthening One Health collaboration. The One Health approach should be incorporated into the new international instrument on pandemic prevention, preparedness and response.

The representative of FINLAND welcomed the strengthening of the One Health partnership and the development of the draft One Health joint action plan and recognized the importance of high-level political commitment, whole-of-government and whole-of-society cooperation, sustainable planning and financing and community engagement to ensure sustainable health emergency responses. The International Health Regulations (2005) remained a core pillar of the health emergency preparedness and response framework. The Regulations must continue to be implemented with targeted amendments, and he supported the proposed amendment to Article 59. He looked forward to learning about the dynamic preparedness metric framework being developed. He endorsed the general principles presented regarding the Universal Health and Preparedness Review, particularly the strengthened focus on health systems, and supported the recommendation of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to propose a workplan and framework based on an analysis of the complementarity and alignment of existing and new tools. He also supported WHO's continued work to strengthen multisectoral preparedness and the way forward proposed by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

The representative of NEW ZEALAND acknowledged WHO's steadfast leadership in recent health emergencies and strongly supported the Organization's efforts to integrate the principle of equity into its work. He thanked the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the United States of America for its proactive approach in identifying opportunities to strengthen the International Health Regulations (2005), including Article 59, and asked to be added to the list of sponsors of the related draft resolution, which was an important step in ensuring greater responsiveness to future pandemics. Member States were responsible for agreeing on the process for amending the Regulations, and in the third year of a global pandemic, it was not premature to act, but rather imperative to do so. To ensure coherence, the process should be inclusive and transparent and closely aligned with the work of the Intergovernmental Negotiating Body and of the proposed review committee on the International Health Regulations.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the proposed amendments to Articles 5, 12 and 18 of the International Health Regulations (2005) put forward by the Government of the United States of America. She did, however, have some concerns about the proposed amendments to paragraph 2 of Article 6, which should include wording to protect Member States against the anticipated economic consequences of sharing information concerning public health risks. The Secretariat should encourage Member States to share their recommendations regarding the Regulations to canvass broad opinion and ensure an equitable geographical balance.

The representative of CHINA expressed regret that the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies had been unable to discuss in detail certain possible actions because of time constraints and said that consensus should be reached among Member States before any such actions were implemented. Equity should be prioritized during the discussions of the Intergovernmental Negotiating Body and on amendments to the International Health Regulations (2005); such amendments should uphold the principles of fairness, openness, multilateralism and respect for national sovereignty. The revision process should not be rushed and should allow for full consideration of input from Member States and other stakeholders. The working group on International Health Regulations amendments should be established as soon as possible to identify the next steps to be taken. The revision should be conducted in an orderly manner, and progress workplans and milestones should be shared, with national submissions and proposed amendments circulated in timely manner.

The representative of the INTERNATIONAL FEDERATION OF SURGICAL COLLEGES, speaking at the invitation of the CHAIR, and also on behalf of the International College of Surgeons, the World Federation of Neurosurgical Societies, the World Federation of Societies of Anaesthesiologists, the International Society of Orthopaedic Surgery and Traumatology and the World Stroke Organization, said that a resilient and responsive health system was indispensable for health emergency preparedness, including for pandemics. WHO should focus on designing, equipping and staffing district hospitals and on investments in emergency and essential surgery and anaesthesia services, all of which were vital in achieving global preparedness for all health emergencies and addressing critical gaps.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that her statement was being delivered on behalf of the Framework Convention Alliance on Tobacco Control, International Alliance of Patients Organizations, the International Diabetes Federation, the International Pharmaceutical Students' Federation, the International Society of Nephrology, the World Hypertension League and the World Obesity Federation and was supported by the World Organization of Family Doctors and World Stroke Organization. The lack of attention to noncommunicable diseases in the early stages of the pandemic had impeded their inclusion in strategic response plans. Member States should, among other things, prioritize ongoing prevention, screening and treatment for circulatory conditions, increase resources and develop policies to address noncommunicable disease risk factors, strengthen primary health care and invest in family medicine. Such action on noncommunicable diseases would make health systems more resilient and should be incorporated into the new international instrument on pandemic prevention, preparedness and response.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Self-Care Federation and the Global Diagnostic Imaging, Healthcare, IT and Radiation Therapy Trade Association, said that action at the global and local levels was required to improve pandemic preparedness and ensure the readiness of surveillance and sharing systems, the resilience of health systems and public confidence in diagnostics, vaccines and treatments. The future global health architecture must be based on a multistakeholder structure and build on the strengths of the private sector through a robust intellectual property system. While WHO must play a key role in future pandemic preparedness, it was also important to maximize the comparative advantages of other global health stakeholders.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of Stichting Health Action International, Oxfam and Public Services International, said that in developing a new international instrument on pandemic prevention, preparedness and response, the Intergovernmental Negotiating Body should address the regrettable leadership and policy failures of the COVID-19 response. He welcomed the contribution of the Working

Group on Strengthening WHO Preparedness and Response to Health Emergencies, but said that the possible actions for stakeholders should refer to health emergencies, not only pandemics, and he highlighted the importance of safeguarding the physical and mental health of health workers in emergencies. With regard to strengthening clinical trials, Member States should, among other things, ensure transparency, establish global norms to support end-to-end financing of preparatory and crisis research and development, make it obligatory to share rights and know-how from government-funded technologies and use exceptions to exclusive rights and intellectual property in order to decentralize and scale manufacturing.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed support for the adoption of an international instrument on pandemic prevention, preparedness and response founded on multilateralism, human rights, equity and solidarity. It must cover the wide range of actors involved in pandemic response and strengthen social protection and health systems. The new instrument should focus on community engagement, education and involvement and promote effective communication strategies to foster public confidence. It must also ensure the equitable distribution of resources, knowledge sharing, technology transfer and environmentally sustainable interventions. In order to be meaningful, it must be accountable and transparent.

(For continuation of the discussion and approval of the draft decision, see the summary records of the fourth meeting, section 2.)

The meeting rose at 12:20.

FOURTH MEETING

Tuesday, 24 May 2022, at 18:25

Chair: Dr H. NAKATANI (Japan)

Later: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)

Later: Dr T. GABUNIA (Georgia)

Later: Dr H. NAKATANI (Japan)

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

- 1. SUSTAINABLE FINANCING: REPORT OF THE WORKING GROUP:** Item 13 of the agenda (documents A75/9, A75/9 Add.1 and A75/54) (continued from the second meeting, section 3)

The CHAIR invited the Committee to resume its consideration of the report of the Working Group on Sustainable Financing and the corresponding draft decision contained in document A75/9.

Dr Abdool-Richards took the Chair.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the consensus that had been reached on the recommendations, which reflected the breadth of ideas raised during the meetings of the Working Group on Sustainable Financing and the urgent concerns relating to the sustainable financing of WHO. She supported the proposed Member State task group to consider both the reforms controlled by the Secretariat and proposals to be undertaken by Member States. She also supported the recommendations on establishing a replenishment mechanism and improving the quality of voluntary contributions. However, significantly increasing assessed contributions was central to any solution, although it would take several bienniums to reach the aspired amount of 50% of the base budget. She supported the draft decision contained in Appendix 1 to document A75/9.

The representative of KENYA acknowledged the need to strengthen WHO and ensure predictable, equitable and sustainable financing, reducing overreliance on voluntary contributions. Maintaining WHO's current financing model was not sustainable, if WHO was to achieve the objectives of the Thirteenth General Programme of Work, 2019–2023. She agreed with the recommendation that WHO's entire base budget should be fully funded from unrestricted flexible contributions. Commending the consensus reached on the various recommendations, she welcomed the proposed replenishment model to increase the sustainability of WHO funding. Discussions within the Working Group should focus on addressing the equitable allocation of funds and on financing WHO's strategic priorities and outcomes at all levels. She supported the draft decision.

The representative of BELGIUM said that improving the balance between flexible and earmarked funding was crucial to increasing WHO's independence and its capacity to deliver on its mandate. Despite an increase in the total budget and thematic funds in the Programme budget 2022–2023, some gaps remained. Flexible financing was the only way to solve that issue. Welcoming the draft decision, he called on all Member States and donors to consider the Working Group's recommendations and to

increase WHO's sustainable financing in the coming years. As a first step, WHO should aim to reach the target of 50% of the base budget being funded from assessed contributions by the biennium 2028–2029.

The representative of PARAGUAY agreed with the consensus reached by the Working Group. However, she said that the significant increase proposed for assessed contributions was concerning, in light of the various socioeconomic difficulties faced by low- and middle-income countries. Nonetheless, her Government was committed to changing the status quo to achieve a more flexible financing model in line with the efforts made by Member States. The model should be supported by tangible and equitable changes that strengthened efficiency and transparency. Those changes would help WHO to meet its proposed objectives and to adopt more appropriate outcomes and deadlines in future. All Member States should work together to ensure that the base budget was fully funded.

The representative of MAURITIUS, recognizing that WHO was in a period of significant reform, emphasized the need for predictable and sustainable financing in order to address the gap between Member States' expectations and the Organization's resources to meet them. Maintaining the status quo was not a solution. The proposals for flexible and predictable financing would allow WHO to innovate and scale up interventions during emergencies, achieve higher returns on investment, and fulfil its mandate to provide normative, policy and technical guidance. Her Government supported the adoption of the recommendations made by the Working Group contained in Appendix 2 to document A75/9.

The representative of SWITZERLAND recognized the importance of having a strong WHO at the centre of pandemic preparedness and response, with sufficient resources, capacity and authority to act. Member States should commit to adequate and sustained investment in WHO as the only organization that represented the health interests of all. Her Government fully supported the recommendations of the Working Group, including the proposed increase in assessed contributions. However, such an increase would require strengthened transparency, accountability, traceability of funds and efficiency.

The representative of LEBANON supported the recommendations made by the Working Group and looked forward to the measures that would be put in place for their implementation. While agreeing with the proposal to increase assessed contributions, she noted that some Member States would find an immediate increase difficult and said that the Secretariat should consider interim measures, such as alternative financing for specific programmes, until the global economic situation improved. She expressed support for WHO's role in health emergency response, which required timely access to adequate budgets. Financing should be continually adapted in line with regional and national priorities. She proposed revising all resolutions and decisions in a thematic manner, in line with the Thirteenth General Programme of Work, 2019–2023, and the relevant Sustainable Development Goal targets. She supported the proposal to explore replenishment mechanisms, but said that any mechanism must preserve the strength and solidarity of WHO's governance structure at all levels.

The representative of BRAZIL said that the Working Group's recommendations would serve as a road map for achieving predictable and sustainable financing, and for addressing the need for equitable resource allocation and the imbalance between assessed and voluntary contributions. Member States' financial constraints and their commitment to the ongoing COVID-19 response should be taken into account. Any proposal to increase assessed contributions could only be undertaken alongside the satisfactory elaboration and implementation of a reform plan, with oversight by Member States. Innovative solutions should be explored, including better management of current expenditure and providing flexibility in the use of voluntary contributions. He urged Member States to meet Sustainable Development Goal target 17.2 on the full implementation of official development assistance commitments, prioritizing the allocation of flexible contributions for global health activities. Finally, the proposed agile Member State task group on strengthening WHO budgetary, programmatic and

financing governance, which he supported, should focus on: budgeting; oversight by the Secretariat and Member States; programmatic management; transparency; and efficiency measures.

The representative of INDONESIA acknowledged that WHO's current funding model was unsustainable, and said that WHO should continue efforts to strengthen governance, transparency, accountability, efficiency and compliance. She supported the goal to ensure that the base segment of the Programme budget was fully funded from flexible contributions. She expressed support for a dual approach: an increase in assessed contributions, alongside efforts to reform governance and budgetary processes, and an increase in the flexibility of resources by encouraging unearmarked contributions. A replenishment mechanism should be explored. She supported the establishment of the proposed Member State task group.

The representative of CHINA supported flexible voluntary contributions in order to give the Secretariat more autonomy. The Secretariat should also be more transparent, rational and realistic in drawing up its Programme budget. Expenditure should be limited in order to ensure capacity to deal with future challenges. The Secretariat should clearly demonstrate the expected results from increasing assessed contributions in the proposed programme budget 2024–2025. He welcomed further participation from Member States in elaborating the budget and the Organization's future programmes through the Working Group. A long-term mechanism would be required to make progress in a transparent, efficient, accountable and compliant manner.

The representative of THAILAND supported the draft decision. He said that increased assessed contributions should be distributed and utilized transparently and effectively in line with the priorities of the Thirteenth General Programme of Work, 2019–2023. The Secretariat should work to minimize the ratio gap between assessed and earmarked voluntary contributions to enhance the flexibility expected from the increase in assessed contributions. He welcomed the proposal to explore replenishment mechanisms. He supported the establishment of the proposed Member State task group, but said that the mandate of that group must differ from that of the Programme, Budget and Administration Committee.

The representative of ZAMBIA said that emerging and re-emerging public health threats, including the COVID-19 pandemic, had demonstrated how public health and socioeconomic progress could be overturned. An increase in assessed contributions could facilitate the transformation to build a more robust and resilient WHO. Her Government, therefore, supported the Working Group's recommendations and called upon Member States to adopt them.

The representative of ARGENTINA shared concerns regarding WHO's lack of sustainable financing, which affected the independence and integrity of the Organization and made staff member retention, activity planning and staff workloads difficult. The increase in assessed contributions should take into account the circumstances of Member States in the Region of the Americas, noting that those Member States paid contributions to both WHO and PAHO on an annual basis. Any initiative to strengthen WHO's financing must be discussed within official working groups to ensure the equitable participation of all Member States.

The representative of CANADA said that the ongoing COVID-19 pandemic had highlighted the need for a strong WHO, which must be sustainably financed, transparent and accountable, and she welcomed the recommendations of the Working Group. The adoption of those recommendations should be accompanied by equally ambitious recommendations to strengthen WHO's efficiency, effectiveness and accountability. Member States should be equipped with timely information to enable them to provide strategic guidance, including the financial implications of proposed resolutions and decisions before they were adopted, or even tabled. She supported the recommendation to establish a Member State task group, with a substantive mandate.

The representative of SOUTH AFRICA said that the draft decision would have a lasting impact on the implementation of WHO programmes at all levels. The recommendation to increase assessed contributions to cover at least 50% of the base budget was welcome. Her Government supported the recommendations of the Working Group and the establishment of the Member State task group. She urged the Secretariat to explore an appropriate replenishment model as another strategy to mobilize resources.

The representative of COLOMBIA acknowledged WHO's reliance on voluntary contributions, which had an impact on its operations. The recommendation to increase assessed contributions to cover 50% of the base budget by the biennium 2030–2031 should be accompanied by governance reform and increased transparency, efficiency, accountability and effectiveness; especially as Member States were facing financial constraints that had been exacerbated by the COVID-19 pandemic. He welcomed the proposed establishment of a Member State task group.

The representative of SEYCHELLES said that the sustainable financing of WHO, including the proposed increase in assessed contributions, should be accompanied by a greater pursuit of efficiency and effectiveness through innovative approaches. The Secretariat should explore the use of renewable energy and the optimal use of human resources.

The representative of GABON acknowledged that some programmes did not have sufficient funds to respond to health emergencies. He therefore welcomed the consensus reached on increasing the assessed contributions to cover 50% of the 2022–2023 base budget by the biennium 2030–2031. That adjustment would be an important step in strengthening WHO's autonomy. He called for increased transparency, efficiency and accountability to that effect.

The representative of the BAHAMAS appreciated the principle underpinning the proposed increase in assessed contributions. However, many Member States, including her own, were facing significant financial challenges. Supporting the draft decision, she appealed to the Secretariat to establish an intensified and accelerated programme of work for small island developing and large ocean States and to increase the allocation of resources to those Member States for emergency preparedness and mitigation. Sustainable financing could only be achieved with budgetary flexibility, and she requested that the Secretariat develop a clear, results-based budget to increase accountability and streamline operations.

The representative of JAMAICA noted the need for better alignment between Member States' expectations and WHO's sustainable financing. WHO must be adequately resourced if it were to remain fit for purpose and fulfil its mandate. Agreeing that assessed contributions should be the main source of funding, he welcomed the governance reforms towards strengthening transparency, efficiency, accountability. He proposed that the Secretariat learn from the planning methodologies used by WHO/PAHO; further examine the budgeting process to identify additional cost savings; and focus on its core functions and priorities, including technical cooperation. He supported the draft decision.

The representative of MALDIVES supported the Working Group's recommendations, which should be implemented alongside governance reforms. She supported the proposed incremental increase in assessed contributions. However, she urged WHO to strengthen its transparency, efficiency, accountability, compliance and risk management. She urged the Secretariat to identify all feasible replenishment mechanisms that could be used to fund the Organization. Member States' funding commitments should be aligned with their expectations of WHO.

The representative of FIJI said that, despite their high expectations of WHO, Member States were not yet ready to fully commit to a sustainable financing model. WHO should take into account Member States' financial circumstances and address governance concerns. The proposed phased approach to

increasing assessed contributions was acceptable. A targeted increase in funding was key to addressing the imbalance between assessed contributions, and flexible and earmarked voluntary contributions.

The representative of MADAGASCAR acknowledged that the current financing system needed to be improved to make it viable, sustainable and predictable. He supported the proposal to gradually increase assessed contributions so as to cover at least 50% of the base segment of the programme budget from that source by the biennium 2030–2031, which would increase WHO's independence and bring a significant return on investment for Member States. Member States must be willing to finance the Organization in line with their expectations concerning its activities.

The representative of ECUADOR welcomed WHO's efforts to fulfil its mandate with limited resources. Despite the economic difficulties being faced by some Member States, which could delay the payment of their assessed contributions, he called on all Member States to participate in joint efforts to achieve flexible, sustainable and predictable financing. He highlighted the Secretariat's efforts to find alternatives to sustain WHO's programmes and enable WHO to continue to produce policies, standards and technical guidance. He supported the draft decision.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, welcomed the agreement reached on sustainable financing. Health emergencies could only be overcome if Member States and partners worked together. She urged the Secretariat to implement the recommendations.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed the recommended increase in assessed contributions. While it was not sufficiently ambitious, she recommended the adoption of the draft decision. She expressed disappointment regarding the recommendation that WHO should seek further private funding in accordance with the Framework of Engagement with Non-State Actors, as the Framework did not sufficiently protect WHO from industry influence.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that WHO must have the budget and resources needed to carry out its mandate and that it should build on the consensus reached by the Working Group. She supported the recommended increase in the amount of the base segment of the budget that came from assessed contributions.

The CHAIR OF THE WORKING GROUP ON SUSTAINABLE FINANCING welcomed the overwhelming support for the efforts of the Working Group and the consensus reached, acknowledging the requests made by some Member States for a more ambitious outcome. He noted that Member States had highlighted the fact that sustainable financing was about more than just money, and that the current reforms would have a lasting, transformative impact and would strengthen WHO's authority. The reforms represented a true paradigm shift and would grant a significant return on investment.

The EXECUTIVE DIRECTOR (External Relations and Governance), on behalf of the Secretariat team, across all levels of WHO, commended the bureau of the Working Group, and the Member States that had participated in discussions, for the positive outcome that had been achieved. The mutual understanding that had been reached would serve as a basis for future work.

The representative of the REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN commended the consensus reached by the Working Group, reiterating the importance of enhanced and sustainable financing for the Eastern Mediterranean Region and at the global level. She recognized the financial challenges faced by Member States due to the COVID-19 pandemic; however, she reminded Member States that the cost of investing in a strong WHO and other domestic and global health institutions paled in comparison with the global cost of the pandemic. She encouraged Member States to support the Working Group's recommendations; in particular, the proposals to increase assessed

contributions to cover 50% of the base segment of the programme budget, to ensure that the base segment was fully funded from flexible sources, to increase the flexibility of emergency funds and to address the equitable funding of chronically underfunded programmes.

The DIRECTOR-GENERAL welcomed the decisive step towards a strong and sustainably financed WHO. The draft decision would transform the way the Organization was funded and how it operated, providing a predictable and sustainable funding platform to deliver long-term programming. The Secretariat would be better able to attract and retain necessary experts and offer Member States the support they needed. He welcomed the decision to consider the feasibility of a replenishment model. Highlighting the new WHO investment case, “A Healthy Return”, he said that sustainable financing for WHO was not charity but rather an investment in healthier, safer and more equitable societies. Recognizing the high expectations of Member States, he confirmed the Secretariat’s commitment to continuously improving accountability, transparency and efficiency. He thanked the bureau of the Working Group on Sustainable Financing for its hard work.

The CHAIR invited the Committee to note the reports contained in documents A75/9 and A75/54.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decision on sustainable financing contained in document A75/9.

The draft decision was approved.¹

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

2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the AGENDA (continued from the third meeting, section 3)

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

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

The CHAIR invited the Committee to resume its consideration of the final report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the draft decision on strengthening WHO preparedness and response contained in document A75/17, the proposal for amendments to the International Health Regulations (2005) contained in document A75/18, and the draft resolution entitled Strengthening WHO preparedness for and response to health emergencies: Proposal for amendments to the International Health Regulations (2005), which had been introduced during the third meeting.

The representative of SAINT KITTS AND NEVIS thanked the Secretariat for its response to the COVID-19 pandemic and the assimilation exercises for the International Health Regulations (2005). Her Government looked forward to WHO’s ongoing support in sustaining its response to the COVID-19

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA75(8).

pandemic and other health emergencies, while it continued to deliver essential health services. She supported the recommendations contained in the report.

Dr Gabunia took the Chair.

The representative of MOZAMBIQUE highlighted the importance of multistakeholder participation and health systems strengthening in preparing for and responding to health emergencies. Strengthening WHO's work in that area would have a positive impact on country-level capacities, and on resource mobilization and allocation at the country and global levels.

The representative of INDIA said that Member State-led consultations should steer the process of amending the International Health Regulations (2005). Proposed amendments must not be negotiated solely by expert groups. Substantial changes, such as the proposal to extend the process relating to objection or acceptance of reservations under Article 62 of the Regulations required more detailed discussion. The peer review of the implementation of the Regulations should be a voluntary measure. Concerning emergency preparedness and response, he said that the Secretariat should ensure equitable access to medical countermeasures, financial resources and technological capabilities. Financial support from non-State actors should not be used for standard-setting or normative purposes. The Secretariat should design a replenishment mechanism for a contingency fund for Member States, which should include disbursement criteria and operating processes. Underscoring the importance of the One Health approach in pandemic management, he welcomed the expansion of the tripartite collaboration between FAO, WHO and WOA to include UNEP. He recommended developing a global framework or specialized protocols for benefit-sharing based on the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, consistent with the objectives of the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity.

The representative of SAINT LUCIA recognized the need for ongoing capacity-building to further strengthen emergency preparedness and response. Her Government supported the draft One Health joint plan of action developed by FAO, UNEP, WHO and WOA. It was essential to reinforce the core capacities required by the International Health Regulations (2005) by integrating the core capacities for emergency preparedness, surveillance and response into broader health systems and essential public functions. She encouraged WHO to continue to provide support for Member States' capacity-building efforts.

The representative of LEBANON welcomed the draft One Health joint plan of action and agreed that the One Health approach should be at the centre of policy-making. The response to the COVID-19 pandemic had demonstrated the importance of developing public health emergency preparedness and response mechanisms, based on the International Health Regulations (2005) and the One Health approach. He urged WHO and its Member States to focus on how to best implement the Regulations in specific contexts.

The representative of GERMANY expressed the hope that an agreement on pandemic prevention, preparedness and response would be endorsed during the Seventy-seventh World Health Assembly, building on existing political momentum and strengthening global health emergency preparedness and response. For the same reason, he encouraged the Committee to reach agreement on the proposed amendment to Article 59 of the International Health Regulations (2005). Tools should be developed to facilitate the appropriate implementation of and compliance with the Regulations and any new agreement on pandemic prevention, preparedness and response. The Universal Health and Preparedness Review mechanism would be an essential element of that work. Currently holding the G7 presidency, his Government had led efforts to develop an action plan aligned with WHO's global COVID-19 vaccination strategy to bring the pandemic to an end. G7 members had also discussed how to strengthen

global pandemic preparedness by improving collaborative surveillance networks and ensuring predictable emergency responses.

The representative of HUNGARY supported the proposed process to consider targeted amendments to the International Health Regulations (2005) and the development of a pandemic agreement, complementary to the Regulations, to ensure that WHO and its Member States would be well equipped to identify, assess and respond to health emergencies. She welcomed the focus on the One Health approach and, in light of the impact of environmental factors on health, supported expanding the tripartite collaboration between FAO, WHO and WOA to include UNEP.

The representative of BRUNEI DARUSSALAM said that developing a new international instrument for pandemic preparedness and response should be a priority. He expressed disappointment that the proposed amendments to the International Health Regulations (2005) focused on compliance and reporting requirements, and would not prevent the blocking of medical supplies and countermeasures or codify the provision of tangible support in public health emergencies. Moreover, the consideration of proposed amendments to the Regulations at the same time as the development of an international instrument on pandemic prevention, preparedness and response may lead to parallel reform processes. Therefore, he sought clarification of the relationship between the two processes and asked what steps would be taken to mitigate any duplication of work. Any reform should focus on equity and access to health care; should acknowledge the greater responsibility of high-income countries during health emergencies; and should ensure the immediate application of digital tools to establish a global data sharing, surveillance and response mechanism that was fit for purpose.

The representative of BRAZIL supported the proposed establishment of a working group on amendments to the International Health Regulations (2005), but emphasized that its work should be undertaken in coordination with the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response. Improved health emergency prevention, preparedness, response and recovery could only be achieved through universal health coverage, primary health care, broad and equitable access to health countermeasures and strong health systems. Any proposed action should address health emergencies in general and should not be limited to extreme pandemic situations. All elements of the One Health approach should be addressed in a balanced manner. The Universal Health and Preparedness Review mechanism should be transparent, voluntary and peer-reviewed, in order to share best practices and promote cooperation. She supported the draft resolution on strengthening health emergency preparedness and response in cities and urban settings.

The representative of INDONESIA welcomed the focus on equity in all aspects of health emergencies. Manufacturing capacity in developing countries should be strengthened and expanded. Research hubs should be established, which would enhance the detection of potential health emergencies. She proposed developing a comprehensive framework to address access and benefit-sharing within WHO, in compliance with existing international instruments. Her Government supported an inclusive process for the limited and targeted amendment of the International Health Regulations (2005). Amendments should focus on critical and unaddressed issues such as equity and technological expertise to enhance compliance with the Regulations. They should also improve coordination and collaboration on travel measures, particularly by developing standards for an international vaccination certificate. Once established, the working group on amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body should work in a complementary manner to guarantee equal engagement from less-resourced Member States. Care should be taken to ensure that any proposed amendments should be discussed within the framework of official consultations.

The representative of COLOMBIA said that amending the International Health Regulations (2005) presented an opportunity to consolidate national core capacities. However, the amendment process should not lead to reopening negotiations on the Regulations, and should be undertaken in coordination with the Intergovernmental Negotiating Body so as to avoid the duplication of work. Her Government

supported the adoption of the proposed amendment to Article 59 of the Regulations, which reflected an Organization-wide effort to strengthen the management of information and early warning systems and to improve WHO's role in supporting Member States in that regard. She agreed with WHO's focus on promoting holistic approaches in preparedness and response, including the One Health approach. She encouraged the Secretariat to strengthen the global health emergency workforce, with particular regard to the importance of field epidemiologists. Finally, the Secretariat should take Member States' contexts into account when evaluating compliance with and implementation of the Regulations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND strongly supported the International Health Regulations (2005) and their implementation. They were a vital instrument and must remain appropriate and relevant.

The representative of JAPAN welcomed the proposal for a formal Member State-led process to focus on amendments to the International Health Regulations (2005) and supported the draft decision contained in document A75/17, which would ensure coherence between the Regulations and the new instrument on pandemic prevention, preparedness and response. He supported the proposal for the amendment of Article 59 of the Regulations as outlined in the draft resolution on strengthening WHO preparedness for and response to health emergencies. Close collaboration between the proposed working group on amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body would enhance the implementation of and compliance with the Regulations, improve surveillance, rapid information sharing, strengthen health systems, and improve research and development and clinical trials.

The representative of SAUDI ARABIA emphasized the need to review the International Health Regulations (2005) based on lessons learned from the COVID-19 pandemic. WHO played an important role in coordinating emergency response, building Member States' capacities and standardizing the assessment of national capacities. Health emergency response must comprise government commitments, regulations and financing. His Government supported further consideration of the proposed amendments to the International Health Regulations (2005), and continuing collaboration with all relevant stakeholders in the development of policy and the delivery of response, in line with the One Health approach. Sustainable funding for health emergency preparedness and response should be secured at the local, regional and international levels.

The representative of SWITZERLAND said that the potential actions identified by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies would require further discussion through the governing bodies. He welcomed the draft decision contained in document A75/17. His Government stood ready to discuss potential targeted amendments to the Regulations within the working group on amendments to the International Health Regulations (2005), with a view to ensuring consistency and avoiding the duplication of processes, in particular with regard to the Intergovernmental Negotiating Body. He welcomed the proposed amendments to Article 59 of the Regulations currently before the Committee, which would facilitate the entry into force of future amendments. He expressed support for the introduction of the Universal Health and Preparedness Review mechanism.

The representative of FIJI said that, as a result of the COVID-19 pandemic, the international community had discovered the high price of being merely responsive rather than proactive. He commended the information available on pandemic preparedness and expressed support for the recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. The review of the International Health Regulations (2005) was a step in the right direction. He urged the Intergovernmental Negotiating Body to complete its work in a timely manner. Small island developing States were at the forefront of multiple health emergencies, and they needed an effective framework, resources and meaningful partnerships to support the implementation mechanism of those instruments.

The representative of CANADA said that the COVID-19 pandemic had shown how quickly health emergencies could exacerbate structural and systemic issues across many sectors, often with a disproportionate impact on vulnerable and marginalized populations such as women and girls. Member States should act quickly to strengthen public health systems and enhance collaboration with other sectors in the areas of prevention, preparedness and response. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies had been crucial for advancing those conversations. She welcomed the proposed process for considering and introducing limited and targeted amendments to the International Health Regulations (2005). Her Government therefore wished to be added to the list of sponsors of the draft decision contained in document A75/17. Supporting efforts to enhance shared accountability in health emergencies, she said that the Universal Health and Preparedness Review mechanism, as proposed, was a first step. Member States should be consulted and kept up to date on the implementation of the voluntary pilot phase of the mechanism. The whole-of-government, whole-of-society and One Health approaches were key for a better response to future health emergencies.

The representative of the RUSSIAN FEDERATION said that it was necessary to protect and update the International Health Regulations (2005), and recalled that his Government had proposed amendments to the Regulations along with its partners in the Eurasian Economic Union. Those amendments were intended to increase the role of national coordinators, strengthen laboratory infrastructure, develop regional and global WHO networks, and ensure unimpeded movement of medical personnel and equipment for combating infection. No modification to the Regulations should be accepted if it would create preconditions for interference in countries' internal affairs or could lead to punitive action. He expressed concerns regarding the Universal Health and Preparedness Review, which must remain voluntary and may lead to discrimination against States that refused to participate in that mechanism. WHO should be strengthened as the basis for detecting and responding to epidemic threats, and for protecting the interests of all countries, their right to take steps against potential epidemics and their access to diagnostic and preventive equipment. Attempts to create auxiliary mechanisms or duplicate existing mechanisms would weaken WHO and should not be allowed. He supported the implementation of the One Health approach.

The representative of the BAHAMAS, emphasizing WHO's role in health emergencies, said that strengthening the global health architecture was no longer optional. A global response required political and economic engagement with WHO and other partners, and sustainable financing. She commended WHO's leadership role in research and development and in promoting equitable access to medical products and devices. While targeted revisions to the International Health Regulations (2005) were needed for greater flexibility, such revisions should be considered through a Member State-led diverse technical committee. She asked the Secretariat to continue to support capacity-building and reporting capacities required under the Regulations. The COVID-19 pandemic had shown that multistakeholder collaboration was essential. She welcomed the quadripartite One Health collaboration, under which resources should be allocated to provide technical guidance on multi-agency integration, and the draft One Health joint plan of action.

The representative of SPAIN expressed support for the One Health approach, with particular regard to the prevention and detection of health threats. Her Government expressed support for the draft One Health joint plan of action developed by FAO, UNEP, WHO and WOA, which should be implemented at the national level. In addition to introducing amendments to the International Health Regulations (2005), better preparedness and response required the sustainable development of national capacities, including with regard to chemical events at entry points and radiation emergencies. She agreed with the need to improve compliance with notification and reporting deadlines. A robust national network of well-trained focal points was fundamental for applying the Regulations and ensuring the early detection of public health events.

The representative of AUSTRIA expressed support for the draft One Health joint plan of action, amendments to strengthen the International Health Regulations (2005), and a new instrument for pandemic prevention, preparedness and response. The status quo was no longer sufficient. For that reason, her Government had proposed strengthening the oversight capacity of the Executive Board following the declaration of a public health emergency of international concern. The establishment of the proposed Executive Board Standing Committee on pandemic preparedness and response, to be agreed upon at the 151st session of the Executive Board, would contribute significantly to improving WHO's pandemic emergency governance, facilitating its rapid Member State-led decision-making process.

The representative of ALBANIA emphasized WHO's leadership role in responding effectively to health emergencies, highlighting the establishment of the Intergovernmental Negotiating Body. Her Government remained convinced that a legally binding instrument under the auspices of WHO could provide an ambitious framework for better pandemic and epidemic prevention, preparedness and response. Such an instrument should include the One Health approach and strengthen existing platforms and surveillance, and the relevant sectors must cooperate more closely to reduce the risk of zoonotic diseases in the future. She welcomed the draft One Health joint plan of action and the Director-General's views on strengthening the global health architecture. The new instrument on pandemic preparedness and response and the proposed amendments to the International Health Regulations (2005) were important components for addressing current inefficiencies in global emergency prevention, preparedness and response.

Dr Nakatani resumed the Chair.

The representative of TIMOR-LESTE said that the International Health Regulations (2005) were a powerful tool against cross-border communicable diseases. The COVID-19 pandemic had demonstrated the importance of international collaboration. In order to strengthen national preparedness and response, he called on WHO to continue to assist Member States in building strong and resilient health systems, including community systems for health emergency prevention, preparedness and response and implementing universal health coverage; and strengthening coordination and collaboration at all levels using the One Health approach. He called on Member States and the international community to provide adequate and sustainable funding for stronger public health emergency preparedness and response.

The representative of NIGERIA said that the COVID-19 pandemic had laid bare the limitations of the International Health Regulations (2005). As a result of the failure to adhere to external provisions of the Regulations, some Member States had been denied the protections and privileges they provided, which had exacerbated health disparities. That situation must not be repeated. He therefore supported the ongoing work to develop a treaty for pandemic preparedness and response and the comprehensive review and amendment of the Regulations, which should be led by Member States and should ensure social justice and equitable access to public health goods and financial resources.

The representative of BELIZE, sharing information about the COVID-19 response in her country, welcomed the continued assistance of partners including WHO/PAHO in technical areas, capacity-building, and resourcing for adequate response to public health emergencies. Much remained to be done to strengthen the response to the COVID-19 pandemic, particularly in the Region of the Americas, and to improve access to vaccines and key medicines.

The representative of FAO said that, without the One Health approach, there could be no pandemic prevention, preparedness and response. He welcomed the progressive integration of the One Health approach into the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. That approach should be a guiding principle of the work of the Intergovernmental Negotiating Body. The members of the quadripartite partnership were committed to

seeking balanced investment in health systems and finalizing the draft One Health joint plan of action which would ensure the sustainable implementation of the One Health approach.

The representative of IAEA said that her Organization and WHO had increased their regular dialogue on areas of potential concern and common interest and on how the IAEA Zoonotic Disease Action initiative, ZODIAC, could complement and strengthen WHO's efforts to support Member States. Joint meetings were under way to define the activities to be carried out the coming months. IAEA participated in various interagency initiatives, including the WHO Global Strategic Preparedness Network.

The representative of WOAHP said that the One Health approach was the appropriate framework to ensure that the expanded quadripartite partnership was operational, sustainable and streamlined, encouraging the participation of all relevant sectors and disciplines. The draft One Health joint plan of action would provide the blueprint for future actions under that approach. One Health must be the fundamental principle for any new instrument on pandemic preparedness and response, which should focus on prevention rather than response. While the involvement of the members of the quadripartite partnership in the Intergovernmental Negotiating Body had so far been limited, WOAHP could play a major role in that work given its mandate to set global standards on animal health and she therefore supported the formation of collaborative governance arrangements to allow her Organization's participation.

The representative of UNAIDS said that, although the COVID-19 pandemic continued to undercut achievements in the responses to HIV/AIDS and tuberculosis, the health infrastructure and the lessons learned from those responses were being successfully leveraged against COVID-19 and should form the foundation of future pandemic preparedness and response. Highlighting the importance of equity and sustainable financing, he said that the new pandemic preparedness and response instrument should: place human rights at the core of pandemic response; put the community at the centre of pandemic preparedness and response at all levels; ensure equitable access to health technologies and medical countermeasures as public health goods; build people-focused data systems able to highlight inequalities; and support the health workforce.

The representative of the INTERNATIONAL ORGANISATION OF LA FRANCOPHONIE commended the ongoing work to strengthen pandemic preparedness and response, in particular the support provided by WHO to facilitate local vaccine production. The signature of an agreement and memorandum of understanding with WHO in 2021 had enabled his Organization to support WHO by advocating for vaccine equity and vaccination campaigns. Establishing the WHO Academy in Lyon would serve to bolster the presence of French-speaking actors in public health. His Organization would continue to collaborate with WHO to strengthen multilingualism.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that there was an urgent need to invest in health emergency preparedness, response and recovery that included persons with disabilities. Health equity should be ensured by removing discrimination and barriers to health care for persons with disabilities in line with the United Nations Convention of the Rights of Persons with Disabilities. Disability inclusion should be strengthened across health systems. Access to inclusive health information, risk communication and participatory community mobilization measures should be ensured, and essential services should be adapted to ensure access for all.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, welcomed efforts to strengthen health emergency preparedness and response and the process proposed to consider improvements to the International Health Regulations (2005). WHO should also incorporate a One Health approach into public health emergency response. Since any such response

would require a whole-of-government and whole-of-society approach, non-State actor engagement should be prioritized.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, noted that the process to amend the International Health Regulations (2005) required input from Member States and experts, and expressed concern that the amendments proposed in the draft resolution could undermine the deliberations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Furthermore, they could undermine the sovereignty of Member States and did not take into account the challenges relating to human resources, infrastructure and coordination in many countries. Member States were unlikely to be able to adhere to the proposed time frames. Community engagement should be included as a core capacity required under the Regulations, and community and frontline health care workers should be invited to contribute to the development of any proposed amendments.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the need to invest in public health systems and to work with multiple sectors and communities to strengthen primary health care. Member States should integrate approaches to health emergency prevention and response and universal health coverage; build on existing multilateral health emergency preparedness and response systems; and ensure the meaningful participation of community and civil society representatives in global health processes.

The representative of UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had exacerbated vulnerabilities in the global medicines supply chain. It was essential to prepare for the next pandemic and protect future global health security by bolstering quality assurance; strengthening regulatory systems; expanding local production capabilities; preserving the supply of critical medicines; investing in the development of novel products; and enhancing global cooperation to improve global supply chain resilience.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that, in order to avoid marginalizing the needs and expertise of half of the world's population and undermining health systems, decision-making bodies should have 50% women members, prioritizing women from the Global South. They should apply gender risk assessments and generate, analyse and use sex-disaggregated data. Governments should ensure the availability of personal protective equipment for all, guarantee safe and decent work free from violence and harassment and with equitable pay, and provide for the continuity of essential health services.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, called on Member States to strengthen national, regional and global research and development coordination as a substantive element of any pandemic instrument; agree global norms on transparency and open sharing of knowledge and technology; support equitable governance structures; increase investment in regional surveillance, manufacturing and regulatory capacity; and ensure investment in and sustainable financing of research and development. Clinical trials should be well-designed and comparable in order to generate actionable evidence, and investment was needed in clinical trial platform infrastructure and human resources in lower-middle-income countries. Information, including protocols, trial data and costs, should be made public and access to originator drugs for research should be safeguarded. Historically excluded populations should be included in trials and benefit-sharing principles should be followed.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that any proposed amendments to the International Health Regulations (2005) should be consistent with the efforts of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Intergovernmental Negotiating Body. He noted that ongoing negotiations in other international bodies could have an impact on current and future health

emergencies. WHO action on clinical trials should be guided by the principle of transparency of all results.

The representative of WOMEN DELIVER, speaking at the invitation of the CHAIR and noting the gendered impact of the COVID-19 pandemic, said that sexual and reproductive health and rights should be an integral component of universal health coverage and resilient health systems, with adequate and protected budgetary allocations. In addition, uninterrupted access to sexual and reproductive health services, including survivor-centred care in cases of gender-based violence, should be ensured in emergencies. Representatives of civil society, and girls and women in all their identities, should be engaged meaningfully at all stages of preparedness and response.

The representative of MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, welcomed the focus on equity in emergency preparedness and response, which could be achieved through public health-driven, voluntary, non-exclusive and transparent licensing of intellectual property and technology transfer. He highlighted successes in that regard for manufacturing COVID-19 therapeutics and the transfer of messenger RNA technology to develop local sustainable manufacturing capacity. Such mechanisms should be strengthened prior to future pandemics and access to them should be ensured.

The representative of THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had disrupted childhood cancer services but recognized that the global community had developed mitigation strategies to address those concerns. The needs of children and youth with cancer and their carers should be included in emergency preparedness and response planning.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the inequities in access to life-saving tools and treatments and the limitations of the International Health Regulations (2005). She supported the development of a new international instrument for pandemic preparedness, which included strengthening the health workforce. The instrument must act as a global public good and would require sustainable and appropriate financing. Its development should be participatory and transparent, and should resist undue commercial influence. Finally, she condemned the increasing violence against the health workforce and health facilities worldwide.

The CO-CHAIRS OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES, speaking in turn, thanked Member States and non-State actors for their commitment to supporting the Working Group and to further improving pandemic preparedness and response, despite the challenging environment for multilateralism and collective action. The report contained various elements further consideration, which would form the basis for future work by WHO and its Member States, and with other organizations, if appropriate.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness) welcomed the inclusivity shown and the consensus reached during the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. He noted that Member States had recognized the importance of the International Health Regulations (2005) and the need to further strengthen States' implementation of and compliance with them, including through potential targeted amendments, based on the lessons learned from the COVID-19 pandemic. The Secretariat would continue to provide support for that process, as set out in the draft decision. Finally, he recognized that many Member States and non-State actors had highlighted the importance of a new international instrument, and noted the support for the Intergovernmental Negotiating Body.

The CHAIR took it that the Board wished to note the report contained in A75/17.

The Committee noted the report.

The CHAIR took it that the Committee agreed to approve the draft decision contained in A75/17.

The draft decision was approved.¹

The CHAIR took it that the Committee wished to postpone the final consideration of the draft resolution entitled Strengthening WHO preparedness for and response to health emergencies: Proposal for amendments to the International Health Regulations (2005), until informal consultations could be concluded.

It was so decided.

The meeting rose at 21:55.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA75(9).

FIFTH MEETING

Wednesday, 25 May 2022, at 09:10

Chair: Dr T. GABUNIA (Georgia)

Later: Dr H NAKATANI (Japan)

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

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

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

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

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

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

The Seventy-fifth World Health Assembly,

(PP1) Recalling WHO Member States' commitments to the Sustainable Development Goals, including to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks;

(PP2) Recalling the Thirteenth General Programme of Work, 2019–2023, and its strategic priority of one billion more people better protected from health emergencies by 2023;

(PP3) Recalling resolution WHA73.1 (2020) on COVID-19 response, in which the Seventy-third World Health Assembly requested the Director-General to, inter alia, continue to build and strengthen the capacities of WHO at all levels to fully and effectively perform the functions entrusted to it under the International Health Regulations (2005);

(PP4) Recalling also resolution WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), which recognizes that urban settings are especially vulnerable to infectious disease outbreaks and epidemics, and that urban planning is a key element of preparedness and response;

(PP5) Reaffirming resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which underlines that preparing for and responding to health emergencies is primarily the responsibility and crucial role of governments;

(PP6) Recognizing the important role that cities and local authorities have in preventing, preparing for and responding to health emergencies;

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

(PP8) Recognizing the work of the technical working group on advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond,¹ which led to the development of the framework for strengthening health emergency preparedness in cities and urban settings² and the operational guidance for national and local authorities,³ and encouraging broader engagement of Member States in the discussions within this Technical Working Group;

(PP9) Noting with concern that the COVID-19 pandemic has revealed serious shortcomings in preparedness – especially at the city and urban levels – for, timely and effective prevention and detection of, as well as response to, potential health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health emergencies;

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

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

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

OP1. URGES Member States:⁴

- (1) to sustain political commitment at the highest level and to give due attention to preparedness and response to health emergencies in cities and urban settings, recognizing their unique vulnerabilities;
- (2) to provide adequate resources and to strengthen capacities and capabilities in urban health emergency preparedness and response;
- (3) to strengthen multisectoral, multilevel and multistakeholder collaboration in national health emergency preparedness and response policies;
- (4) to develop, strengthen and implement health emergency preparedness and response plans, recognizing that such plans should be context specific, given the heterogeneity of cities and urban settings;
- (5) to consider conducting simulation exercises and intra- and after-action reviews through adopting a multisectoral, multilevel and multistakeholder approach;

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

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

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

⁴ And, where applicable, regional economic integration organizations.

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

OP2. REQUESTS the Director-General:

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

The financial and administrative implications for the Secretariat were:

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

¹ And, where applicable, regional economic integration organizations.

2.a.	Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions: US\$ 5.16 million.
2.b.	Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions: Not applicable.
3.	Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions: US\$ 1.16 million.
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 <ul style="list-style-type: none"> – Resources available to fund the resolution in the current biennium: US\$ 1.60 million. – Remaining financing gap in the current biennium: US\$ 3.56 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.52	0.43	0.40	0.45	0.47	0.45	0.99	3.71
	Activities	0.14	0.15	0.15	0.15	0.15	0.15	0.56	1.45
	Total	0.66	0.58	0.55	0.60	0.62	0.60	1.55	5.16
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.14	0.12	0.11	0.12	0.13	0.12	0.27	1.01
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.09	0.15
	Total	0.15	0.13	0.12	0.13	0.14	0.13	0.36	1.16
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

He further drew attention to a draft resolution on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination,

proposed by Argentina, Peru and the United Kingdom of Great Britain and Northern Ireland, which read:

The Seventy-fifth World Health Assembly,

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

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

(PP3) Recognizing that well-designed² and well-implemented clinical trials are indispensable for assessing the safety and efficacy of health interventions;

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

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

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

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

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

(PP9) Acknowledging the importance of promoting equity in clinical trial capability, including by enhancing the core competencies of research personnel, ensuring human subject

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

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

protections from the risks of clinical trials and acknowledging the shared benefits from the results generated from clinical research and development, including clinical trials, both by strengthening the clinical trial global ecosystem to evaluate health interventions and by working to strengthen country capacities to conduct clinical trials that provide the highest human subjects protections and meet relevant regulations and internationally harmonized standards by considering:

- (a) systematic assessment of country level clinical trial capabilities to promote the ability to conduct rigorous clinical trials compliant with international guidelines and the ability to safeguard human subjects;
- (b) strengthened global clinical trial capabilities, in coordination with existing organizations and structures, in order to promote well-designed and well-implemented clinical trials which produce high-quality evidence, as well as to ensure trials are designed to reflect the heterogeneity of those who will ultimately use or benefit from the intervention being evaluated, and are conducted in diverse settings, including all major population groups the intervention is intended to benefit, with a particular focus on under-represented populations;
- (c) where possible, inclusion of all trial stakeholders, including representatives of patient groups, according to best practices in the development of clinical trials with affected communities to ensure that the health interventions address their needs, such as solutions on neglected tropical diseases;
- (d) that clinical trial participants include all major population groups which the intervention is intended to benefit;
- (e) promoting transparent and voluntary sharing, while ensuring information and data security, both of well-designed clinical trial methodologies and the results of clinical trials, including negative results, through open-source methods internationally to enable capability building in diverse settings;
- (f) that regulatory measures and other related processes be solidly defined and implemented, including for public health emergencies of international concern;

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

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

- (1) to prioritise the development and strengthening of national clinical trial capabilities able to comply with international standards of trial design and conduct and human subject protections as well as strengthening and developing national regulatory and quality control frameworks and authorities;
- (2) to increase clinical trials capability, and strengthen clinical trials policy frameworks, particularly in developing countries, to enable a greater number of clinical trial sites that can conduct well-designed and well-implemented clinical trials, and to ensure readiness for coordination of trials through existing, new or expanded clinical trial networks, that meet relevant regulations and internationally harmonized standards, promoting sharing of information and best practices on efficient and ethical clinical trial design and delivery, and in designing, preparing and conducting clinical trials;
- (3) to coordinate clinical trials research priorities based on public health needs of Member States including collaborative, and as appropriate, multi-country and multi-regional clinical trials when mutually beneficial, while avoiding unnecessary duplication of work, taking into account that aligning clinical trials across countries will require

¹ And, where applicable, regional economic integration organizations.

preparatory work, including the coordination, as appropriate, in national regulatory practices and funding frameworks;

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

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

(6) to encourage research funding agencies to prioritise and fund clinical trials that are well-designed and well-implemented, conducted in diverse settings and include all major population groups the intervention is intended to benefit, have adequate statistical power, and relevant control groups and interventions in order to generate the scientifically robust and actionable evidence needed to inform public health policy, regulatory decisions, and medical practice while preventing underpowered, poorly-designed clinical trials and avoiding the exposure of clinical trials participants to unjustified and unnecessary risk, in normal times as well as in public health emergencies of international concern, including through:

- (a) encouraging investment in well-designed clinical trials, including through clinical trials networks, that are developed in collaboration with affected communities, with a view to addressing their public health needs and with the potential for trials to contribute to clinical trial capabilities, including strengthening the core competencies of research personnel, particularly in developing countries;
- (b) introducing grant conditions for funding clinical trials to encourage the use of standardized data protocols where available and appropriate and to mandate registration in a publicly available clinical trial registry within the World Health Organization's International Clinical Trials Registry Platform (ICTRP) or any other registry that meets its standards;
- (c) promoting, as appropriate, measures to facilitate the timely reporting of both positive and negative interpretable clinical trial results in alignment with the WHO joint statement on public disclosure of results from clinical trials¹ and the WHO joint statement on transparency and data integrity,² including through registering the results on a publicly available clinical trial registry within the ICTRP, and encouraging timely publication of the trial results preferably in an open-access publication;
- (d) promoting transparent translation of results, including comparison to existing treatments and data on effectiveness, based on thorough assessment, into clinical guidelines where appropriate;
- (e) exploring measures during public health emergencies of international concern to encourage researchers to rapidly and responsibly share interpretable results of clinical trials, including negative results, with national regulatory bodies or other appropriate authorities, including WHO for clinical guideline development and emergency use listing (EUL), to support rapid regulatory decision-making and

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

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

emergency adaptation of clinical and public health guidelines as appropriate, including through pre-print publication;

- (7) to support ethics committees and regulatory authorities to enable efficient governance processes to focus on the fundamental scientific and ethical principles that underpin randomized controlled trials, maintaining patient and other trial participant protections, including personal data protection and acting proportionately to risk, to best support well-designed and well-implemented clinical trials and facilitate the development of preparedness for clinical trials including, when appropriate multi-country trials during PHEICs, where scientifically appropriate, while embracing flexibility and innovation;
- (8) to support new and existing mechanisms to facilitate rapid regulatory decision-making during public health emergencies of international concern, so that:
 - (a) safe, ethical, well-designed clinical trials can be approved and progress quickly; and
 - (b) data from clinical trials can be assessed rapidly, including through WHO EUL, and health interventions deemed safe and effective swiftly authorized;
- (9) to facilitate while protecting confidentiality of information when appropriate, in normal times as well as in public health emergencies of international concern, sharing among regulatory authorities of:
 - (a) their assessments of clinical trial protocols to enable the implementation of rigorous protocols in practice; and
 - (b) assessment reports on health interventions with potential significance and public health importance to inform, when possible, decision-making processes in other countries including for potential regulatory assessments and decisions related to the inclusion of health interventions in their national health system, as well as for safety monitoring;
- (10) to support new and existing mechanisms to facilitate the rapid interpretation of data from clinical trials to develop or amend, as necessary, relevant guidelines during public health emergencies of international concern;
- (11) to facilitate collaboration and synergies among actors, institutions and networks in the clinical evidence ecosystem throughout the continuum from clinical research to utilization of data from clinical trials in clinical practice through comparative evidence evaluations, evidence synthesis, health technology assessments, regulatory decisions, comparative cost-effectiveness analysis, vis-à-vis existing health interventions and, as appropriate, development of evidenced based guidelines and monitoring of implementation in clinical practice;

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

OP3. REQUESTS the Director-General:

- (1) to organize, in a transparent manner, stakeholder consultations in line with FENSA, with Member States, NGOs including patient groups, private sector entities including international business associations, philanthropic foundations and academic institutions, as appropriate, on the respective roles of the WHO, Member States¹ and non-State actors, and to identify and propose to Member States, for consideration in governing bodies, best practices and other measures to strengthen the global clinical trials ecosystem, taking into account relevant initiatives where appropriate;
- (2) to review existing guidance and develop, following the standard WHO processes, new guidance as needed on best practices for clinical trials, including on strengthening the infrastructure needed for clinical trials, to be applied in normal times and with provisions for application during a public health emergency of international concern, taking into account relevant initiatives and guidelines as appropriate such as those led by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) and other organizations by providing, as appropriate:
 - (a) guidance on best practices to help guide Member States implementation of scientifically and ethically sound clinical trials within their national and regional contexts;
 - (b) guidance on best practices for non-State actors in the design and conduct of clinical trials and in strengthening the global clinical trials ecosystem to meet the needs of major population groups that the intervention is intended to benefit, with a particular focus on under-represented populations, developed in consultation with WHO Member States¹ and relevant non-State actors;
- (3) to provide to Member States, on their request, guidance, taking into account relevant initiatives and guidelines, as appropriate, on best practices for developing the legislation, infrastructure and capabilities required for clinical trials taking into account national and regional contexts;
- (4) to engage with as appropriate relevant non-State actors in line with FENSA to strengthen clinical trial capabilities, particularly in developing countries, on innovations which meet the needs of major population groups that the intervention is intended to benefit, with a particular focus on under-represented populations;
- (5) to present a report outlining progress in the activities requested of the Director-General in this resolution for consideration by the Seventy-sixth World Health Assembly through the Executive Board at its 152nd session in 2023.

The financial and administrative implications for the Secretariat were:

Resolution:	Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination
A. Link to the approved Programme budget 2022–2023	
1. Output(s) in the approved Programme budget 2022–2023 to which this draft resolution would contribute if adopted:	4.1.3. Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:	Not applicable.

¹ And, where applicable, regional economic integration organizations.

3.	Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:
	Not applicable.
4.	Estimated time frame (in years or months) to implement the resolution:
	One year.
B.	Resource implications for the Secretariat for implementation of the resolution
1.	Total resource requirements to implement the resolution, in US\$ millions:
	US\$ 4.15 million.
2.a.	Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:
	US\$ 4.15 million.
2.b.	Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:
	Not applicable.
3.	Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:
	Not applicable.
4.	Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:
	Not applicable.
5.	Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions
	– Resources available to fund the resolution in the current biennium:
	Zero.
	– Remaining financing gap in the current biennium:
	US\$ 4.15 million.
	– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
	Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.37	0.38	0.28	0.38	0.28	0.30	1.66	3.65
	Activities	0.03	0.02	0.02	0.02	0.02	0.05	0.34	0.50
	Total	0.40	0.40	0.30	0.40	0.30	0.35	2.00	4.15
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

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

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

The representative of JAMAICA welcomed the report on the implementation of the International Health Regulations (2005) and the publication of the second edition of the State Party self-assessment annual reporting tool incorporating lessons learned from the COVID-19 pandemic. The pandemic had

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

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

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

The representative of AUSTRALIA stressed the importance of Member States fulfilling their obligations under the International Health Regulations (2005). Although the Secretariat had provided support in that respect, more work was needed for full implementation; her Government therefore welcomed the proposed amendments to the Regulations contained in the draft resolution on the subject. The progress made regarding the pilot implementation of the Universal Health and Preparedness Review mechanism was also commendable, and she looked forward to further efforts to align the mechanism with the existing monitoring and evaluation framework. The report on strengthening the global architecture for health emergency preparedness, response and resilience was a timely and considered contribution to ongoing global health reform processes, and should lead to deeper reflection on those topics. Lastly, she commended the formalization of the quadripartite partnership and the draft One Health joint plan of action, whose holistic scope would sustainably scale up the One Health approach. Increased collaboration on the One Health approach should be prioritized to strengthen the global health architecture, and would also be critical for the alignment of activities across the pandemic prevention, preparedness and response reforms, including amendments to the International Health Regulations (2005) and the development of a new international instrument. In that respect, her Government wished to see collaborative governance arrangements that would enable the quadripartite partnership to co-design and co-own that instrument.

The representative of SINGAPORE said that urban settings were particularly conducive to the spread of disease due to their high population density and status as major travel hubs, as the COVID-19 pandemic had revealed. In strengthening urban health emergency preparedness and response, multilevel

and multisectoral coordination using a whole-of-government approach was vital. Recommendations and guidelines should be implemented according to local contexts, using the data provided by local authorities. In addition, trust needed to be built through clear, targeted communication; that was the only way to combat misinformation and allow communities to play their part in preparedness and response. He therefore encouraged Member States to adopt the draft resolution on strengthening health emergency preparedness and response in cities and urban settings, which his Government had sponsored. Lastly, given the importance of strengthening clinical trial capacities to ensure that effective, safe vaccines could be developed in response to pandemics, his Government asked to be added to the list of sponsors of the relevant draft resolution.

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

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

The Universal Health and Preparedness Review pilot in Iraq had proven its worth and she looked forward to hearing about the outcome of the pilot phase elsewhere. The inclusion of UNEP to form the quadripartite One Health partnership was another positive step; the COVID-19 pandemic had indeed demonstrated the need to increase cooperation regarding the human–animal–plant–environment interface. She applauded the commitment of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and acknowledged the challenge of prioritizing the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. It was encouraging to see progress regarding the potential international instrument on pandemic prevention, preparedness and response to complement the Regulations, and she also welcomed the report on strengthening the global architecture for health emergency preparedness, response and resilience; further work should be done to deliver on its proposals. In closing, she called on Member States to overcome political divisions in the interests of achieving health for all.

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

The representative of NORWAY endorsed the draft One Health joint plan of action and the inclusion of UNEP to form a quadripartite partnership, underscoring the importance of considering environmental aspects as part of a true One Health approach. She also welcomed the report on strengthening the global architecture for health emergency preparedness, response and resilience; the associated proposals would form a good basis for further debate among Member States. Lastly, stressing

the crucial role of clinical trials in supporting public health needs and health care systems, she expressed support for the relevant draft resolution and asked that her Government be added to the list of sponsors.

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

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

The representative of SENEGAL welcomed the efforts of the Secretariat to strengthen the One Health approach following the adoption of resolution WHA74.7 (2021), noting the inclusion of UNEP to form a quadripartite partnership and the development of the draft plan of action. Globalization, climate change and rapid urbanization were changing ecosystems and fostering the emergence of infectious diseases; his Government was implementing a range of measures in that regard. He called for the rapid roll-out of the draft plan of action on the One Health approach, which was vital to address global health security issues.

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

marginalized communities. Lastly, he called for the diversification and expansion of manufacturing in emerging economies, to increase global vaccine supply security for both pandemic vaccines and those used in routine immunization.

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

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

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

In conclusion, he stressed the need to develop and ensure equitable access to countermeasures; the draft resolution on strengthening clinical trials was welcome in that respect. The WHO Health Emergencies Programme worked closely with the Science Division on both the research and development blueprint for action to prevent epidemics and its broader research agenda, where the key to success was the capacity to respond rapidly to emerging issues. It was essential to combine those elements with well-coordinated preparedness and response, as described by the Director-General in his report on strengthening the global architecture for health emergency preparedness, response and resilience. The Secretariat had already begun to implement many aspects of the systems described in the report, including through institutions at national and regional level. Additional financing and governance measures were needed; progress must be accelerated to implement the lessons of the COVID-19 pandemic.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) thanked Member States for their guidance on the Universal Health and Preparedness Review, which had been designed as a peer-to-peer mechanism to promote more effective international cooperation. The aim was to strengthen health and emergency preparedness through an intergovernmental, whole-of-society process that engaged national leadership at the highest level, catalysed action to fill identified gaps and increased the attention and financing given to preparedness. The Secretariat was therefore working closely with Member States on the development of the Review mechanism to make it a trusted cooperation platform: a pilot phase had already been completed in the

Central African Republic, Iraq, Portugal and Thailand, which had led to improvements and informed the concept note. Member States had also provided welcome support for strengthening health emergency preparedness and response in cities and urban settings, through the technical working group on advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond, and in developing the draft resolution. The Secretariat would continue to build the relevant framework by developing additional tools, training and monitoring mechanisms for implementation at all levels, and by working with Member States to establish the global prepared city platform.

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

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

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

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

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

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

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, observed that it was nurses and health workers who had to deal with the consequences

when pandemic preparedness fell short. He therefore supported the development of a new instrument on pandemic prevention, preparedness and response in accordance with the recommendations of the Independent Panel for Pandemic Preparedness and Response, and called on governments to invest in their nursing workforce and involve nurse leaders in all decision-making.

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

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

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

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

The DIRECTOR-GENERAL thanked Member States for their guidance, including through the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Strengthening emergency health preparedness, response and resilience remained a priority, as the COVID-19 pandemic had shown that the world was unprepared for such events. The proposals regarding the global architecture for health emergency preparedness, response and resilience were based on the lessons learned from the pandemic and extensive consultation with Member States. The goal was a more equitable, inclusive and coherent global architecture centred on the International Health Regulations (2005). He welcomed the proposal to shorten the time required for the entry into force of amendments

to the Regulations, noting that it would pave the way for further amendments. The WHO instrument on pandemic prevention, preparedness and response currently being negotiated by Member States would complement the Regulations by providing an overarching framework for further cooperation. A legally binding instrument would guarantee a better response to future pandemics or health emergencies, and must be supported by key changes to governance, systems and tools, and financing. It would also be vital to strengthen WHO's role at the centre of the global health architecture. In conclusion, he welcomed the many positive responses to the report, while recognizing the need to ensure that the intergovernmental process was inclusive of all Member States, regardless of size or capacity.

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

The Committee noted the reports.

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

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

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

It was so agreed.

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

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

The draft resolution was approved.¹

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

The draft resolution was approved.²

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

² Transmitted to the World Health Assembly in the Committee's third report and adopted as resolution WHA75.8.

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

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

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

- (a) **Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030**
- (d) **Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies**
- (f) **Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health**
- (j) **Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases**

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

Dr Gabunia took the chair.

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

The representative of PARAGUAY commended the reports, particularly the draft implementation road map 2023–2030 and the draft recommendations on how to strengthen the design and implementation of policies for resilient health systems. Prevention and treatment services for noncommunicable diseases had been gravely affected by the COVID-19 pandemic, creating an even greater threat to public health; her Government had endeavoured to respond, for example by providing remote health services. The pandemic had also had a negative impact on mental health, and strengthening treatment and support services at the global, regional and national levels remained a major challenge. In that respect, her Government was implementing the WHO Special Initiative for Mental Health, to provide services and programmes, and incorporating mental health considerations into emergency preparedness, response and recovery plans.

The representative of GREECE said that the COVID-19 pandemic and the ongoing conflict in Ukraine had shown that physical and mental health should be considered on the same level. Mental health systems in the European Region had been underfunded for years, and not everyone could access

them; financial tools should be harnessed to create well-funded modern mental health services available in the community. Particular attention should be given to lower-income countries and vulnerable populations, with a focus on quality of care and patient safety. The pandemic had also demonstrated the need to develop new services to support those experiencing psychological distress and mental illness; that could be achieved by collecting data and expanding digital care services. Strong national and international cooperation based on solidarity was also key, as illustrated by the regional initiatives highlighted in the report.

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

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

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

The representative of the RUSSIAN FEDERATION expressed support for the draft implementation road map 2023–2030, which would help Member States take action on noncommunicable diseases at a time when cooperation was increasingly important. In that respect, the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases was an excellent platform for the exchange of information and best practices among Member States. Noncommunicable diseases also represented a challenge for populations in emergency situations, when damage to medical infrastructure, service disruptions and a climate of fear exacerbated the risk factors; her Government was currently providing emergency medical assistance to populations experiencing a humanitarian crisis in Donetsk and Luhansk. She thanked the Secretariat and Member States for the constructive dialogue on the issue.

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

society to the strategy and stressed the importance of maintaining health services during the COVID-19 pandemic.

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

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

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

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

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

The representative of the UNITED STATES OF AMERICA commended the progress made regarding noncommunicable disease prevention and control, particularly efforts to address gaps in

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

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

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

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

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

those proposals would also be submitted in writing. It was also important to focus the training of health professionals on the promotion of healthy lifestyles and prevention of risk factors, and to promote access to generic medicines and other materials for self-care.

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

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

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

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

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

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

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

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

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

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

The meeting rose at 12:10.

SIXTH MEETING

Wednesday, 25 May 2022, at 14:45

Chair: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)

Later: Dr H. NAKATANI (Japan)

Later: Dr T. GABUNIA (Georgia)

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

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:

Item 14 of the agenda (continued from the fifth meeting)

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

- (a) **Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030** (continued)
- (d) **Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies** (continued)
- (f) **Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health** (continued)
- (j) **Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases** (continued)

The CHAIR drew attention to the reports contained in documents A75/10 Add.2, A75/10 Rev.1 Add.2, A75/10 Add.5 and A75/10 Add.8, and the section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1. The preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases in 2025 was also under discussion. She recalled that, following discussion of all reports on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, the Committee would consider the draft decision recommended by the Executive Board in decision EB150(4) and the draft decision on the progress made towards the achievement of global obesity targets contained in document A75/10 Rev.1.

The representative of ITALY said that effective action to address noncommunicable diseases required a whole-of-government and whole-of-society approach that tackled socioeconomic inequalities

and took account of environmental and climate change drivers. He underscored the importance of adopting the draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage and of scaling up efforts to meet the ambitious targets of the comprehensive mental health action plan 2013–2030. Mental health must become an essential component of crisis response and economic recovery efforts. It was therefore imperative to implement policies promoting inclusive, rights-based and effective mental health systems. Mental health should also be included as a stand-alone item on the agendas of future governing bodies sessions. The fourth Global Ministerial Mental Health Summit, which would be held in Rome in October 2022, represented a strategic opportunity to strengthen commitments, promote and relaunch comprehensive community care for mental health, and protect the human rights and dignity of people with mental illness. Lastly, achievement by 2030 of the targets set out in the draft global strategy on oral health would require an integrated, interprofessional approach, equal access to care and improved data.

The representative of BRAZIL expressed support for all the documents under discussion, in particular the draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases. The rapid pace of epidemiological and demographic change had shifted the ground for public health policies, particularly with regard to chronic diseases and the elderly. In addition, the COVID-19 pandemic had heightened the need to make national health systems resilient in health emergencies and ensure continuity of care for the chronically ill. Going forward, efforts should focus on building strong, resilient and agile health systems, paying special attention to primary health care, so as to ensure timely prevention, diagnosis and treatment of noncommunicable diseases and promote mental health. A multisectoral approach was needed, as the social, economic and environmental determinants of health had a direct impact on noncommunicable diseases and their risk factors throughout the life cycle. Access to proper and healthy food was another key factor in the prevention and control of such diseases.

The representative of URUGUAY expressed support for the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets. The tools and information generated by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases must be made available more efficiently to officials at the highest level and to the technical staff in charge of planning, implementing and evaluating measures to prevent and control noncommunicable diseases. Coordination was required between the Global Coordination Mechanism and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, especially in view of the recent establishment of the United Nations multi-partner trust fund to catalyse country action for noncommunicable diseases and mental health. Moreover, it was essential to promote the participation of civil society organizations and individuals living with noncommunicable diseases in decision-making and reporting processes.

The representative of the ISLAMIC REPUBLIC OF IRAN said that access to the risk calculation syntax in the WHO package of essential noncommunicable (PEN) disease interventions for primary health care protocol was needed before the release of the draft implementation road map 2023–2030 in order to increase the accuracy of risk estimates and significantly reduce both publication costs and the costs related to training service providers. Musculoskeletal disorders should be incorporated into noncommunicable disease programmes, surveys conducted of risk factors and surveillance carried out of high-risk groups, in particular in view of the ageing population. Vaccinations for high-risk groups should also be part of the main strategy.

The representative of INDIA said that the rising incidence of noncommunicable diseases was a cause for concern and required concerted action by all Member States. There was a need to educate the public about brain health, including the risk factors, and brain and mental health should be integrated to ensure the availability of early diagnosis and interventions. Interventions for children should include

antenatal nutrition to prevent neural tube defects and the prevention of traumatic brain injuries at birth and neuroinfections. More research was needed to enhance understanding of the risks and vulnerabilities of neurological disorders. Interventions for mental health and well-being required a holistic, life course approach, with treatment focusing on the specific needs of different populations based on gender, environment and vulnerabilities. Strategies were needed to prevent suicides, substance abuse and behavioural addictions, and the integration of modern and indigenous systems of medicine should be prioritized. It was also important to examine how to reduce the risk factors common to noncommunicable diseases, as well as to provide timely treatment, interventions for acute conditions, prophylaxis and rehabilitation, and to leverage digital technology for monitoring, capacity-building and programme evaluation, including service delivery through telemedicine. Lastly, global efforts to address noncommunicable diseases must be driven by strong and strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of BRUNEI DARUSSALAM commended WHO's extensive work on the prevention and control of noncommunicable diseases, including the promotion of mental health. She provided details of the measures implemented by her Government to tackle those diseases and address mental health, and welcomed the support provided by the Secretariat in that regard. Her Government remained fully committed to achieving the voluntary global targets of the Global Monitoring Framework for noncommunicable diseases and supported the draft implementation road map 2023–2030, the draft recommendations to strengthen and monitor diabetes responses, and the draft recommendations for the prevention and management of obesity over the life course, including potential targets.

The representative of the ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR and also on behalf of CBM Christoffel Blindenmission Christian Blind Mission e.V., the Handicap International Federation, the International Federation on Ageing and The Task Force for Global Health, Inc., welcomed the consideration given to disability in the draft intersectoral global action plan on epilepsy and other neurological disorders. Stronger measures were required to ensure that persons with disabilities and older people had equal access to noncommunicable disease services and inclusive, person-centred care, in line with their rights to equity, non-discrimination and full participation. In addition, disability and population ageing should be mainstreamed into all relevant documents on the agenda, including the draft implementation road map 2023–2030 and the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. To ensure that data systems were inclusive, data should be disaggregated by sex, age and disability, and upper age caps removed. Measures should be taken to address health inequities associated with the interactions of noncommunicable diseases with disability, age, gender and other factors, including poverty. Lastly, rehabilitation and long-term care services should be incorporated into relevant prevention and response programmes, and investment in disability- and age-inclusive community and primary health care should be increased.

The representative of JAPAN welcomed the draft recommendations relating to prevention and control of noncommunicable diseases in humanitarian emergencies. Noncommunicable diseases required ongoing management, and it was therefore of the utmost importance that health services received sufficient support to remain operational during emergencies. He welcomed the progress achieved to date to promote mental health but called for the acceleration of global and national efforts in that field, with WHO playing a leading role.

The representative of LEBANON commended the Director-General's report, including the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. She also expressed support for the draft implementation road map 2023–2030, especially in relation to accelerating national responses on the basis of contextual challenges. Intensified efforts were needed to tackle the heavy global burden of noncommunicable diseases, including mental health,

while respecting country contexts and capacities and ensuring sustainable financing for population-wide interventions, particularly in countries experiencing emergencies or crises. Access to medicines and health care must be ensured. Current national fuel shortages seriously threatened the storage conditions of medicines such as those used to treat cancers and other serious diseases; it was therefore crucial to ensure the availability of adequate and sustainable technical and logistical support. She looked forward to the development of the web-based simulation tool to enable countries to select a prioritized set of noncommunicable disease interventions and to the publication of the draft implementation road map 2023–2030 by the end of 2022. The Secretariat's support was vital in building stronger and more resilient health systems.

The representative of the REPUBLIC OF KOREA expressed concern that the COVID-19 pandemic was hampering progress in the prevention and control of noncommunicable diseases. The pandemic had shown that a comprehensive approach was needed that covered both physical and mental health conditions, and communicable and noncommunicable diseases. Support should be provided to Member States for the implementation of workplans such as the draft implementation road map 2023–2030. A Health in All Policies approach was also needed, as the prevention and control of noncommunicable diseases called for stronger multisectoral efforts encompassing, for example, socioeconomic support that took account of the social determinants of health. To that end, greater efforts should be made to share best practices for multisectoral cooperation on noncommunicable disease prevention and control.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND acknowledged the importance of the draft recommendations related to strengthening the provision of essential services for people living with noncommunicable diseases in humanitarian settings, which were particularly relevant in the context of the crisis in Ukraine, where such diseases were the leading cause of premature death. It was critical to enable access to life-saving treatment, particularly at the primary health care level, and to ensure adequate supplies of appropriate medicines and diagnostics to manage noncommunicable diseases; those elements of the draft recommendations must therefore be embedded in all ongoing and future emergency responses. In view of the impact of the COVID-19 pandemic on mental health and well-being and on existing inequalities, she welcomed the renewed focus on the importance of mental health services and prevention, via the WHO European Framework for Action on Mental Health 2021–2025, and the establishment of the pan-European Mental Health Coalition. She supported the inclusion of mental health and well-being in the global action plan for the prevention and control of noncommunicable diseases 2013–2030, in particular the emphasis on community-based approaches. In that respect, the SUCCEED Africa international research initiative would generate much-needed evidence on successful community based interventions to support people with severe mental illness.

The representative of the UNITED REPUBLIC OF TANZANIA expressed full support for the draft implementation road map 2023–2030 and outlined the action taken by her Government to prevent and control noncommunicable diseases. She recognized the importance of reviewing country strategies to engage and ensure alignment with various stakeholders in order to accelerate achievement of the voluntary global targets for noncommunicable diseases, and called for the provision of technical support to that end.

The representative of FIJI welcomed the comprehensive draft recommendations and, in particular, the guidance provided on the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The challenges posed by noncommunicable diseases and mental health issues required urgent action, sustained awareness, financing and mobilization of a wide range of stakeholders, facilitated by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. A more intensive approach was required in regions where the prevalence of noncommunicable diseases was high, as in many Pacific island countries in the Western Pacific Region. A regional approach informed by the overarching draft implementation road map 2023–2030 would need to be

constantly re-evaluated to ensure better synergies, ownership and implementation at the national level. Failure to address noncommunicable diseases was already placing a heavy burden on the health of future generations and having serious financial implications for the limited financial resources of Member States in the Region. Effective programmes should be based on a Health in All Policies approach and health equity; the draft implementation road map provided a good basis for that work.

Efforts to prevent and control noncommunicable diseases, which had been disrupted during the COVID-19 pandemic, must now be scaled up, and health promotion, patient-centred education, early detection and diagnosis, and treatment prioritized. The 2021 SIDS Summit for Health had resulted in a number of strategies on the way forward in that regard, and the ongoing high-level deliberations on noncommunicable diseases held on the margins of the United Nations General Assembly would also contribute to those efforts. Initiatives to address inclusivity in respect of the determinants of health should be enhanced, and women included on an equal footing in noncommunicable disease decision-making, from governance to expert committees and from community to global institutions.

The representative of ETHIOPIA supported the draft implementation road map 2023–2030 and welcomed the engagement of all Member States in its development. He also welcomed the draft recommendations to strengthen and monitor diabetes responses and called on the Secretariat and other stakeholders to provide increased support regarding access to essential medicines such as insulin, diagnostics for diabetes and local production. He expressed satisfaction with the progress made in relation to implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030 and outlined the steps that his Government had taken in that regard. Referring to the impact of the COVID-19 pandemic on overall service delivery and the importance of ensuring the availability of medicines and diagnostic facilities, he called on the Secretariat and other stakeholders to support Member States in the fight against noncommunicable diseases.

The representative of MALAYSIA noted that many Member States had had insufficient resources for the prevention and control of noncommunicable diseases even before the COVID-19 pandemic. However, in addition to allocating increased financial resources to health, it was essential to purchase health care resources strategically, in areas where investments were most cost-effective. She outlined the measures taken by her Government to tackle noncommunicable diseases, including the implementation of environmental health programmes, and commended WHO for selecting the theme of “Our Planet, Our Health: Clean our air, food and water” for World Health Day 2022. In terms of clean air, Malaysia had become a lead country for various tobacco control activities. Her Government would continue to work closely with the Secretariat, the secretariat of the WHO Framework Convention on Tobacco Control and other related agencies to strengthen the control of tobacco and related products.

The representative of THAILAND, noting that the COVID-19 pandemic had added to the challenges of combating noncommunicable diseases and ensuring mental health, said that urgent high-level action and a holistic approach were needed in response. Member States should develop and implement national action plans to address noncommunicable diseases and mental health. Enhancing health literacy so as to encourage behavioural change was also vital, both in the health and non-health sectors. During and after a health emergency, more people were affected by noncommunicable diseases and mental health issues than by the crisis itself. It was therefore imperative to integrate noncommunicable diseases and mental health into primary health care and emergency preparedness and response plans in order to strengthen health systems during crises. Coverage of care should be extended to the post-crisis period in order to include screening for post-traumatic stress and other mental health conditions.

The representative of NAMIBIA said that his Government was committed to adopting and implementing the global strategies and action plans aimed at preventing and controlling noncommunicable diseases and addressing mental health. He outlined the measures it had implemented

to that end, including multisectoral action to strengthen the health system and improve access to, and the quality of, noncommunicable disease services.

The representative of COLOMBIA expressed support for the draft implementation road map 2023–2030. The support provided by the Secretariat should be focused on adapting implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2030 to the national context with a view to promoting the development of public policies for the management and control of noncommunicable diseases. Sustained high-level commitment, enhanced international cooperation and the promotion of intersectoral work were needed to maintain the pace of progress and increase achievements at the individual, family and community levels. The draft workplan for the global coordination mechanism contained important and relevant recommendations and measures, with a focused approach to the delivery of functions, clearly defined objectives and measurable and practical milestones. Accelerated action was required to implement those measures in view of the mid-term evaluation of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases to be conducted in 2025 and the Mechanism's 2030 end date.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that, while the Region's Member States were at different stages in terms of the prevention of noncommunicable diseases, they shared a common goal of effectively implementing global strategies to accelerate the prevention and control of such diseases. Oral health was an integral part of well-being and should be integrated into primary health care, despite the high cost of dental treatment worldwide. It should also be an integral part of national health policies, as countries shifted from a curative to a preventive approach. In addition, it was important to have not only a global strategy, but also a plan of action with a mechanism for monitoring progress towards the achievement of set targets. It was a matter of concern to the Region's Member States that, a decade after the adoption of the WHO global strategy to reduce the harmful use of alcohol, no significant progress had been made. Progress should therefore be the goal of a comprehensive, effective and sustainable alcohol policy with the active and committed involvement of all relevant stakeholders. Successful implementation of alcohol control strategies required a high degree of public awareness and support, as well as an effective monitoring mechanism with regular reviews of national action plans at the regional level and evaluation at the global level.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR and also on behalf of the International Council of Nurses, the International Pharmaceutical Federation, the International Pharmaceutical Students' Federation, the World Confederation for Physical Therapy, the FDI World Dental Federation, the International Federation of Biomedical Laboratory Science, the International Federation of Surgical Colleges Limited and The International League of Dermatological Societies, expressed support for the draft implementation road map 2023–2030 and urged Member States and the Secretariat to work closely with health professionals for its successful implementation. A collaborative, interprofessional, community based and person-centred approach was needed to effectively address the burden of noncommunicable diseases. Effective noncommunicable disease care that included prevention, risk factor identification and mitigation, early screening and diagnosis could only be achieved through the integrated and complementary roles of multidisciplinary health care teams. Building the requisite workforce would require the protection, resourcing, training, career development and fair remuneration of health care professionals. Greater public investment in prevention strategies was essential and should encompass public health campaigns and programmes delivered and supported by the full range of health professionals. He strongly agreed that mental health should be discussed as a separate issue, given the current global mental health emergency.

The representative of AUSTRALIA welcomed the draft implementation road map 2023–2030 and commended the inclusion of a systems approach to tackle the complex issue of noncommunicable diseases. The draft implementation road map was closely aligned with her Government's strategic policy

direction, which also called for strengthened partnerships and engagement and improved data, and highlighted the importance of research and its translation into implementation.

The representative of MADAGASCAR, observing that persons with noncommunicable diseases were more vulnerable than others to the effects of COVID-19, commended the Secretariat and Member States for implementing measures aimed at the care and treatment of persons living with such diseases and at preventing risk factors, especially during health emergencies. He outlined the strategies adopted by his Government to tackle noncommunicable diseases, improve oral health, eliminate cervical cancer and promote mental health, which were national priorities. Implementation of those strategies nonetheless required support from partners. He requested the WHO and its partners to provide support for the conduct of periodic WHO STEPwise surveys, the last such survey in Madagascar having been conducted in 2005.

The representative of the BAHAMAS said that the need for care and health services for people living with noncommunicable diseases did not wane during emergencies and that the risk factors were even magnified at such times. Strengthening emergency plans by integrating primary care was key to closing that gap. The draft workplan for the global coordination mechanism contained clearly defined objectives and practical and measurable milestones. She endorsed four of the five priority areas but expressed reservations about the fifth, as its implementation might prove to be too great a budgetary challenge. She commended the work and leadership of the Healthy Caribbean Coalition and the Caribbean Public Health Agency, and underscored the need for seed funding to advance their coordination of country-level support to address noncommunicable diseases at all levels of society.

The representative of SUDAN urged WHO to help boost national capacities to ensure optimum mental health care delivery and called for the provision of technical support to develop national mental health care policies that emphasized the shift from institutional services to complete integration in universal health coverage benefit packages. The draft workplan for the global coordination mechanism would play a key role in directing efforts to prevent and control noncommunicable diseases and achieve global targets. She welcomed the proposed support to guide Member States in engaging with the private sector, but called on WHO to clearly state that such engagement did not extend to industries that directly supported the production of unhealthy food products, tobacco or alcohol.

To facilitate coordination, partnership and the pooling of efforts, WHO should spearhead the development of platforms and databases for sharing information on the roles, locations and activities of different State and non-State actors. The success of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases hinged on the commitment and leadership of Member States; the Secretariat should therefore strengthen the governance role of Member States, enabling them to better understand and contribute to the Mechanism's development, and to lead and monitor implementation on the ground. It was also important to adopt country-level operational indicators to monitor and evaluate the Mechanism's impact. She welcomed the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies and stressed the importance of guaranteeing essential health services during humanitarian emergencies by investing in and building a multisectoral hazard system that functioned throughout their duration.

The representative of KUWAIT said that the full benefits of available tools and technologies were not being realized, many populations were being left behind, and structural, systemic and financial barriers to accelerating progress persisted as a result of the noncommunicable disease burden. He therefore expressed support for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The Kuwaiti Ministry of Health was working to strengthen preparedness to ensure continuous and uninterrupted primary health care services. To that end, it was important to build the capacities and tools needed to manage noncommunicable diseases during crises such as pandemics. Telemedicine, for example, had been widely used to deliver uninterrupted medical services during the COVID-19 pandemic. Early disease detection and screening among asymptomatic

or presymptomatic individuals should be promoted and greater emphasis placed on health promotion and healthy living with a view to improving the quality of life of countless families and reducing the financial burden of health care in many countries.

The representative of BURKINA FASO expressed support for the draft implementation road map 2023–2030 and for the draft decisions. Noncommunicable diseases were the main cause of premature death and disability worldwide, especially in low-income countries, and the STEPwise surveys conducted in his country in 2013 and 2021 had showed that the risk factors common to such diseases were becoming increasingly prevalent. He requested the Secretariat to assist his country in obtaining support from technical and financial partners for the prevention and control of noncommunicable diseases.

The representative of MOZAMBIQUE emphasized that an integrated and holistic approach to communicable and noncommunicable diseases would enhance the implementation of long-standing preventive and treatment interventions, contribute to health systems strengthening, boost community involvement and lead to better health for all, particularly in low-resource countries. In her country, for example, action to prevent and control noncommunicable diseases would simultaneously help to save the lives of more than two million people living with HIV/AIDS and thousands more living with tuberculosis, two diseases that carried a higher risk for heart disease, mental health conditions, metabolic and neurological disorders, cancer and other degenerative diseases. Health workers were also vulnerable to mental disorders and cardiovascular disease, as they worked in conflict zones, under stress and in poor working conditions. With additional support, her Government would seek to expand its activities to prevent and manage mental health disorders among health workers in emergency and conflict settings.

The representative of NEW ZEALAND commended the Organization for its commitment to the prevention and control of noncommunicable diseases, including during the COVID-19 pandemic. The pandemic's impact on that area of work remained a serious concern, particularly in view of the significant health risks that noncommunicable diseases posed as a co-morbidity of COVID-19 and the inequities that COVID-19 had exposed at the global, regional and national levels. For example, like many other Member States, New Zealand had experienced a decrease in screening for cervical cancer during the pandemic, which had compounded long-standing inequities in screening for indigenous Māori and Pasifika women. She described the steps taken by her Government to address those problems and to promote mental health, another priority throughout the COVID-19 pandemic and beyond. In terms of tobacco control, her Government remained committed to being smoke-free by 2025 and was implementing strengthened legislative measures to that end. It stood ready to share its experience in developing and implementing such initiatives to support global efforts to prevent the huge toll of tobacco-related harm.

The representative of CHINA said that the draft implementation road map 2023–2030 would play a significant role in guiding Member States in their efforts to prevent and control noncommunicable diseases and would help to advance achievement of the Sustainable Development Goals. He supported the Secretariat's work at the country level to maintain health care services for chronic diseases during the COVID-19 pandemic and other crises, and the ongoing efforts under the Global Coordination Mechanism in that area. He urged WHO to pay close attention to the psychological impact of the COVID-19 pandemic on society as a whole, especially among children, adolescents and the elderly, and to develop more practical and effective prevention toolkits.

The representative of SAUDI ARABIA said that noncommunicable diseases and their risk factors remained a heavy burden despite international efforts to tackle them. There was a need to accelerate progress, and countries should therefore go the extra mile to meet target 3.4 of the Sustainable Development Goals and achieve the objectives of the global action plan for the prevention and control of noncommunicable diseases 2013–2030. His Government continued to implement interventions to prevent and control noncommunicable diseases in a way that was compatible with Saudi customs and

society, while enhancing the capacity of primary health care and expanding universal health coverage. It would take account of the recommendations contained in the draft implementation road map 2023–2030 and those formulated in the final report.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of the International Association for Hospice and Palliative Care Inc., the International Generic and Biosimilar Medicines Association, the International Society of Paediatric Oncology, and Vital Strategies, Inc., urged Member States and the Secretariat to align the draft implementation road map 2023–2030 with the “5 x 5 NCD agenda” and promote inclusive and integrated national approaches that leveraged synergies across disease types, driven by patient needs and national epidemiological profiles. Noncommunicable diseases should be integrated into national health strategies, including for pandemic preparedness, primary health care and universal health coverage. Steps should also be taken to improve data collection to monitor noncommunicable diseases, particularly among those aged under 30 and over 70, and to disaggregate data. WHO must better reflect noncommunicable diseases in indicators for health system performance, access to care and catastrophic health spending.

Domestic and international mechanisms should be used to increase resource mobilization for noncommunicable diseases and deliver patient-centred care. In that respect, the proposed prioritization tool could improve the effective use of scarce resources and should be used alongside existing tools. The role played by civil society organizations in national noncommunicable disease responses should be supported, and the engagement of people living with such diseases should be bolstered at all stages of relevant programming. Lastly, the best buys should be periodically updated based on the latest evidence, in view of the need for robust measures to protect policy-making from conflicts of interest and the interests of health-harming industries.

The representative of BAHRAIN, referring to the draft implementation road map 2023–2030, said that evaluations were ongoing in her country to strengthen national capacities to tackle noncommunicable diseases. A study of the feasibility of investment in the prevention of noncommunicable diseases had been carried out in cooperation with a number of international partners, including WHO, and work was continuing on implementation of the recommendations, the most important being monitoring, accountability, innovation and the promotion of participation and cooperation between different sectors. In terms of strengthening policy design and implementation, her Government supported the recommendations to integrate noncommunicable disease prevention policies into health preparedness plans in order to strengthen health systems. Referring to the preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, she said that it would be important to allow sufficient time to conduct proper consultations with Member States when preparing the Director-General’s 2024 interim progress report.

The representative of TOGO said that her Government had been firmly committed to preventing and controlling noncommunicable diseases since 2011 when the results of the first national WHO STEPwise survey had highlighted the scale of the risk factors associated with such diseases. She therefore welcomed the draft implementation road map 2023–2030, which would accelerate implementation of the cost-effective WHO package of essential noncommunicable (PEN) disease interventions for primary health care. With support from the Secretariat, her Government was working to prevent and control oral diseases. The draft intersectoral global action plan on epilepsy and other neurological disorders was also a positive step, and her Government would work towards its application. Implementation by her Government of the global strategy to reduce the harmful use of alcohol would be facilitated by the recently adopted national strategy to prevent substance abuse, including alcohol. Lastly, she welcomed the recommended actions to prevent and control noncommunicable diseases and requested support for their implementation.

The representative of GERMANY said that the COVID-19 pandemic had revealed that real-life events affected people’s mental health and that the same could be said of climate change, rising

economic inequality, conflicts and political polarization. She therefore welcomed the fact that the comprehensive mental health action plan 2013–2030 acknowledged the social determinants of mental health and, in particular, its recognition of socioeconomic instability and discrimination against minorities as risk factors for poor mental health. The action plan could nevertheless benefit from the inclusion of tangible recommendations on how to integrate mental health into other policy areas and of references to climate change and its proven direct and indirect effects on mental health. Member States should leverage the potential of their social policies to improve mental health outcomes, in line with the mental health in all policies approach.

The representative of BANGLADESH commended the Secretariat and the WHO Regional Office for South-East Asia for their efforts to prevent and control noncommunicable diseases and promote mental health issues, and outlined the comprehensive measures taken by his Government to that end. He stressed the need for evidence-based decision-making to formulate context-based and informed mental health care practices, as well as the importance of strengthening the health workforce so as to manage mental health disorders. Mental health should be addressed as part of the universal health coverage agenda, as it was crucial to ensure equitable access to, and availability of, good-quality mental health services. In that regard, WHO should prioritize sustainable funding for mental health with a view to accelerating progress on the issue.

The representative of BULGARIA commended the efforts of WHO and the United Nations to prioritize the prevention and control of chronic noncommunicable diseases with a view to achieving the Sustainable Development Goals, at a time when the growing prevalence of such diseases affected increasing numbers of people of all ages globally. Failure to address the issue would result in a serious burden not only on health but also on countries' economies, affecting future generations. The COVID-19 pandemic had significantly affected the prevention, care and treatment of noncommunicable diseases, disrupting health care services and causing even greater health inequalities. Efforts to prevent and control such diseases must now be accelerated, with a particular focus on mental health and well-being, which had deteriorated dangerously as people struggled to cope with the pandemic's socioeconomic impact.

The representative of JAMAICA described the steps taken by his Government to reduce the burden of noncommunicable diseases and meet the nine voluntary targets of the global action plan for the prevention and control of noncommunicable diseases 2013–2030, in particular in the face of the challenges arising from the COVID-19 pandemic. He looked forward to the completion of the draft implementation road map 2023–2030 and thanked the Secretariat for its work on the issue.

The representative of VANUATU endorsed the draft implementation road map 2023–2030 and welcomed the draft global strategy on oral health in view of the importance of improving oral health and learning good oral health behaviour from an early age to prevent oral diseases and reduce oral health inequalities. Vanuatu was one of the few countries in the Pacific to apply a systematic approach to cervical cancer awareness, screening, testing and treatment. He therefore recognized the importance of advancing implementation of the global strategy to accelerate the elimination of cervical cancer and expressed support for the proposed new regional framework for the comprehensive prevention and control of cervical cancer in the Western Pacific.

The representative of SURINAME, welcoming the draft implementation road map 2023–2030, outlined his Government's efforts to heighten awareness of noncommunicable diseases and promote access to care, including health-promoting care, using an evidence-based approach. It would assess the current status of the domestic response against the nine voluntary global targets under the global monitoring framework for noncommunicable diseases and target 3.4 of the Sustainable Development Goals and identify the barriers to, and opportunities for, scaling up the national response. In 2020, Suriname had been selected to participate in the WHO Framework Convention on Tobacco Control 2030 project, providing the country with an opportunity to access technical and financial support for

better enforcement of, and compliance with, the domestic Tobacco Act. He reaffirmed his Government's commitment to providing strategic leadership on the issue of tobacco control and investing in tobacco control measures to protect the community from the adverse effects of tobacco use.

The representative of MONGOLIA, noting that the COVID-19 pandemic had affected service delivery for people living with chronic noncommunicable diseases, said that her Government had recently launched a nationwide screening programme to prevent, detect, diagnose and treat common noncommunicable and communicable diseases based on age, gender and health risks. The pandemic had demonstrated that there was a greater need for integrated approaches that addressed noncommunicable diseases and health emergencies simultaneously, in order to safeguard lives and livelihoods. She therefore welcomed the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies.

The representative of the DOMINICAN REPUBLIC said that the impact of the COVID-19 pandemic on morbidity and mortality rates for people living with noncommunicable diseases had underscored the need for a new approach that strengthened public health policies by controlling risk factors and promoting healthy lifestyles and incorporated them into national response and recovery plans. His Government therefore supported the global action plan for the prevention and control of noncommunicable diseases 2013–2030. Intensifying efforts to tackle cardiovascular illnesses, diabetes, cancer, chronic respiratory illness, neurological disorders, and even congenital and hereditary defects as an integral part of universal health coverage represented a major challenge. He expressed support for the draft recommendations to strengthen and monitor diabetes responses, the draft global strategy on oral health, the recommended approaches regarding the promotion of mental health and well-being, and the proposals for more cost-effective and feasible interventions related to the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through Implementation of the WHO Framework Convention on Tobacco Control, 2019–2025. Expressing support for the updated comprehensive mental health action plan 2013–2030, he highlighted the importance of establishing policies to fight stigmatization and raise awareness of mental health as an integral part of human health.

The representative of the UNITED ARAB EMIRATES said that her Government was committed to achieving target 3.4 of the Sustainable Development Goals and to reducing premature mortality and morbidity from noncommunicable diseases through prevention, early detection and treatment. She described the activities undertaken by her Government to that end, in particular with regard to diabetes control, obesity prevention and management, and the elimination of cervical cancer.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of Alzheimer's Disease International, the Global Health Council, the International Association for Suicide Prevention, the International Diabetes Federation, the International Society of Nephrology, Movendi International, the World Cancer Research Fund International and the World Stroke Organization, commended the emphasis in the draft implementation road map 2023–2030 on the meaningful engagement of people with lived experience in the development of noncommunicable disease services. Their involvement would catalyse action where it had been insufficient and enable the roll-out of people-centred, impactful health promotion, as well as prevention, screening, management and palliative care services throughout the life course, which were prerequisites for the achievement of universal health coverage and Sustainable Development Goal targets by 2030.

He urged Member States to: adopt the draft decision recommended by the Executive Board in decision EB150(4); integrate noncommunicable disease and mental health indicators into health system performance and access metrics so as to rectify key gaps in existing global targets; apply the proposed guidance on whole-of-government and whole-of-society action and on benefits and risk management approaches for multistakeholder engagement to guard against unhealthy industry interference in policy-making; and step up investment through sustainable financing, including through the United Nations multi-partner trust fund to catalyse country action for noncommunicable diseases and mental

health, for noncommunicable disease, mental and oral health services, as well as essential medicines and products, in order to safeguard the progress achieved to date and catalyse action where it was lacking. Basic investments in noncommunicable diseases, aligned with the WHO best buys, would allow nearly all countries, including low- and middle-income countries, to achieve target 3.4 of the Sustainable Development Goals by 2030 while providing a return on investment.

The representative of MONACO, noting that mental health had been a public health priority for her Government for many years, said that the COVID-19 pandemic had brought home the extent to which mental health care was fundamental in the context of universal health coverage. The comprehensive mental health action plan 2013–2030 would help to advance collective progress towards that goal.

The representative of SAINT LUCIA said that the impact of the silent epidemic of noncommunicable diseases on families, productivity and quality of life could not be underestimated. Her Government had implemented a range of initiatives to combat those diseases, including in the areas of tobacco control, poor nutrition, excess alcohol consumption, physical inactivity, hypertension management, cervical cancer and oral health. She expressed support for the draft implementation road map 2023–2030, which would contribute towards the goal of one billion more people benefiting from universal health coverage.

The representative of TIMOR-LESTE said that the heavy social and economic burden of noncommunicable diseases, especially the marked increase in treatment costs and loss of productivity, undermined individual, family and community well-being. In addition, the COVID-19 pandemic had exposed treatment gaps in the area of mental health. The prioritization of mental health at all levels must continue in order to ensure an effective and comprehensive response. Comprehensive and integrated strategies and actions were also needed to strengthen promotion, prevention, care and rehabilitation, and to improve the quality of care for people with mental health issues. His Government was committed to implementing the comprehensive mental health action plan 2013–2030 and to integrating mental health services in primary health care with the aim of ensuring the availability and accessibility of mental health care for all, including people living in vulnerable situations and hard-to-reach areas. It looked forward to receiving continued technical support from WHO to strengthen comprehensive health care in the country.

The representative of SOUTH AFRICA expressed support for the draft implementation road map 2023–2030. Civil society and persons living with noncommunicable diseases had an important role to play in developing plans to prevent and control noncommunicable diseases, monitoring implementation and sustaining gains, which would require national capacity-building in the governance of multistakeholder engagement, cross-sectoral collaboration, and meaningful and effective partnerships. She was encouraged by the constructive recommendations for guiding an appropriate response to noncommunicable diseases in high-burden and resource-constrained countries. The use of innovative funding models, such as taxation of sugar-sweetened beverages, had enhanced the ability to respond to such diseases and move towards the goal of universal health coverage. She supported the comprehensive mental health action plan 2013–2030 and commended WHO on the development of the Special Initiative for Mental Health (2019–2023) in the context of universal health coverage. Lastly, she congratulated the Government of Norway and WHO on the launch of the Global Compact on Noncommunicable Diseases in Ghana, an initiative that would hopefully enable high-burden and resource-constrained countries to accelerate progress towards meeting their obligations on universal health coverage under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

Dr Nakatani took the Chair.

The representative of DOMINICA expressed support for the draft implementation road map 2023–2030. The COVID-19 pandemic had precipitated and exposed the crippling effects of

noncommunicable diseases, which could pose one of the greatest threats to the socioeconomic development of small island developing States with limited resources. Efforts to deal with such diseases should be grounded in primary health care, with health promotion and information, education and communication plans playing an integral role. A multisectoral approach was needed, and the connection between noncommunicable diseases and legislation, for example the taxation of tobacco products and sugar-sweetened beverages, must not be overlooked. The involvement of people and communities was critical for the achievement of positive outcomes. Nongovernmental organizations and religious, sporting, farmer and other community groups must therefore be engaged in a whole-of-society approach that promoted healthy living as a lifestyle. Lastly, action to prevent and control noncommunicable diseases required strong political will and commitment.

The representative of INDONESIA said that the COVID-19 pandemic had disrupted the delivery of essential health services, hindering efforts by Member States to prevent and control noncommunicable diseases and achieve the related targets under the Sustainable Development Goals. His Government had implemented measures to strengthen national capacity to tackle such diseases, but required support from WHO for the development and strengthening of a surveillance system to monitor the achievement of global targets. He took note of the draft recommendations for the prevention and management of obesity over the life course and requested the Secretariat to provide Member States with support for their implementation. Close cooperation between Member States and relevant partners would facilitate the achievement of global targets by 2030.

The representative of MEXICO expressed support for the draft implementation road map 2023–2030. His Government had adopted a number of public policies to reduce exposure to modifiable risk factors for noncommunicable diseases and stood ready to share the lessons it had learned. It was regrettable, however, that the development and implementation of such policies, such as the promotion of breastfeeding or nutrition labelling, were hindered by interference from transnational commercial interests. The Secretariat should therefore improve the means of preventing such interference.

The COVID-19 pandemic had affected physical, social and mental health. It was essential not only to protect and promote people's well-being, but also to meet the needs of people living with mental health problems and tackle stigmatization and discrimination. The detection and treatment of noncommunicable diseases was important, but it was equally if not more important to prevent them; adopted strategies should therefore include specific activities to modify other determinants of health that were not considered as part of detection and treatment. By normalizing the consumption of alcohol and tobacco, sedentary lifestyles and poor nutrition, society was allowing the risk factors for noncommunicable diseases to be transmitted within families, from parents to their children. Lastly, he agreed that the draft implementation road map 2023–2030 should encompass person-centred care for persons living with disabilities.

The representative of the WORLD FEDERATION OF NEUROSURGICAL SOCIETIES, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Surgical Colleges Limited, the World Federation of Societies of Anaesthesiologists, the International Society of Orthopaedic Surgery and Traumatology, the International Clearinghouse for Birth Defects Surveillance and Research, and Nutrition International, said that mandatory folic acid fortification of staple foods was the most effective strategy to prevent spina bifida and anencephaly. Fortified foods were a safe, effective, equitable and cost-effective way to provide folic acid at a critical time in pregnancy, without requiring any modification to behaviour. She urged WHO to adopt a resolution on mandatory folic acid fortification of staple foods at the Seventy-sixth World Health Assembly.

The representative of NEPAL described the activities undertaken by her Government to prevent and control noncommunicable diseases, which mainly affected younger people, including to promote tobacco control and encourage physical activity. Efforts to that end had been boosted by civil society and media engagement. Noting that inaction in many countries had led to a lack of progress towards the adoption and implementation of the policy solutions contained in the global strategy to reduce the

harmful use of alcohol, she said that her Government had recently launched an initiative to promote alcohol control in collaboration with WHO and other partners.

Dr Gabunia took the Chair.

The representative of ECUADOR expressed support for the draft implementation road map 2023–2030. Health system capacities should be strengthened to effectively tackle noncommunicable diseases and the coverage of services in countries in the Region of the Americas must be improved in order to guarantee the right of all persons to health. His Government had adopted a range of prevention and control measures in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and regional policies. It was working with local and international institutions to implement programmes and strategies, such as the HEARTS in the Americas initiative, with a view to reducing premature deaths related to noncommunicable diseases. He called for a collaborative approach and support from the Secretariat to bolster health systems in order to accelerate progress and reorient national action plans towards achieving the nine voluntary global targets for noncommunicable diseases and target 3.4 of the Sustainable Development Goals.

The representative of IAEA said that cancer control in low- and middle-income countries remained a strong focus of her organization's work, including through joint activities with WHO and the International Agency for Research on Cancer. She thanked WHO for its support in the recent launch of the global Rays of Hope initiative, which would complement ongoing efforts to help Member States develop their cancer care capacities. Joint IAEA/WHO guidance was essential to help Member States address noncommunicable diseases. Recent joint publications included a framework for setting up cancer centres and a road map towards a national cancer control programme. She looked forward to continued strong collaboration between IAEA and WHO.

The representative of the UNITED NATIONS OFFICE FOR PROJECT SERVICES, speaking on behalf of the Scaling Up Nutrition Movement, noted that the prevalence of noncommunicable diseases in low- and middle-income countries was increasingly being driven by unhealthy diets and the simultaneous occurrence of undernutrition, overweight and obesity. She therefore applauded WHO for coordinating the Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All and for developing guidance for Member States on regulatory measures to restrict the digital marketing of breast milk substitutes. The global impact of the conflict in Ukraine, in addition to the impact of the COVID-19 pandemic, on food, fertilizer and fuel prices was rapidly affecting the ability of families to access nutritious food. The costs of addressing malnutrition were rising, yet the economic benefits of investing in nutrition were far greater. She called on Member States to step up their efforts to meet the nutrition targets endorsed by the Health Assembly and the Sustainable Development Goals.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, said that a sustainable access mechanism for noncommunicable disease medicines was still lacking in low- and middle-income countries. She welcomed the recent recommendation of the WHO Expert Committee on the Selection and Use of Essential Medicines for her organization to explore voluntary licences so that innovative noncommunicable disease medicines, small molecules and biotherapeutics with a high potential could be listed and made available in the future. Her organization, with its experience in building partnerships with industry and other stakeholders and its track record in implementing public health licences, reaffirmed its commitment to working with WHO to improve the availability and affordability of essential medicines for noncommunicable diseases.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged Member States to request stronger action to tackle the commercial determinants of noncommunicable diseases, including in relation to air pollution and access to medicines. In addition, both the draft implementation road map 2023–2030 and the draft

workplan for the global coordination mechanism encouraged public–private partnerships, without providing guidance on how to address conflicts of interest. The draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies proposed a “package” solution to what was a structural health system problem; instead, such interventions should be integrated into comprehensive efforts aimed at health system preparedness. Lastly, with regard to the section of the report on progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health, the proposed mental health care model was based on purchasing commodified items of service and should instead promote mental health programmes that addressed barriers to justice and equity and were integrated into comprehensive primary health care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had highlighted the urgent need to prioritize noncommunicable diseases in line with the “5 x 5 NCD agenda”, including as part of preparedness and response plans for health and humanitarian emergencies. He called on Member States and non-State actors to develop and implement sustainable and people-oriented trans-sectional strategies focusing on the implementation of effective control and surveillance programmes while ensuring an inclusive, whole-of-society, Health in All Policies approach that recognized the role of all stakeholders, including young people and people living with noncommunicable diseases.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that, while the draft recommendations related to addressing the risk factors for noncommunicable diseases in humanitarian emergencies rightly called for strengthened policies and services, they also called for strengthened partnerships with the private sector but made no mention of breastfeeding or safeguards to protect against conflicts of interest. Corporations had no democratic accountability, and safeguards must be consistently integrated into all policies in order to stop inappropriate partnerships and ensure that public health policy decisions were not influenced by commercial interests. In times of crisis, baby food companies exploited public fears and donated inappropriate products that even claimed to build immunity. She welcomed WHO’s support for the UNICEF-led statement warning of such risks in Ukraine.

The representative of the INTERNATIONAL SOCIETY ON THROMBOSIS AND HAEMOSTASIS, INC., speaking at the invitation of the CHAIR, said that prioritizing the prevention of venous thromboembolism was essential in order to meet WHO’s aim of reducing deaths and disabilities from noncommunicable diseases. It was therefore crucial to develop and validate a relevant risk assessment tool. Her organization stood ready to lend its expertise and resources for that purpose.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, congratulated WHO on its efforts to tackle noncommunicable diseases, in particular its strong focus on increasing access to palliative care in its work on eliminating cervical cancer. She requested WHO to: include access to palliative care in the monitoring of progress on noncommunicable diseases; ensure that palliative care was included in all work on noncommunicable diseases in humanitarian situations; and continue building access to palliative care for women with cervical cancer.

The representative of ALZHEIMER’S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, urged Member States to include specific wording and recommendations on people living with dementia in the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. People living with dementia had been disproportionately impacted by the COVID-19 pandemic. In other humanitarian emergencies, such as in Ukraine, issues of access to dementia medicines existed, and case studies had shown that those in the later stages of the condition often resisted or were unable to leave dangerous environments and were therefore frequently left behind.

Publicly available safeguarding and protection policies and emergency response mechanisms often failed to explicitly mention those living with dementia, despite their vulnerability.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, called on Member States to implement noncommunicable disease strategies that supported efforts to achieve universal health coverage and resilient health systems. Such strategies should be integrated into national noncommunicable disease plans in order to avoid disruption to cancer services during health emergencies, such as that experienced during the COVID-19 pandemic. Her organization had issued a set of clinical practice guidelines on cancer service planning and prioritization that had been adapted to include guidance on cancer management during the pandemic.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed calls for a package of essential noncommunicable disease interventions for emergencies, which should meet the physical and mental health needs of older people and persons with disabilities and include access to services, medicines and assistive technology. Health workers must be trained to identify and support people to manage noncommunicable diseases through person-centred approaches that promoted healthy ageing. Older people and persons with disabilities must be involved in the design and delivery of noncommunicable disease interventions and preparedness and response plans. In addition, data should be inclusive and data on older people should be disaggregated by age, sex and disability, with no age caps.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIR, said that the prevalence of noncommunicable diseases contributed significantly to the high number of people who would benefit from rehabilitation globally. He called on Member States to integrate rehabilitation into all levels of the health system, include rehabilitation in home- and community based services, and to place rehabilitation on the agenda of the Health Assembly.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, highlighted the importance of pregnancy as the window to the future health of women and their families. Recognized pregnancy complications could predict the long-term risk of cardiovascular disease, and noncommunicable diseases could be transmitted across generations. He called on Member States to embed coordinated early interventions and ongoing prevention strategies in national health systems. Strategies based on a life course approach were underpinned by principles of human rights and equity and complemented efforts to achieve universal health coverage and the health-related targets of the Sustainable Development Goals.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, welcomed the focus on health system capacity and primary health care as a vehicle for the equitable and sustainable delivery of services, including palliative care. Palliative care delivered at the community level was the most sustainable means of relieving serious health-related suffering and bringing peace to people without access to diagnostic and treatment services and in conflict settings. The integration of palliative care into health systems strengthened health system capacity and protected against workforce burnout. Member States should train community health workers and all practitioners in the delivery of basic palliative care.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Medical Technology Alliance, the Global Diagnostic Imaging Healthcare IT and Radiation Therapy Trade Association, and the Global Self-Care Federation, said that weak health systems were hampering collective efforts to deal proactively with health crises. The COVID-19 pandemic had served as a reminder that those with chronic conditions and co-morbidities were often the

most vulnerable, and had demonstrated the importance of investment in the prevention and control of noncommunicable diseases and the need to include those diseases in national pandemic preparedness and response plans. The private sector remained a critical partner in addressing gaps in the response to noncommunicable diseases.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the contribution of noncommunicable diseases to adverse outcomes during the COVID-19 pandemic was well known. Noncommunicable diseases were the principle causes of ill health, death and disability in the Region of the Americas. Primary health care services continued to experience disruption in the context of the COVID-19 pandemic and the poorest health outcomes were a result of forgone or delayed care. The integration of noncommunicable diseases into universal health coverage and universal access was a priority and work was under way in collaboration with Member States to expand services, implement policies, interventions and technical packages, such as HEARTS, and improve diagnosis and treatment. Work had been strengthened on regulatory measures for tobacco control, alcohol reduction and healthy eating, in addition to measures to promote physical activity and clean air.

An ambitious telehealth initiative for noncommunicable diseases had been launched by PAHO together with several Member States with the aim of incorporating the needs of persons living with those diseases in the Region's digital transformation of health agenda. Advocacy and political engagement were crucial to maintaining governments' focus on noncommunicable diseases. The high-level technical meeting of national noncommunicable disease directors and programme managers from small island developing States, which would take place in Barbados in October 2022, and the ministerial conference of small island developing States on the prevention and control of noncommunicable diseases and mental health, which was scheduled to be held in Barbados in March 2023, would serve as part of the preparatory process for the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

The DEPUTY DIRECTOR-GENERAL welcomed the guidance and support from Member States on the issue of noncommunicable diseases, which represented a serious public health and development challenge. Noncommunicable diseases received only between 1% and 2% of official development assistance for health, despite being the world's leading cause of death. The objectives of the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and targets of the Sustainable Development Goals were still far from being achieved. The draft implementation road map 2023–2030 would accelerate national responses through its three strategic directions, and was linked to an equally ambitious agenda to reduce environmental risk factors of particular importance to noncommunicable diseases, such as air pollution.

The Secretariat would build on the success achieved in the field of mental health, including by advancing implementation of the WHO Special Initiative for Mental Health, and would increase support for countries affected by humanitarian emergencies. Special emphasis would be placed on young people and adolescents. Since 2019, the Secretariat had been required to provide the governing bodies with consolidated reports on noncommunicable diseases. That requirement could, however, be modified at the request of and with agreement from Member States. She suggested that Member States should consider the issue during the intersessional period with a view to submitting a proposal on the matter to the Executive Board at its 152nd session.

Alongside the lessons learned from the COVID-19 pandemic, a number of major issues had emerged, such as the need to address the persistent inequalities in health outcomes and determinants, including risk factors for noncommunicable diseases, social determinants and access to health services. The pandemic had also highlighted the lack of health system capacity to adequately address, prevent and manage noncommunicable diseases and the need to include those diseases in work on preparedness. Work on noncommunicable diseases should be integrated into existing global and national efforts in order to build the resilience of health systems; there was clear support from Member States for a focus on noncommunicable diseases and mental health through the radical reorientation of health systems towards primary health care. The Secretariat would also build on the work under the Universal Health Coverage Partnership and the Norwegian flagship initiative on noncommunicable diseases.

Special attention, increased investment and a multisectoral, all-hazards approach were needed to address the needs of people living with noncommunicable diseases in humanitarian emergencies. The Secretariat would continue to lead advocacy work on mental health at the global level, including with the launch of the *World Mental Health Report* in June 2022, and through the incorporation of mental health in other policy areas, such as climate change, with related guidance to be published shortly. Multistakeholder engagement for the prevention and control of noncommunicable diseases would be strengthened through the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. Calls for guidance on effectively working with non-State actors, including the private sector, would be taken on board. A leap forward was needed to take collaborative, coherent, multisectoral and multistakeholder action on the prevention and control of noncommunicable diseases and mental health. The implementation of effective measures to increase physical activity, reduce alcohol consumption and strengthen tobacco control needed to be scaled up as part of the draft implementation road map 2023–2030. Lastly, the preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025 would be critical in galvanizing momentum and placing countries on a sustainable path.

The CHAIR took it that the Committee wished to note the section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1 and the reports contained in documents A75/10 Add.2, A75/10 Add.5 and A75/10 Add.8.

The Committee noted the reports.

The meeting rose at 18:05.

SEVENTH MEETING

Thursday, 26 May 2022, at 09:10

Chair: Dr H. NAKATANI (Japan)

Later: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)

Later: Dr H. NAKATANI (Japan)

1. THIRD REPORT OF COMMITTEE A (document A75/61)

The Rapporteur read out the draft third report of Committee A.

The report was adopted.¹

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

2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the agenda (continued from the fifth meeting)

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 16.1 of the agenda (document A75/16)

WHO's work in health emergencies: Item 16.3 of the agenda (documents A75/10 Rev.1 and A75/47)

The CHAIR drew attention to a draft resolution on the health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression proposed by Albania, Andorra, Australia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Colombia, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Montenegro, the Netherlands, New Zealand, North Macedonia, Norway, Peru, Poland, Portugal, the Republic of Moldova, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine, the United Kingdom of Great Britain and Northern Ireland and the United States of America which read:

The Seventy-fifth World Health Assembly,

PP1 Recalling UN General Assembly resolution A/RES/ES-11/1 of 2 March 2022, entitled "Aggression against Ukraine"; UN General Assembly resolution A/RES/ES-11/2 of 24 March 2022, entitled "Humanitarian consequences of the aggression against Ukraine"; as well as UN Human Rights Council resolution A/HRC/RES/49/1 of 4 March 2022, entitled "Situation of human rights in Ukraine stemming from the Russian aggression";

PP2 Recalling United Nations Security Council resolution 2286 (2016) on protection of the wounded and sick, medical personnel and humanitarian personnel in armed conflict; United Nations General Assembly resolution 46/182 "Strengthening of the coordination of humanitarian

¹ See page 339.

emergency assistance of the United Nations,” and all relevant subsequent resolutions; World Health Assembly resolution WHA65.20 (2012) “WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies”; and World Health Assembly decision WHA69(9) (2016) “Reform of WHO’s work in health emergency management: WHO Health Emergencies Programme”;

PP3 Welcoming the legally binding provisional measures order by the International Court of Justice of 16 March 2022, ordering the Russian Federation to immediately suspend the military operations that it commenced on 24 February 2022 in the territory of Ukraine;

PP4 Noting the adoption by the WHO Regional Committee for Europe, during its special session held on 10 May 2022, of a resolution entitled “Health emergency in Ukraine and neighboring countries, stemming from the Russian Federation’s aggression”, asking, inter alia, the WHO Regional Director for Europe to consider temporarily suspending all regional meetings in the Russian Federation, including technical meetings and meetings of experts, as well as conferences and seminars whose composition is set by the WHO Regional Office for Europe, until peaceful resolution of the conflict between the Russian Federation and Ukraine is implemented and the Russian Federation withdraws its military forces from the territory of Ukraine within its internationally recognized borders;

PP5 Recalling the Constitution of the World Health Organization and its references to the Charter of the United Nations; the obligation of all States under Article 2 of the Charter of the United Nations to refrain in their international relations from the threat or use of force against the territorial integrity or political independence of any state, or in any other manner inconsistent with the purposes of the United Nations, and to settle their international disputes by peaceful means; and the obligation under Article 2 of the Charter of the United Nations, that all Members, in order to ensure the rights and benefits resulting from membership, shall fulfill in good faith the obligations assumed by them in accordance with the Charter;

PP6 Recalling also that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

PP7 Reaffirming 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, and that peace and security are critical to the attainment of this human right;

PP8 Recalling the functions of the World Health Organization which include, inter alia, to furnish appropriate technical assistance and, in emergencies, necessary aid;

PP9 Recognizing the grave concern over the Russian Federation’s aggression against Ukraine in statements by, inter alia, the UN Secretary-General¹ and the WHO Director-General;^{2,3}

PP10 Expressing grave concerns over the ongoing health emergency in Ukraine and refugee receiving and hosting countries, triggered by the Russian Federation’s aggression against Ukraine, resulting in conflict-related trauma and injuries as well as increased risks of illness and death from non-communicable diseases (NCDs), of emergence and spread of infectious diseases, of mental health and psychosocial health deterioration, of human trafficking, of gender-based violence, and of sexual and reproductive health including maternal and child health deterioration;

PP11 Alarmed in particular by the disproportionate impact of disrupted health services on vulnerable groups, such as women and children, internally displaced persons, elderly people and persons with disabilities;

PP12 Further alarmed by the health impacts of the Russian Federation’s aggression which have regional and wider-than-regional significance, including, inter alia, significant numbers of

¹ UN Secretary-General’s remarks at press conference with President of Ukraine on 28 April 2022.

² WHO Director-General’s opening remarks at the WHO press conference on 13 April 2022.

³ WHO Director-General’s statement at the special session of the WHO Regional Committee for Europe on 10 May 2022.

refugees fleeing Ukraine; the risks of radiological, biological and chemical events and hazards; and the exacerbation of an already significant global food security crisis;

PP13 Recalling the Emergency appeal launched by the World Health Organization for Ukraine and refugee receiving and hosting countries on 3 March 2022,

OP1 CONDEMNS IN THE STRONGEST TERMS Russian Federation's military aggression against Ukraine, including attacks on health care facilities documented via the WHO's Surveillance System for Attacks on Health Care (SSA);

OP2 DRAWS ATTENTION to the fact that the Russian Federation's aggression against Ukraine constitutes exceptional circumstances, causing a serious impediment to the health of the population of Ukraine, as well as having regional and wider than regional health impacts;

OP3 URGES the Russian Federation to immediately cease any attacks on hospitals and other healthcare facilities;

OP4 ALSO URGES the Russian Federation to fully respect and protect all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment;

OP5 FURTHER URGES respect for and protection of the sick and wounded, including civilians, health and humanitarian aid workers, healthcare systems consistent with the Geneva Conventions and their Additional Protocols, and with broader international humanitarian law;

OP6 DECIDES that continued action by the Russian Federation to the detriment of the health situation in Ukraine, at regional and global levels, would necessitate that the Assembly should consider the application of relevant articles of WHO Constitution

OP7 URGES the relevant Member States:

- (1) to adhere to international humanitarian law, international human rights law, and WHO norms and standards;
- (2) to allow and facilitate safe, rapid and unhindered access to populations in need of assistance by staff deployed by the World Health Organization on the ground, and by all other medical and humanitarian personnel;
- (3) to ensure the free flow of essential medicines, medical equipment and other health technologies in all conflict and non-conflict areas;

OP8 ENCOURAGES all WHO Member States:

- (1) to increase contributions to the WHO Emergency Appeal for Ukraine and refugee receiving and hosting countries, to the WHO Contingency Fund for Emergencies, and to WHO's work in other health emergencies, many of which have been exacerbated by the Russian Federation's military aggression against Ukraine;
- (2) to maintain or increase support for the UN-led response to address the health and other urgent needs of the people of Ukraine and mitigate the negative health impact of the conflict, as well as other critical relief efforts around the globe;

OP9 REQUESTS the Director-General:

- (1) to make available the staffing, financial resources, and leadership support needed across all three levels of the Organization for an effective and accountable humanitarian and emergency health response, including critical Health Cluster Functions, under the leadership of the Health Emergencies Programme and in line with relevant World Health Assembly resolutions;

- (2) to ensure that the health response under WHO's leadership on the ground adheres to the best standards on prevention of and response to sexual exploitation, abuse and harassment and, in collaboration with other agencies, provide adequate health care and support to the victims, and document cases of sexual abuse, including by the military;
- (3) to continue supporting the health sectors of Ukraine and refugee receiving and hosting countries using a health system approach, including through capacity-building programmes in preparedness and response to trauma care and mass casualties as well as in maintenance of basic health services and the promotion of access thereto in a context of conflict;
- (4) to support the sustainable procurement of essential medicines, medical equipment and other health technologies;
- (5) to pursue the monitoring, collection, documentation and dissemination of data on attacks on healthcare facilities, health workers, health transports, and patients in Ukraine;
- (6) to assess, in full cooperation with Health Cluster partners and other relevant United Nations agencies, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from the protracted situation in Ukraine and refugee receiving and hosting countries;
- (7) to ensure the allocation of adequate human and financial resources in order to achieve these objectives;
- (8) to submit to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board, a report on the implementation of the present resolution, including an assessment of the direct and indirect impact of the Russian Federation's aggression against Ukraine on the health of the population of Ukraine, as well as regional and wider than regional health impacts.

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

Resolution:	Health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression
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: 13.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities.
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: Seven months.
B.	Resource implications for the Secretariat for implementation of the resolution
1.	Total resource requirements to implement the resolution, in US\$ millions: US\$ 147.50 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:	Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:	US\$ 147.50 million.
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\$ 46.55 million.
– Remaining financing gap in the current biennium:	US\$ 100.95 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Hard to estimate in a fast-moving environment but likely to be sufficient.

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	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 additional resources	Staff	0.00	0.00	0.00	29.14	0.00	0.00	1.60	30.74
	Activities	0.00	0.00	0.00	116.36	0.00	0.00	0.40	116.76
	Total	0.00	0.00	0.00	145.50	0.00	0.00	2.00	147.50
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR also drew attention to a draft resolution on the health emergency in and around Ukraine and refugee receiving and hosting countries proposed by the Russian Federation and the Syrian Arab Republic which read:

The Seventy-fifth World Health Assembly,

PP1 Recalling the functions of the World Health Organization which include, inter alia, to furnish appropriate technical assistance and, in emergencies, necessary aid;

PP2 Reaffirming 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, and that peace and security are critical to the attainment of this human right;

PP3 Recalling that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

PP4 Recalling also World Health Assembly resolution WHA65.20 “WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies”; and World Health Assembly decision WHA69(9) “Reform of WHO’s work in health emergency management: WHO Health Emergencies Programme”;

PP5 Recalling also United Nations General Assembly resolution 46/182 “Strengthening of the coordination of humanitarian emergency assistance of the United Nations,” and all relevant subsequent resolutions;

PP6 Expressing grave concerns over the ongoing health emergency in and around Ukraine and refugee receiving and hosting countries, resulting in conflict-related trauma and injuries as well as increased risks of illness and death from non-communicable diseases (NCDs), of emergence and spread of infectious diseases, of mental health and psychosocial health deterioration, of human trafficking, of gender-based violence, and of sexual and reproductive health including maternal and child health deterioration;

PP7 Expressing grave concern at reports of civilian casualties, including children, in and around Ukraine;

PP8 Expressing further grave concern at the deteriorating humanitarian situation in and around Ukraine, with an increasing number of internally displaced persons and refugees in need of humanitarian assistance;

PP9 Endorsing the call of the United Nations Secretary-General to return to the path of dialogue and negotiations;

PP10 Demanding that all parties respect their obligations under international humanitarian and human rights law;

PP11 Strongly condemning attacks directed against civilians and health objects, including using civilians as live shields, indiscriminate shelling as well as placing military objects and equipment in densely populated areas and near civilian objects and using such objects for military purposes, endangering lives of civilian population in violation of international humanitarian law;

PP12 Calling on all parties to respect and protect humanitarian personnel, their facilities, equipment, transport and supplies and to ensure the safe and unhindered access of humanitarian personnel, as well as the delivery of supplies and equipment, in order to allow such personnel to efficiently perform their task of assisting affected civilian populations, including internally displaced persons;

PP13 Urging all parties to take necessary steps to ensure the protection of the wounded and sick, as well as the safety and security of medical personnel and humanitarian personnel exclusively engaged in medical duties, their facilities, equipment, transports and supplies, including by developing effective measures to prevent and address acts of violence, attacks and threats against them, and to ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required, and reiterating the applicable rules of international humanitarian law relating to the non-punishment of any person for carrying out medical activities compatible with medical ethics;

PP14 Stressing the need to ensure humane treatment of detainees in accordance with international humanitarian law,

OP1 DEMANDS that civilians, including humanitarian personnel and persons in vulnerable situations, including women and children are fully protected;

OP2 DEMANDS all parties concerned to ensure the respect for and protection of all medical personnel and humanitarian personnel exclusively engaged in their medical duties, their means of transport and equipment, hospitals and other medical facilities;

OP3 DEMANDS from all parties concerned full respect for provisions of international humanitarian law in connection with objects indispensable to the survival of the civilian population and civilian infrastructure that is critical to enable the delivery of essential services in armed conflict, and to refrain from deliberately placing military objects and equipment in the vicinity of such objects or in the midst of densely populated areas, as well as not to use civilian objects for military purposes;

OP4 CALLS UPON all parties concerned to allow safe and unhindered passage including for foreign nationals without discrimination, to destinations outside of Ukraine, and facilitate safe and unhindered access of humanitarian assistance to those in need in and around Ukraine, taking into account the particular needs of women, girls, men and boys, older persons and persons with disabilities;

OP5 CONDEMNS all violations of international humanitarian law and violations of human rights, and calls upon all parties to respect strictly the relevant provisions of international humanitarian law, including the Geneva Conventions of 1949 and Additional Protocol I thereto, of 1977 and to respect international human rights law, as applicable;

OP6 URGES the relevant Member States:

- (1) to adhere to international humanitarian law, international human rights law, and WHO norms and standards;
- (2) to allow and facilitate safe, rapid and unhindered access to populations in need of assistance by staff deployed by the World Health Organization on the ground, and by all other medical and humanitarian personnel;
- (3) to ensure the free flow of essential medicines, medical equipment and other health technologies in all conflict and non-conflict areas;

OP7 ENCOURAGES all WHO Member States:

- (1) to increase contributions to the WHO Emergency Appeal for Ukraine and refugee receiving and hosting countries, to the WHO Contingency Fund for Emergencies, and to WHO's work in other health emergencies;
- (2) to maintain or increase support for the UN-led response to address the health and other urgent needs of the people of Ukraine and mitigate the negative health impact of the conflict, as well as other critical relief efforts around the globe;

OP8 REQUESTS the Director-General:

- (1) to make available the staffing, financial resources, and leadership support needed across all three levels of the Organization for an effective and accountable humanitarian and emergency health response, including critical Health Cluster Functions, under the leadership of the Health Emergencies Programme and in line with relevant UN and World Health Assembly resolutions;
- (2) to ensure that the health response under WHO's leadership on the ground adheres to the best standards on prevention of and response to sexual exploitation, abuse and harassment and, in collaboration with other agencies, provide adequate health care and support to the victims, and document cases of sexual abuse, including by the military;
- (3) to continue supporting the health sectors in and around Ukraine and refugee receiving and hosting countries using a health system approach, including through capacity-building programmes in preparedness and response to trauma care and mass

casualties as well as in maintenance of basic health services and the promotion of access thereto in a context of conflict;

(4) to support the sustainable procurement of essential medicines, medical equipment and other health technologies;

(5) to pursue the monitoring, collection, documentation and dissemination of data on attacks on healthcare facilities, health workers, health transports, and patients in and around Ukraine;

(6) to assess, in full cooperation with Health Cluster partners and other relevant United Nations agencies, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from the protracted situation in and around Ukraine and refugee receiving and hosting countries;

(7) to ensure the allocation of adequate human and financial resources in order to achieve these objectives;

(8) to submit to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board, a report on the implementation of the present resolution.

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

Resolution: Health emergency in and around Ukraine and refugee receiving and hosting countries	
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:	13.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities
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:	Seven months.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 147.50 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:	Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:	US\$ 147.50 million.
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\$ 46.55 million.
– Remaining financing gap in the current biennium:	US\$ 100.95 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Hard to estimate in a fast-moving environment but likely to be sufficient.

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	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 additional resources	Staff	0.00	0.00	0.00	29.14	0.00	0.00	1.60	30.74
	Activities	0.00	0.00	0.00	116.36	0.00	0.00	0.40	116.76
	Total	0.00	0.00	0.00	145.50	0.00	0.00	2.00	147.50
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR suggested, on the basis of extensive consultations with Member States, that the Committee should consider the two draft resolutions following the discussion on items 16.1 and 16.3. No amendments would be proposed to the text of either of the draft resolutions. A separate vote on each of the draft resolutions would then be taken by roll-call, following which Member States wishing to speak in explanation of vote could do so.

It was so agreed.

The CO-CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME, introducing the Committee's report contained in document A75/16, provided an overview of the main findings and recommendations contained in the report. The Committee was deeply concerned by the ongoing attacks on health care personnel and facilities in Ukraine. She commended WHO for its close coordination with key stakeholders in Ukraine and for the life-saving interventions it was providing across the country. The Committee would continue to closely monitor the Organization's work.

Internal power dynamics had been identified as an obstacle to clarifying accountabilities and lines of authority between the WHO Health Emergencies Programme and the Organization, as well as

between the three levels of the Organization. The Global Policy Group should review current delegations of authority and the accountability framework for emergencies management based on the “one programme” principle. In addition, Regional Emergency Directors should be recruited jointly by, and have dual reporting lines to, the Executive Director for the WHO Health Emergencies Programme and Regional Directors.

The Organization’s internal systems were sometimes fragmented, ambiguous and duplicative. Sexual exploitation, abuse and harassment investigations should be handled differently from investigations carried out by the Office of Internal Oversight Services or those on other types of misconduct. In addition, the Director-General should appoint a focal point in each WHO regional office to examine allegations of misconduct in the respective region. Centralized functions supporting the WHO Health Emergencies Programme should develop key performance indicators to track their impact on WHO’s emergency operations, and the dual reporting lines to Programme managers and divisional heads should be formalized at the regional level.

It was deeply concerning that, although the performance of WHO country offices had improved, they still lacked the human and financial resources to build and sustain capacity, particularly for emergency operations in fragile settings. Vacant posts at the country level must therefore be filled. The COVID-19 pandemic had demonstrated the value of a health emergencies programme embedded within the Organization. The core capacities of the WHO Health Emergencies Programme, including social scientists and gender equity experts, should be maintained and increased. The establishment of standard operating procedures for timely internal surge capacity would also help to leverage in-house expertise.

Noting that an increase in assessed contributions would have a transformative effect and strengthen the authority of WHO, she congratulated the Working Group on Sustainable Financing for its work and welcomed the approval of the decision on sustainable financing. It was imperative to increase the proportion of core flexible funding allocated to the Programme and for the financing of preparedness activities, investment in which was chronically low at the national and international levels. Member States should agree on a targeted revision of the International Health Regulations (2005), in particular regarding risk assessment and a graded approach to declaring a public health emergency of international concern, and should consider adopting measures for compliance with the Regulations under a treaty, convention or instrument for pandemic preparedness and response.

The Committee recognized WHO’s leadership role in the global response to the COVID-19 pandemic, but noted the possibility of additional opportunities for leveraging organizations of the United Nations system and other partners to amplify messages on prevention, testing and treatment. The Secretariat should continue to provide technical support in close collaboration with partners. She welcomed the establishment of new initiatives, such as the Global WHO Hub for Pandemic and Epidemic Intelligence, the WHO BioHub System and the global biomanufacturing training hub. Many of the biggest failings in the global pandemic response were beyond the Organization’s mandate, suggesting that reforms must also consider the wider architecture. A strengthened WHO must be at the centre of the architecture, with strong links between governments and finance and rooted in the principles of equity, inclusivity and coherence. Greater specificity on how to empower and strengthen the Organization within wider reforms was essential.

While the Organization had maintained and strengthened its leadership role in global health emergencies during the pandemic, further work was needed. The discrepancy between well-proven measures to control COVID-19 and the actions taken by decision-makers was deeply concerning. The Committee would continue to hold WHO accountable, but Member States and other partners must also play their part by ensuring that the Organization was equipped with sustainable and flexible financing and granted the global authority to carry out its work effectively.

The DIRECTOR-GENERAL thanked the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme for its hard work and advice. The term of the Committee would be extended for an additional two years, until 2024. He expressed his gratitude to the outgoing Co-Chairs and welcomed the new Chair and Committee member. He looked forward to continuing to work closely with the Committee at what was a critical moment in history for global health emergencies.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, said that weaknesses in pandemic preparedness and response were largely caused by inadequate financing of the WHO Health Emergencies Programme both within the Secretariat and Member States and the fact that financial disparities between countries were not taken into consideration. She supported the recommendation of the Working Group on Sustainable Financing to ensure flexible funding in order to better equip WHO at all three levels to support Member States. A focus on equity and multilateralism was needed, in addition to a strengthened WHO playing a leading and coordinating role in the global health architecture on pandemic preparedness and response and a central role in public health emergencies of international concern. She commended WHO's efforts to respond to emergencies, noting that a significant proportion of acute and protracted emergencies during the reporting period had occurred in her Region.

She expressed concern regarding gaps in pandemic management, in particular the severe imbalance in access to COVID-19 vaccines. Obstacles to local production of vaccines must be removed and effective technology and know-how ensured. Coordination and action from WHO, the African Union and its relevant organs, as well as regional economic communities, was required to address the gaps identified in the implementation of the International Health Regulations (2005). Strengthened surveillance and response systems were needed to prevent and respond to public health emergencies. Lastly, it was important to build strong and resilient health systems capable of providing essential health care and ensuring continuity of care services during health emergencies.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that climate change, conflict and natural disasters had contributed to the substantial increase in emergency-related needs and risks in recent years. His Region was one of the most severely affected, with many of its Member States experiencing ongoing conflict and natural disasters and a concomitant rise in food insecurity and malnutrition. He therefore welcomed the recommendations of the Independent Oversight and Advisory Committee, particularly those on strengthening emergency workforce capacity, applying lessons learned from the COVID-19 pandemic and ensuring predictable, sustainable investment in preparedness. WHO must play a central role within the global health architecture. A more collaborative, systemic and transparent approach to managing health emergencies was needed, with tailored responses to differing country contexts. The Secretariat should support Member States to strengthen national emergency management capacities, including by developing guidance on a country-level emergency response framework. Recent initiatives, including the WHO BioHub System and the WHO Hub for Pandemic and Epidemic Intelligence, were encouraging, and he welcomed the work carried out by the Tripartite Plus to mainstream the One Health approach for the detection and prevention of zoonotic threats. Despite the success achieved in the response to COVID-19 and other emergencies, numerous challenges remained that could only be overcome through the principles of solidarity and equity.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that North Macedonia, Montenegro, Albania and Bosnia and Herzegovina, as well as the Republic of Moldova, aligned themselves with his statement. He expressed appreciation for the work conducted under the WHO Health Emergencies Programme, particularly in the light of the increasing number of graded health emergencies around the world. The direct and indirect impacts of war and conflict on health highlighted the importance of continued surveillance of and reporting on attacks on the provision of health care.

Emphasizing the importance of the mental health and well-being of staff during crisis response and the need for safe working conditions for health care workers, he welcomed the integration and implementation of policies to prevent and respond to sexual exploitation, abuse and harassment and highlighted the urgent need to incorporate both that issue and security management into a revised Emergency Response Framework. Clarification of the roles and responsibilities, accountabilities and lines of authority across WHO regional and country offices and WHO headquarters was essential for the development of a zero-tolerance approach to such forms of misconduct. He urged the senior leadership team to accelerate the implementation of the recommendations of the Independent Oversight

and Advisory Committee. In addition, Member States should increase their financial contributions to the Organization, including for the WHO Contingency Fund for Emergencies, to ensure that WHO could play a leading role in global health.

He thanked the Secretariat for its response to the health emergency situation in Ukraine. The European Union and its Member States strongly condemned the blatant violation of the Charter of the United Nations and the Constitution of the World Health Organization by a permanent member of the United Nations Security Council and member of the Executive Board. He called on the Russian Federation to immediately cease its war of aggression in Ukraine, including attacks on health care facilities, and to respect its responsibilities under international law.

The representative of BRAZIL said that, while the conclusions and recommendations of the Independent Oversight and Advisory Committee were relevant, certain points required clarification. With regard to the Committee's conclusions on progress related to COVID-19 therapeutics, diagnostics and vaccines, excessive emphasis had been placed on the importance of regulatory aspects without considering the high prices, lack of possibilities for negotiation and other obstacles faced by many countries in securing medical countermeasures. Similarly, the Committee's report also highlighted in-country bottlenecks as an obstacle to delivery but did take into account the nature of the demands that countries strived to meet, many of which were excessive or unjustified. In addition, the Committee's statement that deadly variants of severe acute respiratory syndrome coronavirus 2 had emerged in under-resourced countries was controversial, as the emergence of new variants could occur anywhere. He recognized and supported the independent nature of the Committee, but wished to further engage with it to better understand the rationale behind some of its conclusions.

The representative of POLAND fully condemned the Russian Federation for its unjustified attack on Ukraine and its health infrastructure. He also condemned the false narrative and misinformation spread by the Russian Federation on the war, which was genocide. The Russian invasion of Ukraine was not only a violation of international law and the rules of the United Nations, but also had a direct and severe impact on public health in Ukraine. It also affected neighbouring countries, including Poland. He thanked the European Union, WHO and other United Nations organizations, nongovernmental organizations and individuals for providing support, including humanitarian aid, to help his country deal with the impact of Ukrainian refugees on the health system. Moving forward, efforts should focus on recovery of the health system in Ukraine, including the need to rebuild destroyed infrastructure, deliver equipment and strengthen the country's health workforce.

His Government opposed the draft resolution on the health emergency in and around Ukraine and refugee receiving and hosting countries proposed by the Russian Federation, which was a cynical attempt to complicate WHO's work and cause chaos in the Health Assembly. Expressing support for the draft resolution on the health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression proposed by Ukraine, he called on the Russian Federation to immediately cease its military actions in Ukraine and respect its responsibilities under international law. International rules on humanitarian aid must also be respected.

The representative of PORTUGAL expressed solidarity with the people of Ukraine, who were suffering from a humanitarian and health emergency created by the Russian Federation's unprovoked and unjustified military aggression. Universal access to affordable, quality medical products was vital for the realization of the right to health and universal health coverage. He therefore commended the establishment of the Access to COVID-19 Tools (ACT) Accelerator and underlined his Government's commitment to global vaccine solidarity. The right to health transcended borders and should not be limited to emergency situations of instability and humanitarian crises. Health emergencies exacerbated inequalities and social and economic inequities, with vulnerable communities, including refugees and migrants, among the worst affected. Access to quality health services and continuity of care were crucial for safe, orderly and regular migration. Lastly, it was important to increase the resilience of health systems, enhance cooperation and ensure the inclusion of the most vulnerable populations.

The representative of the PHILIPPINES welcomed the Independent Oversight and Advisory Committee's recommendations on an integrated approach to health emergency management. He urged the Secretariat and Member States to consider unifying the different frameworks currently used for emergency preparedness and response in order to avoid fragmentation and duplication and ensure ease of adoption and implementation at the national level. The Committee's recommendations on guaranteeing essential health care and social services in times of emergency and conflict were also welcome and should be applied to all health emergencies, including those caused by climate change and natural disasters. He further welcomed the Committee's recommendations on ensuring an effective response through the use of flexible funding at the global and local levels, in coordination with Member States, as well as through investment in interventions during all phases of disaster and emergency management. He supported the strengthening of the WHO Health Emergencies Programme to ensure that the Organization could fulfil its leadership role in global health.

The representative of THAILAND recommended that the mandate of the Independent Oversight and Advisory Committee should be extended and that critical, essential issues should be addressed in cooperation with other working groups, in particular the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Working Group on Sustainable Financing, in order to ensure synergies and avoid duplication of work. The Organization should seriously consider the Committee's recommendations, implementation of which should be closely monitored through the established monitoring framework. The WHO Health Emergencies Programme's division for preparedness should consider the Committee's recommendations, including those on preventing and responding to sexual exploitation, abuse and harassment, which should be applied as a key element of the Universal Health and Preparedness Review in order to ensure alignment between the Programme and the health emergency programmes of Member States. Noting the importance of regional solidarity, he highlighted that although effective health emergency response relied on resilient national health care systems, timely financial support at the initial emergency phase was critical for an immediate response.

The representative of AUSTRALIA recognized the central leadership of WHO in supporting Member States in coordinating and responding to numerous large-scale emergencies, amid continued focus on the COVID-19 pandemic, and commended WHO's work in complex health emergencies, including in Ukraine. The Organization's crucial role in coordinating and responding to severe large-scale emergencies highlighted the need for sustainable funding of the WHO Health Emergencies Programme at all levels, as well as of the WHO Contingency Fund for Emergencies. She encouraged the Secretariat and Member States to implement the recommendations of the Independent Oversight and Advisory Committee, particularly those on financing, the International Health Regulations (2005) and WHO's role in the global health architecture. The Organization must be equipped with the necessary authority to coordinate pandemic prevention, preparedness and response, and Member States must strengthen compliance with, and information sharing under, the Regulations, as well as mechanisms to assess and develop preparedness capacities. In addition, WHO must work as one organization across its three levels, with collective responsibility and shared accountability. It must also continue to prioritize the prevention of and response to sexual exploitation, abuse and harassment in all emergency responses. She appreciated the Secretariat's continued efforts to support Member States in strengthening their preparedness and response capacities as part of building resilient health systems and hoped that the new Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response would enable more comprehensive Member State engagement with the Committee and support for the Programme.

The representative of BELARUS expressed appreciation for WHO's work in responding to health emergencies. He expressed concern about the worsening humanitarian situation in Ukraine, as well as the civilian casualties and destruction of social and economic infrastructure. The ongoing conflict was leading to irreversible damage to Ukraine's health care system and the health of its population. He

therefore welcomed WHO's efforts to provide support to Ukrainian civilians and outlined the medical and other forms of humanitarian support provided by his Government to Ukrainian citizens arriving in Belarus. His Government wished to be added to the list of sponsors of the draft resolution proposed by the Russian Federation.

The representative of MALAYSIA welcomed the Secretariat's recommendations on preparedness, response and coordination activities at the global and country levels for active grade 3 emergencies. His Government had taken a number of steps to enhance preparedness and response, including in relation to the COVID-19 pandemic such as adoption of an emergency response framework. He acknowledged WHO's efforts to expand the monitoring and evaluation of the core capacities required by the International Health Regulations (2005) and the support provided for their implementation.

The representative of URUGUAY, noting that the COVID-19 pandemic had exposed weaknesses and inequities in global health emergency preparedness and response, highlighted the need for an equitable approach in dealing with pandemics. The lessons learned from the COVID-19 pandemic response should inform the development of processes and tools for response management that could be adjusted according to a particular event. The Independent Oversight and Advisory Committee should continue its work, and the Organization must continue to play a central role in the global health architecture with strengthened leadership and the necessary tools to underpin regulatory and financial initiatives. Investment in preparedness should be strengthened and include the reallocation of resources for the development of robust, quality warning systems to improve early detection at the country level, together with increased investment in the development of technological tools. She expressed concern regarding the issue of communication, in particular risk communication, which was key to successfully raising awareness among populations and ensuring their compliance with recommendations. Efforts to ensure access to information and education as part of the One Health approach were vital to prevent and mitigate future pandemics. Alternative approaches to the implementation of educational programmes led by health professionals should be explored.

The representative of Ukraine said that the Russian Federation's full-scale invasion of Ukraine had triggered a catastrophic health crisis, which had already led to a massive loss of lives, injuries and trauma among innocent people. Vulnerable people had borne the brunt of the health emergency. Deliberate shelling had destroyed life-saving health services, including for the treatment of chronic conditions, and had disrupted essential medical supply chains, severely restricting access to medicines. The Russian invaders had identified health care as their enemy, targeting hospitals, maternity and other health facilities, as well as ambulances. Mines and explosive devices continued to pose a threat to people's safety, leading to injuries, maiming and emotional distress. Living in a climate of fear had taken a toll on Ukrainians' mental health. The targeted use of rape as a weapon of war remained significantly underreported. The huge extent and long-term impact of psychiatric morbidity and other forms of mental health problems would require additional assessment. Furthermore, the blocking of grain exports from Ukraine had exacerbated food insecurity, further jeopardizing health and nutrition throughout the world.

The unprecedented health emergency caused by the Russian aggression required a firm and consolidated response from the international community. He thanked the Secretariat, the WHO Regional Office for Europe and the WHO country office in Ukraine for their efforts to respond to the health emergency. To address the severe scope and nature of the health emergency, his Government, together with a group of Member States, had proposed a draft resolution with the aim of ensuring that the health sector in Ukraine and in refugee receiving and hosting countries remained functional and accessible to all those who needed essential medical services. Support for the draft resolution proposed by his Government would contribute to the effective implementation of WHO's mandate to protect people in health emergencies.

The representative of BANGLADESH said that the recommendations of the Independent Oversight and Advisory Committee highlighted the need for global solidarity and an approach based on inclusivity. Health systems strengthening through enhanced support and cooperation should remain the

cornerstone of efforts to ensure health for all. Although the Committee's recommendations were commendable, certain points required particular attention.

The recommendation on strengthening processes for a fairer allocation of COVID-19 therapeutics, diagnostics and vaccines proposed business-as-usual approaches and did not take into consideration the calls made by developing countries in various forums, including the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, such as equitable access to health emergency response tools. WHO's role in supporting countries, in particular developing countries, should also be clearer. In addition, the recommendation on increasing financial support for the Access to COVID-19 Tools (ACT) Accelerator did not draw sufficient attention to developing countries' requirements. The ACT Accelerator's governance structure should be restructured through a Member State-led decision-making process with adequate representation of developing countries. Broader explanations of several of the Committee's recommendations, for example on the strengthening of the International Health Regulations (2005), would have enabled a better understanding.

The representative of the RUSSIAN FEDERATION said that the Director-General's report on the health situation in Ukraine described the serious and multifaceted problems concerning the Ukrainian health care system, which demonstrated that it had been unsatisfactory long before February 2022. Attacks and atrocities by Kiev on its own citizens were well documented, many of which were described in the Director-General's report. His Government was making concerted efforts to restore the right to health care of the inhabitants of Donbass. He outlined the humanitarian support provided by his Government in Ukraine, including to restore health facilities and provide health care, including in the humanitarian crisis zone. It had also taken in Ukrainians, who were provided with medical and psychological assistance and access to schooling. Wounded Ukrainian soldiers were also receiving treatment and given the opportunity to communicate with their families. He suggested that the Director-General should make a field visit to learn more about his Government's efforts to resolve the humanitarian and health care crisis.

His Government had always defended human rights and objected to the politicization of issues under WHO's mandate. The Organization's efforts should focus on helping all countries to provide the highest attainable standard of health for all without discrimination. Therefore, the draft resolution on health emergencies should offer comprehensive and practical humanitarian solutions applicable to all countries in all regions of the world. Many countries had expressed their interest in such a document and expected expert support from WHO. That approach should form the basis of all the Health Assembly's decisions.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the need for the WHO Health Emergencies Programme was indisputable in the light of the upward trend of people affected by health emergencies. She recognized the important statement made by the representative of Ukraine and objected to the gross misinformation in the statement made by the representative of the Russian Federation on the situation in Ukraine, given the terrible human suffering caused by the Russian Federation's illegal and inhumane war. She welcomed the recommendations and insights of the Independent Oversight and Advisory Committee, which were critical to strengthening the WHO Health Emergencies Programme. Efforts to strengthen the Programme should be underpinned by reliable funding. She therefore endorsed the proposal of the Working Group on Sustainable Financing to increase assessed contributions.

She reiterated the importance of strong, resilient health systems with integrated public health functions, including surveillance for health emergency preparation, prevention and response. Coordination and collaboration between the Programme and other WHO departments should be improved, including by better understanding the barriers to recruitment and retention within WHO. Work to prevent sexual exploitation and abuse must continue to be a top priority and fast-tracked. The Health Assembly should reflect on the progress made since the start of the COVID-19 pandemic and ensure that the lessons learned were translated into concrete action.

The representative of the UNITED STATES OF AMERICA welcomed the Independent Oversight and Advisory Committee's renewed commitment to continue monitoring and providing oversight of WHO's work in health emergencies and for supporting WHO's central role in the global health architecture. She encouraged WHO to take action on the Committee's recommendations, in particular to improve accountability for emergency management, increase the capacity and authority of the WHO Health Emergencies Programme and identify available, predictable and sustainable funding. She stressed the importance of preventing and responding to sexual exploitation, abuse and harassment in humanitarian responses. Recognizing the significant increase in mental disorders worldwide during the COVID-19 pandemic, she commended WHO for its efforts to support technical programmes to enhance mental health and psychosocial support in emergencies. Member States should work together to combat the decline in global vaccine confidence.

WHO's continued efforts to strengthen coordination with the wider humanitarian system were welcome, as were efforts to ensure strong surveillance and response systems for poliovirus. Close collaboration was needed between the Global Polio Eradication Initiative and other actors to ensure and sustain certification-level surveillance for poliovirus. WHO's health emergency and humanitarian efforts in fragile, conflict-affected and vulnerable settings should be recognized. She appreciated the statement made by the representative of Ukraine and said that it was important to reject the lies and disinformation of the Russian Federation. She looked forward to further discussions on that topic.

The representative of BARBADOS welcomed the Secretariat's continued work on public health emergency preparedness and response and the guidance of the Independent Oversight and Advisory Committee. The Secretariat should make efforts to address gaps related to: defining the roles and responsibilities of the major WHO offices in emergencies, the accountability framework and the reporting lines of functions supporting emergency management; enhancing the organizational structure and system to support WHO's work on emergencies; improving human resources capacity and management; increasing financing, especially for small island developing States with fragile health systems; promoting the requirements under the International Health Regulations (2005) and country preparedness; advancing WHO's role in the global response to COVID-19 and future pandemics; and planning with respect to the future global health architecture for pandemic preparedness and response. Lessons learned must be translated into action and incorporated into updated national action plans to further strengthen health systems. His Government would continue to explore South-South cooperative agreements to boost national public health responses.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the COVID-19 pandemic had reaffirmed the importance of joint activities in the areas of health emergencies and communicable diseases, such as technology exchange for the manufacturing of medical countermeasures, including vaccines. The WHO Hub for Pandemic and Epidemic Intelligence would help the Organization to more effectively manage, monitor and coordinate future public health emergencies of international concern and pandemics. Although a graded approach to declaring a public health emergency of international concern based on a risk assessment could be useful, it should be based on science. Member States' compliance with amendments to and implementation of the International Health Regulations (2005) was a very sensitive topic that required extensive face-to-face consultations. Implementation of an agile process might endanger WHO's role as a humanitarian and collaborative organization and transform it into a supervisory, security one, which could be harmful to the Organization in the future.

The representative of CANADA commended WHO for its leadership and coordination efforts in responding to the COVID-19 pandemic and ongoing crises and health emergencies around the world. The Independent Oversight and Advisory Committee's recommendations to address persistent gaps related to emergency management, accountability, capacity and financing were welcome. She noted with interest the recommendation to finalize and implement the new strategy for the WHO Contingency Fund for Emergencies replenishment mechanism, disbursement criteria and operating processes, and encouraged Member States to ensure that the replenishment mechanism was sustainably financed.

Dr Abdool-Richards took the Chair.

The representative of ETHIOPIA said that her country was facing complex humanitarian emergencies that required enhanced coordination, an improved supply chain, and increased financing and resources to ensure the continuity of essential health services, and requested support from WHO and other stakeholders for that purpose. Fragmentation across current initiatives must be avoided and the WHO Health Emergencies Programme should be aligned with other programmes on health systems strengthening, especially the routine emergency care system. She emphasized the need for increased and sustainable financing for emergency response and increased investment in activities to strengthen health systems. An expedited procurement system and supply chain arrangements were also required to ensure the timely delivery of services. She commended WHO's vision to bolster WHO country offices and called for further strengthening of the implementation of the WHO Surveillance System for Attacks on Health Care.

The representative of SPAIN said that WHO should play a central and leadership role in public health emergency preparedness and response. Its governance should therefore be strengthened to enable the Organization to become more efficient and effective. She shared the views of many Member States regarding amendments to the International Health Regulations (2005), which was the appropriate mechanism for implementation of the recommendations issued by various pandemic evaluation panels and Member States. National capacities should also be sustainably strengthened at the local level to improve preparedness and response. Many of the lessons learned during the COVID-19 pandemic were already known as a result of dealing with previous emergencies, yet no corrective measures had been taken. It was therefore imperative to translate those lessons into tangible action at all levels to guarantee global public health security.

Dr Nakatani resumed the Chair.

The representative of CHINA welcomed WHO's tireless efforts to strengthen national emergency preparedness and response capacities and to prepare for, prevent and respond to health emergencies around the world, including epidemics and pandemics such as the COVID-19 pandemic. The Independent Oversight and Advisory Committee had drawn attention to a number of existing issues in relation to WHO's health emergency management, including the discrepancy between well-proven measures to control COVID-19 and the actions taken by decision-makers in many countries to discontinue those measures while transmission remained widespread, and the importance of equity in ending the pandemic. He expressed the hope that the Secretariat would implement the recommendations of the Committee and provide regular updates on their implementation. Given the varying country contexts and capacities to respond to health emergencies, the autonomy of each Member State to adopt differentiated prevention and control strategies should be respected. In the field of public health and clinical practice, scientific decision-making and policies should be adhered to, with the aim of achieving health and well-being for the highest number of people.

The representative of INDIA said that the Independent Oversight and Advisory Committee had observed that the majority of countries had failed to implement the necessary public health measures during the first few months of the COVID-19 pandemic. However, the Committee should also emphasize the need for unambiguous, direct and timely risk communication from WHO as the United Nations chief coordinating agency for health. The Organization's delay in declaring a public health emergency of international concern and pandemic and conflicting technical advice had directly affected Member States' actions.

A Member State-led process was crucial to build consensus on an approach to address the shortfalls of the Access to COVID-19 Tools (ACT) Accelerator in order to resolve the issue of inequity in diagnostics, medicines and vaccines. Equity was imperative to end the COVID-19 pandemic. WHO should consider improving access through negotiated waivers of intellectual property rights. Vaccine inequity had underscored the need to negotiate an access and benefit-sharing network for the sharing of

human pathogens of pandemic potential while protecting the rights of Member States under the Convention on Biological Diversity and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization. Those principles should also be incorporated into discussions on new initiatives. Lastly, WHO should ensure that donor funds were not used for standard-setting or normative purposes, in accordance with the Framework of Engagement with Non-State Actors.

The representative of JAMAICA said that the lessons learned from the COVID-19 pandemic should be used to build resilience. He thanked WHO/PAHO for the support provided to build the capacity of his country's health emergency operations centres and outlined measures implemented by his Government to enhance emergency preparedness and response. He highlighted the need to include the mental health and well-being of health care workers in all emergency response programmes and looked forward to WHO's guidance in that regard. Incivility on social media towards science had been a major challenge during the pandemic and had affected vaccination roll-out globally. It was therefore critical for WHO to provide early interventions and support to countries on effective communication to counter negative information. Engaging with partners outside of the health sector could strengthen external communications and facilitate a unified response. He supported the Committee's recommendations to improve the Programme's organization and provide it with additional resources. As the global leader in health emergencies, WHO should set the best example for countries with regard to the allocation of resources for health priorities.

The representative of SINGAPORE expressed concern regarding the lack of clear roles and responsibilities and lines of reporting, as well as the power dynamics throughout the Organization. WHO should focus on strengthening performance management as a key priority. Although a graded approach to declaring public health emergencies of international concern could be beneficial, it should be as simple as possible in order to clarify the action to be taken and ensure clear public communication. She welcomed the establishment of the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, which would improve communication and coordination between Member States and the Secretariat.

The representative of INDONESIA appreciated the complementary nature of the Independent Oversight and Advisory Committee's observations and recommendations and the recommendations generated by various ongoing discussions on the global architecture for health emergency preparedness and response. She supported the call to strengthen countries' commitment to prevent the spread of disease and public health risk factors, as set out in the International Health Regulations (2005). Strengthened capacity for prevention, early detection and response would improve national health emergency preparedness and resilience. The Committee's recommendations must be translated into concrete and concerted action that avoided duplication and fragmentation at the global, regional and national levels. WHO should work together as one organization across its three levels with collective responsibility and shared accountability to support Member States. She commended WHO's tireless efforts in addressing global health emergencies and highlighted the need to make the Organization more agile.

The representative of the REPUBLIC OF KOREA expressed support for the recommendations of the Independent Oversight and Advisory Committee on addressing major gaps. She agreed with the Committee's observation that WHO must play a leadership role in ensuring equitable access to medical countermeasures. As the host country of the global biomanufacturing training hub, her Government would cooperate fully with WHO to strengthen vaccine and biopharmaceutical manufacturing capacity. She fully supported the Committee's recommendations on the International Health Regulations (2005) and called for timely targeted amendments. The work of the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response and of the working group on amendments to the International Health Regulations (2005) was complementary. It was imperative to support the Organization in order to ensure that the Secretariat could continue supporting country capacity-building

to improve compliance with the Regulations. Lastly, she expressed support for the Committee's recommendation on addressing misinformation; investing in risk communication was an urgent priority in order to achieve global vaccination goals and prepare for future pandemics.

The representative of ARGENTINA welcomed the recommendations of the Independent Oversight and Advisory Committee. She expressed support for the central role of WHO in the development of the governance structure of the global health architecture but was concerned over the possible fragmentation of initiatives on pandemic preparedness and response. The importance of an integrated WHO Health Emergencies Programme had been proven during the COVID-19 pandemic. However, the mandates of other initiatives or groups established outside WHO threatened to undermine the functions of the Programme. She reiterated her Government's commitment to strengthening WHO and to continue discussing the various options for ensuring the Organization's sustainable financing while bearing in mind the double contribution made by the Member States of the Region of the Americas to WHO and PAHO, as well as the financial realities and budgetary difficulties of those countries. Lastly, she supported the call for an equitable approach to vaccine access and distribution, based on the principles of international solidarity and cooperation.

The representative of GERMANY expressed appreciation for the work of the WHO Health Emergencies Programme, which continued to be overstretched and understaffed. Management of the International Health Regulations (2005) with high levels of short-term contracts was concerning and must be addressed. He welcomed the fact that the Independent Oversight and Advisory Committee had drawn attention to the issue of the intolerable level of toxicity online and incivility on social media towards science, WHO and its staff members. By addressing the issue of chronic underfunding, the solutions developed by the Working Group on Sustainable Financing would be the single most important contribution to improving the Programme. WHO should play a central role not only in the global health architecture for pandemic preparedness and response but also in discussions on the topic, as well as on the establishment of the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response.

The representative of TOGO said that, despite the success of reforms initiated in 2016 in the area of emergencies, the COVID-19 pandemic had revealed weaknesses in preparedness and response and in ensuring global health security. Health systems were overstretched, and implementation of the International Health Regulations (2005) had revealed gaps. With support from partners, her Government had been able to manage various health situations, thereby avoiding a rapid increase in cases and preventing the health system from being overwhelmed. Nevertheless, significant challenges remained, including in relation to the timely availability of financial resources, the availability of qualified health workers, community compliance with public health interventions, implementation of recovery plans, and the protection of health workers during health emergencies. She called for reinforced international solidarity in a spirit of equity to meet the needs of populations, in accordance with respect for human rights. She welcomed the important role played by WHO and its work in health emergencies.

The representative of COLOMBIA expressed support for the central role of WHO and the WHO Health Emergencies Programme in response to complex emergencies. It was important to continue strengthening the global health architecture and to prioritize and guarantee access to health care services in the face of the climate crisis, COVID-19 and conflicts. He condemned all attacks on health and humanitarian workers and called for the strengthening of measures to ensure their safety. Turning to the health situation in Ukraine, he expressed concern over the continued attacks on health facilities, health workers, patients, supplies and storage facilities, and condemned attacks on civilian populations. The interruption of maternal and newborn care, and the increased risk of infectious disease outbreaks and long-term mental health problems were of particular concern.

The representative of NICARAGUA said that her Government had witnessed the solidarity and cooperation demonstrated by countries such as China, Cuba, India and the Russian Federation, whose

support had facilitated a 90% COVID-19 vaccination rate in Nicaragua. Her Government supported the one-China principle. She acknowledged WHO's work under the COVID-19 Vaccine Global Access (COVAX) Facility and other health emergency initiatives. It was imperative to avoid politicization in order to uphold the right to health without distinction of any kind. She welcomed the work of the Working Group on Sustainable Financing, as well as efforts to strengthen WHO in the area of health emergency preparedness and response.

The representative of GEORGIA, expressing her full solidarity with and support for Ukraine, said that the ongoing health emergency in the country was of grave concern. She stressed the importance of ensuring respect for international humanitarian law, including the protection of all medical and humanitarian personnel, and appreciated WHO's efforts in such difficult circumstances. WHO staff and other medical and humanitarian workers on the ground must have safe, rapid and unhindered access to populations in need. She strongly supported the goals of the draft resolution proposed by Ukraine and reiterated her Government's unwavering support for Ukraine's independence, sovereignty and territorial integrity within its internationally recognized borders, including Crimea and Donbass, as well as for Ukraine's navigational rights in its territorial waters.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that the risk of health emergencies had been heightened as a result of environmental degradation, climate change, rapid urbanization, increasing international travel and geopolitical crises. To better protect the future, it was necessary to establish: a global coordinated response system; mechanisms to ensure resilient health care systems providing universal health coverage with integrated primary health care; a strong and well-supported health workforce; and harmonized health emergency preparedness and response systems at the regional and international levels. The WHO Health Emergencies Programme and WHO Contingency Fund for Emergencies should be strengthened through sustainable financing.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, recognized WHO's efforts to accord adequate attention to public health emergencies by working on an international instrument on pandemic prevention, preparedness and response. He called on the Organization to complete the process of developing and adopting that instrument, which should involve the meaningful engagement of young people, including in its implementation, monitoring and evaluation. The current momentum should be harnessed to lay the foundation for improved pandemic preparedness and response, in which youth engagement was critical.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic, conflicts and the climate crisis had significantly impacted children and their families, jeopardizing progress towards the achievement of the Sustainable Development Goals and deepening inequalities. All children must be protected and provided with access to essential health services, even in emergencies. She called on Member States to: ensure the continuity of all essential health and nutrition services and prioritize the protection of health and humanitarian workers in emergencies; strengthen mental health and psychosocial support, including by ensuring dedicated financing to address pre-existing gaps; and mobilize financial and technical resources to ensure equitable access to COVID-19 tools.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that breastfeeding and conflict of interest safeguards must be consistently integrated into all emergency prevention and management policies. Short-term treatment models that relied on market-led approaches and failed to recognize how companies undermined health and the environment posed serious risks to child health. Ready-to-use therapeutic foods should not be on retail sale and should only be used in programmes that promoted skin-to-skin contact, relactation and

continuation of breastfeeding. Micronutrient interventions should be culturally appropriate and not undermine sustainable food production, food security and biodiversity.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, emphasized the importance of strengthening health emergency response. Health care systems around the world faced major challenges related to preparedness and agility. He called on WHO to deploy health care trainees to their fullest potential during health emergencies, including in preparing and administering vaccines, testing for diseases and providing education and care. Noting the major role played by students in the reserve health workforce during the COVID-19 pandemic, he urged the Organization to recognize and support youth-led initiatives.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, supported the Committee's recommendation on fostering WHO's leadership role during public health emergencies. WHO's core budget must be significantly increased to ensure adequate emergency response. She urged WHO to call for legally binding solutions on equitable access and for reform of the governance structure of the Access to COVID-19 Tools (ACT) Accelerator to ensure inclusivity for all Member States, including developing countries. She expressed concern that the Committee's stance on strengthening the International Health Regulations (2005) favoured developed countries' views and ignored calls from developing countries and decision EB150(3) to address the issue of equity. Multistakeholder platforms, including the ACT Accelerator, had failed the test of equity.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, urged WHO to reform global health supply chains regionally and through national industrial policies that accelerated emergency response. International agreements and regulations safeguarding the physical and mental health of emergency service workers must be fully implemented. The Organization should also adequately fund preparedness and response activities and sustainably finance the WHO Contingency Fund for Emergencies, as well as commit to strengthening universal public health systems.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, said that rehabilitation was a core element of emergency response. She called on Member States to elevate WHO's emergency functions. Rehabilitation and the provision of assistive technology must be incorporated into all health emergency responses at all levels of care. In addition, health workers must be equipped to meet early rehabilitation needs in emergencies and the needs of people with pre-existing disabilities or chronic health conditions. A Health Assembly resolution on rehabilitation, including in emergencies, would strengthen Member States' efforts to improve services.

The CO-CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME thanked Member States for their insightful comments and appreciation of the Committee's work. Issues highlighted by Member States included the key challenges in pandemic preparedness and response, inadequate financing and disparities in the African Region, and the increased frequency of national disasters and their links to climate change. She was hopeful that Member States' decision to increase assessed contributions would have a transformational effect on WHO's work in health emergencies. Increased investment in preparedness was needed at the national and international levels to support countries in the implementation of preparedness activities. The prevention of and response to sexual exploitation, abuse and harassment was a key area of concern for the Committee and it would continue to monitor progress in that regard. The importance of a clear accountability framework in emergencies had also been highlighted. The Committee would be happy to discuss with Member States the challenges and bottlenecks related to access to medical countermeasures and delivery.

Equity was imperative to ending the COVID-19 pandemic. The new Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response would enable increased Member

State engagement and support for the WHO Health Emergencies Programme. She welcomed Member States' support for a strengthened WHO at the centre of the global health architecture, which should be based on principles of equity, inclusivity and coherence. The Committee would continue to monitor work on the International Health Regulations (2005), the Universal Health and Preparedness Review, the WHO Health Emergencies Programme, the infodemic, misinformation and human resources and had taken on board Member States' comments and recommendations on those topics.

She thanked Member States for their support for the Committee's recommendations and for their expression of trust in its work. She reiterated the Committee's commitment to continue delivering on its mandate, in close collaboration with the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Working Group on Sustainable Financing, among others. Lastly, she expressed her deep gratitude to the Director-General, Regional Directors, the Executive Director for the WHO Health Emergencies Programme, the Chef de Cabinet, and the Secretary and Co-Chair of the Committee for their support and expression of confidence in her ability as Co-Chair.

The representative of the REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the world was challenged by an increasing number of crises, including the COVID-19 pandemic, conflict and displacement, severe weather events and concurrent outbreaks. However, the collective action required to tackle most of those crises was affected by a crisis of global governance. Political polarization, growing nationalism and deliberate misinformation were undermining the resolve to tackle the world's most urgent problems. Notably, 50% of the recommendations from the reviews of the COVID-19 response addressed leadership. In line with the theme of the Seventy-fifth World Health Assembly of "Health for peace and peace for health", collective approaches should be sought to effectively tackle the numerous crises and risks. Consideration of the health and well-being of the most vulnerable should be a major priority, and communities and frontline health workers must be supported. Although significant progress had been made, far greater progress would be possible by adopting the priority recommendations of the Independent Oversight and Advisory Committee and the Independent Panel for Pandemic Preparedness and Response, among others, and ensuring their implementation.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) welcomed the Independent Oversight and Advisory Committee's constructive criticism and inputs regarding the development of the WHO Health Emergencies Programme and thanked the outgoing Co-Chairs for their leadership of the Committee. The Programme strived to bring alignment to, and ensure coherence in, WHO's work in emergencies at all levels of the Organization in terms of readiness, speed, agility, scale and accountability, despite major financial, administrative, organizational and managerial impediments. He welcomed Member States' comments on national emergency management capacities, incident management systems and the Emergency Response Framework, which highlighted the importance of all-hazards, community-based, locally facing and integrated approaches. Global solutions would not solve inherent and embedded gaps in community capacity, community-based surveillance and community agility and resilience. Global health security was fundamentally based on local and national health security connected by global goods, services and shared accountability for the health and welfare of populations.

The Secretariat would continue to verify and report on all attacks on health care and hoped that other bodies would use that information and data and take the necessary action for any criminal investigations. The Secretariat took the issue of prevention of sexual exploitation and abuse extremely seriously and was striving to improve its performance in that regard.

The power of any programme lay in its people. He expressed his appreciation to the staff of the Programme, the majority of whom worked outside of WHO headquarters at the regional and country levels, as well as to partners and other WHO staff including Regional Emergency Directors, Heads of WHO country offices, WHO Representatives, Regional Directors and directors of other divisions across the Organization for their hard work in serving the needs of Member States. Further work on the Programme was nevertheless required. He also thanked donors for funding the Programme, especially

the WHO Contingency Fund for Emergencies, which had transformed the Programme's ability to respond to countries' needs and react quickly in times of crisis.

Preparedness and response had become a continuous, circular process. With multiple emergencies to face while delivering health care, being able to respond while at the same time learning, preparing and adapting had become the new reality. That agility would prove beneficial in the future. However, the Programme was not yet sustainable and needed the full support of Member States and constructive input from the Committee. The entire Organization stood on the shoulders of the health workforce that delivered on health care and emergency response.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response), thanking the Co-Chairs of the Independent Oversight and Advisory Committee, said that its work was essential for keeping the WHO Health Emergencies Programme on track. The Programme had played a crucial role in the COVID-19 pandemic response, preventing an even more catastrophic situation. The Secretariat would work to uphold the vision of the Programme as one team across the three levels of the Organization, with clear reporting lines, mechanisms and processes, and as a reliable and predictable partner that was able to respond to Member States' needs. Extensive consultations with Regional Emergency Directors had informed the updated version of the Emergency Response Framework, which took account of lessons learned and the Organization's zero tolerance for sexual exploitation, abuse and harassment. It included the introduction of major new measures such as rapid risk assessments for sexual exploitation and abuse as an integral part of risk assessments for health events.

The Secretariat had taken on board the recommendation for implementation of the Emergency Response Framework at the country level, which would contribute to more predictable national responses to emergency warnings and rapid response. Performance would continue to be monitored. The Programme would work in coordination with other WHO programmes given the wide-ranging impact of emergencies. The 300 million people in need of humanitarian aid due to conflict and climate-related and other issues underscored the relevance of the theme of the Seventy-fifth World Health Assembly of "Health for peace and peace for health". Although the Organization's engagement in addressing new challenges was vital, work must also continue on long-standing problems that affected the most vulnerable populations.

The CHAIR invited the Committee to note the report contained in document A75/16 and the section of the report on WHO's work in health emergencies contained in document A75/10 Rev.1.

The Committee noted the reports.

The meeting rose at 11:50.

EIGHTH MEETING

Thursday, 26 May 2022, at 14:30

Chair: Dr H. NAKATANI (Japan)

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

PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the agenda (continued from the seventh meeting)

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 16.1 of the agenda (document A75/16) (continued)

WHO's work in health emergencies: Item 16.3 of the agenda (documents A75/10 Rev.1 and A75/47) (continued)

The CHAIR recalled that two draft resolutions had been proposed under the current agenda item. The first was a draft resolution on the health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression, proposed by a group of countries including Ukraine, and a draft resolution on the health emergency in and around Ukraine and refugee receiving and hosting countries, proposed by the Russian Federation and the Syrian Arab Republic. The draft resolutions would be considered through two separate roll-call votes.

The representative of UKRAINE, speaking also on behalf of Albania, Andorra, Australia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Colombia, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, the Netherlands, New Zealand, North Macedonia, Norway, Peru, Poland, Portugal, the Republic of Korea, the Republic of Moldova, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Vanuatu, said that the invasion of Ukraine by the Government of the Russian Federation had caused an extensive health and humanitarian crisis with grave health impacts within and beyond Ukraine, including civilian deaths, disrupted health services and an increased risk of infectious disease outbreaks. It had also aggravated the pre-existing global food crisis, affecting the world's poorest and most vulnerable people. More than 14 million Ukrainians had been forced to flee their homes, pushing the total number of displaced people globally to an unprecedented level. Far from politicizing the situation, the draft resolution proposed by her Government focused specifically on the health impacts of the invasion. Meanwhile, in a cynical attempt to dupe the Health Assembly into supporting its draft resolution, the Government of the Russian Federation had lifted text from the draft resolution proposed by her Government but had removed all references to its aggression and the health impacts beyond the European Region. She urged Member States to reject that draft resolution, which was based on a twisted alternative reality in which the Government of the Russian Federation bore no responsibility for the crisis.

The representative of the RUSSIAN FEDERATION categorically rejected all allegations made by the representative of Ukraine. It did not accept the politicized and one-sided draft resolution proposed

by the Government of Ukraine, which failed to mention Kiev's eight-year campaign of aggression against the inhabitants of the Luhansk and Donetsk regions or policies aimed at oppressing the Russian-speaking population, depriving them of their rights and social protections and destroying health infrastructure. The Member States sponsoring that draft resolution had for many years stood by and watched the illegal acts committed by the Kiev regime, including war crimes committed by military groups, and were enabling the escalation of the crisis in Ukraine and the surrounding area by delivering military equipment rather than medical supplies. He asked Member States not to support that draft resolution, which was clearly biased against his Government and contained baseless accusations. Attempts to politicize the work of the Health Assembly undermined the effectiveness of its decisions and sought to convert it into a forum to settle political scores.

The draft resolution proposed by his Government focused on resolving the crisis as quickly as possible in line with WHO's mandate through a comprehensive and practical approach to humanitarian issues, avoiding politically motivated statements aimed at discrediting or stigmatizing other Member States. It called on Member States to enhance measures to meet the health-related and other needs of people in Ukraine and sought to end the Ukrainian Government's deliberate use of civilian infrastructure for military purposes and civilians as human shields. A comprehensive package of measures to protect the right to health of those affected by the humanitarian crisis could serve as a foundation for Health Assembly resolutions on crises in other regions. Efforts to support the health sectors in Ukraine and neighbouring countries receiving and hosting refugees should be holistic, take into account the longstanding crisis in the Ukrainian health system and facilitate access to the health services needed in conflict situations. The Secretariat should continue to collect, document and disseminate information on attacks on patients and health workers, facilities and transport in an impartial, objective and transparent manner and ensure that the health response on the ground complied with the highest standards.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, aligned himself with the statement given by the representative of Ukraine and said that the candidate countries North Macedonia, Montenegro and Albania as well as Bosnia and Herzegovina and the Republic of Moldova aligned themselves with his statement. The draft resolution proposed by the Government of Ukraine did not reach beyond WHO's mandate or seek to suspend cooperation between WHO and the Government of the Russian Federation. Furthermore, it did not envisage the application of double standards to the countries concerned: the impact of the war of aggression waged by the Government of the Russian Federation against Ukraine did not stop at the borders of Ukraine or neighbouring countries, and the draft resolution called on Member States to fund all emergency responses. The Government of the Russian Federation had no legitimate right to propose a draft resolution on the matter as it was at the very least dubious for an aggressor to offer solutions to a crisis that it had triggered. That draft resolution was merely a cynical attempt to whitewash the realities of the war and failed to address the indirect health impacts and health risks beyond the European Region, in particular with regard to food security. The only action required of that Government was to end the war, which was undermining collective efforts to save lives and strengthen the global health architecture. He urged Member States to vote against the draft resolution proposed by the Government of the Russian Federation.

The representative of ESTONIA, speaking on behalf of the Nordic and Baltic countries, aligned herself with the statements made by the representative of Ukraine and the representative of France on behalf of the European Union and its Member States. The military aggression and invasion of Ukraine by the Government of the Russian Federation had led to a devastating health emergency with a regional and global impact. Attacks on health workers, facilities, patients and supplies in Ukraine were acts of unconscionable cruelty that were depriving people of urgently needed care, endangering health care providers and undermining health systems. The draft resolution proposed by the Government of the Russian Federation shamelessly disregarded the facts of its aggression in Ukraine and was a cynical attempt to manipulate the truth and ridicule the principles and values of the United Nations. She called on all Member States to vote against it and to instead support the draft resolution proposed by the Government of Ukraine.

The representative of MONACO expressed solidarity with the people of Ukraine and condemned all attacks perpetrated against civilians and health workers, facilities and transport since the start of the invasion. Noting that the Geneva Conventions clearly set out the rules applicable in conflict settings, she urgently called for international humanitarian law to be respected. She welcomed the dedication demonstrated by Ukrainians who continued to work in dangerous settings. Ukrainian refugees in Monaco were being provided with appropriate assistance, including mental health care. She expressed support for the draft resolution proposed by the Government of Ukraine.

The representative of COLOMBIA denounced the premeditated and unjust attacks against the Ukrainian people perpetrated by the Government of the Russian Federation, which threatened international peace and security and violated international law, the Charter of the United Nations and the rights of Ukrainians to health, life and food. The impact of the war on the global economy, including the price of food and basic supplies, was also affecting the ability of the most vulnerable people in the world to enjoy their rights to health and food. He expressed solidarity with the people of Ukraine and admiration for their determination in resisting the aggression. His Government would continue to support efforts to provide humanitarian assistance to Ukrainian refugees.

The representative of TURKEY expressed appreciation for the Organization's tireless efforts to respond to emergencies around the world and welcomed its increasing effectiveness and agility in responding to the health needs of affected populations. As the only truly global actor built on universal membership in the global health system, WHO's support was vital to those living in emergency situations and crisis-affected regions experiencing ongoing disruptions to health care. External factors outside the health sector, including armed conflicts, further complicated existing vulnerabilities and aggravated fragile health situations. In that context, he welcomed the monitoring activities of the Organization. He expressed regret regarding the humanitarian crisis in Ukraine, noting with deep concern the disruption to health services in the country and the exportation of food supplies. It was vital to protect civilians and civilian infrastructure and to ensure safe and unhindered humanitarian access to, inter alia, medical supplies. His Government would continue to call for diplomatic efforts to achieve peace.

The representative of POLAND condemned the aggression directed by the Government of the Russian Federation against Ukraine and objected to the propaganda spread by that Government to the Health Assembly. He supported the draft resolution proposed by the Government of Ukraine and encouraged other Member States to do so. He called on Member States to reject the draft resolution proposed by the Government of the Russian Federation, which did not aim to improve the health situation but rather to stoke conflict. It was a shame that such steps had been taken by a member of the Executive Board.

The representative of the UNITED STATES OF AMERICA said that the unjustified war launched by the Government of the Russian Federation against Ukraine had unleashed a humanitarian crisis. The conflict constituted wanton destruction for purely political aims, justified on the basis of lies and disinformation. Its devastating impact was not limited to Ukraine, but could be felt across the world through increasing food insecurity and poverty. The war was the source of the current health crisis in Ukraine and was diverting resources from other areas in urgent need. The Health Assembly needed to support all people impacted by health crises, take action when needed and uphold the principle that no Member State must ever destroy the health system of another in an unprovoked and unjustified war. She welcomed the draft resolution submitted by the Government of Ukraine and called on Member States to vote in its favour. On the other hand, the draft resolution proposed by the Government of the Russian Federation was an attempt by that Government to present itself as a champion of health and humanitarian relief and deny responsibility for the health emergency in Ukraine. Its text had been lifted in part from a draft resolution presented by that Government to the United Nations Security Council, which had failed to achieve approval, and from the draft resolution proposed by the Government of Ukraine. Voting in its favour would mean standing with a country trying to destroy what the Health Assembly stood for.

It was not a question of politicizing the issue: the health of millions of people was at stake and the Government of the Russian Federation must be held accountable.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the illegal, unprovoked invasion of Ukraine by the Government of the Russian Federation had caused horrific health impacts including an unimaginable psychological toll on Ukrainians. The invasion was also exacerbating other crises across the world of the light of its impact on food, energy and commodity prices. Nevertheless, the Government of the Russian Federation had chosen to continue its relentless assault, weaponizing the global food supply and harming the world's most vulnerable people. While he understood concerns regarding the politicization of the work of the Health Assembly, war was a health issue, and the Health Assembly must not be afraid to tackle health crises, including their causes. He urged all Member States to support the draft resolution proposed by the Government of Ukraine and to stand up for the people of that country and international law. Member States tempted to support the draft resolution proposed by the Government of the Russian Federation should rethink their decision to avoid condoning suffering.

The representative of BELARUS expressed concern about the worsening situation in Ukraine. Continuation of the conflict would cause irreparable damage to the Ukrainian health system and the health of the Ukrainian population. The conflict could only be resolved through intensive political and diplomatic efforts by all parties. She did not support the draft resolution proposed by the Government of Ukraine, which criticized the actions of only one party. Although it contained important provisions relating to the emergency response to the health crisis, it made no reference to the inadmissible use of health facilities and other civilian buildings for military purposes, nor did it mention the need to protect the wounded and the sick, treat prisoners of war fairly and allow civilians to freely leave conflict zones. The draft resolution had also called for the application of measures that could affect the normal functioning of Member States, which was counterproductive and could lead to a crisis within the Organization. The supply of deadly weapons to Ukraine by several sponsors of the draft resolution was not helping to stabilize the emergency health situation. The draft resolution proposed by the Government of the Russian Federation was more in line with the principle of impartiality in WHO's work. It was regrettable that WHO and its Member States had found themselves in a political discussion. She called on all countries and international organizations to support political and diplomatic efforts to put a swift end to the conflict in Ukraine.

The representative of the SYRIAN ARAB REPUBLIC supported WHO's contribution to the health emergency response in and around Ukraine, which should follow a comprehensive and non-discriminatory approach in line with the Organization's technical role. Decisions made in the course of that work should not be politicized, and all aspects of the emergency should be addressed in a non-selective manner. He therefore rejected the draft resolution proposed by the Government of Ukraine, which was biased, promoted accusations based on unreliable open sources, politicized the work of humanitarian agencies in emergencies and stretched beyond WHO's mandate. It also ignored the causes of the crisis and the suffering of civilians in the Donbas region, including systematic hostilities and the shelling of health facilities, which had hampered access to health care. Furthermore, it failed to mention the illegal practice of using civilians as human shields and health facilities for military purposes. A similarly selective approach had been adopted in the context of other conflicts and crises, where disinformation had been used to justify decisions by the same group of countries in their efforts to create crises to serve their own narrow political interests. In the interest of dialogue, peace and stability in and around Ukraine, he encouraged Member States to support the draft resolution proposed by the Government of the Russian Federation, which focused on WHO's technical role and distanced all parties from political accusations and agendas that would prolong the crisis.

The representative of CHINA expressed deep regret regarding the situation in Ukraine and stressed the need to respect the integrity and sovereignty of all States, including Ukraine, as well as the aims and principles of the Charter of the United Nations. Legitimate security concerns must be taken

into consideration and all efforts to resolve the crisis should be supported. His Government supported all efforts to improve the humanitarian situation in Ukraine and defend fundamental rights. All parties must support dialogue between the Governments of Ukraine and the Russian Federation to achieve peace. Organizations in the United Nations system, including WHO, must work to secure peace and security in the region in order to de-escalate the situation and find a diplomatic solution to the crisis. However, the Health Assembly was not the appropriate forum to discuss matters of international peace and security. He opposed the politicization of health care issues and any attempt to stoke tensions, urging WHO to focus on matters that fell within its remit.

The representative of COSTA RICA expressed regret at the impact of the war on access to health. She welcomed WHO's efforts to ensure access to essential health care services without discrimination and thanked the countries receiving and hosting refugees fleeing the aggression waged by the Government of the Russian Federation. She supported the draft resolution proposed by the Government of Ukraine and called for an end to hostilities, as well as respect for territorial integrity and international humanitarian law. Her Government supported efforts to document attacks against Ukrainians, including sexual abuse perpetrated by military personnel; provide health care to people displaced by war; and protect vulnerable people and health workers.

The representative of CANADA said that the unprovoked and illegal invasion of Ukraine led by the President of the Russian Federation was causing a widespread humanitarian crisis at the regional and global levels and depriving millions of people of safe, reliable access to essential health services and nutrition. The war was undermining efforts to save lives and strengthen global health security and it had led to an increase in food prices, exacerbating food insecurity across the globe. She called on all Member States to condemn the aggressive actions of the Government of the Russian Federation and to vote for the draft resolution proposed by the Government of Ukraine. Member States must not allow the Government of the Russian Federation to manipulate information at the current meeting.

The representative of NICARAGUA supported any humanitarian efforts to address conflicts that threatened security and lives in line with the principle of neutrality, emphasizing the importance of multilateral relations based on mutual respect, equality and the rule of law. Any attempt to exclude or suspend a country from participation in the work of an international organization constituted a violation of human rights, international law and the Charter of the United Nations. Her own country had been subjected to unilateral, illegal and coercive measures imposed by powerful States, which had hampered development. She therefore rejected any proposal to suspend the participation of the Government of the Russian Federation in WHO's work, a measure that would not advance peace and dialogue. Suspending any Member State from participation for reasons not connected to WHO's core objectives would damage the Organization's leading role in international health cooperation and the work of Member States to combat communicable diseases. She expressed support for the draft resolution proposed by the Government of the Russian Federation.

The representative of JAPAN said that the aggression by the Government of the Russian Federation against Ukraine was a clear violation of Ukraine's sovereignty and territorial integrity and a unilateral attempt to change the status quo by force that had shaken the foundations of the international order. He condemned the civilian deaths caused by the military forces of the Russian Federation, which constituted a grave breach of international humanitarian law, as well as the attacks on health facilities and workers. He expressed deep concern at the difficulties in ensuring adequate health care in Ukraine.

The representative of KYRGYZSTAN said that WHO's work must be governed by the principles of neutrality and impartiality. Since the term "exceptional circumstances" contained in Article 7 of the Constitution of the World Health Organization had not been precisely defined, it could potentially be misinterpreted and used against any Member State. His Government could not support the application of such an approach to any country, as all Member States contributed to the development of public health. Noting that the WHO European Office for the Prevention and Control of Noncommunicable

Diseases was based in Moscow, he said that any decision to move WHO offices or to stop holding WHO regional meetings in a country should only be taken as an exceptional measure based on a careful assessment of alleged violations. The outcome of the vote on the two draft resolutions could have a detrimental impact on the implementation of health programmes in many countries, including his own. His Government maintained a neutral position on the situation in Ukraine and supported peaceful measures to resolve the conflict through political and diplomatic means, including through the establishment of new negotiation mechanisms. He stressed the need to avoid politicizing the work of WHO and called on Member States to avoid making radically politicized decisions within the Organization.

The representative of the MARSHALL ISLANDS asked to be added to the list of sponsors of the draft resolution proposed by the Government of Ukraine. He condemned the invasion of Ukraine, calling on the Government of the Russian Federation to immediately cease all attacks on health workers and facilities and allow the safe evacuation of civilians. He expressed deep concern at the failure to secure a ceasefire. The targeting of hospitals and the hindrance of free, rapid and safe humanitarian assistance constituted crimes under international humanitarian law and must stop. WHO must prioritize the sustainable procurement of urgently needed essential medicines and equipment to support health and humanitarian workers in Ukraine. He called on all Member States to denounce the egregious violations of the human right to health committed by the Government of the Russian Federation.

The representative of the ISLAMIC REPUBLIC OF IRAN emphasized the need to peacefully settle disputes in compliance with international humanitarian law and WHO's norms and standards, ensuring respect for the sovereignty and territorial integrity of all States. Expressing concern regarding the ongoing health emergency in conflict areas, he called on all parties to protect humanitarian and health workers, transport, facilities and equipment in line with international humanitarian law. He called for negotiations and a resolution to the conflict between the Governments of the Russian Federation and Ukraine and said that his Government stood ready to provide assistance to that end. Only by adopting a reasonable and responsible approach that avoided vindictive provocation could the international community help to de-escalate the conflict and mitigate its impact.

The representative of NEW ZEALAND expressed solidarity with Ukraine following the illegal and unprovoked invasion by the Government of the Russian Federation. He encouraged Member States to vote in favour of the draft resolution proposed by the Government of Ukraine and against the cynical draft resolution proposed by the Government of the Russian Federation, which asked Member States to ignore its responsibility for the health crisis in Ukraine. The persistent and intensifying public health challenges experienced by the Ukrainian people were being exacerbated by the ongoing pandemic of COVID-19. The appalling attacks on civilians and health facilities and workers reflected the incomprehensible disregard of the Government of the Russian Federation for the impact of war on civilian lives. Furthermore, the war's impact stretched far beyond Ukraine's borders, aggravating a global food crisis that would hit the world's poorest and most vulnerable people the hardest. He called for an immediate end to the hostilities perpetrated by the Government of the Russian Federation against Ukraine.

The representative of the REPUBLIC OF KOREA expressed deep concern regarding the ongoing aggression by the Government of the Russian Federation against Ukraine. The reported attacks on health facilities were particularly alarming and the COVID-19 pandemic was only exacerbating their devastating impact. Deliberate attacks on health facilities could never be justified. She called for an immediate ceasefire and unhindered humanitarian access to those in need. She reiterated her Government's support for the Global Health for Peace Initiative and commended WHO's efforts to rapidly respond to the health emergency in Ukraine and neighbouring countries.

The representative of SAN MARINO expressed deep concern at the events in Ukraine. She condemned the acts of aggression against civilian infrastructure, especially health facilities, and said

that the right to health and access to care must be guaranteed to all under all circumstances. Her Government stood in solidarity with Ukraine and had implemented a range of humanitarian initiatives to welcome refugees. She called for an end to the war and requested to be added to the list of sponsors of the draft resolution proposed by the Government of Ukraine.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that the draft resolution proposed by the Government of Ukraine would not foster regional peace and security and would instead exacerbate the situation and sow discord among Member States. WHO meetings must not be politicized. He expressed appreciation for the efforts of the Government of the Russian Federation to resolve the issue in a non-politicized manner by calling for joint action among all parties.

The representative of AUSTRALIA condemned, in the strongest possible terms, the unprovoked, unjust and illegal invasion of Ukraine by the Government of the Russian Federation, which was a gross violation of international law, including the Charter of the United Nations. It contravened the rules-based order and WHO's mandate to promote the highest attainable standard of health for all people. She expressed concern at the reports of attacks on health facilities. Her Government supported Ukraine's sovereignty and territorial integrity and stood in solidarity with the Ukrainian people. The Government of the Russian Federation must immediately withdraw its forces from Ukrainian territory, in line with the decision of the International Court of Justice. She strongly urged Member States to vote in favour of the draft resolution proposed by the Government of Ukraine and clarified that its approval would not lead to the suspension of the Government of the Russian Federation as a Member State of WHO.

The representative of ISRAEL thanked the Secretariat for providing vital assistance in Ukraine in challenging circumstances. She condemned the ongoing attack on Ukraine by the Government of the Russian Federation, which must respect Ukraine's territorial integrity and sovereignty. The impact of the invasion on civilians and the Ukrainian health system was a cause for serious concern, and the restricted access to health care and medicines was likely to further damage the health of the Ukrainian population while their mental health needs were intensifying.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that his Government was unable to participate in the vote as it was in arrears to WHO owing to the illegal and damaging unilateral sanctions imposed by the Government of the United States of America and its European allies, which prevented his Government from accessing its resources. The draft resolution proposed by the Government of the Russian Federation took a comprehensive approach to the conflict, which was affecting victims on both sides. It was important to avoid reductionist and unilateral perspectives that ran counter to the principle of global health for peace. He called for lasting peace and an end to hostilities through dialogue and mutual respect. Criminalizing a Member State or calling for their exclusion from WHO's work would be nonsensical; in particular, restricting the capacity for cooperation of the Government of the Russian Federation, which had provided technical support and vaccines to his country, would have a direct negative impact on those who benefited from that cooperation. He called for joint efforts to tackle the various ongoing health crises, including those relating to conflicts not discussed in the present forum.

The representative of VANUATU asked for his Government to be added to the list of sponsors of the draft resolution proposed by the Government of Ukraine and called on all Member States to support it. He expressed deep concern regarding the health needs of the people displaced as result of the war in Ukraine. The issue was a matter of health, not politics. Member States should work closely with the Secretariat and other humanitarian organizations to meet the health needs of the people of Ukraine.

The representative of INDONESIA, noting with concern the impact of the conflict on people's health and health systems, called on all parties to adhere to the principles of the Charter of the United Nations and international law, including respect for territorial integrity and sovereignty. However, WHO and its Member States should not apply double standards to the situations in Ukraine and other parts of

the world. For example, the situation in the occupied Palestinian territory, including east Jerusalem, had not received the same level of attention from the international community, including from the Member States that had sponsored the draft resolution proposed by the Government of Ukraine. Access to health services was among the first areas to be badly affected in situations of conflict, and without timely assistance, the crisis in the health sector would further jeopardize people's health and well-being. The action proposed in the draft resolution should seek to mitigate the health impacts of conflicts, taking into account the principle of impartiality and WHO's areas of competence, capacity, resources and ability to deliver on the ground and fulfil its mandate.

The representative of KENYA said that the war in Ukraine was a threat to international peace and security and was aggravating the escalating food, energy and financial crises. Its impact was most keenly felt in developing countries, many of which were already dealing with the effects of climate change, the COVID-19 pandemic and growing hunger levels. She called for an end to the hostilities and condemned all attacks on health workers and facilities. She commended the Secretariat's efforts to coordinate the humanitarian health response in Ukraine and neighbouring countries alongside partners. The Secretariat should continue to provide technical support to ensure that neighbouring countries could meet the needs of refugees and the Ukrainian health system could meet immediate local needs. She called for continued dialogue and concerted multilateral efforts on the matter.

The representative of the FEDERATED STATES OF MICRONESIA said that the dire humanitarian situation caused by the deliberate and reprehensible attacks on civilians and health facilities by the Government of the Russian Federation constituted serious violations of international humanitarian law. He condemned the aggression against Ukraine and called for full compliance with international humanitarian law, respect for the territorial integrity and sovereignty of Ukraine and measures to protect vulnerable groups, health and humanitarian workers and health systems. The Health Assembly should take responsibility for addressing the humanitarian catastrophe and consider the application of the relevant articles of the Constitution of the World Health Organization. He urged Member States to support the draft resolution proposed by the Government of Ukraine and to reject the draft resolution proposed by the Government of the Russian Federation.

At the invitation of the CHAIR, the LEGAL COUNSEL explained the procedure for the roll-call votes. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the votes, were: Afghanistan, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

A vote on the draft resolution proposed by Ukraine was taken by roll-call, the names of the Member States being called in the French alphabetical order, starting with Jamaica, the letter J having been determined by lot.

The result of the vote was:

In favour: Albania, Andorra, Argentina, Australia, Austria, Bahamas, Barbados, Belgium, Belize, Bosnia and Herzegovina, Bulgaria, Cabo Verde, Cambodia, Canada, Chad, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, Estonia, Fiji, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Haiti, Honduras, Iceland, Indonesia, Ireland, Israel, Italy, Jamaica, Japan, Latvia, Lithuania, Luxembourg, Malta, Marshall Islands, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Montenegro, Nepal, Netherlands, New Zealand, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Rwanda, San Marino, Seychelles, Singapore, Slovakia, Slovenia, Spain, Suriname, Sweden, Switzerland, Thailand, Timor-Leste, Trinidad and Tobago, Turkey, Tuvalu,

Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Vanuatu.

Against: Algeria, Belarus, Burundi, China, Cuba, Democratic People's Republic of Korea, Eritrea, Mali, Lao People's Democratic Republic, Nicaragua, Russian Federation, Syrian Arab Republic.

Abstaining: Angola, Armenia, Bahrain, Bangladesh, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Cameroon, Dominica, Egypt, El Salvador, Eswatini, Ethiopia, India, Iran (Islamic Republic of), Iraq, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Lebanon, Madagascar, Malaysia, Maldives, Mauritania, Mongolia, Mozambique, Namibia, Niger, Nigeria, Oman, Pakistan, Philippines, Qatar, Saint Vincent and the Grenadines, Sao Tome and Principe, Saudi Arabia, Senegal, South Africa, Sri Lanka, Sudan, Togo, Tunisia, Uganda, United Arab Emirates, United Republic of Tanzania, Uzbekistan, Viet Nam, Zambia, Zimbabwe.

Absent: Antigua and Barbuda, Azerbaijan, Benin, Burkina Faso, Central African Republic, Congo, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Guinea, Guinea-Bissau, Guyana, Hungary, Kiribati, Lesotho, Liberia, Libya, Malawi, Morocco, Nauru, Palau, Saint Lucia, Saint Kitts and Nevis, Samoa, Serbia, Sierra Leone, Tajikistan, Tonga, Turkmenistan.

The draft resolution was therefore approved by 88 votes to 12, with 53 abstentions.¹

A vote on the draft resolution proposed by the Russian Federation was taken by roll-call, the names of the Member States being called in the French alphabetical order, starting with Lesotho, the letter L having been determined by lot.

The result of the vote was:

In favour: Algeria, Belarus, Burundi, China, Cuba, Democratic People's Republic of Korea, Eritrea, Iran (Islamic Republic of), Lao People's Democratic Republic, Mali, Nicaragua, Russian Federation, Syrian Arab Republic, Thailand, Zimbabwe.

Against: Albania, Andorra, Australia, Austria, Barbados, Belgium, Belize, Bosnia and Herzegovina, Bulgaria, Cabo Verde, Canada, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, Estonia, Fiji, Finland, France, Georgia, Greece, Germany, Grenada, Guatemala, Haiti, Hungary, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, North Macedonia, Malta, Marshall Islands, Micronesia (Federated States of), Monaco, Montenegro, New Zealand, Norway, Papua New Guinea, Netherlands, Peru, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, San Marino, Seychelles, Slovakia, Slovenia, Spain, Suriname, Sweden, Timor-Leste, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay.

Abstaining: Angola, Argentina, Armenia, Bahamas, Bahrain, Bangladesh, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Cambodia, Cameroon, Chile, Egypt, El Salvador, Eswatini, Ethiopia, Gabon, Ghana, Honduras, India, Indonesia, Iraq, Israel, Jamaica, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Lebanon, Madagascar, Malawi, Maldives, Malaysia, Mauritania, Mexico, Mongolia, Mozambique, Namibia, Nepal, Niger, Nigeria, Oman, Pakistan, Panama, Paraguay, Philippines, Qatar, Saint Lucia, Saint Vincent and the Grenadines, Sao Tome and Principe, Saudi Arabia, Senegal, Singapore, South Africa, Sri

¹ Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA75.11.

Lanka, Sudan, Switzerland, Togo, Trinidad and Tobago, Tunisia, Uganda, United Arab Emirates, United Republic of Tanzania, Uzbekistan, Vanuatu, Viet Nam, Zambia.

Absent: Antigua and Barbuda, Azerbaijan, Benin, Burkina Faso, Central African Republic, Chad, Congo, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Dominica, Guinea, Guinea-Bissau, Guyana, Kiribati, Lesotho, Liberia, Libya, Mauritius, Morocco, Nauru, Palau, Rwanda, Saint Kitts and Nevis, Samoa, Serbia, Sierra Leone, Tajikistan, Tonga, Turkey, Turkmenistan.

The draft resolution was therefore rejected by 66 votes to 15, with 70 abstentions.

The representative of the RUSSIAN FEDERATION, speaking in explanation of vote, noted with regret that a group of countries had succeeded in promoting a biased, politicized resolution. He fully rejected many of its provisions, which were not based on fact, and said that it did not acknowledge: the genesis of the crisis; Kiev's responsibility for monstrous crimes committed against its own people; or the reprehensible role played by those countries that had stood by and allowed attacks to be perpetrated and that were now inflaming the conflict by supplying weapons. The crimes committed by the Kiev regime against the people in the Donbass and now other regions of Ukraine were under intense scrutiny and had been witnessed by thousands.

The groundless accusations levelled at the Russian Federation relating to attacks detected by WHO's Surveillance System for Attacks on Health Care were deeply concerning. The Surveillance System was unable to identify those responsible for the attack, but numerous other facts regarding the attacks, including the use of medical personnel and patients as a human shield, had come to light. He expressed the hope that WHO would take due note of those facts and the unconscionable use of the Surveillance System to level accusations at the Russian Federation, an act that risked undermining trust in that very System. The Director-General's report clearly showed the appalling health situation that had endured in Ukraine for many years. As such, he wholly rejected attempts to blame the Russian Federation for the collapse of the health care system in Ukraine.

It was clear that a politicized resolution would not improve the situation for the people in Ukraine. It was also evident that the sponsors of that resolution had no such goal. Ukraine and its people were being used as a weapon against the Russian Federation, thus driving a wedge between Russians and Ukrainians, who were a single people. Such political engineering by the West was unacceptable. Attempts to use WHO to stigmatize a country for no reason other than to preserve the global domination held by a certain group of countries threatened to undermine international cooperation and progress on global health issues and should be categorically rejected.

The Russian Federation would bring peace to Ukraine, continue to provide widespread humanitarian aid, and begin restoring and developing the affected regions for the sake of their inhabitants. The Russian Federation held health care amid its highest priorities and stood ready to engage in meaningful, constructive and non-politicized cooperation with WHO. He expressed thanks to those countries that had supported the draft resolution proposed by his Government; they clearly understood the tasks that stood before Member States in crisis situations. In future, political manoeuvring by individual groups of countries at WHO must be prevented through an approach based on practical solutions that restored and protected people's right to health.

The representative of FRANCE, speaking on behalf of the European Union and its Member States and in explanation of vote, said that the position of the Health Assembly was clear and the Russian Federation's refusal to listen to the United Nations' voice of reason was regrettable. The European Union and its Member States had voted against the draft resolution proposed by the Russian Federation for three main reasons. First, the Russian Federation, as the aggressor, and recognized as such by the United Nations General Assembly, the Human Rights Council and the International Court of Justice, among others, had no legitimate right to propose solutions to an emergency situation that it had created. Secondly, the draft resolution was a cynical attempt to distort the facts, creating the false impression that the Russian Federation was not responsible for its actions in Ukraine and denying the evidence

brought forward by numerous impartial institutions and persons. Lastly, the draft resolution did not address the increased health risks posed to numerous Member States outside the European Region, in particular risks related to the food security crisis created by the disruption of grain exports by the Russian Federation and the blocking of Ukrainian exports.

The representative of CUBA, speaking in explanation of vote, reaffirmed his Government's support for the important work of WHO, which was based on the principles of objectivity, impartiality and transparency. Inclusive and cooperative approaches were needed that avoided politicization and exclusion. Reiterating his Government's commitment to international humanitarian law, he called on all parties to protect the Ukrainian people and civilian infrastructure, including health facilities, and supported efforts to address the health and other urgent needs of the Ukrainian people.

Several paragraphs of the resolution proposed by Ukraine were beyond the mandate and responsibilities of WHO. Moreover, the text, in its current form, could be used to deprive a Member State of its rights within, and the important services provided by, the Organization, thereby negatively affecting the health of the population of that Member State, with regional and international repercussions. None of WHO's functions listed in Article 2 of its Constitution justified the use of the Organization for any purpose other than that clearly defined in Article 1: the attainment by all peoples of the highest possible level of health. For those reasons, his Government had voted against the resolution proposed by Ukraine.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, expressed regret at the approval of the resolution proposed by Ukraine, which was politically motivated. The resolution took a unilateral, biased approach that incited hatred towards the Russian Federation, promoted baseless accusations derived from sources of unknown origin and ignored the causes of the crisis, as well as the rights and years-long suffering of civilians in the Donbass region. It had been sponsored by countries that were complicit in the creation of the crisis and, as such, was proof of double standards. WHO's response to the health emergency in and around Ukraine required a comprehensive and non-discriminatory approach that respected the Organization's technical role, avoided politicization, and addressed all aspects and causes of the state of emergency. Regrettably, the approved resolution met none of those criteria.

The representative of BRAZIL, speaking in explanation of vote, said that, in conflict situations, WHO must draw attention to health conditions on the ground, present objective and thorough assessments and provide a space for dialogue and cooperation. He affirmed his Government's willingness to maintain its constructive engagement in addressing the health challenges faced by Ukrainians and protecting all those affected by the conflict in Ukraine. The Constitution of the World Health Organization gave the Organization a comprehensive mandate to monitor health situations around the world and propose measures in the light of technical criteria and objective indicators. A resolution specifically addressing the health challenges faced by Ukraine was therefore unnecessary to meet the country's health needs. Similar resolutions had not been proposed in relation to other countries facing conflict in recent years. Moreover, both the resolution proposed by Ukraine and the draft resolution proposed by the Russian Federation included divisive elements that went beyond WHO's mandate and unnecessarily politicized discussions. A consensus and united approach must be found in order to effect positive change on the ground. He expressed regret at the lack of transparency during the drafting of both the resolution and the draft resolution and the absence of a negotiating process among Member States to reach consensus. For those reasons, his Government did not support either the resolution proposed by Ukraine or the draft resolution proposed by the Russian Federation and had abstained from the vote.

The representative of NICARAGUA, speaking in explanation of vote, said that her Government had voted in favour of the draft resolution proposed by the Russian Federation, which reflected the genuine concern of the Health Assembly regarding the health emergency in and around Ukraine. Her

Government had voted against the resolution proposed by Ukraine owing to the politicization and exclusion reflected therein, particularly in the fourth preambular paragraph and paragraph 6.

The representative of ALGERIA, speaking in explanation of vote, said that multilateral forums should be a place of dialogue, not confrontation. His Government was committed to international human rights and humanitarian law. It had voted against the resolution proposed by Ukraine owing to the political nature of the text. WHO was a specialized institution with a noble mandate of fostering cooperation to improve health and well-being. Other institutions would therefore be better suited to dealing with issues of peace and security, which should be addressed in a participatory and inclusive manner. A policy of double standards existed with regard to the consideration of issues of a controversial or political nature, which weakened the credibility of the United Nations, its specialized agencies and multilateralism.

The representative of INDONESIA, speaking in explanation of vote, said that the fundamental principles of respect for the sovereignty and territorial integrity of all nations and the provision of unimpeded humanitarian assistance had been reflected in the resolution proposed by Ukraine but not in the draft resolution proposed by the Russian Federation. All parties should continue efforts to achieve peace through dialogue and diplomacy. She expressed concern over the approach taken by various international organizations to address the conflict in Ukraine, which threatened to create unnecessary divisions on issues that were inherently technical. WHO was a multilateral forum in which consensus had always been central to the decision-making process; the “take-it-or-leave-it” approach adopted by a group of countries sponsoring the resolution was therefore regrettable and should be carefully reconsidered in the future. Supporters of multilateralism must respect the way in which the system operated. It was disheartening that some countries supporting the resolution proposed by Ukraine had abstained or voted against the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The continuation of such double standards would further undermine a much-needed unified approach to addressing health crises in conflict situations around the world.

The representative of JAMAICA, speaking in explanation of vote, said that his Government had always been an ardent supporter of multilateralism and adherence to the principles of international law. He called on all United Nations Member States to take seriously their obligations enshrined in the Charter of the United Nations, in particular respect for the right of States to territorial integrity and sovereignty. Conflicts undermined joint efforts towards achieving the 2030 Agenda for Sustainable Development. Furthermore, the theme of the Seventy-fifth World Health Assembly underscored the inextricable link between peace and health. All peoples had the right to the highest attainable standard of physical and mental health and access to functioning health systems. For those reasons, his Government had voted in favour of the resolution proposed by Ukraine. However, his Government had reservations regarding the inclusion of the third preambular paragraph, which exceeded the scope of the resolution and risked setting a dangerous precedent in a technical and non-political forum such as the Health Assembly.

The representative of CHILE, speaking in explanation of vote, said that his Government had abstained from the vote on the draft resolution proposed by the Russian Federation despite being in agreement with part of its content. The Russian Federation, which had invaded Ukraine, was proposing an initiative to protect the health of those in the aggressed country without considering the primary means of achieving that goal, namely an immediate ceasefire. His Government condemned the Russian Federation’s invasion of Ukraine in the strongest terms.

The representative of the LAO PEOPLE’S DEMOCRATIC REPUBLIC, speaking in explanation of vote, commended the organizations of the United Nations system, including WHO, and countries that were offering health care and humanitarian support to people affected by crises in Afghanistan, the Democratic Republic of the Congo, Ethiopia, Somalia, South Sudan, the Syrian Arab Republic, Ukraine

and Yemen. He called for a peaceful and diplomatic resolution to the conflict in Ukraine, supported all peace negotiations between the parties concerned and urged the international community to refrain from any action that could fuel an escalation of tensions. His Government had voted against the resolution proposed by Ukraine because there were multiple ongoing health emergencies and humanitarian crises around the world and because WHO must comply strictly with its mandate and not become a political platform.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, thanked Ukraine and the sponsors of the resolution proposed by Ukraine. All Member States that had voted in favour of the resolution had voted in favour of peace and health and against war and lies.

The representative of PARAGUAY, speaking in explanation of vote, said that the crisis stemming from the conflict between the Russian Federation and Ukraine was deeply concerning, primarily owing to the implications for health and because of the humanitarian situation at such a critical juncture in the global post-pandemic recovery. Peace was a key prerequisite for the exercise of the fundamental human right to health. The resolution proposed by Ukraine sought to highlight the impact of the crisis on the lives of millions of people and the urgency of putting an immediate end to the hostilities. It was also in line with WHO's fundamental principles. Her Government had therefore fully supported the approval of the resolution but would consider its position on the issue in the event that, owing to exceptional circumstances, it was again addressed at a later date. Lastly, she urged the parties to the conflict to make use of international dispute resolution mechanisms provided for in international law.

The representative of COLOMBIA, speaking in explanation of vote, said that his Government had voted against the draft resolution proposed by the Russian Federation, which ignored the calls of the United Nations General Assembly, the Human Rights Council and the International Court of Justice to immediately cease the use of force and the aggression against Ukraine. He reaffirmed his Government's commitment to international humanitarian law and its support for the efforts of the entities of the United Nations system and the international community to address the humanitarian and health crisis in Ukraine, which had been caused by the Russian Federation's military aggression.

The representative of CANADA, speaking in explanation of vote, strongly condemned the unjustifiable and unprovoked invasion of Ukraine by the President of the Russian Federation. That hostile act constituted a blatant violation of international law and the rules-based international system and must not be normalized. The Russian Federation's aggression towards Ukraine continued to cause devastating health impacts in Ukraine and within refugee-receiving and -hosting countries and was also connected to the current global food crisis. For those reasons, her Government had voted in favour of the resolution proposed by Ukraine.

The representative of UKRAINE, speaking in explanation of vote, welcomed the approval of the resolution proposed by her Government, which would comprehensively address the health emergency caused by the Russian Federation and send a clear signal to the Russian Federation that it must stop its war against Ukraine and its attacks on hospitals and other health care facilities, and that it must respect international humanitarian and human rights law. It was important that the resolution drew attention to the fact that the Russian aggression against Ukraine constituted exceptional circumstances, causing a serious impediment to the health of the population, as well as having regional and wider-than-regional health impacts, and that continued action by the Russian Federation to the detriment of the health situation in Ukraine, at the regional and global levels, would necessitate that the Health Assembly should consider the application of relevant articles of the Constitution of the World Health Organization.

The cynical attempt by the Russian Federation to deceive the Health Assembly by proposing a draft resolution that pedalled its propaganda and would allow it to avoid responsibility for the atrocities committed against Ukrainians had failed. In voting against the draft resolution proposed by the Russian Federation, WHO had confirmed that responsibility for the health crisis in Ukraine lay solely with the

Russian Federation. She thanked the sponsors of the resolution proposed by her Government and those Member States that had voted in favour of the resolution for their valuable support. It was only through collective efforts that the health emergencies in Ukraine and elsewhere in the world could be addressed and the vision of health for peace and peace for health realized.

The CHAIR took it that the Committee wished to note the report contained in document A75/47.

The Committee noted the report.

Rights of reply

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the sanctions imposed on the Bolivarian Republic of Venezuela included broad exemptions and authorizations that allowed for the provision of humanitarian assistance and the commercial sale and export of food, agricultural commodities, medicine and medical devices to the Bolivarian Republic of Venezuela. She therefore refuted the claims that the sanctions imposed by the Government of the United States of America prevented the Bolivarian Republic of Venezuela from fulfilling its responsibility to make assessed contributions to WHO or any other international organization, which were expressly authorized under the sanctions programme.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, speaking in exercise of the right of reply, reaffirmed the legitimacy of the President of the Bolivarian Republic of Venezuela and her country's permanent representative. Her Government faced problems in paying its assessed contributions owing to restricted access to the SWIFT international payment system, as confirmed in the recent report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, which provided numerous examples of the challenges her Government faced in accessing its own funds.

The representative of FRANCE, speaking on behalf of the European Union and its Member States and in exercise of the right of reply, recalled that the United Nations General Assembly, the United Nations Human Rights Council and the International Court of Justice had established that it was the Russian Federation's aggression against Ukraine – for which there was no legal, political or human justification – that had caused the health crisis in Ukraine. Attacks on health facilities, humanitarian convoys and vulnerable people had been documented by independent, impartial sources, including United Nations and independent civil society sources, and the related reports were widely available. The subject had not been politicized; rather, the Health Assembly was rightly discussing the objective reality of a catastrophic health situation caused by the Russian Federation's aggression. The vote of the Health Assembly had demonstrated that the ongoing dissemination of disinformation would not succeed.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the Russian Federation's invasion of Ukraine was unprovoked and unjustified and in clear violation of the Charter of the United Nations. Furthermore, the Russian Federation's actions were affecting the global food supply chain at a time when the world continued to grapple with the COVID-19 pandemic and devastating climate change events. Her Government would continue to call on the Russian Federation to immediately and unconditionally cease its war of aggression and atrocities, honour the principles enshrined in the Charter of the United Nations and comply with international humanitarian law.

The meeting rose at 18:20.

NINTH MEETING

Thursday, 26 May 2022, at 18:20

Chair: Dr T. GABUNIA (Georgia)

Later: Dr H. NAKATANI (Japan)

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

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:

Item 14 of the agenda (continued from the sixth meeting)

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

- (b) **Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets**
- (c) **Draft global strategy on oral health**
- (e) **Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030**
- (i) **Draft recommendations for the prevention and management of obesity over the life course, including potential targets**
- **Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control (document A75/INF./4)**

The CHAIR drew attention to the reports contained in documents A75/10 Add.1, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.6 and A75/INF./4, and the section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1. The acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course was also under discussion. She recalled that, following discussion of all reports on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, the Committee would consider the draft decision recommended by the Executive Board in decision EB150(4) and the draft decision on the progress made towards the achievement of global obesity targets contained in document A75/10 Rev.1.

The representative of ECUADOR welcomed the adoption of the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic. He supported the outcomes of the ninth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control and the second session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, in particular on: strengthening research on tobacco and its derivatives and linkages with the social determinants of health; ensuring adequate resources for implementation of the workplan and budget for the financial period 2022–2023; including actions to achieve targets 3.a and 3.4 of the Sustainable Development Goals; and exploring health system adaptations to support alternative delivery options for tobacco dependence and cessation services. He urged all Parties to the Convention to take action to bring about social, environmental and health-related change.

The representative of NORWAY expressed concern regarding the increasing global prevalence of diabetes, in particular type 2 diabetes in younger populations. It was vital to guarantee access to affordable insulin and improve prevention, screening, early diagnosis and care. She therefore strongly supported the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including the proposed coverage targets. A global insulin price reporting mechanism was needed to increase transparency and reduce prices. She also supported the draft recommendations for the prevention and management of obesity over the life course, including potential targets. Early interventions to encourage a healthy diet and physical activity were particularly important, as were fiscal measures and marketing regulations in relation to unhealthy products.

The representative of CHINA, noting the progress made towards the elimination of cervical cancer, described the measures taken by his Government to integrate cervical screening into primary health care services, develop a domestic human papillomavirus vaccine and pilot a comprehensive treatment model, and hoped that the Secretariat would continue to support that work. The Secretariat should continue to leverage the advantages of platforms and networks to increase support for the development of human papillomavirus vaccines and related technologies. He supported the draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage.

The representative of AUSTRIA expressed support for global action on the prevention and control of noncommunicable diseases and highlighted the need for an emphasis on prevention and health literacy. A joint political and systematic approach was needed to address the wider socioeconomic and commercial determinants of obesity and diabetes; the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course would help to harmonize efforts. With regard to the elimination of cervical cancer, her Government was implementing an extended human papillomavirus vaccination programme to increase the coverage rate.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the need to strengthen and monitor diabetes responses, catalyse action and enhance return on investment, in line with other actions aimed at curbing risk factors for noncommunicable diseases. She welcomed the development of a framework of action to integrate oral health into universal health coverage and outlined research undertaken at the regional level to advance implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030. Other regional efforts included educational and legislative measures to reduce the growing prevalence of obesity. Action must be scaled up across all regions. Lastly, the achievement of tobacco control objectives, notably the target of a 30% reduction in tobacco use, would depend on national ownership and efforts and require increased coordination between Member States and the Secretariat.

The representative of CANADA said that, in line with the draft recommendations to strengthen and monitor diabetes responses, her Government was investing in diabetes research and interventions focused on risk factors and priority populations. She welcomed the identification of priority actions and

the promotion of a new global narrative to help address the stigma associated with obesity. Oral health was essential to good health and well-being and required particular attention in communities facing barriers. She therefore supported the draft global strategy on oral health. She also supported the call to consider the classification of noma within the road map for neglected tropical diseases 2021–2030 and highlighted the need to ensure access to primary health care services to prevent the disease. Her Government was committed to advancing the global strategy to accelerate the elimination of cervical cancer and recognized the importance of publicly funded human papillomavirus vaccination programmes for girls and boys.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, the European Free Trade Association country and member of the European Economic Area Iceland, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with his statement. Welcoming the setting of ambitious targets to improve the detection and management of diabetes, he emphasized that strategies to address diabetes must pay critical attention to health promotion and in particular to the prevention of overweight and obesity and the adoption of a healthy diet. A holistic approach to addressing noncommunicable diseases and their determinants and risks factors was essential, ensuring that noncommunicable disease management, determinants and risk factors were addressed together. The draft recommendations on diabetes and obesity should be complemented by an acceleration plan clarifying how the Secretariat would support Member States in implementing the draft recommendations based on individual country needs and priorities.

Oral health care should be considered an essential service, including during pandemics and other health emergencies. He welcomed the fact that the draft global strategy on oral health supported and promoted the move from a treatment-focused to a preventive approach. The integration of oral health care in primary health care services was key to the success of the draft global strategy, as was the Secretariat's leadership. A surveillance and monitoring framework with clear, measurable targets was also essential to assess the success of the draft global strategy. In addition, an action plan was needed that took into account regional disparities in terms of human resources, education and the burden of oral disease, as well as determinants of health such as tobacco, alcohol and unhealthy diets.

He welcomed the progress made in implementing the global strategy to accelerate the elimination of cervical cancer and stressed the importance of upholding sexual and reproductive health and rights, without discrimination, and of ensuring universal access to quality, affordable and comprehensive sexual and reproductive health education. The European Union and its Member States remained committed to ensuring access to condoms as a multipurpose prevention technology, and to the ramping up of human papillomavirus vaccine production to enable the world to vaccinate boys as well as girls with a view to achieving herd immunity. Access to cervical cancer testing and treatment was also vital and the Secretariat should provide support to Member States through country and regional offices.

The representative of NAMIBIA said that his Government was committed to the prevention and control of noncommunicable diseases and outlined the steps taken at the national level to prevent and control cervical cancer, including interventions for early detection, the introduction of a national human papillomavirus vaccination plan and the development of a national cervical cancer elimination strategy.

The representative of SENEGAL, highlighting the importance of reversing current obesity trends, welcomed the draft recommendations for the prevention and management of obesity over the life course and called on the Secretariat and the international community to support Member States in implementing them. He outlined the measures taken by his Government to address obesity and cervical cancer and expressed strong support for the recommendations on strengthening the engagement of the global community and partners in tackling cervical cancer, which could only be eliminated through harmonized action.

The representative of THAILAND expressed concern regarding the progress made towards the WHO 90-70-90 targets on eliminating cervical cancer and underscored the importance of raising awareness of unsafe sexual behaviour and of vaccination, screening, diagnosis and treatment services. Human papillomavirus vaccines should be made available to all girls. Regarding obesity, political commitment and evidence-based policies, such as pricing policies, were needed to tackle the commercial determinants and achieve the ambitious global obesity targets. Regular and timely monitoring of diabetes targets was crucial and should be disaggregated into subnational and key population groups in order to promote greater accountability.

The representative of SOUTH AFRICA said that achieving the five proposed global diabetes coverage targets would contribute to the achievement of target 3.4 of the Sustainable Development Goals and other key instruments. Expressing support for an integrated approach to oral health with a focus on social determinants, she urged the Secretariat to promote further investment in school-based preventive programmes to reach the most vulnerable children. The recommendations on the use of dental amalgam as a restorative material, in line with the Minamata Convention on Mercury, should be pursued. Lastly, her Government supported the strengthening of synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control and was developing a national strategic plan for the control of tobacco products.

The representative of URUGUAY recalled that States Parties should incorporate the key measures of the WHO Framework Convention on Tobacco Control into national programmes and apply the Protocol to Eliminate Illicit Trade in Tobacco Products, as his own Government had done. His Government had developed a national road map for the transformation of food systems with a view to preventing and managing obesity. He supported the draft recommendations to strengthen and monitor diabetes responses and welcomed actions to tackle oral health. Strong policies were needed to promote screening and detection of cervical cancer, and human papillomavirus vaccination programmes for boys and girls.

The representative of MONGOLIA outlined the action taken by her Government to tackle cervical cancer, including as part of the national action plan on cancer control. Efforts were under way to include human papillomavirus vaccine in the national immunization programme. Her Government was committed to implementing the global strategy to accelerate the elimination of cervical cancer.

The representative of JAMAICA said that the launch of the Global Diabetes Compact would offer an opportunity to build momentum and prioritize a targeted response to the worsening diabetes epidemic. His Government continued to implement initiatives that strengthened access to essential diabetes care. He supported the recommended actions from the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and welcomed the creation of the WHO Framework Convention on Tobacco Control Investment Fund to support tobacco prevention activities. He looked forward to continued support from the Secretariat and PAHO in reducing risk factors for noncommunicable diseases and improving care for those affected.

The representative of ISRAEL highlighted the critical role played by environment in managing obesity and diabetes. His Government had implemented measures to encourage healthy lifestyles, as well as innovative methods to treat diabetes, and was working closely with regional partners to tackle diabetes and obesity.

The representative of BRAZIL said that diabetes, oral health, cervical cancer and obesity were strongly connected to the social determinants of health and the prevalence of other diseases. Food and nutrition security, breastfeeding, healthy eating and physical activity should be promoted. Her Government had implemented school-based initiatives as part of efforts to encourage oral health self-care, and had introduced a national tobacco control policy, leading to a significant reduction in the number of adult smokers in the country. The elimination of cervical cancer would only be possible by

expanding human papillomavirus vaccination coverage, reducing barriers to screening and improving treatment. Regarding diabetes, prevention and early diagnosis should be prioritized, along with guaranteed and affordable access to insulin.

The representative of AUSTRALIA expressed support for multisectoral action for the prevention and management of obesity over the life course and outlined his Government's strategies to prevent, reduce and treat obesity. Universal access to sexual and reproductive health services was critical to prevent and control cervical cancer and fundamental to achieving gender equality. Cervical cancer represented a high burden for health systems in many countries in the Western Pacific Region; he therefore welcomed the strategic targeting of resources in the Region to advance the global strategy to accelerate the elimination of cervical cancer. He drew attention to his Government's efforts on reducing tobacco use and nicotine addiction, noting that addressing these formed part of the broader noncommunicable disease agenda via the draft implementation road map. He commended WHO and the secretariat of the WHO Framework Convention on Tobacco Control for reciprocal reporting on relevant resolutions and decisions and encouraged further strengthening of synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

The representative of the REPUBLIC OF KOREA welcomed the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic and highlighted the need to strengthen tobacco control measures as part of pandemic-related public health policies and recovery efforts. His Government had taken several steps to develop a tougher regulatory environment. However, international collaboration and information sharing were needed to reinforce tobacco control policies. His Government was engaged in discussions to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products and looked forward to the establishment of an international collaboration mechanism.

The representative of JAPAN expressed support for the draft recommendations to strengthen and monitor diabetes responses, and the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan. She also supported the draft global strategy on oral health and called for the development of an action plan to support its implementation. Her Government would continue to share its technical experience in preventive and curative oral health services. She welcomed the report on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

The representative of MALDIVES welcomed WHO's efforts to eliminate cervical cancer. She outlined national efforts to implement the global strategy to accelerate the elimination of cervical cancer, including steps taken to roll out human papillomavirus vaccination and make screening more widely available.

The representative of PERU supported the draft recommendations for the prevention and management of obesity over the life course and emphasized the need for technical and financial support from WHO and PAHO for their effective implementation. To tackle obesity and its associated burden of disease, his Government had introduced a range of educational and regulatory measures to promote healthy eating and physical activity.

The representative of the RUSSIAN FEDERATION said that the increased prevalence of noncommunicable diseases due to the COVID-19 pandemic meant that active work was needed by Member States on the global action plan for the prevention and control of noncommunicable diseases 2013–2030 in order to achieve Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Diabetes was a growing cause of disability and mortality worldwide; resolution WHA74.4 (2021) would be an important tool in that regard. Expressing support for the draft global strategy on oral health, including the elements regarding cancer prevention and the analysis of

risk factors, she said that her Government was committed to working with the Secretariat and Member States on the issue. She stressed the importance of prevention and treatment of obesity, including through the draft recommendations and economic measures such as taxes on sugar-sweetened beverages and subsidies for fresh produce. Member States should speed up the introduction of human papillomavirus vaccination, as well as screening and treatment of pre-cancerous and cancerous cells to tackle cervical cancer.

The representative of BHUTAN said that the COVID-19 pandemic had increased the visibility of mental health, which in turn had highlighted the need to strengthen support and had created opportunities for dialogue, action and investment. Outlining measures taken by his Government to prioritize mental health, he underscored the importance of whole-of-society and community- and workplace-based approaches to prevent mental illness and promote mental health and well-being throughout the life course.

The representative of GHANA said that obesity was a major risk factor for many noncommunicable diseases and detailed the range of measures taken by his Government to address the issue. Member States should invest in healthy lifestyles and well-being to reverse the current upward trend in both child and adult obesity.

The representative of COLOMBIA, noting the progress made in the implementation of the global strategy to accelerate the elimination of cervical cancer, said that his Government was working towards the WHO 90-70-90 targets and had developed strategies to reduce the contribution of HIV to the cervical cancer burden. The priorities set out in the draft global strategy on oral health would help to bolster political commitment, thereby improving the allocation of the financial, technical and human resources required to achieve the related objectives. Further support was needed to build technical capacity, in particular in relation to human resources and infrastructure.

The representative of SLOVAKIA thanked the Director-General for his leadership in the field of noncommunicable diseases, especially cancer. The commitment of WHO to working with partners to achieve the goals of the global strategy to accelerate the elimination of cervical cancer was particularly welcome given the impact of the COVID-19 pandemic on progress. To reduce cervical cancer incidence and mortality, emphasis should be placed on the readiness of health systems, the safety and effectiveness of new technologies and evidence-based guidelines. A better understanding of how to ensure the sustainability of programmes globally and nationally was also important. Paediatric, hereditary and rare cancer diseases should be included in WHO's Global Initiative for Childhood Cancer, which her Government was co-piloting. She welcomed the creation of the Global Platform for Access to Childhood Cancer Medicines by WHO and called for further work on interventions to tackle noncommunicable diseases, which should be linked with efforts to achieve the objectives of the 2030 Sustainable Development Agenda and beyond.

The representative of SUDAN, drawing attention to the high level of undiagnosed diabetes in her country, called on the Secretariat to consider setting intermediate targets for diabetes detection and enrolment in treatment. Investment in preventive measures was needed, in addition to further commitment and progress towards achieving global targets related to healthy diet and physical activity. Non-State actors should support the integration of diabetes into existing noncommunicable disease packages and primary health care services. Her Government would continue to invest in digital solutions to improve the availability of quality, real-time data on noncommunicable diseases. Although steps had been taken at the national level to improve cervical cancer screening, there was an urgent need to establish referral pathways and people-centric linkages throughout the continuum of care. She called on the Secretariat to provide technical guidance and support for the development of a national cervical cancer elimination strategy.

The representative of the UNITED STATES OF AMERICA expressed support for efforts to prevent oral diseases, including through comprehensive, evidence-based strategies appropriate to the national and local context. The Secretariat should work more closely with the private sector to advance goals on oral health. She emphasized the importance of human papillomavirus as a causative agent of oropharyngeal cancers and the role of vaccination in their prevention. She welcomed the focus in the global strategy to accelerate the elimination of cervical cancer on scaling up human papillomavirus vaccination, screening, detection, early diagnosis and treatment and recognized the critical importance of integrating screening, detection and early diagnosis with sexual and reproductive health services and of addressing the burden of cervical cancer among women living with HIV. The Secretariat, Member States and other stakeholders should support both the continued scaling up of human papillomavirus vaccines – including in partnership with Gavi, the Vaccine Alliance – and cooperative research to promote more timely and lower-cost cervical cancer control and elimination. Relevant health systems should be strengthened to evaluate progress towards the 2030 goals. Lastly, she welcomed efforts to address obesity and the focus on country-level action in the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. The national context must be taken into account in the related proposed actions and targets.

The representative of TIMOR-LESTE welcomed the guidance provided by the Secretariat to accelerate the elimination of cervical cancer, which was particularly important for the small island nation of Timor-Leste where essential health services were difficult to maintain and human papillomavirus vaccination, screening and treatment costs were high. Nevertheless, the elimination of cervical cancer would be achievable with technical and financial support from development partners and the global community, and innovative options for purchasing screening tests and other approaches to optimize costs should be explored. The development of a comprehensive national cervical cancer control programme was already under way thanks to guidance and technical support from the WHO regional and country offices.

The representative of INDONESIA expressed support for the draft recommendations to strengthen and monitor diabetes responses. The Secretariat should continue to promote access to better technology for diabetes management and affordable insulin. It was clear that substantial gaps remained in progress towards achieving universal health coverage for oral health. His Government continued to make efforts to improve oral health, including through the integration of health services and use of digital technologies. He outlined the national measures implemented to reduce the incidence of cervical cancer and increase early detection. To ensure quality and achieve the WHO 90-70-90 targets, WHO should continue to promote an integrated, multi-disease approach and sustainable and resilient health systems; develop effective country strategies based on lessons learned from the impact of the COVID-19 pandemic on essential health services; provide high-quality technical support; and improve the quality of cervical cancer surveillance.

The representative of the BAHAMAS said that her country was unable to commit to achieving the five proposed global diabetes coverage targets on the basis of current population-based survey data. Similarly, although efforts had been made to improve outcomes for cervical cancer, the target of an incidence rate of below four per 100 000 women remained out of reach. Robust public education campaigns were needed to accelerate action. She welcomed the draft global strategy on oral health, which effectively highlighted the link between oral health and noncommunicable diseases. In relation to the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan, the Secretariat should consider adding a workstream on community empowerment, with clear health literacy tools, and should expand normative standards for the food manufacturing industry by setting minimum standards for the nutrition content to be displayed in restaurants and supporting countries to develop the regulatory capacity required to monitor them.

The representative of PANAMA urged States Parties to remain vigilant with regard to the tactics used by the tobacco industry to interfere in the establishment and implementation of public health

policies on tobacco control. At a time of great uncertainty during the COVID-19 pandemic, the tobacco industry had suggested that tobacco consumption would stop people from becoming infected with COVID-19, and had also provided financial resources to the pandemic response. However, the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic stated that tobacco use was a major risk factor for noncommunicable diseases and that both tobacco consumption and noncommunicable diseases contributed to developing severe COVID-19-related illness, placing an additional burden on health systems. He therefore commended WHO for applying the Framework of Engagement with Non-State Actors in the case of a COVID-19 vaccine developed using financial resources from the tobacco industry. He called on all States Parties to avoid such engagement with the tobacco industry and de-link actions related to COVID-19 from tobacco industry interference.

The representative of TUVALU welcomed the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. Noncommunicable diseases, especially diabetes, remained a major challenge in many Pacific island countries. Her Government had developed a national strategy on noncommunicable diseases, which would contribute towards the achievement of target 3.4 of the Sustainable Development Goals. She requested support from the Secretariat and development partners to turn the Healthy Islands vision into reality, achieve the Sustainable Development Goals and ensure that people across the Pacific lived long, healthy and productive lives.

The representative of the UNITED REPUBLIC OF TANZANIA, describing the levels of tobacco use in her country, said that few national tobacco cessation facilities were available. Support from the secretariat of the WHO Framework Convention on Tobacco Control had enabled the development of a national tobacco control strategy, and further work was under way to accelerate implementation of the Convention. States Parties should support alternative delivery options for tobacco dependence and cessation services in line with Article 14 of the Convention.

The representative of MEXICO welcomed the development of the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course, which should promote integrated, intersectoral prevention and control efforts, including transformation of the food system, and capacity-building at all levels. It should also address the commercial determinants of health. International coordination was vital to develop evidence-based public policies. Accountability would be improved through a common framework to monitor and evaluate the progress made by countries, without which it would be difficult to bring about the necessary transformation. Support from the Secretariat was essential to limit interference from multinational producers of highly processed food and beverages that were harmful to health. The Secretariat must take a firm stance on the actions of such companies.

The observer of GAVI, THE VACCINE ALLIANCE, said that global supply shortages and the COVID-19 pandemic had disrupted the delivery and uptake of human papillomavirus vaccines, particularly in lower-income countries. Improving vaccination coverage would require increased investment and sustained domestic funding, including for the promotion of disease prevention and the integration of vaccination programmes into national health systems. She therefore called on Member States to recommit to accelerating human papillomavirus vaccination coverage; ensure equitable provision and access to cervical cancer prevention services and interventions, namely vaccination, screening and treatment, with special attention paid to girls and young women, vulnerable populations and those in need; and prioritize sustainable disease control through significant investments and a holistic approach encompassing all life stages.

The representative of UNFPA thanked the Secretariat for the ongoing support provided to countries to implement the interventions recommended in the global strategy to accelerate the elimination of cervical cancer despite the challenges posed by the COVID-19 pandemic. The UNFPA

Strategic Plan 2022–2025 positioned reproductive cancers and other morbidities within the UNFPA comprehensive framework on sexual and reproductive health and rights across the life course, while the Joint Global Programme on Cervical Cancer Prevention and Control enabled participating agencies to provide global leadership and technical support to governments to build and sustain high-quality national programmes and ensure equitable access to services. The elimination of cervical cancer was achievable but would require Member States to invest in human papillomavirus vaccination and screening, diagnosis, treatment and care services and address health inequities.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft recommendations for the prevention and management of obesity over the life course and the commitment to biannual reporting. She also welcomed WHO's commitment to supporting selected front-runner countries with implementation of the draft recommendations through the acceleration plan, but expressed concern regarding the lack of accountability and support for implementation, especially for non-front-runner countries, which could lead to continued inaction and a failure to meet targets. An overarching framework, such as a global action plan, was needed to support comprehensive action in all countries, reduce fragmentation and ensure that no one was left behind.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, drew attention to the global burden of diabetic retinopathy and highlighted the need to integrate associated control strategies into diabetes care, including by setting a specific target within the broader diabetes targets.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, welcomed the efforts of WHO and non-State actors to prevent and control noncommunicable diseases and their risk factors by establishing ambitious targets and comprehensive plans as part of a multistakeholder approach. She called on all stakeholders to implement policies that promoted equitable access to quality services while taking into account the social, environmental and commercial determinants of health and noncommunicable diseases and ensuring continuous health systems strengthening.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called on WHO to develop clear recommendations targeting the commercial and social determinants of health. The food and agriculture industry must not be allowed to influence policy-making, such as taxation and food labelling. In relation to cervical cancer, screening and treatment should be promoted in addition to human papillomavirus vaccination, and a comprehensive primary health care approach should be favoured over vertical interventions.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, highlighted the high global burden of oral disease. She supported the draft global strategy on oral health and called on WHO to include the voices of young people in strategic global health partnerships and policy implementation.

Dr Nakatani took the Chair.

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

The meeting rose at 20:15.

TENTH MEETING

Friday, 27 May 2022, at 10:50

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

1. FOURTH REPORT OF COMMITTEE A (document A75/65)

The RAPPORTEUR read out the draft fourth report of Committee A.

The report was adopted.¹

Dr Gabunia took the Chair.

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

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

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

- (b) Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets** (continued)
- (c) Draft global strategy on oral health** (continued)
- (e) Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and in the achievement of its associated goals and targets for the period 2020–2030** (continued)
- (i) Draft recommendations for the prevention and management of obesity over the life course, including potential targets** (continued)
- Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control** (document A75/INF.4) (continued)

¹ See page 340.

The CHAIR invited the Committee to resume its consideration of the reports contained in documents A75/10 Add.1, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.6 and A75/INF./4, and the relevant section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1.

The representative of BARBADOS said that greater public education and awareness on oral health was needed. He highlighted the importance of epidemiological data in developing policies that met people's needs and expressed support for the draft global strategy on oral health. He asked the Secretariat to provide technical support to help his Government to conduct a survey on decayed, missing and filled teeth in school children.

The representative of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, speaking at the invitation of the CHAIR, expressed support for the draft global strategy on oral health, but called for the inclusion of a human papillomavirus vaccination strategy for girls and boys and for noma to be incorporated into the draft global strategy's research agenda. The draft global strategy must also be integrated into the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and into efforts to advance primary health care and universal health coverage.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the inclusion of a strategic objective on health workforce in the draft global strategy on oral health and the updated definition of oral health. Her organization stood ready to support the development of a global action plan and monitoring framework on oral health and to advocate for oral health to be integrated into national strategies on noncommunicable diseases and primary health care. She called on Member States to support the classification of noma within the road map for neglected tropical diseases 2021–2030, with a view to reducing health inequalities.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, commended the Secretariat for developing the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course, emphasizing the importance of early intervention in childhood to prevent nutritional disorders. Strict regulations on the harmful marketing of food and beverages and nutrition labelling should be prioritized. The promotion of active lifestyles in childhood was critical for the prevention of noncommunicable diseases.

The representative of CORPORATE ACCOUNTABILITY, speaking at the invitation of the CHAIR, expressed concern about the tobacco industry's ongoing interference in public health. WHO had recently refused to approve a vaccine against COVID-19 for emergency distribution owing to the involvement of Philip Morris International in its development. The use of that vaccine would therefore represent a blatant violation of the WHO Framework Convention on Tobacco Control. She urged Member States to refuse to distribute the vaccine and avoid all forms of engagement with the tobacco industry.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that the elimination of cervical cancer was contingent on prevention through both human papillomavirus vaccination and screening programmes. His organization stood ready to support implementation efforts by providing robust and scalable evidence. Member States needed to develop communication and education strategies to encourage changes in social behaviours.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that her organization would continue to support

implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem by training providers and equipping facilities to provide screening and treatment. She urged WHO to strengthen the engagement of stakeholders to ensure the availability of vaccines, screening tests and treatment.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the progress made towards eliminating cervical cancer. She called on Member States to: include cervical cancer as part of an integrated package of essential services in pandemic response plans and universal health coverage; recognize and support the work of civil society organizations, including cancer patients, in elimination efforts; and ensure adequate financing for the scale-up and sustainability of elimination efforts through enhanced political will and investment.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan, which were essential first steps towards more comprehensive and coherent action on obesity. Member States should build on the acceleration plan by developing a global action plan to ensure greater implementation and accountability. The Secretariat should also work more closely with Member States to strengthen references to the commercial and social determinants of obesity within the draft recommendations and develop tools to manage conflicts of interest.

The REGIONAL DIRECTOR FOR EUROPE said that obesity was the highest contributor to disability in his Region and was increasing the burden of cancers and mental health disorders. Around two thirds of adults and one third of primary school-aged children in the Region were living with overweight or obesity, and no country in the Region was on track to meet global targets to halt the rise in obesity by 2025. To address the problem, the European Programme of Work 2020–2025 promoted health and well-being as equal priorities, and his Region was playing a leading role in relevant global initiatives, including the acceleration plan. Achievements in tobacco control had shown that public health could be improved through evidence-based interventions, political commitment and accountability mechanisms. While several policy tools were already available to prevent and control obesity, a coordinated and comprehensive approach was needed that envisaged action at the country, regional and international levels and the inclusion of the private sector. The Regional Office for Europe stood ready to work with Member States, the private sector and other stakeholders to develop an accountability framework to monitor national commitments and policies. The Region's recently established Advisory Council on Innovation for Noncommunicable Diseases had put obesity high on the political agenda and would soon set up a high-level forum on childhood obesity. Among the policy areas gaining traction in his Region were the taxation of sugar-sweetened beverages and restrictions on marketing. Additionally, a recently launched initiative to strengthen health worker capacity and integrate obesity management into primary health care in western Balkan countries would soon be extended to central Asian countries. Strong Member State-led networks also played a key role in combating obesity in his Region. The Regional Office for Europe stood ready to support efforts to foster interregional collaboration and learning with a view to reversing the obesity trend both in his Region and worldwide.

The DEPUTY DIRECTOR-GENERAL thanked Member States for the rich discussion and guidance. While the noncommunicable diseases under discussion were some of the most challenging diseases of the day, WHO had the tools needed to tackle them, facilitated by strong Member State leadership and a primary health care-centred approach that addressed key intervention points across the life course. The acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course provided opportunities and synergies to speed up progress in tackling obesity, diabetes and other noncommunicable diseases such as cardiovascular disease. Expressing the hope that countries would champion WHO's ambitious agenda on oral health, she said that the draft global strategy on oral health represented the first concrete step

towards full implementation of resolution WHA74.5. The Secretariat would continue to support Member States, and particularly low- and middle-income countries, in the elimination of cervical cancer.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that oral health was an under-addressed priority in global health. The Secretariat's upcoming report on global oral health would include the first-ever oral health country profiles. Public oral health programmes were too often absent, under-resourced or under-staffed, and private providers were frequently siloed from the rest of the health system. It would therefore be necessary to engage with the private sector and integrate essential oral health services into universal health coverage and primary health care. The Secretariat was in the process of creating the first set of cost-effective interventions on oral health and, with the support of global experts, was developing a draft global action plan with targets to be achieved by 2030 and a monitoring framework to track progress towards them. The Secretariat would work with Member States and other partners to address noma, including by providing political, technical and financial support and guidance and ensuring linkages with the primary health care agenda.

Cervical cancer prevention and care should be integrated into primary health care, sexual and reproductive health services, HIV services and others. The Secretariat would continue to work with Member States to that end, supporting the scale-up of cervical cancer programmes and addressing pricing issues.

He welcomed Member States' support for the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes. Efforts to address diabetes would require coordinated input from health workers. The approach taken on diabetes could serve as a model for the strengthening of primary health care, health systems and national responses to noncommunicable diseases. Ensuring access to safe, effective, quality-assured and affordable essential medicines and technologies, including insulin and glucose monitoring devices, would be key to addressing diabetes treatment gaps. A recent report by the Secretariat had highlighted the main barriers limiting access to insulin and suggested potential solutions. The Secretariat would continue to work with countries, manufacturers and other stakeholders to close gaps and expand access to insulin. Given the links between obesity and prevention and control of diabetes and other diseases, the Secretariat had actively sought to ensure alignment and synergy across WHO's work. The acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course was well integrated into the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The Secretariat would continue to support Member States to address noncommunicable diseases through an integrated, people-centred, life course approach, with a focus on the risk factors and determinants of health.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) welcomed Member States' support for the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan, which provided opportunities for multisectoral action and synergies to accelerate progress on obesity, diabetes and other noncommunicable diseases. The acceleration plan would also contribute to improving mental health and stigma issues affecting people living with obesity, and would further progress towards global nutrition targets and the Sustainable Development Goals. Responding to Member States' concerns about industry interference in policy-making, she said that the draft approach on safeguarding against possible conflicts of interest in nutrition programmes had been tested in some Member States and could be considered for application in others. Responding to the representative of the Bahamas, she said that WHO had developed global sodium benchmarks for different food categories and would develop similar benchmarks for sugar, as well as guidelines on menu labelling. The Secretariat would strengthen its efforts to close normative guidance gaps and support Member States in building their capacities and increasing access to obesity prevention and management services through primary health care.

She thanked Member States for their strong support for the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic. The Secretariat would

continue to work with Member States and other partners to implement comprehensive measures on tobacco control, including as part of the pandemic recovery.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/10 Add.1, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.6 and A75/INF./4, and the relevant section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1.

The Committee noted the reports.

- (g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage**
- (h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority**

The CHAIR drew attention to the report contained in document A75/10 Add.4 and the relevant section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the COVID-19 pandemic had highlighted the need to integrate mental health and neurological and substance use disorders into the global dialogue on universal health coverage. The draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 provided an opportunity to address the impact of neurological disorders through a comprehensive response. Addressing the health and social problems caused by the harmful use of alcohol called for a coordinated whole-of-government and whole-of-society approach with the appropriate engagement of relevant non-State actors.

The representative of JAPAN expressed support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, welcoming its focus on promoting the human rights of persons with neurological disorders and preventing stigmatization and discrimination. He also expressed support for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Multisectoral coordination was essential in addressing the harmful use of alcohol and should be enhanced by the Secretariat through effective communication with Member States.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and North Macedonia, as well as Georgia, the Republic of Moldova and Ukraine, aligned themselves with his statement. He thanked the Secretariat for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, welcoming in particular the inclusion of plans to increase capacity-building efforts and technical support for Member States on best buys policies, including on taxation and marketing. He noted the proposed measures in the draft action plan for economic operators in alcohol production and trade, including possible regular dialogues with the industry on its role in reducing the harmful use of alcohol, while ensuring the prevention of undue influence and/or conflicts of interest when developing alcohol policy options. The Secretariat should develop a stand-alone document to provide guidance to Member States on engaging with the alcohol industry. The Secretariat and Member States must maintain their focus on science and evidence-based policy measures. He called for the adoption of the draft action plan in its current form and requested the Secretariat to provide the WHO governing bodies with regular updates on its implementation. He expressed support for the draft

intersectoral global action plan on epilepsy and other neurological disorders 2022–2030, which built on previous resolutions, decisions, reports and global commitments, and highlighted the need for continuing efforts in that area.

The representative of KENYA, speaking on behalf of the Member States of the African Region, thanked the Secretariat for holding consultations throughout the development of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and welcomed its objectives. Low- and middle-income countries carried a large proportion of the global epilepsy burden, and many people living with epilepsy in those countries went untreated. Key challenges in the Region included the lack of awareness concerning the causes of epilepsy and other neurological disorders and a shortage of neurologists and medication. As such, she expressed appreciation for the efforts of the International Bureau for Epilepsy to develop a training module on epilepsy as part of the WHO Mental Health Gap Action Programme. Member States in her Region looked forward to supporting the implementation of the draft intersectoral global action plan and addressing the challenges specific to the Region.

She supported the adoption of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which would help to address the challenges in implementation, particularly by supporting countries to develop and implement effective national policies. Alcohol use was increasing in her Region, particularly among young people. Other challenges included the illicit brewing and consumption of alcohol; juvenile alcoholism fuelled by unregulated advertising on social media; and alcohol industry interference in policy-making. She looked forward to the setting of regional targets to guide health ministries in developing impactful policies and interventions.

The representative of the PHILIPPINES said that the adoption of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority would be instrumental in strengthening Member States' alcohol control programmes. She called on the Secretariat, Member States and global partners to develop guidance on addressing conflicts of interest in the development of alcohol control policies and to provide tools to support country efforts to reduce industry interference. An international treaty on alcohol control similar to the WHO Framework Convention on Tobacco Control could also be developed. Epilepsy should be the core pillar of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and should be included in all targets and objectives in order to reduce the epilepsy treatment gap and address stigmatization and discrimination.

The representative of NORWAY expressed support for the vision, goals and strategic objectives of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, highlighting the importance of preventing stigma, loss of autonomy and reduced quality of life among people living with such disorders. He also expressed support for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, particularly the recommendations to Member States to implement WHO best buys and SAFER initiative interventions. In that regard, it was essential for WHO to maintain its focus on science and evidence-based policy. The draft action plan provided leverage to help countries to develop public health-oriented alcohol policies. He requested the Secretariat to provide regular status reports to the Health Assembly on progress towards the targets set out in the draft action plan.

The representative of AUSTRALIA, expressing support for the Secretariat's development of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, welcomed the clear recognition of the need for global efforts to support national and subnational policy measures and interventions. He noted his Government's strong approach to messaging on fetal alcohol spectrum disorder through its health campaign on mandatory pregnancy health warnings on alcohol products. He looked forward to receiving reports on the progress made towards the implementation of the draft action plan. He supported the broad vision of the draft

intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and thanked the Secretariat for holding inclusive consultations during its development.

The representative of SURINAME said that his Government was committed to improving access to care for people living with neurological disorders in line with the strategic objectives set out in the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

The representative of BRAZIL expressed appreciation for the efforts made in developing the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. It was regrettable, however, that Member States had not been given sufficient time to discuss the amendments made to the draft action plan prior to discussions at the 150th session of the Executive Board. Moreover, there was a lack of scientific evidence to support recommendations on the differentiation between alcoholic beverages on the basis of their alcohol content. He supported the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, in particular the provisions that sought to enhance the quality of life, education and health of people with such disorders while reducing stigma and promoting human rights. Action at the national level, including ensuring access to diagnostics, control and treatments supported by science-based guidelines, must be incorporated into primary and specialized care.

The representative of SLOVENIA said that alcohol remained the only widely used psychoactive and dependence-producing substance that was not controlled by an international legally binding instrument and that a feasibility study could provide useful insight for further discussion on the matter. While some aspects could be strengthened, the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority was well-structured and contained effective and cost-effective measures to improve public health and effectively implement the global strategy. In addition, the draft action plan would empower all three levels of the Organization to provide technical support in implementing the best buys and guidance on safeguarding alcohol policy-making processes from industry interference and to help Member States in their efforts to reduce the harmful use of alcohol. Moreover, it was necessary to strengthen the SAFER initiative. The global governance of alcohol policy should be improved by bringing back global and regional alcohol policy focal point networks and establishing a global leaders group and a global ministerial conference on alcohol policy.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government was committed to supporting all people living with neurological conditions and recognized the merits of coordinated approaches in that regard in accordance with the guiding principles of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Exposure to occupational and environmental hazards could directly influence brain health; the productive partnership between UNEP and WHO should therefore continue. She thanked the Secretariat for engaging with Member States throughout the development of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which successfully reflected the different views expressed during consultations.

The representative of BELGIUM welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and commended the Secretariat's work to support and guide Member States on best buys and the commercial determinants of alcohol consumption. Alcohol consumption placed a heavy burden on public health; preventing alcohol-related harm must therefore be a top public health priority. Conscious of the need to protect public health policies from commercial interests, she echoed the request to the Secretariat to develop a stand-alone document with specific guidance for Member States engaging with the alcohol industry in developing public health policies.

The representative of THAILAND welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. The epilepsy treatment gap could be reduced by including such treatment as part of an integrated package of essential services, especially at the primary health care level. Alcohol was the only major psychoactive, intoxicating and dependence-producing substance not governed by an international legally binding instrument and there was no safe level of use. Nevertheless, the Secretariat's actions contradicted the evidence: at the Seventy-second World Health Assembly, his Government had requested the Secretariat to stop serving alcohol on WHO premises and at WHO-organized events, but such action had yet to be taken. He commended the Regional Director for South-East Asia for setting a new standard in that regard and said that it was time for the Director-General to prove his commitment to people's well-being by ensuring that WHO could serve as the global role model in avoiding the normalization of alcohol use. Noting that low- and middle-income countries had recently been targeted by the alcohol industry, he called for strengthened international collaboration to address cross-border alcohol marketing, advertising and promotion, and asked the Secretariat to consider how to support Member States to build capacities to tackle emerging challenges, including the related legal aspects.

The representative of URUGUAY expressed support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Although alcohol was among the most harmful psychoactive substances available, controls on its sale and advertising were much weaker than for other such products. It was particularly important to protect certain groups from the sale and advertising of alcohol, especially children, adolescents and people with substance use disorders including alcohol dependence. International, cross-border instruments were needed, particularly to address targeted advertising on social media.

The meeting rose at 12:05.

ELEVENTH MEETING

Friday, 27 May 2022, at 14:30

Chair: Dr T. GABUNIA (Georgia)

Later: Dr H. NAKATANI (Japan)

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

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:

Item 14 of the agenda (continued)

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

- (g) **Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage** (continued)
- (h) **Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority** (continued)

The CHAIR invited the Committee to resume its consideration of the report contained in document A75/10 Add.4, and the relevant section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1.

The representative of NAMIBIA outlined the measures being taken in her country to combat noncommunicable diseases and reduce the harmful use of alcohol and other substances, which included the implementation of the SAFER initiative. She commended the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

The representative of COLOMBIA welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which would help Member States to enhance institutional and community responses and strengthen the capacities of individuals, families and communities to reduce the consumption and harmful use of alcohol. The harmful use of alcohol was one of the main obstacles to achieving the Sustainable Development Goals, and as such should be a high-level priority. She called on the Secretariat to develop an operational plan, which would provide details about how the proposed actions set out under each of the six action areas would be implemented. Finally, she emphasized that the draft action plan should enhance, not oppose, national efforts to reduce the harmful use of alcohol.

The representative of ICELAND welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Despite recent progress in the field of medical science, health systems were still not adequately responding to the burden of neurological disorders, including

programmes to improve the quality of life for people living with those disorders. The draft intersectoral action plan addressed important issues, such as human rights, care, treatment and potential cures, and provided a road map for real progress.

She also supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

The representative of the REPUBLIC OF KOREA said that, given the heavy health and economic burden of neurological disorders, it was hoped that the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 could serve to raise awareness. To ensure effective action, it was essential to develop evidence-based guidelines and policies adapted to the specific epidemiological situation in each Member State.

Drawing attention to the harmful impact of alcohol on the health of individuals and on society, she noted that regulations on the online sale of alcohol had been relaxed during the COVID-19 pandemic. Highlighting some measures introduced by her Government, she urged the Secretariat to develop policy guidance on the harmful use of alcohol.

The representative of INDONESIA, noting the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, drew attention to gaps in treatment and data in relation to epilepsy and other neurological disorders, especially in low- and middle-income countries. WHO should continue to support Member States in collecting evidence-based data using an intersectoral approach, to enable them to adopt appropriate policies and procedures at the national level.

She welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. The effective labelling of alcohol required proper enforcement and monitoring. WHO should ensure that the assistance it provided to implement the draft action plan took into account existing regulations and practices in each Member State, as well as other multilateral cooperation platforms, including the Codex Alimentarius.

The representative of ISRAEL said that her Government endorsed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Emphasizing the importance of high-quality, early rehabilitation after traumatic brain injury or illness, she requested the Secretariat to prioritize work on rehabilitation, which was often under-resourced and remained inaccessible or unaffordable to many people. Such action would improve the quality of life of people living with neurological disorders.

The representative of AUSTRIA welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. While treatment options had improved for some neurological disorders, many of those affected lived with a long-term disability. It was therefore important to ensure an integrated response that included rehabilitation services, a range of treatment options and specialized programmes, and efforts to strengthen the public health approach to neurological disorders.

She welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and emphasized the importance of measures to sustainably reduce consumption. WHO should ensure that the draft action plan was cohesive with other strategies and took advantage of synergies, and it should promote the exchange of best practices.

The representative of the RUSSIAN FEDERATION expressed support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, which was comprehensive and vital. He also supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, the adoption and implementation of which could serve as an important public health tool. He outlined the measures taken by his Government to reduce the harmful use of alcohol, including within the framework of the work of the WHO European Office for the Prevention and Control of Noncommunicable Diseases.

The representative of SEYCHELLES said that the public health concerns related to the harmful use of alcohol were often forgotten because it was a legal substance. She supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which should be implemented as vigorously as the WHO Framework Convention on Tobacco Control. To protect children and adolescents, it was vital to address the production and marketing of, and the access to, alcohol. Restricting marketing required a bold and persistent approach; however, the potential benefits were worth the effort.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, and emphasized the need to raise awareness of patients' rights and to combat their stigmatization and isolation. He said that it was important to fully integrate mental health services, including for patients with epilepsy, into the primary health care system, to provide education to caregivers, to ensure access to basic medication, and to establish standard follow-up and referral pathways.

The representative of the UNITED STATES OF AMERICA, recognizing the burden of neurological disorders, expressed support for goals of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

His Government also supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority. Recognizing that addressing the broad scope of the harmful use of alcohol would require intersectoral measures, he welcomed the draft action plan's focus on prevention and harm-reduction through evidence-based strategies. Policy-makers should have the appropriate tools to adapt the draft action plan to their national contexts and consumers should have access to data to enable them to make informed decisions about alcohol consumption. With regard to the proposed action for the Secretariat to develop technical guidance on the labelling of alcoholic beverages, the appropriate multilateral body – the Codex Alimentarius – should be contacted for further advice. He expressed concern that some of the proposed actions under the draft action plan, including those relating to trade agreements, could fall outside the remit of WHO's work. He encouraged the Secretariat to pursue actions that were consistent with the Organization's mandate, such as facilitating the exchange of information, conducting capacity-building activities, disseminating good practices, and promoting evidence-based guidance to reduce the harmful use of alcohol.

Finally, he said that consolidated reporting across agenda items relating to noncommunicable diseases limited Member States' ability to consider diverse topics, including new proposed strategies and action plans. He encouraged the Secretariat to revise the approach to reporting for the forthcoming governance cycle.

The representative of ESTONIA welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, in light of the high disease burden attributable to alcohol consumption. There was no safe limit for such consumption. It was essential to publish global guidance on science- and evidence-based policy measures and to support the development of effective national policies that were integrated with public health systems. WHO should acknowledge the inherent conflict of interest of engaging with the alcohol industry and develop global guidelines to avoid industry interference. She called on the Secretariat to provide regular updates on the implementation of the draft action plan.

The representative of ECUADOR welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority. Member States should strengthen efforts to reduce alcohol consumption and meet the targets set out in the draft action plan, as well as effectively monitor progress towards its implementation. The regional and global lessons learned from implementing the WHO Framework Convention on Tobacco Control could be leveraged to enhance the draft action plan. He encouraged Member States to adopt a cross-cutting approach, involving all stakeholders.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority and its ambitious targets, but said that it was incorrect to state that only some uses of alcohol were harmful. WHO should ensure adequate resources for the full implementation of the draft action plan and a the biennial review of progress towards its implementation. It should launch a global initiative for alcohol taxation and develop guidance to guard against interference from the alcohol industry in policy-making and in the implementation of the draft action plan. She commended the focus in the draft action plan on best buys, the SAFER initiative and improvements to the alcohol policy infrastructure at all levels.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that little tangible progress had been made in reducing the total global alcohol consumption per capita and the associated mortality rate, and urged WHO to enhance efforts to reduce the harmful use of alcohol. Welcoming the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, she called on Member States to reduce alcohol use by young people by implementing progressive best buys, monitoring existing legislation and ensuring meaningful youth engagement. Moreover, she urged WHO to issue a public statement of disapproval regarding the involvement of the alcohol industry in WHO projects.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, encouraged the adoption of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, especially as even small amounts of alcohol could increase the risk of cardiovascular disease. His organization recommended: strengthening restrictions on the availability of alcohol; introducing additional measures to combat driving after the consumption of alcohol; facilitating access to screening, interventions, and treatment; implementing bans on advertising; increasing prices through taxation; discouraging uptake; establishing a minimum legal drinking age; and mandating prominent health warnings.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, welcomed the comprehensive and ambitious draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, which highlighted the role of all stakeholders in that work. She called on Member States to ensure the transfer and sharing of knowledge, expertise and best practices and to refrain from engagement with the alcohol industry during programme planning or implementation. The Secretariat should monitor the implementation of the draft action plan at the global, regional and national levels and provide technical support in that regard.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, encouraged Member States to implement the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority. However, she said that the draft action plan did not provide advice on how to overcome the commercial barriers to effective alcohol control measures and regulate or mitigate the role of the alcohol industry. The draft action plan should provide for additional actions to tackle the social and economic drivers of alcohol-related harm. Adequate resources should be invested in the provision of care and support to people and communities most severely affected by the harmful use of alcohol.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, urged Member States to adopt the draft intersectoral action plan on epilepsy and other neurological disorders 2022–2031, while not forgetting their commitment to the global action plan on the public health response to dementia 2017–2025, which included the development of national dementia plans.

The representative of the INTERNATIONAL BUREAU FOR EPILEPSY, speaking at the invitation of the CHAIR, commended the draft intersectoral action plan on epilepsy and other neurological disorders 2022–2031, which would strengthen the public health approach to epilepsy, close the unacceptable treatment gap, protect the human rights and socioeconomic and educational needs of a stigmatized community, and enhance patients' health and quality of life. WHO should build on the existing infrastructure and interventions and engage with relevant civil society stakeholders.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the CHAIR, welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Intersectoral action to achieve the goals of the draft action plan could transform millions of lives, and she emphasized the need to address the global treatment gap and combat discrimination against people with epilepsy.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, said that the global burden of neurological disorders was expected to increase over the next decade. He therefore encouraged Member States to approve the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, which would promote access to care and treatment for people living with neurological disorders, prevent the development of such disorders, and promote brain health throughout the life course.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

Health systems had, to date, failed to adequately address the burden of neurological disorders. The vast majority of people with epilepsy lived in low- and low-middle-income countries, and significant treatment gaps remained. The ongoing COVID-19 pandemic had highlighted the relevance of neurology to public health, especially given the potential neurological complications of infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Disruptions to medical and mental health services, access to medicines and vaccine programmes as a result of the COVID-19 pandemic had added to the burden of neurological disorders. The draft action plan was an unprecedented opportunity to address the impact of neurological disorders through a comprehensive response across the life course through an intersectoral approach, which emphasized well-being and overall health, the prevention and treatment of neurological disorders and the rehabilitation of patients living with them.

The burden of alcohol-related disease remained unacceptably high, and she highlighted the need to accelerate action to reduce the harmful use of alcohol. In that regard, she looked forward to continued cooperation with Member States and engagement with all relevant stakeholders, and took note of all comments made concerning the harmful use of alcohol.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) thanked Member States and other stakeholders for their support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, and said that all comments and suggestions would be taken into account. Neurological disorders were a global leading cause of mortality, disability and an adjusted life course. Likewise, mortality linked to alcohol use remained high. Both had a high cost for families and communities.

The health burden of neurological disorders was compounded by health inequalities in poor countries and affecting vulnerable population groups. Worldwide, people with neurological disorders faced discrimination, stigma and human rights violations.

With regard to the draft action plan on the harmful use of alcohol, he noted that the document allowed for economic cooperation but highlighted the need to protect policies from commercial interests. It was up to Member States to define the parameters of their engagement with private sector entities.

He noted the requests from Member States and non-State actors for the Secretariat to provide guidance on interaction with the alcohol industry and other industries and to guard against industry interference. The Secretariat would develop guidance in that regard.

Close international collaboration, adequate resources and an intersectoral approach were required to implement the two draft action plans and achieve their objectives.

The DIRECTOR-GENERAL emphasized that it was imperative to take action against noncommunicable diseases. The COVID-19 pandemic had added to the challenges faced by people with those diseases, owing to an increased risk of complications or death from COVID-19 and disruptions to the services on which they relied. The growing burden of noncommunicable diseases reflected current threats to health relating to food, water, air and working environments, often rooted in social inequalities. The Secretariat would continue to help Member States to integrate interventions on noncommunicable diseases into their primary health care systems, reduce tobacco use, tackle obesity and diabetes, address air pollution and promote healthy lifestyles. As many noncommunicable diseases were preventable and treatable, Member States must prioritize integrating services relating to those diseases into primary health care as part of efforts to achieve universal health coverage. Recognizing that the draft strategies, road maps and recommendations to be adopted by the Health Assembly could be adapted to local contexts, he emphasized that only their full implementation would create the necessary change to prevent and manage noncommunicable diseases.

The CHAIR took it that the Committee wished to note the report contained in document A75/10 Add.4 and the relevant section of the report on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, contained in document A75/10 Rev.1.

The Committee noted the reports.

The CHAIR recalled that the Committee had before it a draft decision contained in Executive Board decision EB150(4) on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, which had been amended by the Secretariat in response to requests submitted by Member States at the 150th Session of the Executive Board to update the references contained in that draft decision. The amended draft decision was contained in document A75/INF./8. In addition, the Committee had before it a second draft decision contained in document A75/10 Rev.1 in relation to the report contained in document A75/10 Add.6 concerning reporting progress made towards the achievement of global obesity targets. She proposed that the two draft decisions should be combined into a single draft decision on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

The CHAIR invited the Committee to approve the draft decision, as amended in documents A75/10 Rev.1 and A75/INF./8.

The draft decision, as amended, was approved.¹

Dr Nakatani took the Chair.

¹ Transmitted to the Health Assembly in the Committee's fifth report and adopted as decision WHA75(11).

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

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

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

The CHAIR drew attention to the section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, contained in document A75/10 Rev.1, and the draft resolution contained in resolution EB150.R3 on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted, contained in document EB150/2022/REC/1.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia, Albania, as well as Bosnia and Herzegovina and Moldova aligned themselves with his statement. The fight against infectious diseases required strong, resilient and agile health systems. It was vital to remove all barriers to access to health care for vulnerable, high-risk and key population groups, including by repealing legislation that criminalized those groups and eliminating stigma. He commended the integrated, comprehensive consultations to develop the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030, noting the references contained therein to the social and structural determinants of health. It was regrettable that some Member States were reluctant to respect the technical focus of the draft strategies, despite the fact that they were based on scientific data and that all Member States would be able to adapt them to their national contexts. The draft strategies would complement the new Global AIDS Strategy 2021–2026, which had a strong focus on human rights and equality. He also emphasized the need to ensure universal access to high-quality, comprehensive sexual and reproductive education, information and health care services. He highlighted that the draft strategies before the Committee constituted a compromise, but urged all Member States to support them.

The COVID-19 pandemic had severely slowed progress towards ending tuberculosis, and multidrug-resistant strains of the disease remained a major concern. Policies to combat tuberculosis should be inclusive and sustainable, and should leverage the treatment of other infectious diseases. Strategies should focus on early detection, prevention, the provision of high-quality treatment, and investment in research and development. The successful implementation of the End TB Strategy would require long-term funding and political commitment alongside efforts to tackle antimicrobial resistance. WHO should support Member States in adapting tuberculosis strategies to national and regional contexts by fostering international cooperation, including to provide care to people who had been forcibly displaced owing to the invasion of Ukraine by the Government of the Russian Federation.

He welcomed the guidance developed by the Secretariat on neglected tropical diseases in the context of the COVID-19 pandemic, and said that the impact of the pandemic on progress to combat those diseases and to achieve the Sustainable Development Goals was regrettable. Activities to combat neglected tropical diseases and COVID-19 should leverage synergies, for example with regard to awareness-raising and contact tracing. It was vital to develop a global, One Health approach to such diseases, incorporating surveillance, vector control and water, sanitation and hygiene programmes. He called for the continued allocation of financial and human resources, including for research and development, to strengthen activities to combat neglected tropical diseases.

The representative of PAKISTAN, speaking on behalf of Member States of the Eastern Mediterranean Region, noted that in his Region there was a growing epidemic of HIV, hepatitis

responses were nascent in the majority of countries, and sexually transmitted infections remained a neglected domain. With regard to the draft global health sector strategies, he commended the integration of testing and treatment services into primary health care, efforts to improve cross-programmatic efficiencies and the inclusion of HIV, viral hepatitis and sexually transmitted infections in the universal health coverage essential benefit package. Welcoming the consultation process on the draft strategies, he encouraged Member States and the Secretariat to take on board concerns relating to non-consensual terminology, including in relation to gender, sexual orientation and rights, and comprehensive sexual education.

He highlighted efforts by the Member States in his Region to develop national strategies to achieve global targets relating to tuberculosis, to strengthen research and innovation and to identify and fill programmatic gaps. He noted that Member States had benefited from WHO regional training courses in that regard. However, it was still necessary to increase domestic financing for tuberculosis programmes.

He outlined successful efforts in tackling neglected tropical diseases in his Region, including the elimination of trachoma in Saudi Arabia. Nevertheless, there was a need to enhance political commitment, allocate more resources to national control and elimination programmes, scale up case management, and engage with community health workers to implement interventions that would minimize out-of-pocket expenditure for neglected tropical diseases.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, outlined the progress made in his Region in the fight against HIV, viral hepatitis, sexually transmitted infections and tuberculosis, including the development of national strategic plans and vaccination campaigns. He noted that the draft global health sector strategies took into account recent epidemiological, technological and contextual changes, and would enable Member States to define at-risk populations and implement strategically focused responses.

Recognizing the burden of tuberculosis in his Region, he said that multidrug-resistant tuberculosis posed a major threat to health security and could jeopardize the gains made in the fight against tuberculosis as a whole. Expressing support for the global strategy for tuberculosis research and innovation, he reaffirmed the commitment of Member States in the African Region to addressing funding challenges and accelerating progress towards achieving global tuberculosis targets.

Turning to the road map for neglected tropical diseases 2021–2030, and taking note of the impact of the COVID-19 pandemic on services in that field, he said that Expanded Special Project for Elimination of Neglected Tropical Diseases had contributed to the eradication of some neglected tropical diseases in his Region. In order to accelerate progress, a regional framework for the elimination and control of tropical and vector-borne diseases had been developed. Given the current scarcity of resources, Member States should focus on implementing the strategy at the national level and in the field, providing integrated health services, and adopting country-specific approaches. He welcomed the support provided to his Region by partners, including The Global Fund to Fight AIDS, Tuberculosis and Malaria and the Emergency Plan of the President of the United States of America for AIDS Relief.

The representative of SURINAME, speaking on behalf of Australia, Austria, Albania, Argentina, Belgium, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, Estonia, Fiji, Finland, France, Germany, Greece, Italy, Ireland, Israel, Japan, Latvia, Lithuania, Luxembourg, Malta, Mexico, Moldova, Monaco, New Zealand, Netherlands, North Macedonia, Norway, Paraguay, Peru, Poland, Portugal, Philippines, Republic of Korea, Romania, Slovenia, Slovakia, Spain, Sierra Leone, Sweden, Switzerland, South Africa, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, Ukraine and Uruguay, expressed support for the adoption of the draft global health sector strategies. He welcomed the comprehensive and transparent consultation process and recognized the compromise that had been reached in order to balance national and global priorities and contexts. He supported the Secretariat's role in assisting Member States to develop science-based strategies, highlighting the need to regularly adjust and update interventions, on the basis of data and evidence, in order to reach key and vulnerable population groups. Effective approaches must promote equity, gender equality, human rights and human dignity.

The representative of ARGENTINA said that, in order to end the HIV epidemic by 2030, it was vital to: address inequalities and inequities; place people and communities at the centre of HIV response; mobilize resources and funding; promote gender equality and the right to bodily autonomy; guarantee sexual and reproductive rights; and empower women and girls. It was also important to address the impact of the COVID-19 pandemic and to take on board the lessons learned in order to better prepare for future emergencies. Informal consultations should tackle issues relating to gender equity, gender identity and sexual and reproductive health rights. She welcomed the progress made at the national and regional levels to implement the road map for neglected tropical diseases, outlining some of the measures introduced in Argentina to combat Chagas disease.

The representative of EGYPT said that it was regrettable that the current version of the draft global health sector strategies failed to grasp the position of many Member States and insisted on fixed definitions of key populations, despite differences in national contexts. He said that the draft strategies lacked tools to enhance the prevention of HIV, viral hepatitis and sexually transmitted infections. Instead, they focused on decriminalizing sexual behaviours and advocating for sexual rights, which fell outside WHO's remit. Moreover, the draft strategies contained terms such as "intimate partner violence", which were not reflected in many national and legal contexts; and he said that the term "gender" could only refer to the two sexes – male and female. In addition, while he strongly rejected all forms of violence and discrimination, he said that there was no definition under international law of the evolving concept of "sexual orientation". Finally, the WHO international technical guidance on comprehensive sexuality education contained controversial concepts and had not been negotiated in consultation with Member States. In conclusion, the draft strategies should be amended to take those concerns into account if a consensus was to be reached regarding their adoption.

The representative of SPAIN expressed support for draft global health sector strategies, which had been developed on the basis of scientific evidence and which could be adapted to local contexts. She commended the inclusion of stigma and discrimination as key elements of the draft strategies, and recognized the need for multisectoral responses to address structural and other forms of discrimination.

The representative of VANUATU supported the draft global health sector strategies. Highlighting some of the measures taken by his Government to address the prevalence of viral hepatitis in his country, he asked the Secretariat to continue providing support for the development and implementation of the national plan for viral hepatitis, and for the mobilization of resources to scale up prevention, diagnosis and treatment capacity. His Government also supported the road map for neglected tropical diseases.

The representative of GERMANY welcomed the comprehensive, integrated and multisectoral nature of the draft global health sector strategies. Nevertheless, he expressed concern that the consultative development process had led to draft strategies that, in parts, favoured political sensitivities over science and evidence. The global strategies must remain technical documents that included proven, efficient and effective approaches for Member States to adapt to their national contexts. He asked the Secretariat how it would ensure that future WHO strategies and guidelines remained evidence-based, so as to enable the Organization to fulfil its normative function. He urged the bold implementation of the draft strategies, including through the development of WHO guidance.

On the road map for neglected tropical diseases, he called for continued sustainable financing, and efforts to strengthen local production capacities and supply chains to ensure access to vital medical supplies. He welcomed the integration of the One Health approach.

The representative of the PHILIPPINES expressed support for the draft global health sector strategies, welcoming the timely recognition of shared and disease-specific actions, and the emphasis on sustainability, health system strengthening and unified action. He urged the Secretariat and Member States to continue to develop normative guidance to create enabling environments for cross-cutting programmes. The draft strategies could, in the future, be extended to other communicable and

noncommunicable diseases. He emphasized the importance of equitable access to medical technology and other life-saving commodities.

The representative of the UNITED STATES OF AMERICA expressed support for the draft global health sector strategies, and called for their adoption without delay. She underscored the Secretariat's important role in developing global strategies. Effective approaches should promote equity and gender equality and uphold human rights and dignity and strategies must be based on the most up-to-date science and respond to the needs of all populations. Concessions had been made throughout the consultation process on the draft strategies in the interest of reaching consensus, including on comprehensive sexuality education, gender identity, gender-responsive approaches, intimate partner violence not limited to heterosexual relationships, and gender-based violence. Although the draft strategies were not in full alignment with the Global AIDS Strategy 2021–2026, the importance of core interventions and a focus on key populations had been preserved.

The representative of SLOVAKIA drew attention to the negative impact of the COVID-19 pandemic on gains in eliminating tuberculosis, combating neglected tropical diseases and attaining the Sustainable Development Goals. Migration was a driver of tuberculosis outbreaks, and she highlighted the need to address the spread of tuberculosis in the context of the current situation in Ukraine. Any efforts to combat tuberculosis should also address antimicrobial resistance. Member States should recommit to the End TB Strategy, and she called for sustained support for vulnerable and marginalized groups. Neglected tropical diseases were linked to poverty and stigma and she called on Member States to eliminate barriers for at-risk and hard to reach populations to enable them to access prevention and eradication programmes, early diagnosis and treatment, and to implement up to date clinical and social guidelines.

The representative of PANAMA outlined national efforts to combat HIV, viral hepatitis and sexually transmitted infections. She emphasized the need to scale up Member States' efforts by allocating additional resources at the international and national levels to accelerate the implementation of the End TB Strategy and progress in achieving global targets related to tuberculosis. She expressed support for the road map for neglected tropical diseases, and highlighted measures undertaken by her Government to combat those diseases.

The representative of INDIA said that her Government had introduced measures to control viral hepatitis and eliminate tuberculosis. The draft health sector strategies should focus on integrating viral hepatitis services into national health systems, and should acknowledge geographical differences and different modes of transmission of viral hepatitis, HIV and sexually transmitted infections. She stressed the urgent need to expand global tuberculosis research and share innovative best practices. WHO had a crucial role to play in achieving the targets in the road map for neglected tropical diseases, to which Member States must remain committed. A Health in All Policies approach would address structural and systemic barriers and ensure that services for neglected tropical diseases remained a part of basic health care.

The representative of BRAZIL commended the integrated nature of the draft health sector strategies. He reaffirmed his Government's commitment to eliminating tuberculosis, and provided an overview of national measures to that end. Welcoming the road map for neglected tropical diseases 2021–2030, he noted the progress achieved through the adoption of national and international policies to prevent and control Chagas disease.

The representative of the REPUBLIC OF KOREA said that global, regional and national measures were required to implement the draft global health sector strategies, in order to enhance efforts to achieve universal health coverage and the 2030 Agenda for Sustainable Development, and improve access to primary care and health security. He expressed the hope that the next report on the implementation of the draft strategies would contain Member States' experiences with regard to

optimizing and strengthening systems, sectors and partnerships. The COVID-19 pandemic had undermined progress to end tuberculosis. Further innovative efforts were needed to contain the spread of tuberculosis and to attain the goals of the road map for neglected tropical diseases.

The representative of NIGERIA said that, during consultations on the draft global health sector strategies, representatives of his Government had firmly expressed its objections and reservations regarding the usage in the draft strategies of certain terms and phrases that were not recognized in national legislation in his country. Despite engaging with the Secretariat to address those concerns, it was disappointing that some of those terms and phrases were still being used. He recognized that the draft strategies could be adapted to local contexts in the fight against HIV, viral hepatitis and sexually transmitted infections. However, his Government rejected the use of the terms “sexual orientation”, “transgender” and “men who have sex with men” in the draft strategies. Furthermore, his Government was unable to accept the reference to “WHO technical guidance” and “international technical standards” under section 3.2.1, action 1; and the definition of “sexual health” as contained in the glossary to the draft strategies.

The representative of NORWAY emphasized the importance of WHO’s normative and technical role and its independence, which had been particularly relevant in ensuring that the draft global health sector strategies offered evidence-based guidance, while promoting equity, gender equality, sexual and reproductive health and rights, and human rights, at the national level. Although her Government would have preferred explicit references in the draft strategies to the fact that people had rights relating to their bodies and sexual lives, she nevertheless recommended the adoption of the current draft strategies, which provided updated tools to respond to the spread of HIV, viral hepatitis and sexually transmitted infections and which could be adapted to national contexts.

The representative of GHANA said that, especially in light of the disruptions caused by the COVID-19 pandemic, it was important to get efforts to end HIV, viral hepatitis and sexually transmitted infections by 2030 back on track. Therefore, he endorsed the draft global health sector strategies, which outlined a comprehensive framework for action to combat inequality and ensure respect for human rights in national responses to HIV, viral hepatitis and sexually transmitted infections.

The representative of MALAYSIA expressed support for the draft global health sector strategies, and the implementation of the global tuberculosis research and innovation strategy and the road map for neglected tropical diseases. More efforts were needed to achieve the targets set out in the End TB Strategy by 2035. He urged the Secretariat, Member States and vaccine manufacturers to continue to work on a vaccine for dengue and new point-of-care diagnostic tests for neglected tropical diseases. The One Health approach was essential in managing neglected tropical diseases and emerging pandemic threats.

The representative of AUSTRIA said that sexual health education and the promotion of health literacy should continue to serve as a basis for the prevention of infectious diseases. In that context, it was regrettable that vulnerable groups facing stigma were not specifically mentioned in the draft global health sector strategies. Certain terms and definitions were essential when describing relevant measures and addressing specific social issues. It was vital to raise awareness of social challenges in order to develop meaningful responses.

The timely detection, accurate diagnosis and completion of treatment of tuberculosis were crucial to prevent transmission, and that required efforts to improve health literacy and provide patient-centred care. WHO country offices should be supported by ensuring coherent infection prevention and control measures across all care settings. Welcoming the inclusion of noma in the road map for neglected tropical diseases, she emphasized the need to raise awareness of the disease and conduct further research into its causes, prevalence and risk factors.

The representative of THAILAND said that research on tuberculosis should focus on affordable diagnostic tests and treatment for latent and active tuberculosis, which would accelerate progress towards achieving the targets set out in the End TB Strategy. Research should include the use of artificial intelligence to support diagnosis, and should draw on lessons learned from the rapid research and development of COVID-19 vaccines and medicines, including in relation to a pulmonary tuberculosis vaccine. Moreover, the experience of COVID-19 case detection and isolation measures could be applied to the tuberculosis programme. He recommended strengthening health system research in order to inform policies, minimize the cost of treatment, increase adherence to treatment and explore the use of innovative technologies.

The representative of AUSTRALIA expressed support for the Secretariat's role in providing technical and normative guidance on HIV, viral hepatitis and sexually transmitted infections. As the draft global health sector strategies were technical, evidence-based documents, they must not be negotiated texts. Member States were not bound by the draft strategies, and she recalled that they contained caveats that allowed for the adaptation of measures to national contexts. As evidence-based documents, it was critical that terminology and references to sexual orientation, gender, human rights and combating stigma were retained. Key population groups should be clearly and consistently identified in the draft strategies, which should also refer to international technical guidance on comprehensive sexuality education. Removing or reducing that language would undermine human rights, current research and the technical role of WHO.

She noted the concerning impact of COVID-19 on efforts to combat tuberculosis and encouraged the Secretariat to work with partners to mitigate the impact of declining treatment numbers and to track missing cases, especially in South-East Asia and the Western Pacific Regions. She urged the Secretariat to work with multilateral development banks to identify innovative financing solutions to meet the gap in funding for tuberculosis care and prevention programmes, especially at the national level. Commending Member States' implementation of the WHO multisectoral accountability framework for tuberculosis, she encouraged the Secretariat to prioritize support to Member States' efforts to scale up diagnostics and treatment. Strong political leadership was required if progress was to be made in research and innovation. That should include the mobilization of domestic and public-private partnership resources.

The representative of BULGARIA recalled that HIV had a social, economic and demographic impact beyond the field of health. The COVID-19 pandemic had created additional obstacles to progress in combating HIV. She welcomed national, regional and global efforts to end the AIDS epidemic and achieve the Sustainable Development Goals, outlining measures taken in her country to combat HIV. Supporting the draft global health sector strategies, she commended the inclusive process that had led to their development and the appropriate focus on the three areas of work.

The representative of the NETHERLANDS emphasized the urgent need to adopt the draft global strategies, which were grounded in evidence and based on shared principles; principles that only strengthened WHO. The draft strategies and the recommended actions they contained were critical tools to guide government responses to HIV, viral hepatitis and sexually transmitted infections, which could be adapted to national epidemiological contexts and which would target key populations identified by national authorities. WHO must provide Member States with those recommended actions; Member States could then decide how or whether to make use of them. She urged Member States to put aside their differences and adopt the draft strategies without delay.

The representative of MONGOLIA welcomed the draft global health sector strategies, and supported their adoption. She outlined measures implemented in her country to detect and treat HIV and viral hepatitis. However, she noted that labelling a disease as being of low prevalence diverted attention and resources away from essential programmes. It was deeply concerning that, despite the decline in global HIV incidence, HIV epidemics continued to accelerate in some Member States, including her own.

The representative of SWEDEN welcomed the draft global health sector strategies and their strengthened ambitions and goals for 2030, which would help to achieve universal health coverage. The strong link between the strategies was important, while disease-specific actions reflected essential strategic and operational shifts. The draft strategies rightly defined key populations and underscored the importance of equity, sexual and reproductive health and rights, gender equality and human rights. During the consultation process, her Government and others had repeatedly called for the Secretariat to uphold its integrity and enforce its mandate to provide technical and normative evidence-based guidance to Member States. The draft strategies constituted crucial technical documents, and should be adopted without delay.

The representative of JAPAN expressed support for the draft resolution and the coordinated actions outlined in the draft global health sector strategies. She looked forward to the implementation of those actions, which would optimize the use of limited resources and which should involve WHO's partners, including UNAIDS, Unitaaid and The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as national and community organizations. She acknowledged that cultural and country contexts should be respected in addition to science-based knowledge. Her Government would continue to contribute to efforts to eliminate tuberculosis undertaken by the Secretariat and WHO Western Pacific Regional Office. Finally, she highlighted her Government's commitment to the objectives of the Kigali Declaration on Neglected Tropical Diseases.

The representative of FRANCE said that the fight against HIV, viral hepatitis and sexually transmitted infections required urgent attention. Recalling that the draft global health sector strategies were not political in nature but rather were the result of scientific research, he urged Member States to support them. He emphasized that it was vital to: strengthen health systems, with a focus on health care workers and community actors; adopt a comprehensive, people-centred approach, taking into account people's needs and avoiding any forms of discrimination – mindful of the key role of comprehensive sexuality education in prevention; and ensure a rights-based approach, including with regard to all vulnerable or key population groups.

The representative of BANGLADESH expressed serious concerns regarding the use of controversial terminology on which there was no consensus in the draft global health sector strategies. It was important to respect the varying cultural and religious sensitivities of Member States. Those terms, which regularly raised concerns among Member States, should also be avoided in future WHO documents, leaving more time to focus on pressing health issues. Agreeing that the Health Assembly should seek consensus on acceptable and practicable strategies, he said that further discussion was required to address Member States' concerns before the draft strategies could be adopted.

The representative of SAUDI ARABIA said that while she supported the draft global health sector strategies, she reiterated her Government's position concerning the need to delete some of the terminology and definitions used in the documents in reference to gender, sexual rights and sexual orientation. She reaffirmed her Government's commitment to combating HIV, viral hepatitis and sexually transmitted infections, as well tuberculosis and neglected tropical diseases.

The representative of PARAGUAY, noting that HIV, viral hepatitis, sexually transmitted infections and tuberculosis were a global health problem and a priority for his Government, expressed support for the draft resolution. Where national incidence rates for any disease had plateaued despite ongoing access to services, a new approach was required. Any initiative should involve stakeholders from all sectors, both at the national and international levels. It was important to integrate efforts to combat neglected tropical diseases into essential health system services. In line with the road map for neglected tropical diseases 2021–2030, he called for strong partnerships and support for Member States in order to strengthen surveillance activities, given the importance of monitoring zoonotic diseases to the One Health approach.

The representative of CHINA welcomed the draft global health sector strategies and said that their implementation should take into account the varying status of prevention measures, treatment, prevalence and health system capacity relating to HIV, viral hepatitis and sexually transmitted infections in each Member State. He reiterated his Government's commitment to strengthening programmes for the prevention, monitoring and treatment of tuberculosis, and for supporting research and development. Noting the progress made in the fight against neglected tropical diseases in spite of the COVID-19 pandemic, he commended WHO's leading role and encouraged the Secretariat to continue providing technical support to Member States in that regard.

The representative of TURKEY said that the universal access to high-quality, affordable health care without discrimination was a priority in her country. Her Government shared the concerns expressed others regarding some of the terms used in the draft global health sector strategies, which were controversial and had not been endorsed by all Member States. The draft strategies should only use terminology that had been previously agreed at the international level.

The representative of the ISLAMIC REPUBLIC OF IRAN said that all strategies and policies related to HIV, viral hepatitis and sexually transmitted infections, submitted for endorsement by Member States, should take into account the cultural and religious contexts in different countries. Although certain innovations, such as the multidose dispensing of medicines, had delivered valuable results in recent years, he drew attention to the negative impact of the COVID-19 pandemic on HIV/AIDS programmes. The low rate of HIV detection could be addressed through active case finding and integrating HIV and tuberculosis detection strategies into COVID-19 vaccination campaigns. However, those measures required the support of United Nations agencies, including WHO.

Care must also be taken to mitigate the impact of the COVID-19 pandemic on tuberculosis surveillance and treatment. He called on the Secretariat to facilitate access to medicines and rapid diagnostic equipment for multidrug-resistant tuberculosis, in light of the unilateral coercive measures that denied his Government access to those goods.

The representative of ECUADOR expressed support for the draft global health sector strategies and the extensive consultations that had led to their development. His Government was committed to achieving the global targets to end HIV, viral hepatitis and sexually transmitted infections by 2030.

The representative of the UNITED REPUBLIC OF TANZANIA commended the Secretariat for its guidance on the implementation of the global strategy on tuberculosis research and innovation. He outlined measures taken by his Government and urged governments to work with partners to safeguard progress towards tuberculosis elimination by continuing to provide essential services regardless of emerging health threats. He acknowledged the need to increase research funding and called on global partners to support innovation and research to fast track progress in the development of diagnostics, treatments and vaccines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the consultations that had led to the development of the draft global health sector strategies, and expressed support for their adoption at the current session of the Health Assembly. As the previous strategies for those diseases had expired, it was important to have up-to-date guidance on such essential health issues. Significant compromises had been made to achieve consensus, and it was regrettable that earlier efforts to explicitly recognize the importance of evidence-based interventions, such as comprehensive sexuality education, as part of prevention efforts had not been included in the document. She noted that the draft strategies offered Member States the option of implementing the actions they contained on the basis of their national contexts and legislation, while upholding fundamental human rights. She emphasized the importance of the Secretariat's technical and normative role, especially in the development of evidence-based health strategies and guidance.

The meeting rose at 17:30.

TWELFTH MEETING

Friday, 27 May 2022, at 18:15

Chair: Dr H. NAKATANI (Japan)

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

1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD Item 14 of the agenda (continued)

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

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

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

The CHAIR invited the Committee to continue its consideration of items 14.2, 14.3 and 14.4 of the agenda, and of the draft resolutions on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, and on infection prevention and control.

The representative of the DOMINICAN REPUBLIC endorsed the draft global health sector strategies, in particular the recommendations to the effect that HIV, viral hepatitis and sexually transmitted infections could not be addressed without combating stigmatization. Similarly, she endorsed the global strategy for tuberculosis research and innovation, a fundamental tool for eliminating tuberculosis by 2035, and the three pillars of the End TB Strategy, a forward-looking document that provided welcome guidance for stronger action. Her Government wished to be added to the list of sponsors of the draft resolution on infection prevention and control.

The representative of GEORGIA shared information about the situation in her country and welcomed the draft global health sector strategies and their call for equal attention for the three illnesses covered; although notable, progress had not been uniform. Structured and sustainable development of the regulatory and institutional framework for civil society engagement was essential for making health care more people-centred and improving coverage.

The representative of PORTUGAL said that the gains made worldwide with respect to HIV, viral hepatitis and sexually transmitted infections had largely been reversed by the COVID-19 pandemic. As all three diseases had common modes of transmission, determinants and main populations affected, she welcomed the Secretariat's efforts to draw up integrated global health sector strategies with a view to heightening impact. The strategies should be fully aligned with the Global AIDS Strategy 2021–2026 and based on evidence, science and human rights. The consultation process

was key, and WHO should keep evidence-based and technical recommendations at the heart of its documents.

Fighting HIV, viral hepatitis and sexually transmitted infections required appropriate global, regional and national approaches and a people-centred response. Identifying vulnerable populations was the most effective solution, and challenges such as migration and displacement must be addressed, as limited access to health care hindered global progress. Steps must be taken to bridge the gap between the situation in 2021 and the Sustainable Development Goals.

The representative of KIRIBATI also shared information about the situation in his country and welcomed the draft global health sector strategies. Despite its limited resources, his Government was committed to playing its part in eliminating HIV, viral hepatitis and sexually transmitted infections, with the help of its development partners.

The representative of INDONESIA, noting that Member States had varying capacities and local governments differing abilities and unique features, said that the draft global health sector strategies should make allowances for the national context so as to promote their universal acceptance and benefit all members of the target populations.

Essential tuberculosis services must be put back on track in the wake of the COVID-19 pandemic through enhanced investment, multisectoral response, and research and innovation in a range of areas, identifying and addressing emerging challenges. The experience of COVID-19 vaccine development should be used to accelerate discussions on the global road map for research and development of tuberculosis vaccines and its roll-out.

WHO and Member States had made welcome efforts to mitigate the pandemic's impact on neglected tropical disease services and advance towards the goal of elimination by 2030, but challenges such as lack of access in remote locations, limited resources and disruptions continued adversely to affect community outreach for preventive chemotherapy, active case detection and awareness campaigns. Member States should renew their efforts to keep the road map targets on track and ensure that services for neglected tropical diseases remained part of basic health care.

The representative of the RUSSIAN FEDERATION said that the well-balanced draft global health sector strategies would enable Member States to achieve the Sustainable Development Goals. He welcomed the regular consultations with Member States that had resulted in their development.

He stressed the importance of a comprehensive response to tuberculosis, coordinated by WHO, and his Government's willingness to participate actively in preparations for the second high-level meeting of the United Nations General Assembly on the fight against tuberculosis, in 2023.

The potential obstacles to achieving the aims of the road map for neglected tropical diseases – global warming, the expansion of primary vector habitats and the increasingly frequent appearance of arboviruses in new geographical areas – would require comprehensive research programmes supported by WHO.

The representative of CANADA welcomed the Secretariat's efforts to reach consensus on the terminology used in the draft global health sector strategies. The population groups often disproportionately affected by HIV, viral hepatitis or a sexually transmitted infection frequently encountered stigma and discrimination, causing unequal access to services and resources and further increasing their health burden. It was disappointing that the strategies no longer referred to comprehensive sexuality education and that references to gender and identity had been weakened or removed: access to comprehensive sexuality education and to sexual and reproductive health services was essential for the health and rights of marginalized people. Significant compromises had been made to reach consensus on the strategies, and her Government could not accept other revisions that might jeopardize their aims and relevance. The strategies must be rooted in science and evidence.

The representative of HUNGARY, sharing information about the situation in her country, in particular in the context of the Ukrainian crisis, welcomed WHO's role in assisting Member States in tuberculosis care, especially with regard to new drugs for multidrug-resistant and extensively drug-resistant tuberculosis.

The representative of NAMIBIA welcomed the draft global health sector strategies, which would guide Member State efforts to end HIV/AIDS as a public health threat. His Government was pleased that the strategies were aligned with the Global AIDS Strategy 2021–2026 and that they allowed countries to fit actions to their local epidemiological context and health system, for example by defining the demographic groups most affected by and at risk of HIV, viral hepatitis and sexually transmitted infections. Implementation must be predicated on upholding fundamental human rights through equitable access to health and evidence-informed practice – reducing inequality was key to winning the fight against HIV and other sexually transmitted infections, nationally and globally. Multisectoral strategies were therefore called for; they should encompass a Health in All Policies approach and prioritize access to education and health services for at-risk groups such as adolescent girls and young women.

The representative of BAHRAIN said that a clear road map was needed to deal with the diseases targeted by the draft global health sector strategies. The world must work in solidarity to achieve the health-related Sustainable Development Goals, in particular Goal 3 (Ensure healthy lives and promote well-being for all at all ages). She drew attention to the terms that were not in line with the customs and culture of Bahrain.

She welcomed international research programmes to combat tuberculosis in cooperation with national programmes as part of diagnosis and treatment. The international community should apply the lessons learned from combating COVID-19 to national tuberculosis programmes.

The representative of MALDIVES said that the draft global health sector strategies offered a road map to achievement of the 2030 Agenda for Sustainable Development. The welcome consideration given to the effects of the COVID-19 pandemic would improve resilience against potential future health system shocks. She reaffirmed her Government's commitment to the End TB Strategy and called for greater WHO investment in tuberculosis research, to drive breakthroughs and rapid uptake of newer technologies adapted to recent developments, and thereby make up for the time lost during the pandemic in terms of meeting national, regional and global targets.

The representative of IRAQ, referring to the controversy regarding terminology in the draft global health sector strategies, said that a solution had been found and that his Government required support from WHO to achieve the strategic goals and benefit from the experience of other countries. He welcomed the efforts being made to combat tuberculosis, which had slowed during the COVID-19 pandemic owing to limited access to medical centres for treatment, and endorsed WHO's proposed strategies on neglected tropical diseases and goals for primary health care. The absence of timely countermeasures for recent outbreaks of monkeypox and other infectious skin diseases could cause significant health issues coming on top of the burden represented by noncommunicable diseases.

The representative of COLOMBIA said that since HIV, viral hepatitis and sexually transmitted infections shared modes of transmission, social determinants and populations affected, it was especially important to combine intervention strategies and for those strategies to coordinate with funding bodies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. During implementation of strategic direction 1 (deliver high-quality, evidence-based, people-centred services) of the draft global health sector strategies, the emphasis should be on the delivery of health and prevention services through evidence-based action and protection measures such as the use of contraception or hepatitis B vaccination. Human rights and gender approaches should be prioritized along with drivers of progress such as financing and leadership, without which the strategies could not

be implemented. Efforts to support new methods for diagnosing neglected tropical diseases should include the development of molecular testing to diagnose cysticercosis and taeniasis; the Colombian National Institute had taken steps to that end, but required reference samples to validate the results.

The representative of KENYA called for increased domestic funding for HIV and tuberculosis infections and the elimination of noncommunicable diseases; the strengthening and integration of HIV, sexually transmitted infection and viral hepatitis care into primary health care and reproductive health services at all levels and sectors; and lower prices for hepatitis treatment and new HIV prevention technologies.

The representative of ISRAEL said that discussion of HIV, viral hepatitis and sexually transmitted infections should be driven by scientific facts and a clear assessment of how people lived and interacted, in order to obtain the best tools and recommendations for real change. The draft global health sector strategies – which were not a Member State-negotiated text – were excellent in many respects: the strategies recognized that the three diseases shared a mode of transmission and common interventions, and that they were shaped by similar social and structural determinants of health, such as discrimination based on gender or other identity markers. He stressed the crucial role of comprehensive sexual education covering sexual orientation and identity alongside gender-based violence, sex workers and drug use: all had a direct impact on the transmission of HIV and other sexually transmitted infections. He welcomed the repeated references in the strategies to people-centred integrated systems of care and prevention.

The representative of SENEGAL said that intervention programmes should take into account the complex interactions between the various health problems associated with HIV, viral hepatitis and sexually transmitted infections. To speed the eradication of those diseases, rapid tests should be made available that could screen for all three simultaneously.

Operational research and innovation in managing tuberculosis were essential pillars of the End TB Strategy. However, global challenges remained regarding access to diagnostic technology, vaccines, inputs and drugs for tuberculosis.

The representative of NIGER said that the road map for neglected tropical diseases would allow Member States to meet their aims, although only if the various stakeholders adopted a coordinated approach to resource mobilization. Regarding the fight against hepatitis, he stressed that the populations of low- and middle-income countries did not have access to antiviral drugs and called on WHO to develop strategies to remedy that situation. He hoped that consensus would be reached on the contentious terms regarding sexuality.

The representative of JORDAN said that, while the draft global health sector strategies were of special importance in his Region, some of the language used did not conform to its culture and traditions and therefore remained unacceptable. Certain countries' regrettable insistence on introducing such expressions would make it difficult to adopt the strategies, as his Government was still keen to do.

The representative of BARBADOS, sharing information about the situation in his country, called for collaborative approaches to maintain the advances achieved and accelerate progress towards ending the ongoing global epidemic of HIV, viral hepatitis and sexually transmitted infections. He welcomed the draft global health sector strategies.

The representative of UNAIDS expressed satisfaction that the draft global health sector strategies were aligned with the Global AIDS Strategy 2021–2026 and the 2025 global HIV targets already endorsed by Member States. UNAIDS fully supported the focus on person- and community-centred differentiated interventions and service delivery specific to national and local

contexts, including efforts to address societal barriers to accessing services. It remained confident that the strategies would allow WHO and UNAIDS to boost Member State efforts to meet the 2025 global HIV targets through country-focused, evidence- and human rights-based, people- and equity-centred responses.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, urged Member States to adopt the draft global health sector strategies in their present form. Action, such as innovation for new tools and integration into essential services, was needed to accelerate progress towards the 2030 targets for neglected tropical diseases. She also urged Member States to address treatment gaps for pregnant and breastfeeding women and for children; to leverage and expand national and regional capacity to develop new tools in the countries most affected; and to promote cross-disease integration.

The representative of the INTERNATIONAL AIDS SOCIETY, speaking at the invitation of the CHAIR, welcomed the strategic grouping of HIV, viral hepatitis and sexually transmitted infections. It would only be possible to end HIV as a public health threat if States and other key stakeholders committed to upholding human rights for all and provided access to evidence-based HIV services and comprehensive education on sexual and reproductive health and rights.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on WHO and Member States to help pharmacists expand their role to deliver accessible and affordable services for HIV, viral hepatitis and other sexually transmitted infections, for example by enabling them to prescribe and dispense preventive medicines, and by raising awareness among the general public of prevention measures such as vaccines and pre- and post-exposure prophylaxis.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, called on Member States to boost efforts to end the resurgence of tuberculosis and neglected tropical diseases by building resilient health systems for universal health coverage; on WHO and Member States to increase funding for universal access, diagnostics and vaccine research for both neglected tropical diseases and tuberculosis; and for young people to be involved in the implementation of the End TB Strategy and the global strategy for tuberculosis research and innovation.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the discussion had not addressed sustainable funding for public health services, local research and pharmaceutical manufacturing, or the profit-driven innovation system's failure to produce affordable medicines for neglected diseases. He called for political commitment to, and sustainable funding of, primary health care, an updated strategy for controlling drug-resistant tuberculosis, and a neglected tropical disease road map aimed at breaking the perpetual cycle of poverty and disease. The draft global health sector strategies must address stigma as part of WHO and Member State efforts to engage empowered communities and civil society.

The representative of the STICHTING GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS, speaking at the invitation of the CHAIR, said that the global health sector strategies should foster a legal environment enabling people living with, most at risk from or affected by HIV to access high-quality services. AIDS and all other epidemics could only be ended by following human rights principles. He called on Member States to enact the strategies at country level using recent scientific data to establish and reform policies on HIV-related stigma.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, deeply regretted the removal of terms such as comprehensive

sexuality education and intimate partner violence from the draft global health sector strategies, and was concerned by the restrictive definition of gender they contained. WHO and the Director-General must stand firm and adopt strategies based on evidence rather than on politics and ideology, in line with the objective and functions clearly defined in the Constitution.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIR, said that low- and middle-income countries could not be expected to achieve the goals set out in the draft global health sector strategies alone. The global health and donor community must do more to support their efforts and health systems must mainstream hepatitis elimination throughout their services. Hepatitis elimination would require the concerted effort of all stakeholders and the active involvement of civil society and the community concerned, backed by political will and political action.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, noted the impact of the COVID-19 pandemic and of funding decreases on national and global programmes for neglected tropical diseases. Strong, sustained Member State leadership was essential to encourage additional commitments from bilateral donors and national governments, working with WHO, to rectify that situation.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that in the wake of the COVID-19 pandemic there was a real risk that neglected tropical diseases would slide into further neglect, reversing the significant achievements of recent years. If Member States worked towards the ambitious targets of the new road map and provided adequate resources, those diseases could be made a thing of the past.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, welcomed the draft global health sector strategies at a time when sexually transmitted infections remained a global problem, especially for the at-risk group of women and girls. Good sexual health was achieved through informed, safe and responsible behaviours supported by comprehensive education, equity and resilient, evidence-based systems to advance sexual and reproductive health and rights. Only then could universal health care and the health-related Sustainable Development Goals be achieved.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that, while significant progress had been made against neglected tropical diseases, the Director-General's report on the road map confirmed that activities had been sharply curtailed since the COVID-19 pandemic. She called for all partners to help mitigate the pandemic's impact and for yearly updates to the Health Assembly on the matter. Member States should renew their commitments to eliminate those diseases and endorse the Kigali Declaration on neglected tropical diseases when it was launched in June 2022.

The representative of MÉDECINS DU MONDE, speaking at the invitation of the CHAIR, said that consensus on addressing the often stigmatized and controversial areas of HIV, viral tuberculosis and sexually transmitted infections was a tremendous achievement towards ending them, although the neutralized language was regrettable. He called on Member States to truly commit to the draft global health sector strategies with evidence-based, non-discriminatory actions, fully respecting individuals' human rights. The 2030 targets were in reach, if no one was left behind.

The DIRECTOR-GENERAL thanked Member States for their engagement on the draft global health sector strategies, which were designed to incorporate previously siloed disease programmes into a universal health coverage framework in order to make them more resilient during emergencies and more easily accessible through primary health care. As the previous interlinked global health sector

strategies on HIV, viral hepatitis and sexually transmitted diseases had expired in 2021, it was essential that Member States should adopt the new strategies without further delay at the current Health Assembly. He stressed that the strategies were modular and could be adapted by Member States in accordance with their own cultural and other contexts.

He thanked Member States for showing commendable flexibility, pragmatism and solidarity, and for answering his call to collaborate where possible and compromise where needed. He encouraged them to continue talking and listening, and to take the final step towards consensus, promising to support that process in any way he could. The wide range of traditions, cultures and religions within WHO could lead to divergent views on sensitive issues but was a strength rather than a weakness: everyone was enriched when they worked to understand each other's perspectives. The Secretariat looked forward to working with Member States to implement the strategies within their own social and cultural contexts.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, asked for the meeting to be suspended for consultations.

The meeting was suspended at 19:30 and resumed at 19:55.

(For the resumption of the discussion, see section 3 below.)

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

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

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

The CHAIR invited the Committee to continue its consideration of item 16.2 and the draft resolution on amendments to the International Health Regulations (2005).

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the draft resolution's sponsors, said that informal discussions had resulted in the addition of a new preambular paragraph 5, recalling that Member States had decided to establish the Working Group on amendments to the International Health Regulations (2005), through the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, and reiterating that the former's initial work would focus on a substantive package of targeted amendments, as agreed previously by the Executive Board.¹

It had also been agreed to add a new preambular paragraph 6, noting the States Parties' right to notify the Director-General of rejections of or reservations to, pursuant to Articles 61 and 62, the amendments to the Regulations set out in the annex to the draft resolution. In addition, it had been agreed to delete the original preambular paragraph 5, as requested during the Committee's initial discussion of the item, and to amend operative paragraph 1 to more clearly characterize the updates to Articles 55, 61 and 62 as necessary consequent to the adoption of changes to Article 59.

¹ Decision EB150(3).

Lastly, it had been agreed to add a new operative paragraph 2, urging States Parties, consistent with Article 44 of the Regulations, to collaborate with each other in the provision or facilitation of technical cooperation and logistical support, particularly in the development strengthening and maintenance of the public health capacities required under the Regulations. The new paragraph, which used the language contained in Article 44.1(b) of the Regulations, had been added to address the States Parties' concerns about the capacity to implement the current Regulations and to emphasize their shared commitment to work together to build such capacities for that and any future amendments.

Two changes had been agreed to the annex to the draft resolution. The first was to paragraph 1bis of Article 59: the period for rejection of or reservation to any future amendments had been adjusted to 10 months instead of nine, in order to give States Parties additional time to consider them. The second was to paragraph 3 of Article 59: the initial suggestion that, after a State Party had notified the Director-General about delays in the domestic implementation of an amendment, it should achieve implementation no later than six months after entry into force of the amendments for it, had been revised to state that, after such a declaration, the party concerned should achieve outstanding adjustments no later than 12 months after entry into force of the amendments for it. That change maintained the current 24 months for implementation.

The CHAIR took it that the Committee wished to approve the draft resolution, as amended.

The resolution, as amended, was approved.¹

The meeting was suspended at 19:30 and resumed at 20:30.

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

3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD A Item 14 of the agenda (resumed)

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

The CHAIR invited the Committee to resume its consideration of item 14.2 and the draft resolution on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections.

The representative of SAUDI ARABIA said that a consensus had been reached: it was proposed to delete the entire glossary contained in annex 3 of the draft global health sector strategies and to add two footnotes. The first footnote would be inserted after the words "sexual orientation" and read as follows: "Some countries have a reservation regarding the use of the term of sexual orientation, the definition of which has not been agreed in United Nations intergovernmental negotiations among Member States, and reaffirm that their understanding of this paragraph is to be implemented in line with their national legislations." The second footnote would refer to the international technical guidance on sexuality education and read as follows: "The ITGSE is not the result of an intergovernmental negotiation among Member States."

¹ Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA75.12.

The representatives of MEXICO, PARAGUAY, COLOMBIA, COSTA RICA and URUGUAY requested that discussion of the item be suspended until the following day, to give them time to submit the proposed amendments in writing to their Governments.

The representative of MONACO expressed regret that strategies for the Secretariat's work in the field risked being jeopardized by what were unprecedented negotiations. Such negotiations must not become the norm.

The representative of NIGERIA welcomed the proposed amendments to the draft global health sector strategies in the spirit of compromise and consensus, stressing that the extra time requested should not be used to undermine that consensus.

The representative of GERMANY asked the Secretariat to explain the meaning and implications of the proposed first footnote.

The representative of PARAGUAY said that she shared concerns regarding precedent. If Member States were to amend a document prepared by the Secretariat, they might then be held responsible for other such documents that might not have been fully agreed by Member States but had been accepted by them as scientific guidance. She asked whether a precedent existed for the addition of a footnote to a document prepared by the Secretariat.

The representative of EGYPT said that there was precedent for the use of such terminology in a United Nations document approved by Member States but finalized without having obtained their complete consensus. He hoped that all Member States would take into consideration the reactions of some countries regarding the use of such terminology and the consequences of adopting the draft global health sector strategies in their current form, even as amended. The amendments proposed reflected efforts to reach a compromise.

The CHAIR proposed that discussion of item 14.2 be suspended to the following day and that the text of the proposed amendments be made available to Member States via email in the meantime.

It was so agreed.

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

The meeting rose at 21:00.

THIRTEENTH MEETING

Saturday, 28 May 2022, at 9:15

Chair: Dr H. NAKATANI (Japan)

Later: Dr T. GABUNIA (Georgia)

Later: Dr H. NAKATANI (Japan)

1. FIFTH REPORT OF COMMITTEE A (document A75/67)

The RAPPORTEUR read out the draft fifth report of Committee A.

The report was adopted.¹

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

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

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

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

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

The CHAIR invited the Committee to resume its consideration of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, the global strategy for tuberculosis research and innovation and the road map for neglected tropical diseases 2021–2030, as well as the draft resolution on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections.

The representative of MEXICO requested more time to conclude informal consultations on the draft resolution.

The CHAIR took it that the Committee wished to suspend consideration of the current agenda items.

It was so agreed.

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

¹ See page 340.

Immunization Agenda 2030: Item 14.5 of the agenda (document A75/10 Rev.1)

Infection prevention and control: Item 14.6 of the agenda (document A75/10 Rev.1)

Global road map on defeating meningitis by 2030: Item 14.7 of the agenda (document A75/10 Rev.1)

The CHAIR drew attention to a draft resolution on a global strategy on infection prevention and control proposed by Bosnia and Herzegovina, Botswana, Colombia, Jordan, Kenya, Saudi Arabia, Lebanon, Norway, Oman, Philippines, Qatar, United Arab Emirates, United States of America and Vanuatu, which read:

The Seventy-fifth World Health Assembly,

PP1 Having considered the report by the Director-General on infection prevention and control as part of the universal health coverage and communicable disease agendas towards 2030;¹

PP2 Recalling the resolutions WHA48.7 (1995)² on the International Health Regulations, WHA58.27 (2015)³ on infection prevention and control as objective 3 of the Global Action Plan on Antimicrobial Resistance (AMR), WHA69.1 (2016)⁴ on quality care for all, WHA70.7 (2017)⁵ on infection prevention and control as part of prevention of sepsis, WHA72.6 (2019)⁶ on infection prevention and control as strategy 3.3 of the global patient safety action plan 2021–2030, WHA72.7 (2019)⁷ on infection prevention and control as part of water, sanitation and hygiene, WHA73.1 (2020),⁸ WHA73.8 (2020),⁹ and WHA74.7 (2021)¹⁰ on infection prevention and control as part of the COVID-19 response, strengthening international health regulations, prevention preparedness and response, respectively, within which IPC is a critical component;

PP3 Reaffirming the 2030 Agenda for Sustainable development and its targets which are universal, indivisible, and interlinked and referring in particular to Sustainable Development Goal 3.1 on reducing global maternal mortality, 3.2 on ending preventable deaths of newborns and children under 5 years of age, 3.3 on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combating hepatitis, water-borne diseases and other communicable diseases, and 3.8 on access to quality essential health care services and equitable access to safe, effective, quality and affordable essential medicines and vaccines for all, and recognizing the important intersections between infection prevention and control and other Sustainable Development Goals, including Goal 6 (clean water and sanitation);

¹ Document A75/10.

² World Health Assembly, 48. (1995). Revision and updating of the International Health Regulations. World Health Organization. <https://apps.who.int/iris/handle/10665/178403>.

³ World Health Assembly, 48. (1995). Revision and updating of the International Health Regulations. World Health Organization. <https://apps.who.int/iris/handle/10665/178403>.

⁴ World Health Assembly, 69. (2016). Strengthening essential public health functions in support of the achievement of universal health coverage. <https://apps.who.int/iris/handle/10665/250765>.

⁵ World Health Assembly, 70. (2017). Improving the prevention, diagnosis and clinical management of sepsis. World Health Organization. <https://apps.who.int/iris/handle/10665/275646>.

⁶ World Health Assembly, 72. (2019). Global action on patient safety. World Health Organization. <https://apps.who.int/iris/handle/10665/329284>.

⁷ World Health Assembly, 72. (2019). Water, sanitation and hygiene in health care facilities. World Health Organization. <https://apps.who.int/iris/handle/10665/329290>.

⁸ World Health Assembly, 73. (2020). COVID-19 response. World Health Organization. https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.

⁹ World Health Assembly, 73. (2020). COVID-19 response. World Health Organization. https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.

¹⁰ World Health Assembly, 74. (2021). Strengthening WHO preparedness for and response to health emergencies https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf.

PP4 Noting the declaration of Alma Ata¹ on primary healthcare and the Declaration of Astana² on high quality and safe primary health care and health services and recognizing that to achieve it, preventing harm from infection transmission at the entry point to and at all points in the health system is paramount;

PP5 Recognizing the critical importance of infection prevention and control in the human and animal health sectors and that it is a clinical and public health discipline based on a scientific approach, providing proactive, responsive, and practical preventive and control measures grounded in infectious diseases, epidemiology, social, engineering, and implementation science, and health systems strengthening that requires a dedicated specialist health work force;

PP6 Noting that comprehensive infection prevention and control programmes, that take the one health approach into account, at national, subnational and facility levels are essential to produce science-based evidence, support, facilitate, and/or oversee the correct, evidence-based, and risk-informed implementation of infection prevention and control, as well as the resources and material support (such as, personal protective equipment) required;

PP7 Concerned that the COVID-19 pandemic and the recent large outbreaks of Ebola virus disease in West Africa and the Democratic Republic of the Congo have shown the devastating consequences of the lack of preparedness and substandard, insufficient and/or inadequate implementation of infection prevention and control programmes, even in high-income countries, and have brought infection prevention and control to the forefront;

PP8 Recognizing that in addition to outbreaks, at any point in time³ out of every 100 patients, seven in high-income countries and 15 in low- and middle-income countries acquire at least one health care-associated infection during their stay in acute care hospitals, and a quarter of health care facilities lacked basic water services in 2019, exposing 1.8 billion people, including health care workers and patients, to greater risk of infections,⁴ highlighting the major gaps in WASH services in healthcare facilities, which play a critical role in infection prevention and control and noting the modest costs for achieving minimal WASH safety, which range from US\$ 6.5 to 9.6 billion in the 46 least developed countries; which represent 4–6% of these countries' recurrent health spending;

PP9 Although no precise analysis is possible due to lack of comprehensive data, noting that WHO has estimated that hundreds of millions of patients are affected by health care-associated infections leading to deaths in one in 10 infected patients every year, and noting further that in acute care hospitals, out of every 100 patients, seven patients in high-income countries (HICs) and 15 patients in low- and middle-income countries (LMICs) will acquire at least one Healthcare-Associated Infections (HAI) during their hospital stay, and that up to 30% of patients in intensive care are affected by HAIs, with an incidence that is two to 20 times higher in LMICs than in HICs;⁵

¹ International Conference on Primary Health Care (1978: Alma-Ata, USSR), World Health Organization & United Nations Children's Fund (UNICEF) (1978). Primary health care: report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978/jointly sponsored by the World Health Organization and the United Nations Children's Fund. World Health Organization. <https://apps.who.int/iris/handle/10665/39228>.

² World Health Organization. (2019). Declaration of Astana: Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018. World Health Organization. <https://apps.who.int/iris/handle/10665/328123>.

³ Allegranzi B, Bagheri Nejad S, Combescure C, et al. Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. *Lancet* 2011; 377(9761): 228-41.

⁴ World Health Organization & United Nations Children's Fund (UNICEF). (2020). Global progress report on water, sanitation and hygiene in health care facilities: fundamentals first. World Health Organization. <https://apps.who.int/iris/handle/10665/337604>.

⁵ World Health Organization. (2020). Global report on the epidemiology and burden of sepsis: current evidence, identifying gaps and future directions. World Health Organization. <https://apps.who.int/iris/handle/10665/334216>

PP10 Noting the added costs of HAI, which may vary from US\$ 1000 to 12 000 on average¹ per episode depending on the country, result in a significant economic burden on health systems and out of pocket expenses for patients and families; and that the mortality among patients affected by health care-associated sepsis was 24.4% and increasing up to 52.3% among patients treated in an intensive care unit and at least two to three times higher among those infected with antimicrobial resistant organism, neonates, and in LMIC;²

PP11 Noting that most of antibiotic resistant infections are acquired in health care facilities, 75% of disability-adjusted life years attributable to AMR are due to HAIs.³ Each year, AMR costs health care systems around US\$ 1.2 billion. For example, up to 75% of antimicrobial prescriptions in long term care facilities are inappropriate, yet policies to tackle inappropriate antimicrobial use and AMR, such as antimicrobial stewardship and infection prevention and control, remain underused or suboptimal;⁴

PP12 Noting that a recent systemic analysis and predictive statistical models by AMR collaborators for the year 2019 showed that the estimated deaths associated with bacterial AMR were 4.95 million (3.62–6.57), including 1.27 million (95% UI 0.911–1.71) deaths attributable to bacterial AMR and reflect the burden of AMR as a leading cause of deaths globally, with a high impact in low-resource settings;⁵

PP13 Observing that most cost-effective interventions to limit the spread of antimicrobial resistance in health care are those aiming at improving all hospital associated drivers, including hygiene and antimicrobial stewardship, with the potential to prevent three out of four attributable deaths;⁶

PP14 Noting that public health emergencies have demonstrated that infection prevention and control, together with core capacities required by the International Health Regulations (2005), play a critical role in preventing and timely and effectively responding to public health risks and emergencies of national and international concern;

PP15 Recognizing that the COVID-19 pandemic has also demonstrated the critical role of health system resiliency in providing essential health services and maintaining functional health systems and that the cornerstone of health system resiliency is keeping health care workers, patients and visitors safe through a series of measures, including infection prevention and control, best practices and essential infrastructure, including transmission-based precautions, water, sanitation, and waste management wherever healthcare is provided;

¹ Forrester JD, Maggio PM, Tennakoon L. Cost of Health Care-Associated Infections in the United States. *J Patient Saf.* 2022 Mar 1;18(2):e477-e479. doi: 10.1097/PTS.0000000000000845. PMID: 33881808.

² Markwart R, Saito H, Harder T, Tomczyk S, Cassini A, Fleischmann-Struzek C, et al. Epidemiology and burden of sepsis acquired in hospitals and intensive care units: a systematic review and meta-analysis. *Intensive Care Medicine.* 2020;46(8):1536-51.

³ Cassini A, Högberg LD, Plachouras D, Quattrocchi A, Hoxha A, Simonsen GS, Colomb-Cotinat M, Kretzschmar ME, Devleesschauwer B, Cecchini M, Ouakrim DA, Oliveira TC, Struelens MJ, Suetens C, Monnet DL; Burden of AMR Collaborative Group. Attributable deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU and the European Economic Area in 2015: a population-level modelling analysis. *Lancet Infect Dis.* 2019 Jan;19(1):56-66. doi: 10.1016/S1473-3099(18)30605-4. Epub 2018 Nov 5. PMID: 30409683; PMCID: PMC6300481.

⁴ Eze, N., M. Cecchini and T. Oliveira Hashiguchi (2022), Antimicrobial resistance in long-term care facilities, OECD Health Working Papers, No. 136, OECD Publishing, Paris, <https://doi.org/10.1787/e450a835-en>.

⁵ Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *Lancet.* 2022 Feb 12;399(10325):629-655. doi: 10.1016/S0140-6736(21)02724-0. Epub 2022 Jan 19. PMID: 35065702; PMCID: PMC8841637.

⁶ European Centre for Disease Control and Prevention and OECD. Antimicrobial resistance. Tackling the burden in the European Union. Briefing note for EU/EAA countries. 2019. <https://www.oecd.org/health/health-systems/AMR-Tackling-the-Burden-in-the-EU-OECD-ECDC-Briefing-Note-2019.pdf>.

PP16 Recognizing the unique opportunity to harness the experience of the heightened global awareness and investments made during the COVID-19 pandemic for sustained improvements in infection prevention and control;

1. CALLS ON Member States:¹

OP1: to take steps to support and/or to ensure that infection prevention and control is one of the key components of global health preparedness, prevention and response;

OP2: to acknowledge that clean, high-quality, safe, affordable care should be universally available and that no one should be unnecessarily exposed to infection due to suboptimal infection prevention and control practices;

OP3: to take steps to support and/or to ensure that science-based functional infection prevention and control, both for community acquired and healthcare associated infections, taking into account the One Health approach, programmes exist, are implemented, monitored, and updated at national, sub-national, and/or facility levels, as appropriate to national contexts and in line with the WHO core components of such programmes;²

OP4: to take steps to support relevant authorities and/or ensure that at least the minimum requirements for infection prevention and control programmes at the national, sub-national and health care facility level are implemented, and monitored inclusive of environmentally conscious and appropriate waste management to reduce further impact on human, animal, and environmental health;

OP5: to support and ensure that the transmission-based precautions for infection prevention and control are implemented with fidelity and quality at national and facility levels, and functional administrative, environmental and personal protection measures are in place to prevent and/or halt further transmission;

OP6: to take steps to support and/or to ensure that sustainable infection prevention and control, water, sanitation and hygiene infrastructures and resources are in place and utilized across all health care facilities, including in primary health care, home and community-based settings, and long-term care settings as appropriate to national context;

OP7: to take steps to recognize the value of having infection prevention and control professionals across a variety of settings with appropriate competencies, skills, career pathways, and empowerment with a clear mandate and authority, while being held accountable, and work within the clinical governance framework of their organizations for implementation and reporting the impact of infection prevention and control programmes as appropriate to the national context;

OP8: to take steps toward creating and implementing accredited infection prevention and control curricula within pre-graduate, post-graduate and in-service continuous education, where and as appropriate in national contexts, for all health care workers and all relevant disciplines;

OP9: to take steps to ensure that infection prevention and control programmes, are integrated and aligned with antimicrobial resistance, quality of care, patient safety, water, sanitation and hygiene, construction and remodelling of the infrastructure of the health care facilities, and health emergencies programmes, as well as blood borne infectious diseases, tuberculosis, acute respiratory infections, vaccine preventable diseases, neglected tropical diseases occupational health, sexual and reproductive health and maternal, neonatal and child health, and other relevant programmes where and as appropriate for national contexts;

OP10: to provide decisive and visible political commitment and leadership engagement at the highest levels to sustain and improve implementation of functional infection prevention

¹ And, where applicable, regional economic integration organizations.

² World Health Organization. (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. World Health Organization. <https://apps.who.int/iris/handle/10665/251730>.

and control programmes at the regional, national, local, and facility levels, including encouraging allocation of national and local dedicated budgets where and as appropriate and guided by domestic context;

OP11: to introduce guidance, regulations and/or legal frameworks to enforce infection prevention and control requirements, policies, and implementation of best practices through systems for accrediting health facilities and other mechanisms, as appropriate and guided by domestic context;

OP12: to undertake as appropriate to national contexts, regular, detailed and multilevel assessments of infection prevention and control programmes, practices, and surveillance of health care-associated infections and antimicrobial resistance in order to generate and share data to be used for action and improving outcomes;

OP13: to continue to encourage investments in research on infection prevention and control.

2. REQUESTS the Director-General:

(1) to develop, in consultation with Member States and regional economic integration organizations, a draft global strategy, in alignment with other strategies with infection prevention and control efforts, like the Global Action Plan on Antimicrobial Resistance, on infection prevention and control in both health and long term care settings, for consideration by WHA76 via EB152;

(2) to translate this global strategy, by WHA77 via EB154, into an action plan for infection prevention and control, including a framework for tracking progress with clear measurable targets to be achieved by 2030;

(3) to continue to update and develop as required technical guidance on infection prevention and control programmes and practices for health and long term care settings;

(4) to report back on progress and results to the Seventy-eighth World Health Assembly in 2025, and thereafter every two years until 2031.

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

Resolution: Global strategy on infection prevention and control	
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:	1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.
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 timeframe (in years or months) to implement the resolution:	Nine years (2023–2031).
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 16.46 million.

2.a.	Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions: US\$ 2.44 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\$ 3.53 million.
4.	Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: US\$ 10.49 million.
5.	Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions: <ul style="list-style-type: none"> – Resources available to fund the resolution in the current biennium: US\$ 0.45 million. – Remaining financing gap in the current biennium: US\$ 1.99 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: US\$ 0.50 million.

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	0.08	0.07	0.06	0.07	0.06	0.04	1.28	1.66
	Activities	0.05	0.05	0.05	0.05	0.05	0.05	0.48	0.78
	Total	0.13	0.12	0.11	0.12	0.11	0.09	1.76	2.44
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.11	0.09	0.09	0.10	0.08	0.09	1.90	2.46
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.47	1.07
	Total	0.21	0.19	0.19	0.20	0.18	0.19	2.37	3.53
Future bienniums resources to be planned	Staff	0.33	0.28	0.26	0.29	0.24	0.26	5.23	6.89
	Activities	0.30	0.30	0.30	0.30	0.30	0.30	1.80	3.60
	Total	0.63	0.58	0.56	0.59	0.54	0.56	7.03	10.49

The representative of OMAN said that the importance of infection prevention and control had been emphasized by many Member States in previous public health forums, yet few countries had infection prevention and control programmes or monitoring systems in place. The pandemic of COVID-19 and other disease outbreaks had demonstrated the need for stronger, sustainable infection

prevention and control systems and highlighted the role of those systems in improving preparedness for and response to emerging infectious diseases.

The draft resolution would enable Member States to build on the current momentum to make global progress on infection prevention and control. A global strategy on the topic would help to foster decisive and visible commitment at the national, regional and global levels, enhance health service quality and safety, promote innovative research and build sustainable infection prevention and control capacities. Stronger infection prevention and control systems would contribute to the attainment of the Sustainable Development Goals and contribute to ensuring a coordinated global response to emerging infectious diseases, preventing health care-associated infections and antimicrobial resistance, and improving the safety of patients and health workers. She called on Member States to support the draft resolution.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that Turkey, North Macedonia, Montenegro, Albania, Bosnia and Herzegovina, Iceland, Norway, Ukraine and the Republic of Moldova aligned themselves with his statement. He thanked the Government of Oman for its leadership in preparing the draft resolution and welcomed the proposal to develop a draft global strategy and action plan on infection prevention and control, which should be anchored in a multidisciplinary, One Health approach through such initiatives as the One Health High-Level Expert Panel and the Strategic Framework for collaboration on antimicrobial resistance developed by FAO, UNEP, WHO and WOA. H.

Infection prevention and control were essential to mitigate the harmful effects of communicable diseases. The COVID-19 pandemic and antimicrobial resistance had highlighted the need to strengthen and invest in appropriate measures at the national and global levels in order to ensure that infection prevention and control was not a weak link in preparedness and response efforts and to improve patient safety and the well-being of health workers. Programmes should be underpinned by a multidisciplinary approach, incorporate up-to-date recommendations, ensure that personnel were adequately qualified, and include hand hygiene, availability of disinfectant and personal protective equipment, appropriate decontamination of medical devices and equipment, environmental cleaning and waste management. He underlined the crucial role of immunization and water, sanitation and hygiene in that regard. WHO played an important role in encouraging political action, providing technical support, fostering collaboration among countries and supporting improved data collection in line with relevant global strategies and action plans. Many common infections could be prevented, thereby reducing costs and the burden on health systems and workers. Weak infection prevention and control disproportionately affected vulnerable groups, such as patients with comorbidities, and socioeconomic factors within and among countries must be taken into account in the light of the huge discrepancies in the implementation of infection prevention and control programmes between low- and high-income countries. National funding should be dedicated to the implementation of sustained, effective infection prevention and control programmes in health care settings.

The European Union and its Member States strongly supported the Immunization Agenda 2030. To reduce the misinformation and disinformation that led to vaccine hesitancy, all vaccine-related processes should remain transparent; to that end, all meetings of the WHO Strategic Advisory Group of Experts on Immunization should continue to remain open to Member States.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the focus should shift back to routine immunization following COVID-19 vaccination campaigns. Reduced childhood immunization coverage increased the risk of outbreaks of vaccine-preventable diseases, as well as other diseases such as circulating vaccine-derived poliovirus. Countries in his Region with weak immunization systems that had been badly affected by the COVID-19 pandemic had already reported outbreaks of measles, diphtheria and pertussis. The priority was therefore to identify and immunize children who had missed vaccine doses during the pandemic.

He welcomed the latest developments in the implementation of the global road map on defeating meningitis by 2030, particularly given concerns about the health of migrants and refugees and the safety

of the Hajj pilgrimage. The establishment of a strategic support group to facilitate the implementation of the global road map would help to bring the issue to the fore. He welcomed the use of the primary health care levers of the operational framework for primary health care for action on meningitis, which would complement strategies to achieve universal health coverage at the primary health care level.

Only 14 Member States in his Region had national infection prevention and control programmes, and only 10 had national guidelines on the subject. Effective programmes were needed in all facilities to address community-acquired and health care-associated infections. Facilities must also be furnished with the infrastructure and sustainable resources needed to promote infection prevention and control and water, sanitation and hygiene services, and infection prevention and control professionals needed to have appropriate skills and competencies and be empowered, while also being held accountable. He supported the development of a draft global strategy on infection prevention and control, which would be a key component of global prevention, preparedness and response efforts.

The representative of CHINA described the steps taken in his country to combat vaccine-preventable diseases and enhance infection prevention and control in medical settings. In the light of global challenges in infection prevention and control and routine immunization, he expressed support for the draft resolution and called on the Secretariat and partners to take practical action to get immunization activities back on track.

The representative of MALAYSIA said that the COVID-19 pandemic had harmed routine immunization uptake and increased the number of zero-dose children. Catch-up immunization activities would be crucial to optimizing uptake and achieving global disease control, elimination and eradication targets. Vaccines must be made more affordable for low- and middle-income countries so that Member States could implement supplementary immunization activities and expand vaccination throughout the life course. He expressed support for WHO's work on infection prevention and control and the proposed approach regarding the global road map on defeating meningitis by 2030. Prevention, primarily through immunization, was the most effective way to reduce the burden and impact of meningitis, although implementation of the global road map also required political will, participation, policies and perseverance.

The representative of NEW ZEALAND said that equitable vaccination remained one of the most cost-effective public health interventions at the national and global levels and outlined initiatives implemented in her country to enhance immunization coverage. More needed to be done to protect disadvantaged groups, which had been disproportionately affected by the COVID-19 pandemic. Infection prevention and control played a critical role in detecting, assessing, notifying and reporting events; responding appropriately to public health risks and emergencies; and combating other health concerns, such as antimicrobial resistance. A global strategy on infection prevention and control would galvanize efforts in that regard; she therefore supported the draft resolution.

The representative of AUSTRIA emphasized the importance of sharing knowledge and best practices among countries and of WHO's guidance on and expertise in patient safety. She expressed appreciation for the work done by WHO country offices to develop quality infection prevention and control programmes to keep patients and health and social workers safe and prevent harm from infections; in particular, she welcomed the intensive training provided by the Secretariat on integrated infection prevention and control in long-term care facilities. Efforts to strengthen infection prevention and control should also include accredited education and training on hygiene and infection prevention and control at all levels; the creation of linkages between preventive measures and immunization programmes; regular evaluations using digital solutions; and feedback to health workers.

The emergence of the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (B.1.1.529) had shown that access to affordable COVID-19 vaccines for all countries was needed in order to manage the COVID-19 pandemic and protect lives. To achieve the goals of the

Immunization Agenda 2030, training and targeted communication should be improved based on the lessons learned from the pandemic.

The representative of DENMARK, speaking on behalf of Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, thanked the Government of Oman for its leadership in preparing the draft resolution. While the development of safe and effective COVID-19 vaccines had been an extraordinary achievement, supply shortages and inequities in distribution across all regions had hampered progress in controlling the pandemic and had contributed to the spread of variants of SARS-CoV-2. The COVID-19 pandemic had also set back progress towards the goals of the Immunization Agenda 2030. It was important to focus on strengthening vaccine roll-out capacities while also addressing vaccine hesitancy, including by countering misinformation through broader access to evidence-based information. Equity and public health were central to the delivery of vaccines, therapeutics and diagnostics. Support should be provided in low-resource settings, and immunization programmes should be properly funded by Governments to drive progress towards universal health coverage and reduce global health inequalities. He encouraged the Secretariat and Member States to prioritize the strengthening of immunization programmes.

The representative of BHUTAN said that WHO had galvanized global efforts to advance immunization to improve health outcomes. Member States must now take steps to address the unmet goals of the Immunization Agenda 2030. His Government viewed immunization as its highest public health priority. He expressed appreciation to WHO for its solidarity in ensuring vaccine accessibility and equity for all Member States, as well as for its technical leadership. He also acknowledged the support of partners, including Gavi, the Vaccine Alliance, in ensuring seamless access to COVID-19 vaccines and technologies. WHO and partners should continue to play a critical role in fostering equitable access to vaccines in all countries. Immunization was an investment in future health gains.

The representative of SWITZERLAND emphasized the importance of ensuring that infection prevention and control programmes were integrated and aligned with programmes on antimicrobial resistance, a priority area for her Government. Infection prevention and control played a central role in patient safety, as it helped to prevent unnecessary suffering and reduce costs. It would be a key topic of discussion at the Fifth Global Ministerial Summit on Patient Safety, to be held in her country in 2023. She asked to be added to the list of sponsors of the draft resolution.

The representative of THAILAND expressed concern about the global decline in immunization coverage, particularly the fall in diphtheria and measles vaccination rates. To address the situation, it was important to prioritize immunization strategies and raise the awareness of leaders at all levels. Immunization programmes must be integrated into primary health care and universal health coverage, and catch-up initiatives should be established through collaboration with the community, as well as with public and private sector partners. The Secretariat must help Member States to strengthen primary health care services to create resilient health systems that could support immunization initiatives. Meningitis vaccination coverage could be improved by establishing affordable and equitable vaccine distribution mechanisms in the countries most affected.

Since infection prevention and control was crucial to preventing antimicrobial resistance, countries should ensure that quality infection prevention and control strategies were effectively implemented at all levels, including through primary health care.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that the countries in his Region had developed a regional framework for the implementation of the Immunization Agenda 2030, drawing on the lessons learned from the COVID-19 pandemic response. He expressed concern that the number of children who had not received doses of the diphtheria, tetanus and pertussis-containing vaccine had risen as a result of the disruption caused by the pandemic. While COVID-19 vaccination and continued efforts to address vaccine inequity would continue to be priorities,

Member States should also focus on regional strategies and implementation plans that were aligned with the Immunization Agenda 2030 to protect populations from vaccine-preventable diseases.

He commended the significant improvements made in infection prevention and control in Member States, particularly during the pandemic. However, developing countries, including in the African Region, continued to report a high burden of health care-associated infection, sepsis and antimicrobial resistance. Core components of infection prevention and control programmes must therefore be effectively implemented in health facilities at the national and subnational levels. He called for further technical and financial support, with priority given to Member States with less-developed infection prevention and control programmes.

The African Region was the region most affected by meningitis. He supported the global road map on defeating meningitis by 2030 and the related development of national meningitis action plans and regional implementation frameworks, such as the one adopted by the WHO Regional Committee for Africa in 2021. He welcomed WHO's efforts to address meningitis, including activities to strengthen diagnostic capacities and the introduction of specific meningitis vaccines in expanded programmes on immunization. He supported the establishment of a strategic support group to facilitate and strengthen the global road map's implementation, as well as the integration of meningitis prevention and management into primary health care.

Dr Gabunia took the chair.

The representative of the MALDIVES asked to be added to the list of sponsors of the draft resolution, as a global strategy on infection prevention and control was needed to improve patient safety and the quality of care. Infection prevention and control was essential to health systems strengthening, universal health coverage and the attainment of target 3.3 of the Sustainable Development Goals on communicable diseases. The COVID-19 pandemic had highlighted the urgent need for infection prevention and control in health care settings; it was more important than ever to implement all measures to reduce mortality, morbidity and the spread of infection. She requested WHO to continue to support the development of a global strategy on infection prevention and control and the implementation of related activities.

The representative of NAMIBIA welcomed the progress made in the implementation of the Immunization Agenda 2030, but noted with concern the regression in many immunization indicators as a result of the shift in focus to the COVID-19 pandemic response, including the reduction in immunization outreach activities during lockdowns. He encouraged the Secretariat to support Member States in building on previous successes to renew progress towards the goals of the Immunization Agenda 2030.

The pandemic had also served as a crucial reminder of the importance of developing and implementing effective infection prevention and control strategies. He called for increased production of personal protective equipment in the African Region and urged WHO to facilitate partnerships to empower all Member States to produce basic medical supplies at the local level as part of the health development agenda. He commended the roll-out of the meningococcal A conjugate vaccine in the African Region and expressed support for the global road map on defeating meningitis by 2030 and the establishment of a strategic support group to raise the profile of meningitis on the global public health agenda.

The representative of the REPUBLIC OF KOREA expressed appreciation for WHO's efforts to improve infection prevention and control at the global level and agreed on the importance of developing a global strategy to reduce the burden of health care-associated infections and antimicrobial resistance. She expressed support for the global road map on defeating meningitis by 2030 and thanked the Secretariat and the regional offices for their efforts in that regard. Her Government stood ready to share its experience in developing national implementation plans on meningitis.

The representative of ECUADOR outlined a number of measures taken in his country to increase immunization coverage, including through catch-up vaccination campaigns. He called on Member States to continue strengthening their processes to control, eliminate and eradicate vaccine-preventable diseases, including COVID-19, at the regional and global levels. Countries should also strengthen their cooperation and work together to train health workers, streamline health-related regulatory processes and promote communication and health promotion activities in order to support the well-being of their populations.

The representative of the UNITED ARAB EMIRATES said that global guidance was needed to support countries in the development of infection prevention and control programmes and gave details of her country's national programme. She wished to be added to the list of sponsors of the draft resolution.

The representative of SINGAPORE wished to be added to the list of sponsors of the draft resolution. Infection prevention and control was critical to the fight against antimicrobial resistance and a cornerstone of disease outbreak preparedness and response efforts.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the regression in many immunization indicators during the COVID-19 pandemic should be addressed by implementing the Immunization Agenda 2030 and leveraging the opportunities created by COVID-19 immunization activities. As COVID-19 transformed into an endemic disease, COVID-19 vaccines should be integrated into routine immunization, a measure currently being considered in his country. He cautioned against overoptimism regarding measles immunization, as the pandemic and mass population movements had threatened progress in measles elimination in many countries.

The representative of BARBADOS congratulated the Secretariat on its continued work on the Immunization Agenda 2030 and vaccine equity. Efforts to rebuild immunization programmes would make a lasting contribution to primary health care strengthening. She expressed support for the PAHO Revolving Fund for Access to Vaccines and urged the Secretariat to establish innovative funding arrangements so that critical vaccine programmes would not be suspended because of a country's inability to pay in the short term. It was important to integrate COVID-19 vaccination into routine immunization programmes and catch up on any vaccines doses that had been missed during the COVID-19 pandemic.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND thanked the Secretariat for its work on infection prevention and control. It was important to maintain public awareness of the importance of infection prevention and control and educate the general public and professional bodies, drawing on the lessons learned from the pandemic. Infection prevention and control was central to pandemic preparedness and global health security planning, and relevant, functional programmes were needed at the national and local levels. She asked to be added to the list of sponsors of the draft resolution.

The representative of KENYA provided details on immunization coverage in her country. The recent focus on COVID-19 vaccination had stretched cold chain storage and distribution capacities and put routine immunization services under strain; support in overcoming those challenges should be prioritized. She requested the Secretariat to help countries that were transitioning out of Gavi support to ensure the continuity of services. Member States should advocate for an extension of the Gavi transition period to help countries in their COVID-19 recovery.

Infection prevention and control was a key component of global health preparedness, prevention and response. Clean, high-quality, safe and affordable care should be universally available to prevent unnecessary exposure to infection. She congratulated the Government of Oman for its leadership on the draft resolution.

The representative of JAPAN expressed concern about the decline in routine immunization resulting from the COVID-19 pandemic and the disparities in coverage in some countries. He called on the Secretariat to support Member States in catching up on vaccinations, expanding education on immunization and ensuring vaccine equity.

He welcomed the draft resolution, expressing hope that the development of a global strategy would speed up the introduction of infection prevention and control measures at the global and national levels. Such measures should be introduced into health care facilities alongside efforts to strengthen hospital governance and enhance the quality of care and patient safety.

He welcomed the progress made on the global road map on defeating meningitis by 2030 and the establishment of a strategic support group. As it was difficult to quickly diagnose meningitis and facilitate timely care, innovation was needed to strengthen community laboratory capacities and rapid diagnostic testing. WHO should continue to support the integration of meningitis prevention and management into primary health care.

The representative of ARGENTINA commended the progress made in the implementation of the Immunization Agenda 2030 despite the difficult circumstances caused by the COVID-19 pandemic, and provided details of the steps taken in her country to combat vaccine-preventable diseases. It was essential to continue assessing the progress made towards the Immunization Agenda 2030 goals in order to take corrective measures where needed and mitigate the negative impacts of the pandemic on immunization.

The representative of the UNITED STATES OF AMERICA thanked the Secretariat for its support on infection prevention and control. The COVID-19 pandemic had demonstrated that a robust and resilient health care system must include functional infection prevention and control programmes at all levels to ensure patient and provider safety and biosafety, and combat emerging infections and antimicrobial resistance. Plans must be made to effectively transition investment in COVID-19-related infection prevention and control into long-term, sustainable capacity gains.

The global community must take concerted steps to address misinformation and disinformation concerning COVID-19 vaccines and broader public health guidance. Efforts to build confidence and trust in safe and effective vaccines for both COVID-19 and routine immunization must continue. Her Government was committed to working with WHO and partners to support the implementation of the global road map on defeating meningitis by 2030.

The representative of AUSTRALIA said that urgent action was needed to reverse the alarming decline in immunization coverage and stimulate progress towards the Immunization Agenda 2030 goals. Efforts must be accelerated to reach zero-dose children, and the COVID-19 vaccine roll-out should be utilized to increase capacity, strengthen delivery infrastructure, improve data systems and enhance surveillance to revitalize action against all vaccine-preventable diseases. Efforts should focus on ways for countries to sustainably finance improvements in immunization. She encouraged all partners to work collaboratively to plan tailored actions at the country, regional and global levels to build support among the public and policy-makers for the strengthening of immunization programmes. Strong advocacy would be needed at all levels to ensure that immunization and infection prevention and control services were prioritized and that related strategies were promoted in all relevant organizations. There was also a need to build strong governance, monitoring and evaluation mechanisms that promoted transparency and accountability. She supported the draft resolution and welcomed its recognition of the need to provide water, sanitation and hygiene services in all health care facilities.

The representative of BRAZIL said that extensive immunization was a global public good and that immunization coverage could be improved by strengthening primary health care systems and expanding access to health services. He described interventions implemented by his Government to improve vaccination rates, particularly at border regions. Discussions on antimicrobial resistance must be grounded in scientific studies and risk assessments and involve different sectors, with WHO working

within its mandate to improve health for all. He supported the establishment of a strategic support group with a view to improving policies on meningitis and affordable access to countermeasures.

The representative of the RUSSIAN FEDERATION said that all countries should take steps to close immunization gaps, including those resulting from the COVID-19 pandemic. To drive implementation of the Immunization Agenda 2030, there was a need to further improve global, regional and national mechanisms in the areas of planning, monitoring and evaluation, ownership and accountability, and communications and advocacy. Regional and national strategies should also be harmonized with the Immunization Agenda 2030 Framework for Action.

The global road map on defeating meningitis by 2030 would reduce meningitis mortality rates and improve quality of life after recovery. The Secretariat's work on regional implementation frameworks, monitoring and evaluation and the business case was also welcome. Particular attention should be paid to strengthening primary health care. She supported the coordination of global and regional implementation of the global road map through the WHO Technical Taskforce on defeating meningitis by 2030, and said that experts from her country stood ready to participate in that work and in the strategic support group.

The representative of SAUDI ARABIA said that his Government was committed to the eradication of vaccine-preventable diseases and outlined the activities carried out in his country to that end. It was important to strengthen cooperation among Member States and partners on the implementation of related global strategies in order to mitigate the loss of momentum caused by the COVID-19 pandemic and to boost immunization.

Meningitis could be brought under control by 2030 through concerted efforts and international cooperation, including among Member States. His Government placed particular importance on meningitis control given the risks associated with the Hajj and Umrah pilgrimages.

The representative of CANADA said that equitable access to vaccines was essential to protect the health of individuals and communities. Immunization was a global public good, and vaccines were one of the best and most cost-effective public health interventions available. She encouraged all partners to strengthen immunization policies, programmes and platforms to address current and emerging diseases and prepare for future pandemics; mitigate the impact of the COVID-19 pandemic on immunization services; support catch-up immunization campaigns and public education on vaccination; and facilitate the introduction of new vaccines, such as the human papillomavirus and malaria vaccines. She expressed concern at the impact that conflicts in Ukraine and the African Region were having on public health, particularly on the progress made in eliminating diseases such as measles and poliomyelitis. She called on partners to sustain their efforts to ensure the continuation of immunization services in complex humanitarian situations and in the context of the pandemic.

The representative of the BAHAMAS welcomed the continued progress in the implementation of the Immunization Agenda 2030. She described the situation regarding immunization coverage in her country and thanked the Secretariat and PAHO for helping her Government to integrate its electronic immunization registry into a national programme to improve access and reduce gaps. Accelerating access to COVID-19 vaccines would be key to ending the pandemic, and vaccination fatigue must be combated to sustain achievements in COVID-19 immunization. WHO must continue to prioritize vaccine equity. Experience from the COVID-19 pandemic response had shown that disparity in access led to unequal service delivery, morbidity and mortality, with vulnerable groups worst affected. She thanked the Secretariat and Gavi for their work on initiatives such as the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility, but said that more work was needed. Lessons learned from the accelerated development of COVID-19 vaccines must be applied to vaccines for other vaccine-preventable diseases that disproportionately affected low-income countries, such as tuberculosis.

The representative of ANGOLA said that the Immunization Agenda 2030 underscored the need to maintain, restore and strengthen routine immunization in the context of the post-COVID-19 pandemic response and recovery. The pandemic had exacerbated existing inequalities in access to health care and vaccines against diseases other than COVID-19. In the light of the threat of new outbreaks of wild poliovirus and measles resulting from low routine immunization coverage, particularly among populations with limited access to health care services, renewed collaborative efforts were needed to make health care systems and routine immunization more equitable and flexible. Such actions would support the attainment of universal health coverage and the Sustainable Development Goals and promote trust and social cohesion. Long-term investment in routine immunization and primary health care must also be strengthened. He requested the Secretariat and partners to provide technical and financial support to that end.

The representative of INDONESIA provided details on immunization programmes implemented in his country to reduce gaps in coverage caused by the COVID-19 pandemic. To successfully implement the Immunization Agenda 2030, countries required support from partners and guidance from the Secretariat, including on ways to better track and measure progress towards the achievement of the Agenda's goals.

The representative of EGYPT asked be added to the list of sponsors of the draft resolution and expressed support for the Immunization Agenda 2030. Immunization programmes represented an investment in the future and helped to improve public health and productivity. Meningitis affected people of all ages in all countries and had health-related, economic and social consequences; yet progress in eliminating meningitis was slower than that achieved with other vaccine-preventable diseases. He emphasized his Government's commitment to defeating meningitis and called for coordinated efforts from Member States, partners and donors in that regard.

The representative of COLOMBIA described steps taken by his Government to improve national immunization coverage, including by including new vaccines in routine immunization programmes. The COVID-19 pandemic had underscored the need to strengthen immunization programmes and promote the local production of vaccines, medical devices and related technologies. He called on Member States to get back on track in the implementation of immunization programmes through international cooperation. WHO should play a leading role in ensuring safe, timely and equitable access to vaccines in the context of global efforts to prevent communicable diseases, including COVID-19.

The representative of BANGLADESH said that the concept of equitable access to vaccines and therapeutics should be adequately reflected in the new international instrument for pandemic preparedness, prevention and response and any amendments to the International Health Regulations (2005). The need to strengthen health systems to effectively respond to health emergencies had become abundantly clear in the context of the COVID-19 pandemic. Mutual support and enhanced cooperation would be needed to successfully increase immunization coverage in all populations and enable developing countries in particular to strengthen their health systems. The Secretariat should work with developing countries to create pathways to ensure equitable access to the tools and technologies needed to rapidly detect, assess and respond to infections. Such pathways should be taken into account when developing a global strategy on infection prevention and control. He welcomed the draft resolution.

The representative of POLAND explained how his Government was working with partners, including UNICEF, to include refugees from Ukraine in its immunization programme, highlighting in particular the challenges to vaccine uptake, such as trauma among refugees. An in-depth analysis of those challenges could prove useful to other Member States hosting refugees. He supported the efforts of the Secretariat and Member States to make vaccines available to all children equally.

The representative of GHANA said that the impact of the COVID-19 pandemic and the focus on COVID-19 immunization had diverted attention away from other vaccine-preventable diseases, such as measles, leading to their re-emergence. He therefore supported the call for strengthened collaboration among Member States and partners to implement global, regional and national immunization strategies to mitigate lost momentum.

Despite the success achieved through interventions such as immunization and surveillance, meningitis remained a major public health problem owing to insufficient funding, limited testing capacity and the negative impact of the pandemic. He therefore supported the establishment of a strategic support group to facilitate the implementation of the global road map on defeating meningitis by 2030, emphasizing the need to strengthen the integration of meningitis prevention and management into primary health care.

The representative of BAHRAIN expressed support for the Immunization Agenda 2030. Action needed to be taken to enable countries to analyse their strengths and weaknesses in order to identify immunization needs, with targeted campaigns to reduce the immediate risk of outbreaks. It was regrettable that the diversion of health workers from immunization programmes to the COVID-19 pandemic response had left so many children at risk of life-threatening diseases. The information on infection prevention and control provided by the Secretariat would help to improve practices in that regard, and she reaffirmed her Government's commitment to infection prevention and control.

Dr Nakatani resumed the chair.

The representative of SUDAN expressed appreciation for WHO's continued support on infection prevention and control and called on WHO and the international community to support the infrastructure improvements needed to implement the proposed systems for surveillance of health care-associated infections. She outlined a number of steps taken in her country to prevent such infections, including training activities for health workers and coordinators, but said that the implementation of the national immunization programme was being hampered by political instability.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that his Government would continue to welcome any support provided by WHO to strengthen immunization. The COVID-19 immunization campaign in his country had been successful thanks to the continued sacrifices of health workers but had hindered progress in routine immunization. He commended WHO's work on infection prevention and control. His Government's experience had demonstrated that providing universal access to health care free of charge could reduce costs for the public sector and families and generate good outcomes, particularly when funded directly by the Government without private sector involvement. He called on all countries to provide a similar service.

The representative of CAMBODIA supported the call for strengthened collaboration among Member States and partners to mitigate the lost momentum and renew progress towards the impact goals of the Immunization Agenda 2030. The pandemic had underscored the importance of comprehensive health systems strengthening, the need to protect health workers and the power of immunization to protect lives and control diseases.

The representative of GRENADA said that immunization remained one of the most effective public health interventions for the prevention of priority communicable diseases. Although his country had eliminated several vaccine-preventable diseases, vaccine hesitancy represented a growing public health challenge. He therefore asked the Secretariat to continue to tackle vaccine misinformation and support Member States in their efforts to maintain high childhood immunization coverage. The lack of global solidarity in the early stages of the COVID-19 pandemic had resulted in lost opportunities for developing countries; in particular, anti-vaccination sentiment had gained momentum before those countries had been able to access sufficient COVID-19 vaccines, resulting in low uptake at the local level. The global community should learn lessons from the pandemic and recognize that diseases did

not respect borders. He called on WHO to continue to support developing countries by ensuring their timely access to health countermeasures.

The representative of TUNISIA asked to be added to the list of sponsors of the draft resolution. He thanked the Secretariat for providing continued support to his country in the fight against antimicrobial resistance.

The representative of GERMANY supported the draft resolution. Given the interconnectedness between infection prevention and control and patient safety, his Government would continue to support the Global Ministerial Summits on Patient Safety. The 2023 Summit would highlight lessons from the COVID-19 pandemic to improve patient safety and infection prevention and control to strengthen preparedness for future pandemics. Antimicrobial stewardship should be promoted and the prudent use of antimicrobial agents should be further strengthened, with antibiotics used only when medically required. It was concerning that low- and middle-income countries were disproportionately affected by health care-associated infections, neonatal sepsis and antimicrobial resistance. Strong infection prevention and control programmes should be implemented around the world and aligned with programmes on antimicrobial resistance, maternal and child health, and water, sanitation and hygiene.

The representative of CUBA described her Government's efforts to maintain high immunization coverage, including by producing vaccines at the national level, and to implement infection prevention and control programmes at health care facilities. Member States should share their experiences so that further progress could be made on the indicators of the Immunization Agenda 2030.

The representative of PANAMA expressed support for the Immunization Agenda 2030. In the light of the alarming figures on health care-associated infections, a situation exacerbated by the COVID-19 pandemic, clear policies and plans must be developed to reduce the gaps identified in infection prevention and control. Her Government was working to overcome challenges in the implementation of its immunization and infection prevention and control programmes. She supported the global road map on defeating meningitis by 2030.

The representative of NIGER thanked WHO and partners working to strengthen immunization activities in his country. He welcomed the global road map on defeating meningitis by 2030 and described how his Government was working with partners on its implementation. While the circulation of meningococcus serogroup A had been interrupted in many countries in the African meningitis belt following the introduction of the meningococcal A conjugate vaccine into routine immunization programmes, meningitis rates were once again increasing as a result of the spread of other serogroups. It was difficult to curb outbreaks because of the insufficient availability of suitable vaccines. He therefore called on WHO to increase its cooperation with vaccine manufacturers to improve the availability of meningitis vaccines.

The observer of GAVI, THE VACCINE ALLIANCE said that countries' efforts to respond to the COVID-19 pandemic must not come at the expense of other immunization programmes. Communities with high numbers of zero-dose children were more vulnerable to disease outbreaks, medical impoverishment and death. Countries must therefore be supported in prioritizing highly differentiated and targeted subnational strategies to ensure that zero-dose children and missed communities had access to basic vaccines and essential health services. Work must begin immediately if the ambitious goal of halving the number of zero-dose children by 2030 was to be achieved. He called on Member States to maintain, restore and strengthen routine immunization, focusing on zero-dose children; identify and address the social determinants of inequity in immunization; prioritize health systems strengthening to support the COVID-19 vaccine roll-out while reinforcing existing routine immunization; and leverage, maintain and integrate best practices developed for the COVID-19 pandemic response to support routine immunization.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended WHO on its ongoing efforts to implement the global road map on defeating meningitis by 2030 and the Immunization Agenda 2030. However, progress was threatened by the rise of vaccine-preventable diseases and the impact of the COVID-19 pandemic on broader immunization programmes. He called on Member States to integrate immunization activities into a One Health approach and to invest in research on the barriers to vaccine uptake in consultation with health experts and policy-makers to ensure that related strategies were evidence-based.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the Immunization Agenda 2030 must drive equity and universal health coverage, domestic resource mobilization and vaccine affordability and envisage stronger accountability. She called on Member States to enhance immunization programmes as part of health systems strengthening and health emergency preparedness; work with civil society to strengthen immunization programmes and reach the communities most affected by inequalities and discrimination; and ensure that investments made during the COVID-19 pandemic were used to transform routine immunization services and strengthen primary health care.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the importance of robust public health systems and local vaccine production. The Secretariat and Member States should implement comprehensive strategies involving health systems strengthening, research and development and sustainable local production. The Immunization Agenda 2030 should foster transparency in vaccine markets, procurement prices, research and development costs and public funding. It should also provide for capacity-building, safety, security and adequate wages for health workers. Trade rules, including intellectual property-related barriers to vaccines, should be lifted to ensure adequate supply, especially during health emergencies.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that pharmaceutical students and professionals could play a key role in accelerating progress towards the goals of the Immunization Agenda 2030. Member States should therefore include them in national and local immunization plans by creating frameworks to train pharmacists to administer vaccines; authorizing pharmacists to administer a wider range of vaccines; and working with community pharmacists to improve the accessibility of vaccines and related information. She urged WHO to recognize and support pharmacist-led initiatives, given the enhanced role they had played in the delivery of vaccines and education during the pandemic.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that children were bearing the brunt of the health-related impact and indirect consequences of the COVID-19 pandemic, and were also at higher risk of morbidity and mortality from vaccine-preventable diseases. He called on the Secretariat and Member States to urgently accelerate and strengthen essential immunization services by ensuring equitable access to vaccines; improving access for marginalized and remote populations; strengthening vaccine delivery infrastructure; and enhancing disease surveillance for all vaccine-preventable diseases.

The representative of THE ALBERT B. SABIN VACCINE INSTITUTE, INC., speaking at the invitation of the CHAIR, said that declining routine immunization rates were reaching crisis levels and the COVID-19 vaccine roll-out remained inequitable. The Health Assembly must take urgent action to reverse current trends in the achievement of the goals of the Immunization Agenda 2030, including by mandating the Secretariat to lead a comprehensive assessment of the resources and policies needed for that purpose. The challenges concerning vaccine acceptance, demand and delivery were complex, and

it was crucial to understand their scope. Member States must work with local leaders to leverage their collective expertise, programmes and resources with a view to developing solutions.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, highlighted the crucial role that nurses played in protecting patients from health care-associated infections. She called on Member States to support and protect nurses and other health workers by ensuring safe staffing levels and access to vaccines and by providing sufficient personal protective equipment and regular infection prevention and control training.

The representative of the TROPICAL HEALTH AND EDUCATION TRUST, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the importance of infection prevention and control measures in the protection of health workers, patients and communities. Health partnerships produced powerful results for the parties involved and had contributed to the implementation of infection prevention and control measures in low-resource settings. Sharing ideas and experiences had led to mutually beneficial innovations and cost-effective, high-quality outcomes. Such partnerships also created cross-border relationships that facilitated long-term, cooperative health systems strengthening.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, invited Member States to contribute their expertise to support the work of a coalition convened by her organization to foster collaboration across disease-specific programmes. The coalition had developed a tool that Member States could use when planning integrated campaigns and in the implementation of the Polio Eradication Strategy 2022–2026, Immunization Agenda 2030 and the road map for neglected tropical diseases 2021–2030.

The representative of WATER AID INTERNATIONAL, speaking at the invitation of the CHAIR, said that hand hygiene saved lives, generated economic savings and was a minimum requirement for infection prevention and control in health care facilities. Health workers needed clean water and good hygiene to work safely and provide quality care; however, half of health care facilities in the least developed countries lacked basic water services. She urged the Secretariat and Member States to invest in scaling up water, sanitation and hygiene services in health care facilities and to prioritize infection prevention and control in plans relating to pandemic preparedness and response, antimicrobial resistance, quality of care and patient safety.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had overwhelmed the immunization infrastructure and workforce, affected global supply chains, increased antimicrobial resistance and derailed gains made in immunization campaigns around the world. He called on the Secretariat and Member States to focus on all innovations underpinning immunization programmes; support research into the implementation of, and follow-up on, recommendations made by groups such as the WHO Strategic Advisory Group of Experts on Immunization; strengthen manufacturing capacities in low- and middle-income countries; and invest in scaling up access to water, sanitation and hygiene services in health care facilities.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their support for and insightful comments on the implementation of the Immunization Agenda 2030. The setbacks encountered during the COVID-19 pandemic had made it harder to achieve the Agenda's goals and protect populations from vaccine-preventable diseases. Disruptions to immunization programmes persisted, putting millions of people at risk of disease outbreaks. She applauded the speed of the COVID-19 vaccine roll-out, but said that coverage was under 10% in some countries, leaving the most vulnerable populations at risk. Protection against viral transmission would dwindle as public health and social measures were relaxed, making way for new SARS-CoV-2 variants and further waves of severe disease and death that would threaten health systems.

Robust, resilient and effective immunization programmes were a crucial part of health emergency preparedness and response. The successful implementation of the Immunization Agenda 2030 was contingent on regional cooperation and the level of determination, ownership and commitment demonstrated by Member States. She recognized the efforts made by Member States to strengthen national immunization programmes, including by leveraging their COVID-19 response efforts, and to address long-standing inequities by reaching zero-dose children. She acknowledged the importance that many Member States placed on building trust in vaccines and demand for immunization in the face of misinformation and information overload. Transparency and inclusion in decision-making was paramount, and the meetings of the WHO Strategic Advisory Group of Experts on Immunization would therefore continue to remain open to Member States. The Secretariat would support Member States in their efforts to take advantage of the momentum on open vaccine research and access, to diversify vaccine manufacturing and to foster innovation, quality and equity in immunization programmes.

Recent disease outbreaks, including the COVID-19 pandemic, had shown that health care facilities could become unsafe places for patients and health workers. The recent WHO global report on infection prevention and control provided a stark reminder of the critical vulnerabilities and gaps in related programmes, particularly in low- and middle-income countries. Just over half of all countries had enacted infection prevention and control programmes with annual workplans and budgets, and many countries lacked the human and material resources needed to manage COVID-19 patients. However, significant improvements had been made by Member States in comparison with the pre-pandemic period, and she expressed her gratitude to those Member States that had taken steps in that regard, such as appointing infection prevention and control focal points, scaling up training and establishing hand hygiene compliance. Compelling evidence suggested that investing in infection prevention and control improved key health outcomes, saved lives and reduced health care costs. Infection prevention and control should therefore be a central component of global health security planning and quality of care in the context of universal health coverage and antimicrobial resistance prevention.

She welcomed Member States' efforts to seize the opportunities afforded by the pandemic to strengthen infection prevention and control and water, sanitation and hygiene services. The draft resolution on a global strategy on infection prevention and control provided a way to bridge gaps and sustain the progress achieved during the pandemic. The Secretariat was ready to develop such a strategy in close consultation with Member States and to support its implementation, including through the development of a global action plan and a framework for tracking progress, with clear targets.

The DIRECTOR (Immunization, Vaccines and Biologicals) took note of the financing challenges raised by some Member States, particularly for countries that were transitioning out of Gavi support in the aftermath of the COVID-19 pandemic, and said that Gavi would discuss funding and other finance-related policies at its upcoming board meeting. She encouraged all Member States to consider how to integrate COVID-19 vaccination programmes into primary health care services, and noted suggestions from Member States regarding collaboration with communities and the private sector to support catch-up immunization activities. Several Member States had described issues relating to vaccine development for diseases that remained inadequately addressed, such as tuberculosis. The Secretariat was intensifying its coordination and research efforts to find pathways to access novel tuberculosis vaccines and ensure regional manufacturing of all vaccines.

She appreciated Member States' support for the global road map on defeating meningitis by 2030, the WHO Technical Taskforce on defeating meningitis by 2030 and the establishment of a strategic support group. The terms of reference of the strategic support group had been issued and its first meeting would be held in October 2022. She took note of the issues raised concerning the affordability of meningitis vaccines and the importance of primary health care, especially for early diagnosis and treatment.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance) thanked Member States that had developed national action plans on infection prevention and control and related programmes on topics including antimicrobial resistance and water, sanitation and hygiene. The sharing of best practices had also been beneficial. She expressed her appreciation to Member States that had emphasized the links

between infection prevention and control, antimicrobial resistance and patient safety as well as the disproportionate sepsis burden in low- and middle-income countries and its connection with maternal and child health. She took note of the need to focus on community-acquired and health care-associated infection; to integrate training and education into the global strategy on infection prevention and control and to set relevant targets; and to institutionalize sustainable infection prevention and control programmes and the good practices developed during the COVID-19 pandemic.

Resilient national programmes would be key to the fight against new and re-emerging pathogens. It would be important to ensure a sustainable supply chain of critical infection prevention and control tools, such as personal protective equipment, sanitizers and diagnostics, and to invest in innovative infection prevention and control solutions. She took note of the request from several Member States for further training and support in developing and updating national programmes. The Secretariat was incorporating infection prevention and control into its work with FAO, UNEP and WOAHA.

The CHAIR took it that the Committee wished to note the sections of the report contained in document A75/10 Rev.1 on the Immunization Agenda 2030, infection prevention and control and the global road map on defeating meningitis by 2030.

The Committee noted the report.

The CHAIR took it that the Committee wished to approve the draft resolution on a global strategy on infection prevention and control.

The draft resolution was approved.¹

The meeting rose at 12:00.

¹ Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA75.13.

FOURTEENTH MEETING

Saturday, 28 May 2022, at 15:05

Chair: Dr H. NAKATANI (Japan)

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

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:

Item 14 of the agenda (continued from the thirteenth meeting, section 2.)

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

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

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

The CHAIR invited the Committee to continue its consideration of the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, the global strategy for tuberculosis research and innovation and the road map for neglected tropical diseases 2021–2030.

The representative of IRAQ expressed appreciation for efforts to provide strategic direction to accelerate the implementation of the global strategy for tuberculosis research and innovation, noting that the COVID-19 pandemic had reversed progress. Although the Executive Board's call for increased domestic resource mobilization to accelerate implementation of the global strategy was reasonable, it was not feasible for weakened countries like his own. Greater emphasis on research and development and more external financial support was needed to recover lost gains, and developing countries should receive technical support to enable them to contribute effectively to research and innovation. He expressed appreciation for the support provided by WHO and other organizations to tuberculosis control efforts in his country and requested technical, logistical and capacity-building support to enable his Government to participate in global innovative tuberculosis control activities.

The DIRECTOR-GENERAL thanked all Member States for their strong support for the global strategy for tuberculosis research and innovation and the road map for neglected tropical diseases 2021–2030. The severe disruption caused by the COVID-19 pandemic had put the hard-won gains of the preceding 20 years at risk. Progress on tuberculosis had stalled, and tuberculosis-related deaths had risen in 2021 for the first time in a decade. Innovation in more effective and affordable diagnostics and therapeutics, particularly for drug-resistant tuberculosis, was needed. The global strategy prioritized the development of new tools, including vaccines, that could change the trajectory. WHO would host a high-level summit later in 2022 to accelerate tuberculosis vaccine development, drawing on lessons learned from the COVID-19 pandemic response, and in 2023 there would be a high-level meeting of the

United Nations General Assembly to review progress towards ending tuberculosis. Member State engagement would be critical to the success of those meetings. He paid tribute to the late Dr Mwelecele Malecela, under whose leadership the road map for neglected tropical diseases 2021–2030 had been developed. The road map provided ways to strengthen and expand access to prevention and treatment services where they were needed most, but would require financial and technical support to succeed, especially in countries with weaker economies. The Secretariat was fully committed to supporting all Member States in implementing the global strategy and the road map.

The CHAIR took it that the Committee wished to note the sections of the report on the global strategy for tuberculosis research and innovation and on the road map for neglected tropical diseases 2021–2030 contained in document A75/10 Rev.1.

The Committee noted the report.

The meeting was suspended at 15:15 and resumed at 15:50.

The CHAIR recalled that, in search of a way forward on the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, the delegation of Saudi Arabia had made a proposal: the glossary contained in Annex 3 to the draft global health sector strategies would be deleted, and two explanatory footnotes would be added to the draft global health sector strategies and the international technical guidance on sexuality education. Member States had requested further time to consider that proposal, and the delegation of Mexico had led informal consultations on the matter.

The representative of MEXICO thanked all Member States for remaining open to dialogue. The highest priority must be given to adopting the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. Given the lack of consensus on the proposal made by the representative of Saudi Arabia, her delegation had led open, transparent and inclusive informal consultations to seek a compromise. The outcome was a proposal that sought to accommodate the views and concerns of Member States.

She proposed to amend paragraph 1 of the draft resolution to read: “Notes with appreciation the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030”. A new paragraph 2 should be inserted that read: “Reaffirms that in implementing the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, the national context should be considered”. The final paragraph concerning the request to the Director-General should be retained unchanged. Annex 3 to the draft global health sector strategies would also be deleted. The proposal had been circulated to all Member States by email.

The representative of SAUDI ARABIA asked whether the presentation of a new proposal indicated that the proposal made by his Government had been formally rejected.

The CHAIR confirmed that the proposal made by the representative of Saudi Arabia remained on the table.

The representative of COLOMBIA supported the proposal by the representative of Mexico.

The representative of SAUDI ARABIA noted with appreciation the proposal by the representative of Mexico and requested more time to consider it.

The representative of BANGLADESH said that the concerns raised by Member States must be reflected in the text of the draft global health sector strategies as that document would have a bearing on Member States. He supported the proposal made by the representative of Saudi Arabia. The proposal by

the representative of Mexico, however, did not reflect the views of all Member States. Further discussion of the matter would be needed after the Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND did not accept the proposal by the representative of Saudi Arabia. Given the importance of finding a way forward, she supported the constructive proposal by the representative of Mexico and encouraged all Member States to do the same.

The representative of EGYPT recalled that he had supported the proposal made by the representative of Saudi Arabia and requested more time to consider the proposal by the representative of Mexico.

The representative of MONACO cautioned against negotiating or amending strategies developed by the Secretariat. She could not accept the proposal by the representative of Saudi Arabia but endorsed the proposal by the representative of Mexico.

The representative of ARGENTINA supported the proposal by the representative of Mexico but could not support the proposal by the representative of Saudi Arabia.

The representative of LIBYA supported the proposal by the representative of Saudi Arabia. Noting the impending closure of the Health Assembly, he expressed the hope that Member States would have the opportunity to discuss the proposal by the representative of Mexico.

The representative of FINLAND asked the Legal Counsel to clarify what bearing the draft global health sector strategies would have on Member States, including any legal implications.

The representative of JORDAN supported the proposal made by the representative of Saudi Arabia and asked for more time to consider the proposal by the representative of Mexico.

The representative of CANADA supported the proposal by the representative of Mexico and expressed appreciation for the efforts made towards reaching consensus, which was a priority.

The representative of CHILE did not support the proposal put forward by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico, which was balanced and reflective of the concerns expressed by Member States, and called on Member States to support it in the interest of consensus.

The representative of the DOMINICAN REPUBLIC supported the proposal by the representative of Mexico, which largely reflected the concerns of Member States, but did not support the proposal by the representative of Saudi Arabia.

The representative of QATAR requested more time to consider the proposal by the representative of Mexico with a view to achieving consensus.

The representative of ALGERIA said that it had appeared that a majority of Member States had welcomed the proposal by the representative of Saudi Arabia the previous day. Some Governments had requested more time to consider that proposal; it was only fair, therefore, that time should be granted for Member States to consider the proposal by the representative of Mexico.

The representative of URUGUAY did not accept the proposal by the representative of Saudi Arabia. She endorsed the proposal by the representative of Mexico, which sought to accommodate the

different positions expressed, and called on Member States to seriously consider doing likewise in order to avoid a vote.

The representative of the SYRIAN ARAB REPUBLIC supported the proposal by the representative of Saudi Arabia. Stressing the importance of the draft global health sector strategies for all Member States and the consequent need to take all concerns into consideration, she said that she wished to reach consensus on the matter but needed more time to consider the proposal by the representative of Mexico.

The representative of PERU said that the adoption of the draft global health sector strategies was of the utmost importance, especially for developing countries. She supported the proposal put forward by the representative of Mexico, but could not endorse the proposal made by the representative of Saudi Arabia.

The representative of NIGERIA said that his Government was ready to work towards consensus. He recalled that the proposal by the representative of Saudi Arabia concerned the text of the draft global health sector strategies, whereas the proposal by the representative of Mexico concerned the draft resolution.

The representative of FRANCE said that the proposal by the representative of Mexico had several advantages. The amended draft resolution would have Member States take note of, rather than adopt, the draft global health sector strategies, which was an important difference. In addition, that proposal took into account the requests from some Member States to delete the glossary contained in Annex 3 and sought to include wording in the draft resolution to the effect that national contexts should be respected in implementation. On that basis, Member States should support that proposal in order to allow a decision to be made, if possible by consensus, before the closure of the Health Assembly.

The representative of SLOVAKIA supported the proposal by the representative of Mexico and expressed appreciation for the efforts made to ensure that country contexts would be taken into account. It would be crucial to reach consensus as global strategies were needed to support sustainable work on the topics in question.

The representative of DENMARK did not support the proposal by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico and hoped that all Member States would do likewise in the spirit of consensus and to avoid a vote.

The representative of AUSTRALIA supported the constructive proposal by the representative of Mexico, which represented a considerable compromise as it entailed the deletion of Annex 3 to the draft global health sector strategies and sought to capture the sentiment of the footnotes proposed by the representative of Saudi Arabia. A further delay in releasing the draft global health sector strategies would be untenable.

The representative of the UNITED STATES OF AMERICA supported the proposal by the representative of Mexico. All Member States must continue working towards an agreement in order to advance the desperately needed draft global health sector strategies at the current Health Assembly.

The representative of NORWAY did not support the proposal by the representative of Saudi Arabia. She endorsed the proposal by the representative of Mexico as it reflected the concerns of all Member States. Although she would have preferred the draft global health sector strategies to be adopted rather than noted, she acknowledged the need to work towards consensus.

The representative of NEW ZEALAND said that opening negotiations on technical documents could set a dangerous precedent. The proposal by the representative of Mexico sought to capture the substance of Member States' concerns and had her support.

The representative of MOROCCO supported the proposal by the representative of Saudi Arabia and asked for more time to consider the proposals.

The representative of TURKEY said that his Government was still considering both proposals.

The representative of GERMANY said that in view of the limited time and the positions expressed, the proposal by the representative of Mexico seemed the best basis for consensus.

The representative of BRAZIL said that his Government strongly supported multilateralism, inclusiveness and consensus, as well as the global response to HIV/AIDS, viral hepatitis and sexually transmitted infections. He emphasized the importance of adopting global strategies and underscored his Government's support for the technical work of the Secretariat. The proposal by the representative of Mexico seemed a good way forward.

The representative of ITALY supported the proposal by the representative of Mexico and called on Member States to support it in the interest of consensus. It would be important to adopt the draft global health sector strategies before the closure of the Health Assembly.

The representative of IRELAND did not support the proposal by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico and called on Member States to give it due consideration in order to reach a compromise.

The representative of TUNISIA recalled that Member States had been given time to consider the proposal by the representative of Saudi Arabia. In the interest of fairness, Member States should also be given time to consider the proposal by the representative of Mexico before giving their views.

The representative of DJIBOUTI asked whether the two proposals could be combined in order to achieve consensus. She also requested clarification as to why it was necessary for the Health Assembly to adopt the draft global health sector strategies if the actions therein were to be taken by the Secretariat; the implications of adoption for Member States; and whether adoption would form the basis for the Secretariat's engagement with individual Member States. Although consensus was important, a vote might be the best way to reflect the divergent views of the Health Assembly regarding certain controversial concepts on which there was not international agreement. The views of Member States were of equal value and should all be taken into consideration.

The representative of the NETHERLANDS did not support the proposal by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico, which accommodated some of the concerns that had been raised by Member States and which the Government of Saudi Arabia had sought to address in its proposal.

The representative of IRAQ, highlighting the benefit that the draft global health sector strategies would bring to all Member States, supported the proposal made by the representative of Saudi Arabia. His Government needed more time to consider the proposal by the representative of Mexico.

The representative of SOUTH AFRICA said that it was critical to make a collective decision and proceed with the implementation of the draft global health sector strategies. The flexibility demonstrated in the proposal by the representative of Mexico was sincerely appreciated. She expressed support for

both proposals and hoped that Member States would view the inclusion of a reference to national contexts in the proposed amendment to the draft resolution as a way of striking a balance.

The LEGAL COUNSEL, responding to questions from the representatives of Finland and Djibouti, said that the draft global health sector strategies contained actions to be taken by the Secretariat and Member States. While the adoption of a strategy signified its acceptance and approval by the Health Assembly, taking note only signified the Health Assembly's acknowledgement of the strategy, without any indication of its approval or rejection. In both cases, the draft global health sector strategies would not be legally binding on Member States but recommendatory. The Secretariat would then implement the draft global health sector strategies and report to Member States as mandated, and Member States would implement them in accordance with their national contexts.

The representative of EGYPT said that his Government needed more time to consider the proposal made by the representative of Mexico. He asked for further clarification regarding the legal and financial implications of a Health Assembly decision to take note of a strategy, given that it would signify neither rejection nor acceptance of the strategy by Member States. Could the Organization implement an action with financial implications on the basis of a decision or resolution in which Member States had only taken note of a strategy and had therefore not expressed their positions in that regard? He requested the Secretariat to provide a precedent for such action, if available.

The CHAIR suggested that the discussion should be suspended to allow time for further consideration of the proposals.

It was so agreed.

(For continuation of the discussion and approval of a draft resolution, see the summary records of the sixteenth meeting, section 1.)

The meeting rose at 16:45.

FIFTEENTH MEETING

Saturday, 28 May 2022, at 18:15

Chair: Dr H. NAKATANI (Japan)

SIXTH REPORT OF COMMITTEE A (document A75/69)

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

The report was adopted.¹

The meeting rose at 18:20.

¹ See page 341.

SIXTEENTH MEETING

Saturday, 28 May 2022, at 19:35

Chair: Dr H. NAKATANI (Japan)

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

1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda (continued from the fourteenth meeting)

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

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

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

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

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

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

amendments proposed by the representative of Saudi Arabia. As one amendment was the same in both sets of proposed amendments, if it were adopted in the context of consideration of the amendments proposed by the representative of Mexico, it would not be considered again as part of the amendments proposed by the representative of Saudi Arabia. Once those decisions had been made, the Committee would consider whether to approve the resulting texts of the draft resolution and the draft global health sector strategies. In the current case, it would be possible for both sets of amendments to be approved, as they were not contradictory.

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

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

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

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

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

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

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

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

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

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

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

the Rules of Procedure. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote, were: Afghanistan, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

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

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

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

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

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

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

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

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

The LEGAL COUNSEL said that the results of the previous vote would not indicate whether there was a quorum, as the number of Member States announced as absent had included those that had been absent from the room and also those present but choosing not to participate in the vote. He reaffirmed Member States' right to abstain from voting. The Secretariat had established that there had been a quorum at the beginning of the meeting. He said that, pursuant to the Rules of Procedure, 96 Member States constituted a quorum at the Health Assembly.

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

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

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

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

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

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

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

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

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

The LEGAL COUNSEL clarified that the result of the vote on the amendments proposed by the representative of Saudi Arabia would have no effect on the amendments already accepted. After the votes on all amendments proposed, the Committee would decide whether to approve the draft resolution, as amended. If the draft resolution was not approved by the Committee, the Committee would not take note of the draft global health sector strategies, and thus, any amendments that had been accepted would fall as well.

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

At the invitation of the CHAIR, the LEGAL COUNSEL explained the procedure for the vote on the amendments proposed by the representative of Saudi Arabia on behalf of the Member States of the Eastern Mediterranean Region, which would be taken by a show of hands. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote, were: Afghanistan, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

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

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

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

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

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

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

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

At the invitation of the CHAIR, the LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with Rule 74 of the Rules of Procedure. The names of the Member States would be called in the French alphabetical order, starting with the Russian Federation, the letter F having been determined by lot. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote, were: Afghanistan, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

The result of the vote was:

In favour: Argentina, Australia, Austria, Barbados, Belgium, Bolivia (Plurinational State of), Botswana, Brazil, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, Cuba, Cyprus, Czech

Republic, Denmark, Dominican Republic, Ecuador, Estonia, Eswatini, Fiji, Finland, France, Georgia, Germany, Guatemala, Ireland, Israel, Italy, Japan, Kenya, Luxembourg, Malta, Mexico, Monaco, Namibia, Netherlands, New Zealand, Norway, Panama, Papua New Guinea, Paraguay, Peru, Poland, Portugal, Republic of Moldova, Romania, Rwanda, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Timor-Leste, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay.

Against: Libya, Senegal.

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

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

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

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

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

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

The representative of JORDAN, speaking in explanation of vote, said that while his Government supported the global health sector strategies, it had abstained from voting because the strategies contained terms that had not been universally agreed upon and that it could not accept. The deletion of

those terms would not have affected the strategies or their application. In addition, the resolution was not sufficiently flexible so as to address those concerns.

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

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

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

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

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

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

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, expressed her disappointment that the Health Assembly had needed to vote on the global health sector strategies, setting an unhelpful precedent for the development of future technical strategies. It served as a timely reminder that WHO technical documents

should be approached with due recognition of the role that WHO must play in convening the best evidence available and setting forth strategies based on that evidence.

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

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

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

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

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

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

The report was adopted.¹

The representative of CHINA, exercising his right of reply, said that the Health Assembly, with the general support of Member States, had once again rejected discussion of the proposal relating to the participation of Taiwan² in the Health Assembly as an observer. However, some Member States continued to make irresponsible remarks, in violation of United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972). His Government firmly opposed such behaviour and called on Member States to respect the one-China principle.

3. CLOSURE OF THE MEETING

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

The meeting rose at 22:55.

¹ See page 341.

² World Health Organization terminology refers to “Taiwan, China”.

COMMITTEE B

FIRST MEETING

Wednesday, 25 May 2022, at 09:15

Chair: Mr R. BHUSHAN (India)

1. OPENING OF THE COMMITTEE: Item 19 of the agenda

The CHAIR welcomed the participants.

Election of Vice-Chairs and Rapporteur

Decision: Committee B elected Dr F. Abiad (Lebanon) and Dr E.O. Ehanire (Nigeria) as Vice-Chairs and Dr G. Juszczuk (Poland) as Rapporteur.¹

Organization of work

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

It was so agreed.

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 21 of the agenda

Financial matters

Financing and implementation of the Programme budget 2022–2023: Item 21.1 of the agenda (documents A75/27 and A75/52)

Scale of assessments 2022–2023: Item 21.2 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, resolution EB150.R5)

¹ Decision WHA75(3).

Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution:
Item 21.3 of the agenda (documents A75/28 and A75/55)

The CHAIR, referring to item 21.3 of the agenda, said that he had been informed by the Secretariat that the Government of El Salvador had settled its account to an extent that it would no longer be subject to Article 7 of the Constitution. Accordingly, it should be deleted from the draft resolution contained in paragraph 12 of document A75/28.

In addition, he drew the Committee's attention to the two resolutions that had been adopted by the Health Assembly on Tuesday, 24 May 2022, entitled Special arrangements for settlement of arrears: Islamic Republic of Iran,¹ and Special arrangements for settlement of arrears: Sudan.²

The representative of MAURITANIA, speaking on behalf of the Member States of the African Region, took note of the updates provided and welcomed the transparency and accountability demonstrated by the Secretariat towards Member States. He welcomed the slight increase in contributions that had resulted from global solidarity in the face of growing health threats and emergencies. He noted in particular the financing for poliomyelitis eradication and emergency operations, which were important in the Region. Funds should be allocated in a timely manner to combat epidemics at the country level. With regard to the base budget segment, the African Region and the Region of the Americas had received the lowest amount in the first quarter of 2022–2023, and he called for the effective and rapid reallocation of funds from headquarters, which had already received 86% of its biennial financing.

Despite the negative impact of the COVID-19 pandemic on national economies, all Member States remained obligated to pay their contributions to ensure that WHO could fulfil its mandate. He urged Member States in arrears to settle their accounts and thereby restore their right to vote. The Secretariat should enhance communication with those Member States to reschedule their payments and ensure that their assessed contributions would be paid. He looked forward to progress being made in the implementation of the Programme budget 2022–2023, specifically in respect of universal health coverage and health emergency preparedness and response.

The representative of BHUTAN welcomed the progress made in the financing and implementation of the Programme budget 2022–2023 despite the challenges of the COVID-19 pandemic. He welcomed the focus on supporting regional priorities and on results-based planning and budgeting, taking into account the lessons learned from the COVID-19 pandemic. Noting the efforts made to mobilize resources, he urged the Secretariat to address unfunded programmes and activities, which could help to sustain health gains and reverse the health losses that had resulted from the pandemic.

The representative of the UNITED STATES OF AMERICA said that her Government remained committed to strengthening WHO. She expressed concern regarding the uneven distribution of financing across WHO offices regions and programmes, despite robust support in some areas. In moving to more sustainably financed budgets, details should be presented early and often to Member States to ensure confidence and clarity in the allocation of resources across the Organization. Reforms should be implemented to ensure that WHO was effective, well-resourced, agile and respected. She supported strengthening the role of Member States in determining the strategic direction and core functions of WHO.

The representative of NAMIBIA noted that the base Programme budget 2022–2023 was 16% higher than that of 2020–2021. However, the WHO Health Emergencies Programme was the least funded among the Organization's four strategic priorities. While WHO headquarters remained the best

¹ Resolution WHA75.1.

² Resolution WHA75.2.

financed of all major offices, the African Region and the Region of the Americas continued to receive the lowest level of financing, and the Secretariat should address that concern. He urged WHO to build on the progress in budget implementation made in the first quarter of the biennium, and noted that the report of the Working Group on Sustainable Financing was a good step towards improving sustainable and flexible financing for WHO.

The representative of MEXICO reaffirmed the importance of ensuring the equitable allocation of resources across WHO's priority areas of work. To that end, performance, accountability, resource allocation and the potential impact of other factors on financing and resource implementation should be constantly evaluated. He urged the Secretariat to explore mechanisms to incentivize donors to give flexible funding to ensure sufficient and predictable financing for all priority areas of work. WHO should also continue to explore innovative strategies and evaluation mechanisms in order to improve financing at all levels. He commended the regular reports on the utilization of the Programme budget 2022–2023, which would enhance certainty, transparency and accountability regarding the use of available resources and enable Member States to provide better guidance on how to overcome financing and implementation challenges.

The representative of GHANA commended WHO's efforts to align with wider United Nations reforms to improve operational efficiency and effectiveness. She welcomed the Secretariat's commitment to achieving savings in the Programme budget 2022–2023 so as to offset the proposed budgetary increase, noting in particular the estimated savings with respect to travel and administrative costs. She commended the increase in technical support provided to Member States during the COVID-19 pandemic and welcomed the improved documentation of cost savings and efficiency gains. WHO should continue to reduce manual tracking in order to minimize underestimation and further improve cost savings and efficiencies.

The representative of INDIA emphasized the importance of the integrity of financial statements and the evaluation of budget allocations. While he agreed with the proposed approach of increasing assessed contributions, WHO should demonstrate the added value of any increase through a new accountability framework or mechanism. Detailed and meaningful consultations should be held with Member States to discuss specific activities under various programmes rather than an overview. Noting the lower-than-average utilization by strategic priority, he said that regular reviews of programmes between country offices and Member States should be conducted. The Secretariat should have the flexibility to reallocate unused funds mobilized by headquarters to different geographical areas. Finally, he called for a transparent assessment of WHO operations through specific key performance indicators for programme evaluation.

The representative of PARAGUAY said that although the expected deficit concerning base programmes had improved slightly for 2022–2023, that segment continued to face significant funding challenges. He asked what strategies or mechanisms were being developed to improve the financing of the base segment, in addition to the proposals submitted by the Working Group on Sustainable Financing. He urged WHO to ensure that its estimate of income from contributions was realistic and take into account more variables in order to provide a clearer and more predictable funding outlook. The Region of the Americas remained the most underfunded region from the base segment, with some strategic priority areas receiving around 40% less than in the period 2020–2021. He asked whether that was due solely to the origin and nature of those funds and how the Secretariat intended to rectify the problem. His Government would take the necessary steps to meet its commitments to the Organization as soon as possible.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that the Secretariat would prepare additional information for Member States regarding the allocation of resources to regions and countries. The comment regarding regular reviews between Member States and country offices had been well noted, and the Secretariat would work with the regions to identify how best it could be done to

ensure that feedback was taken on board and that the services provided by WHO met the needs of Member States. With regard to the level of approved programme budget financing, he said that a proportion of the funding allocated to headquarters would be distributed to countries and regions and noted that the Resource Allocation Committee was seeking to ensure an equitable allocation of funds. However, the high earmarking of funds continued to present certain challenges, and he urged Member States to increase the flexibility and sustainability of financing. The Secretariat remained committed to demonstrating added value and greater transparency regarding resource allocation across the Organization. It was also committed to providing details and improving clarity regarding the budget, and to making documentation available in advance of meetings.

The EXECUTIVE DIRECTOR (External Relations and Governance) said that the Secretariat was constantly seeking innovative ways to finance the programme budget. She highlighted the success of the COVID-19 Solidarity Response Fund, which had been established in partnership with civil society organizations, the United Nations Foundation and philanthropists worldwide. Innovative governance mechanisms had been designed to provide for the distribution of resources from that Fund. The lessons learned from that experience could be applied to future measures, including the feasibility study on a replenishment mechanism, as recommended by the Working Group on Sustainable Financing. Such a mechanism would be the first for a Member State-led organization, and the Secretariat would be pleased to report on that interesting option in due course.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/10 Rev.1, A75/27 and A75/28.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft resolution on scale of assessments 2022–2023 recommended in resolution EB150.R5, as contained in document EB150/2022/REC/1.

The draft resolution was approved.¹

The CHAIR took it that the Committee wished to approve the draft resolution on status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, as contained in paragraph 12 of document A75/28, as amended by the Secretariat.

The draft resolution, as amended, was approved.²

Governance matters

Prevention of sexual exploitation, abuse and harassment: Item 21.4 of the agenda (documents A75/29 and A75/50)

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, welcomed the WHO Management Response Plan on preventing and responding to sexual exploitation and abuse and sexual harassment. He welcomed the establishment of a subcommittee of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to identify how the Organization's current procedures on the prevention and response to sexual exploitation, abuse and sexual harassment could be improved. He recognized the progress made to ensure that the

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.9.

² Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.10.

Secretariat had sufficient dedicated capacity to tackle those areas of work. He welcomed the appointment of a coordinator on the prevention of sexual exploitation, abuse and sexual harassment for the African Region, who had begun work in March 2022. Funds allocated to the African Region must be sufficient for building capacity for the prevention of sexual exploitation, abuse and sexual harassment in all Member States.

The representative of NORWAY welcomed the progress made by WHO towards a victim-centred approach to addressing sexual exploitation, abuse and sexual harassment and to tackling the backlog of such cases. However, the concerns expressed by United Nations special rapporteurs, many of which her Government shared, should be taken into account in the WHO Management Response Plan. The Director-General should be accountable for creating an organizational culture based on ethics, integrity, trust, transparency, accountability and zero tolerance for inaction. Surveys would help to assess any progress made. The United Nations Office of Internal Oversight Services should have unhindered access to all information and staff throughout its investigations.

The representative of MALAYSIA said that the shift towards zero tolerance of sexual exploitation, abuse and harassment required strong leadership, political will and shared responsibility. Highlighting steps taken in her country to combat sexual exploitation, abuse and harassment, she said that her Government supported the priority areas of work recommended by the subcommittee of the Independent Oversight and Advisory Committee, and called on WHO to take the urgent actions required. She condemned all acts of sexual exploitation, abuse and harassment, particularly those perpetrated by people in positions of power.

The representative of the NETHERLANDS, speaking also on behalf of Albania, Argentina, Australia, Austria, Brazil, Canada, Colombia, Costa Rica, Croatia, Cyprus, Ecuador, Estonia, the European Union, Fiji, France, the Gambia, Georgia, Germany, Greece, Guatemala, Ireland, Israel, Kenya, Latvia, Malta, Mexico, Monaco, Montenegro, Morocco, New Zealand, North Macedonia, Norway, Panama, the Republic of Korea, Senegal, Spain, Sweden, Thailand, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, as well as Belgium, Bulgaria, the Czech Republic, Denmark, Finland, Hungary, Italy, Lithuania, Luxembourg, Poland, Portugal, Romania, Slovakia, Slovenia and Switzerland, condemned all forms of sexual exploitation, abuse and harassment and expressed support for a victim- and survivor-centred approach.

The risk of sexual exploitation, abuse and harassment undermined efforts to achieve the 2030 Agenda for Sustainable Development and called into question the integrity and credibility of the international aid community. Cases of sexual exploitation, abuse and sexual harassment were underreported, including as a result of social stigma, and WHO must use its leadership role to promote guidelines, norms and standards for cultural change among all actors in the global health ecosystem. She welcomed the progress made by WHO towards eliminating sexual exploitation, abuse and sexual harassment across its operations, building capacity and implementing institutional change. Member States and the governing bodies should continue to receive regular updates on the processes established by WHO, including on the support offered to victims and survivors and the implementation of the WHO Management Response Plan. She noted with concern that WHO's response to a communication received in March 2022 from three United Nations special rapporteurs regarding allegations of sexual exploitation and abuse during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo had been made public only in May 2022. WHO's leadership must bring about cultural change and ensure zero tolerance of such behaviour – inaction was not acceptable. She endorsed the five priority action areas identified by the subcommittee of the Independent Oversight and Advisory Committee and the integration of its recommendations into the WHO Management Response Plan.

The representative of NEW ZEALAND condemned sexual exploitation, abuse and sexual harassment in all its forms. While WHO's actions in the area of prevention were welcome, more remained to be done and she called on WHO to continue its efforts.

The representative of THAILAND commended WHO's commitment to zero tolerance of sexual exploitation, abuse and sexual harassment. It was essential to raise awareness of the issue, particularly in the context of health emergency preparedness and response. WHO should continue to build on systems and procedures to safeguard victims and scale up preventive measures. Victims and survivors must have access to trustworthy, private and dignified support services.

The representative of INDIA said that the Clear Check screening database should be made accessible to regional and country offices and Member States. WHO's #NoExcuse campaign should be supported with the provision of appropriate counselling, legal support and training across all levels to cultivate an environment preventing any form of sexual exploitation, abuse and harassment. A culture in which reporting, investigation and timely action were ensured should be built. WHO's governance structure should be reviewed and Member States briefed on the failure to tackle protracted cases of sexual abuse and harassment. WHO should work with other key stakeholders to bring about complete cultural change at all levels. The Secretariat should provide information on the current status of the cases of alleged sexual exploitation and abuse reported to the United Nations Office of Internal Oversight Services. He looked forward to learning more about long-term strategies and risk mitigation measures to combat and prevent sexual exploitation, abuse and harassment.

The representative of the UNITED STATES OF AMERICA said that her Government attached the highest priority to addressing sexual exploitation, abuse and sexual harassment, and welcomed the initial steps taken by WHO, with particular regard to the situation in the Democratic Republic of the Congo. She appreciated the updates on the short- and medium-term actions in the WHO Management Response Plan, key developments in WHO's regulatory framework, and the handling of outstanding investigations. Despite that progress, however, sexual exploitation, abuse and sexual harassment concerns persisted at WHO, and more needed to be done, including to strengthen reporting, oversight and investigation mechanisms, and apply a survivor-centred approach. While her Government supported the continued temporary suspension of Financial Rule XII, 112.1, further consideration should be given to the structures required in the medium to long term. She welcomed WHO's efforts to more proactively prevent sexual exploitation, abuse and sexual harassment, and encouraged the Organization to increase the number of female staff members at all levels, identify priority responses warranting targeted technical support, and increase the number of advisers and experts in sexual exploitation, abuse and sexual harassment prevention. Ensuring that core staff positions were appropriately budgeted would help to ensure a sustainable long-term model. Accountability of staff members at all levels was essential to foster cultural change in WHO.

The representative of MEXICO welcomed the policies that sought to promote the application of measures to avoid all forms of harassment and abusive conduct, with particular focus on transparency and accountability, notably during health emergencies. He further welcomed the application of WHO's policy directive on protection from sexual exploitation and sexual abuse and the establishment of safe reporting mechanisms, which built trust and addressed the fear of retaliation and perception of impunity. He recognized the value of the Integrity Hotline in that regard. The unified framework for work on prevention of and response to sexual exploitation and abuse and sexual harassment was a positive step towards standardizing strategies, methods and processes. With regard to the request for an initial core budget of US\$ 50 million allocated to work on preventing and responding to sexual exploitation and abuse and sexual harassment for the biennium 2022–2023, he asked the Secretariat to specify how such funds would be used for victim-centred policies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government shared many of the concerns expressed by the representatives of Norway and India and looked forward to receiving the results of the staff survey, which would offer an understanding of the perceived pace of cultural change within WHO. Her Government also shared a number of the concerns raised by the Special Rapporteur on violence against women in the letter of May 2022, and noted the Secretariat's response. While the Secretariat had made great progress in

improving policies, practices and investigation processes for safeguarding against sexual exploitation, abuse and harassment and moving towards a victim- and survivor-centred approach, work remained to be done. Her Government awaited the outcomes of the audit review and of the investigations being carried out by the Office of Internal Oversight Services. As part of the policies review, sexual harassment must be brought under the title of sexual misconduct, and she looked forward to an update in that regard. In order to reach gender parity in deployments for health emergency response, WHO must ensure the safety of all of its staff members, especially women.

The representative of the REPUBLIC OF KOREA welcomed the implementation of the WHO Management Response Plan, in particular the campaigns to improve training and build capacity of WHO staff. He noted the provision of integrated support based on a victim- and survivor-centred approach and welcomed the increased efficiency of investigations and the progress in reducing the backlog of cases. Extending the suspension of Financial Rule XII, 112.1, would have to be reviewed depending on how investigations proceeded. Sexual exploitation, abuse and harassment had a grave impact on victims and eroded trust in WHO, and he hoped that a culture of zero tolerance and prevention would be established and given sufficient budgetary support.

The representative of JAPAN said that WHO must continue to enforce its zero-tolerance policy on sexual exploitation, abuse and sexual harassment, and fulfil the recommendations of the Independent Expert Oversight and Advisory Committee. Welcoming the continued implementation of the WHO Management Response Plan, he commended WHO's efforts to introduce best practices from other organizations. Existing mechanisms should be utilized to avoid duplication of work, and he asked whether those of other United Nations agencies had been scrutinized for the proposed revision of the component of the Programme budget 2022–2023 concerning the prevention of and response to sexual exploitation, abuse and sexual harassment. WHO should share its good practices with other international organizations. The Secretariat should consider adhering to the OECD's Development Assistance Committee Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance.

The representative of GHANA supported WHO's zero tolerance of sexual exploitation, abuse and harassment and the decision to grant the Head of Investigations the authority for all investigations relating to such conduct. She emphasized that the Clear Check screening system should not be used as a discriminatory tool. Support systems for victims of abuse should be scaled up in all Member States.

The representative of INDONESIA said that the creation of the WHO public website to provide easy access to key documents and the publication of a monthly newsletter had promoted greater transparency and accountability. She recognized the increased risk of sexual exploitation and abuse during health emergencies and other settings of vulnerability and inequality but commended WHO's ongoing efforts to deploy staff in response to health needs. Tackling sexual exploitation, abuse and sexual harassment was a shared responsibility and should involve all stakeholders. WHO should strengthen its commitment to zero tolerance and inaction and continue to provide regular updates to Member States.

The representative of TURKEY highlighted the importance of ensuring a respectful working environment for all and commended the investigation into the allegations of misconduct in the Democratic Republic of the Congo. He welcomed the implementation of the recommendations of the Independent Commission on Allegations of Sexual Exploitation and Abuse in the Democratic Republic of the Congo during the Response to the Tenth Ebola Outbreak, the policy on preventing and addressing abusive conduct and the zero-tolerance policy. The prevention of and response to all forms of sexual misconduct and violence required all stakeholders to be engaged, victims to be free from fear and tough mechanisms to be put in place for perpetrators. Complaints must not be allowed to go unreported and must be investigated in a timely manner with a victim-centred approach. She looked forward to receiving

the outcome of the staff survey and regular updates on the implementation of the WHO Management Response Plan.

The representative of PARAGUAY welcomed the measures taken thus far, including the establishment of capacity within the Secretariat to tackle sexual exploitation, abuse and sexual harassment, which would bring about the required institutional change. WHO should continue to follow the December 2021 implementation plan. The unified framework for work on prevention of and response to sexual exploitation and abuse and sexual harassment would help to ensure a zero-tolerance policy. He commended WHO's leadership role and encouraged the Organization to strengthen efforts to promote an institutional culture of victim- and survivor-centred care.

The representative of SWEDEN said that nothing less than a zero-tolerance approach to sexual exploitation, abuse and sexual harassment was acceptable and she welcomed the work undertaken to implement the WHO Management Response Plan. While her Government welcomed the additional financial resources allocated for that work, it noted the importance of finding a sustainable financial solution, for example, by using assessed contributions. Results should be reported to Member States and donors as soon as they were available. She welcomed the commitment to embedding experts on the prevention of and response to sexual exploitation, abuse and sexual harassment in the ongoing emergency response in Ukraine.

The representative of SOUTH AFRICA noted with appreciation the efforts to strengthen WHO's capacity to address sexual exploitation, abuse and harassment at all levels, including the establishment of dedicated units. All individuals in need should be given the required support, any ongoing abuse must cease and the perpetrators must be held accountable.

The representative of DENMARK acknowledged the steps taken to build capacity to prevent and respond to sexual exploitation, abuse and harassment at all levels of the Organization. She emphasized the importance of a victim- and survivor-centred approach to that work, and of rebuilding and retaining the trust of the communities that WHO served. It was regrettable that the letter from three United Nations special rapporteurs had only been made public two months after it had been sent. WHO should place a renewed focus on transparency and openness and remain committed to enforcing the policy of zero tolerance for inaction.

The representative of NIGER highlighted steps taken in his country to combat sexual exploitation, abuse and sexual harassment. He expressed his Government's support for the recommendations made by the Executive Board at the 150th session on regulatory measures to combat sexual exploitation, abuse and sexual harassment.

The representative of ISRAEL, speaking also on behalf of Albania, Argentina, Australia, Austria, Brazil, Canada, Colombia, Costa Rica, Croatia, Cyprus, Ecuador, Estonia, the European Union, Fiji, France, the Gambia, Georgia, Germany, Greece, Guatemala, Ireland, Kenya, Latvia, Malta, Mexico, Monaco, Montenegro, Morocco, the Netherlands, New Zealand, North Macedonia, Norway, Panama, the Republic of Korea, Senegal, Spain, Sweden, Thailand, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, as well as Belgium, Bulgaria, the Czech Republic, Denmark, Finland, Hungary, Italy, Lithuania, Luxembourg, Poland, Portugal, Romania, Slovakia, Slovenia and Switzerland, said that action on sexual exploitation and abuse and on sexual harassment must be aligned as those unacceptable behaviours were rooted in the same inequalities and undermined the important work of WHO. He keenly awaited the outcomes of the investigations being carried out by the Office of Internal Oversight Services and WHO's subsequent response.

The encouraging inter-agency initiatives should be enhanced. WHO should continue to work alongside the United Nations Office of the Victims' Rights Advocate and the Office of the Special Coordinator on improving the United Nations response to sexual exploitation and abuse, to

prevent sexual exploitation, abuse and harassment and ensure a victim-centred approach to the reporting and follow-up of cases. The Secretariat should also strengthen its engagement with countries in which WHO was present. The successful implementation of the WHO Management Response Plan would require effective and transparent recruitment practices and performance management in order to prevent the hiring of perpetrators. There was a need for a cultural change within the Organization, and WHO should engage with civil society organizations and other stakeholders in that respect. Those activities should be included in the new three-year strategy on prevention of and response to sexual exploitation, abuse and sexual harassment.

The representative of BHUTAN recalled that sexual exploitation, abuse and harassment occurred in all settings and were often stigmatized, hidden or ignored. Preventing and addressing such abuse improved the well-being of individuals and society. His Government therefore supported WHO's zero-tolerance approach to sexual exploitation, abuse and harassment and the implementation of the WHO Management Response Plan and its accompanying implementation plan.

The representative of LEBANON expressed support for WHO's zero-tolerance policy. The number of incidents within the Organization indicated the fragility of the current systems and the ongoing need for reform. She encouraged WHO to pursue a comprehensive victim- and survivor-centred approach and to engage other stakeholders and external experts to ensure transparent and unbiased oversight. Further efforts were required to guarantee the complete protection of women and communities.

The representative of the NETHERLANDS said that the risk of sexual exploitation, abuse and harassment, which was already high, had been elevated by current health emergencies. The elimination of all forms of violence against women and girls by 2030, which was one of the Sustainable Development Goals, included preventing mandatory motherhood. Access to safe medical care, including the termination of unwanted pregnancy, should be available in all cases, not just those resulting from sexual exploitation or abuse. The politicization and criminalization of abortions did not reduce their number, but rather led to an increase in unsafe procedures. WHO's abortion care guideline, released in March 2022, provided for the legal availability of safe abortions in cases of unwanted pregnancy. However, those recommendations must also be accompanied by structural change to destigmatize and remove non-medical barriers to sexual and reproductive health care services. The Secretariat and Member States must continue to support that work.

The representative of TOGO commended WHO's efforts to strengthen institutional capacity for prevention, detection and response to sexual exploitation, abuse and sexual harassment, particularly in high-risk settings. He highlighted actions taken in his country in that regard and expressed his Government's support for the proposed three-year WHO strategy on prevention of and response to sexual exploitation, abuse and sexual harassment.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that work was ongoing at the regional and country offices to prevent sexual exploitation, abuse and harassment and to uphold the zero-tolerance approach. Key outcomes of consultations undertaken in 2021, including an emphasis on leadership in the prevention of sexual exploitation, abuse and harassment, diversity, equity and inclusion, had been embedded into regional priorities. Action was being taken to ensure a respectful workplace, with particular focus on transformation at the country level. The Region was receiving additional resources for the prevention of and response to sexual exploitation, abuse and harassment, and a regional coordinator and several national technical officers were currently being recruited. The Region held mandatory training and regular meetings and seminars to ensure that staff were aware of their responsibilities and reporting channels and to strengthen accountability. He highlighted the importance of inter-agency work to ensure better use of existing resources and coordinated engagement with Member States and partners. Overhauling the systems, staff and leadership had equipped the

Region to better support and protect victims and survivors, to provide justice, and to reform structures and enhance culture.

The REGIONAL DIRECTOR FOR EUROPE said that sexual exploitation and abuse constituted an inexcusable violation of WHO's commitment to serve and protect communities around the world. A comprehensive response at all levels was required to address the recommendations of the Independent Commission. He remained determined to take all measures needed to detect, prevent and tackle sexual exploitation, abuse and harassment in the European Region. Short-term initiatives had quickly been introduced to build capacity and understanding, reduce risk and improve reporting. Furthermore, in order to ensure alignment of actions across all three levels of the Organization, the Region was contributing actively to the WHO Management Response Plan. Upholding the commitment to zero tolerance, the prevention of and response to sexual exploitation, abuse and harassment had been embedded in the emergency response in Ukraine and neighbouring countries. The WHO Regional Office for Europe would continue to coordinate with partner agencies on activities relating to the prevention of and response to sexual exploitation, abuse and harassment and monitor the gender imbalance in personnel deployed in emergency operations.

The representative of the REGIONAL DIRECTOR FOR AFRICA said that significant progress had been made in the prevention of sexual exploitation, abuse and harassment in the Region, including the appointment of a regional coordinator and the selection of experts to be deployed to high-risk countries. Furthermore, the gender balance on the Region's emergency preparedness and response senior leadership team had been significantly improved, and focal points for the prevention of and response to sexual exploitation, abuse and harassment had been appointed in all countries in the Region. While all surge teams had a technical expert on sexual exploitation, abuse and harassment prevention and response, two experts were present on the current team responding to the Ebola virus disease outbreak in the Democratic Republic of the Congo. Staff training on the prevention of and response to sexual exploitation, abuse and harassment was being provided across the Region, and the prevention and response network was being strengthened through regular interactions across all three levels of the Organization.

He noted that a memoranda of understanding had been signed with the UNFPA to provide psychological, social and financial support to the victims of sexual exploitation and abuse during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo. Assistance was also being provided to those planning to seek legal recourse. However, a stable funding base was required if the support and initiatives were to be sustainable. Current funds allocated to the African Region were insufficient to build the necessary capacity in all Member States for the prevention of and response to sexual exploitation, abuse and sexual harassment.

The ACTING DIRECTOR (Prevention and Response to Sexual Misconduct) thanked Member States for their support, feedback and suggestions and for their acknowledgement of the progress made across the Organization, noting that much remained to be done. While there was no agreed definition in the United Nations system of a victim- and survivor-centred approach, efforts were being made to reach system-wide agreement on what such an approach would entail and on the responsibilities of organizations and Member States. Noting that WHO was providing victim- and survivor-centred support in the Democratic Republic of the Congo, she welcomed the information about national systems including referral services for gender-based violence for survivors and victims, which must be strengthened. WHO remained committed to a policy of zero tolerance and would continue the efforts on culture change. The Secretariat would continue to inform Member States of progress made and was preparing to hold a briefing on the proposed three-year strategy on prevention of and response to sexual exploitation, abuse and sexual harassment. The letter published by the United Nations special rapporteurs was a clear indication of the volume of work yet to be accomplished and on the importance of prevention, and WHO representatives were preparing to meet the special rapporteurs to discuss specific actions to be taken. Although WHO had not made an official declaration, it was implementing the six pillars of the OECD's Development Assistance Committee Recommendation on Ending Sexual

Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance. In addition, WHO would continue to work with other stakeholders, including women-led civil society organizations, to obtain input on the proposed strategy and to support victims of sexual exploitation, abuse and sexual harassment.

The HEAD OF INVESTIGATIONS said that the Office of Investigations had eliminated the backlog of sexual exploitation, abuse and sexual harassment cases and was working to clear the backlog of cases of abusive conduct. It was in regular contact with the Office of Internal Oversight Services concerning the investigations handed over by WHO and some progress had been made in that respect. The outcomes of those investigations would be shared as soon as they became available. The Office of Investigations had welcomed the unhindered access provided under decision EB150(23) (2022) and had kept to the 120-day timeline for working investigations.

Victims or survivors of sexual exploitation, abuse and sexual harassment were first offered medical and psychosocial support and any other service required as a result of their trauma; then an investigation was begun. Many investigations led to increased collaboration within the Secretariat, including with the accountability, human resources, and ethics functions, and in some cases, interim measures were implemented. She said that numerical data on the investigations conducted could be found on the public dashboard on WHO's webpage for the prevention of and response to sexual exploitation, abuse and harassment. Finally, she welcomed the ongoing support provided by Member States to strengthen WHO's current system, which was fragile.

The DIRECTOR-GENERAL thanked Member States for their guidance and support since the publication of the shocking report of the Independent Commission. WHO remained committed to effecting change, and that work had only just begun. Weekly meetings were held to discuss progress with representatives of all WHO's accountability functions. He reiterated the importance of the principles of zero tolerance, prevention, cultural and mindset change, and ensuring a victim- and survivor-centred approach. The 120-day timeline for investigations had been introduced in response to complaints from staff members about the backlog of investigations, some of which had taken up to eight years to be completed. He assured Member States that the quality of the investigations would not be compromised by the timeline, which could be extended with reasonable justification. WHO was the first United Nations specialized agency to have introduced such a timeline, which he hoped would ensure greater accountability. Adjustments to that process could be made, where necessary, in the light of lessons learned. WHO was committed to the basic principle of transparency and to accountability and would continue to update Member States and seek their guidance in order to improve its approach.

The CHAIR took it that the Committee wished to note the report contained in document A75/29.

The Committee noted the report.

WHO reform: Item 21.5 of the agenda

- **Written statements: guidelines for Member States** (documents A75/30 and EB149/2021/REC/1, decision EB149(3))

The CHAIR invited the Committee to consider the draft decision on written statements: guidelines for Member States recommended in decision EB149(3), as contained in document EB149/2021/REC/1.

The representative of CHINA recalled that written statements were intended to complement the oral interventions made by Member States. He suggested that paragraph 10 of the proposed guidelines set out in the Annex to document A75/30 should be amended with the addition of the phrase "and must avoid unrelated politically controversial subject matter", which had been incorporated in the version of the draft guidelines discussed at the 145th session of the Executive Board. Accordingly, the paragraph would read: "Written statements should address the agenda item in respect of which they are submitted

and must avoid unrelated politically controversial subject matter. They must not include any offensive language, including with respect to other Member States.”

The representative of INDIA said that a mechanism should be developed for the Secretariat to indicate what follow-up action had been initiated by headquarters or regional and country offices after the submission of written statements. Such a mechanism would lead to a more inclusive WHO and would better reflect Member States’ priorities.

The representative of GHANA expressed support for the proposed guidelines for Member States on written statements. He commended WHO for ensuring that Member States would have an opportunity to post their statements on the dedicated WHO webpage.

The LEGAL COUNSEL recalled that the amendment suggested by the representative of China would reintroduce language that had been removed from a previous version of the proposed guidelines following discussions at the 145th session of the Executive Board. At that time, the Board had considered the sentence “They must not include any offensive language, including with respect to other Member States.” to be sufficient. Consultations were, however, ongoing.

The CHAIR suggested that consideration of the item should be suspended pending the conclusion of the consultations.

It was so agreed.

(For continuation of the discussion and approval of the draft decision, see the summary records of the third meeting, section 2.)

Global strategies and plans of action that are scheduled to expire within one year: Item 21.6 of the agenda

- **Global strategy and plan of action on public health, innovation and intellectual property** (documents A75/10 Rev.1 and EB150/2022/REC/1, decision EB150(11))

The CHAIR drew attention to the draft resolution on the global strategy and plan of action on public health, innovation and intellectual property recommended in decision EB150(11), as contained in document EB150/2022/REC/1.

The representative of INDIA expressed support for the draft resolution. WHO should convene informal consultations in order to identify and share best practices related to the implementation of actions within the global strategy and plan of action on public health, innovation, and intellectual property.

The representative of MALAYSIA expressed appreciation for the draft resolution, in particular the extension of the plan of action on public health, innovation and intellectual property to 2030 and the provision of technical assistance and knowledge-sharing to facilitate countries’ achievement of that plan of action. In line with the requests to promote collaboration and identify potential synergies, she called on the Secretariat to strengthen the Price Information Exchange for Medicines in the Western Pacific Region and to promote a pooled procurement system in the Region.

The representative of ARGENTINA expressed support for the draft resolution. The global strategy and plan of action remained relevant, as the key challenges that had led to their adoption in 2008 persisted. Those challenges, particularly in developing countries, included: the lack of sustainable financing, poor access to new health products, the high prices of new medicines and technologies, the shortage of essential health products, the inefficient supply and distribution infrastructure, and the lack

of regulatory frameworks and trained personnel. Recognizing the goal of promoting access to new medicines and innovation, especially to address health issues disproportionately affecting developing countries, she reiterated the importance of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and the Doha Declaration, and the right of Member States to use the flexibilities under the TRIPS Agreement. To overcome the challenges of technology transfer and avoid barriers to accessing COVID-19 vaccines, medicines and other supplies, it was essential to develop and implement commitments and actions to promote local production of medicines, treatments, vaccines and other health technologies. Actions to promote price transparency should be accompanied by efforts to increase transparency regarding production costs.

The representative of CÔTE D'IVOIRE, speaking on behalf of the Member States of the African Region, welcomed the progress made in implementing the recommendations of the overall programme review panel, including on the WHO Global Observatory on Health Research and Development. Under the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, the simplified approach to research and training should be finalized. He thanked the Secretariat for the support it had provided to various regulatory forums. He welcomed efforts to promote the transfer of technology and knowledge, including the updated WHO guidelines on technology transfer in pharmaceutical manufacturing. WHO should continue to lead efforts to promote technology transfer, especially for the production of vaccines against COVID-19, Ebola virus and childhood illnesses. WHO should continue to work with WIPO, WTO, the Africa Centres for Disease Control and Prevention and other organizations to promote the development or improvement of national legislation taking into account the flexibilities provided for under the TRIPS Agreement and to improve local manufacturing. He highlighted the value of databases of patent status and licensing information for key health technologies and thanked the Secretariat for the tools provided to enhance access to health products. He urged Member States to contribute to the global funding effort for research and development on neglected diseases and to continue to collect data to support that work. He supported the proposal to extend the plan of action on public health, innovation and intellectual property to 2030.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, and the European Free Trade Association countries Iceland and Norway, members of the European Economic Area, as well as Ukraine and the Republic of Moldova aligned themselves with her statement. She welcomed the proposal to extend the plan of action on public health, innovation and intellectual property to 2030. Expressing the European Union's commitment to universal health coverage, she expressed support for a holistic approach to ensuring the timely, fair and equitable access to quality, safe and affordable diagnostics and medical countermeasures. The European Union supported knowledge-sharing and the sustainable manufacturing of medical countermeasures in the global South. Noting that cooperation between innovators and manufacturers was the best way to ensure effective and efficient technology transfer, she said that some companies from the European Union had made substantial progress in establishing local manufacturing in developing countries in cooperation with local partners. Regional manufacturing hubs should be expanded, and the European Union supported the development of innovative mechanisms for voluntary technology transfer. She called on WHO, WIPO, WTO and all Member States to promote and facilitate cooperation between health technology developers, manufacturers, and investors. In addition, regulatory frameworks must be strengthened in order to facilitate the development of production capacities. The European Union was committed to strengthening medical research capacity; she called on WHO to support that work, including by establishing sustainable financing mechanisms.

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

The meeting rose at 12:00.

SECOND MEETING

Wednesday, 25 May 2022, at 14:45

Chair: Mr R. BHUSHAN (India)

HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN: Item 20 of the agenda (document A75/26)

The CHAIR drew attention to a draft decision proposed by Algeria, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen, which read:

The Seventy-fifth World Health Assembly, taking note of the report by the Director-General requested in World Health Assembly decision WHA74(9) (2021), decided to request the Director-General:

- (1) to report based on field monitoring and assessment conducted by the WHO on progress in the implementation of the recommendations contained in the report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan by the Director-General, to the Seventy-sixth World Health Assembly, bearing in mind the legal obligation of the occupying power;
- (2) to support the Palestinian health sector, using a health system strengthening approach, including through capacity-building programmes by improving basic infrastructures, human and technical resources and the provision of health facilities, and of ensuring the accessibility, affordability and quality of health care services required to address and deal with structural problems emanating from the prolonged occupation and the development of strategic plans for investments in specific treatment and diagnostic capacities locally;
- (3) to ensure sustainable procurement of WHO prequalified vaccines and medicine and medical equipment to the occupied Palestinian territory in compliance with the international humanitarian law and the WHO norms and standards;
- (4) to ensure non-discriminatory, affordable and equitable access to coronavirus disease (COVID-19) vaccines to the protected occupied population in the occupied Palestinian territory including east Jerusalem and in the occupied Syrian Golan in compliance with the International Law;
- (5) to ensure the respect and protection of wounded population and injuries, health and humanitarian aid workers, the health care systems, all medical and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in compliance with the Geneva Conventions and their Additional Protocols;
- (6) to assess, in full cooperation with UNICEF and other relevant UN agencies and the WHO Regional Office for the Eastern Mediterranean and WHO country office in occupied Palestinian territory, including east Jerusalem, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from protracted aerial and other forms of bombing among the population, particularly children and adolescents, of the occupied Palestinian territory, including east Jerusalem;
- (7) to continue strengthening partnership with other UN agencies and partners in the occupied Palestinian territory including east Jerusalem and in the occupied Syrian Golan to enhance

humanitarian health response capacities by delivering aid and protection in an inclusive and sustained manner during COVID-19 and after the pandemic crisis;

(8) to report, based on field assessments conducted by the WHO, on health conditions of the Syrian populations in the occupied Syrian Golan including prisoners and detainees and ensure their adequate access to mental physical and environment health, and to report on ways and means to provide them with health-related technical assistance;

(9) to continue providing the necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;

(10) to support the development of the health system in the occupied Palestinian territory, including east Jerusalem, by focusing on the development of human resources, in order to localize health services, decreasing referrals, reducing cost, strengthening mental health services provision and maintaining strong primary health care with integrated complete appropriate health services;

(11) to ensure the allocation of human and financial resources in order to achieve these objectives.

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

Decision:	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A. Link to the approved Programme budget 2022–2023	
1. Output(s) in the approved Programme budget 2022–2023 to which this draft decision would contribute if adopted:	<p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p> <p>4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13</p> <p>4.3.4. Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety</p> <p>13.3.1. Health emergencies rapidly detected and responded to</p> <p>13.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings</p>
2. Short justification for considering the draft decision, 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 decision:	One year (May 2022–May 2023).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 12.00 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:	US\$ 10.00 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:	US\$ 2.00 million.
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 decision in the current biennium, in US\$ millions	
– Resources available to fund the decision in the current biennium:	US\$ 10.00 million.
– Remaining financing gap in the current biennium:	US\$ 2.00 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	3.00	0.00	0.00	3.00
	Activities	0.00	0.00	0.00	0.00	9.00	0.00	0.00	9.00
	Total	0.00	0.00	0.00	0.00	12.00	0.00	0.00	12.00
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of the SYRIAN ARAB REPUBLIC said that Israel's illegal and discriminatory policies and activities in the occupied Syrian Golan negatively affected the living conditions of the Syrian population and violated their basic human rights, including their right to health. He welcomed the intention of WHO to conduct field assessments of the health situation in the occupied Syrian Golan. The continued decades-long refusal by the Israeli occupying power to allow WHO access to the

occupied Syrian Golan had so far prevented the Organization from implementing Health Assembly resolutions and decisions. Such assessments should be carried out unconditionally and in accordance with the legal obligations of the Israeli occupying power, under the fourth Geneva Convention of 1949, which was applicable to the occupied Syrian Golan, as well as relevant Security Council resolutions, including resolution 497 (1981) in which it was decided that “the Israeli decision to impose its laws, jurisdiction and administration in the occupied Syrian Golan Heights is null and void and without international legal effect”. WHO should be granted unconditional, unhindered and unrestricted access to the area to assess the health conditions of the Syrian populations there and propose ways to provide humanitarian and technical assistance.

He condemned the deadly attacks on Palestinians and the deliberate and systematic bombing of health care facilities and workers. The Israeli regime should not be permitted to whitewash its violations of international law, and United Nations and Health Assembly resolutions and decisions, through the promotion of misleading disinformation campaigns and accusations. The draft decision on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan was in line with WHO’s mandate and Constitution, the Charter of the United Nations, relevant United Nations resolutions and international law. It should be approved by consensus.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, condemned the attacks on Palestinian health services, the recent police raid of Al-Aqsa mosque and the killing of the journalist Shireen Abu Akleh. The disastrous impacts of Israeli occupation and oppression on the health situation of the Palestinians and Syrians living under occupation was of grave concern, especially given the current international security situation, and constituted a violation of international human rights law and standards. He called for the removal of all barriers to accessing health care and for the protection of civilians, medical infrastructure and health workers. The occupying power must fully comply with its obligations under relevant international and regional resolutions and decisions, including those adopted by the African Union.

Highlighting the right to health as a fundamental condition for peace and security, he welcomed the recommendations contained in the report, the Secretariat’s provision of support and technical collaboration to Palestinians and Syrians living under occupation, and the strategic priorities and programmes implemented by WHO, the Palestinian authorities and relevant stakeholders. It was essential to bolster support for health services and increase emergency humanitarian aid. Most importantly, all WHO recommendations must be implemented.

Noting the late release of the report and draft decision, he requested the Secretariat to ensure that documents were published in good time.

The representative of JORDAN, speaking on behalf of the Arab Group, welcomed the report and requested an implementation report, to be provided in 2023, which should take into account the need for continued technical support, capacity-building and assistance in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, including for detainees and wounded persons, in cooperation with the International Committee of the Red Cross and relevant United Nations bodies.

Access to, and availability of, COVID-19 vaccines and childhood vaccines for diphtheria, pertussis and tetanus remained insufficient throughout the occupied Palestinian territory despite the efforts of the WHO Office for the West Bank and Gaza, in coordination with the Palestinian Ministry of Health and UNICEF, through the COVID-19 Vaccine Global Access (COVAX) Facility. The draft decision, which was procedural and technical, used previously agreed language from United Nations and Health Assembly resolutions and decisions to ensure consensus. It should be approved without a vote.

The representative of ISRAEL, highlighting the Syrian regime’s attacks on its own population and health care facilities during 11 years of civil war, said that its allegations regarding the residents of the Golan were absurd. It was unfair that the health crisis in Ukraine was set to be discussed under the agenda item on WHO’s work in health emergencies, while the current topic was discussed as a separate

item. For the past 54 years, the recurring decision had not benefited a single Palestinian nor in any way supported WHO's decades-long programme supporting the Palestinian health system: a programme that was not the result of, nor dependent upon, any Health Assembly resolution and was supported and facilitated by her Government. The Palestinian delegation's rhetoric did not reflect their day-to-day cooperation with her Government on health. She objected to the draft decision, the sole purpose of which was to delegitimize Israel, and called on others to do the same in a roll-call vote.

The representative of MALDIVES praised actions taken by WHO and its partners to make health services available and accessible in the occupied Palestinian territory. He expressed concern regarding: the lower life expectancy and higher infant mortality rates in the occupied Palestinian territory compared to Israel; continuing barriers to accessing health care and medicines; the uneven distribution of health workers; damaged health facilities and associated infrastructure resulting from attacks in the region; and the arrest and detention of health workers in the West Bank despite an acute worker shortage. It was disheartening that the Palestinians' lack of access to health care had to be highlighted in a forum that considered health to be a basic human right. Overall health outcomes in the occupied Palestinian territory could only be improved if the Government of Israel implemented the recommendations in the report. The international community and partners should promote the development of the Palestinian health sector and enhance efforts to protect the Palestinian people, their health and their human rights. Lasting peace was only possible through a two-State solution that established a sovereign State of Palestine within the 1967 borders, with east Jerusalem as its capital.

The representative of MALAYSIA, expressing appreciation that the current item remained on the agenda in view of the role of health in attaining peace and security, praised the humanitarian work carried out for Palestinians by WHO and other United Nations bodies. He was deeply concerned by the continued denial of essential health resources and the active obstruction of Palestinians' access to health care, and he reminded the Government of Israel of its international legal obligations. Israel should respect the underlying social determinants of health for Palestinians, including by ending restrictions on movement. As the occupying power, Israel had a moral obligation to ensure the sustainable procurement of, and equitable access to, medicines and medical equipment, including COVID-19 vaccines, in the occupied Palestinian territory. His Government wished to be added to the list of sponsors of the draft decision and hoped that WHO would continue working to enhance humanitarian health response capacities in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The Observer of PALESTINE, highlighting the relevance of the health–peace nexus to the current discussion, said that the Government of Israel had been blocking access to medicines and vaccines even before the COVID-19 pandemic, including for WHO-approved infant vaccines provided by the European Union, on the grounds that they did not meet Israel's standards. Military rule, restrictions on movement and failure to issue permits all seriously hindered transfers to and from Palestinian hospitals in the Gaza Strip, the West Bank and east Jerusalem, causing deaths and contributing to the disparity in infant mortality rates between the occupied Palestinian territory and Israel.

Civilians had died because Israeli forces had prevented ambulances from reaching them. Health workers, health facilities and ambulances had also been deliberately attacked with live ammunition in 2021. Many Palestinians, especially in Gaza, had required leg amputations as a result of injuries sustained in Israeli attacks, and Palestinians held in Israeli prisons suffered from serious medical neglect. Israel, as the occupying power, was responsible for health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Such matters fell within WHO's mandate, and the item must remain on the agenda until the Israeli occupation ended. The draft decision was related purely to health and should be approved without a vote.

The representative of SOUTH AFRICA said that deteriorating socioeconomic and health conditions in the occupied Palestinian territory, including east Jerusalem, were concerning. The blockade of the Gaza Strip and restrictions on movement made it impossible to provide health services

there. The state of affairs vindicated his Government's long-standing support for a two-State solution, as self-determination and territorial integrity would enable the Palestinians to strengthen their health infrastructure. Access to life-saving medical resources should not be politicized. Support to strengthen the Palestinian health sector, essential services and the economy should continue, and people living under occupation must receive equitable access to COVID-19 vaccines. He called on the Government of Israel to ensure full access to essential health care throughout the occupied Palestinian territory, including in east Jerusalem, and to abandon the policies and measures that had led to dire health conditions and severe shortages of fuel, food and water in the Gaza Strip. He supported the draft decision.

The representative of NAMIBIA condemned the Israeli attacks on health care services in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which had placed an avoidable and unnecessary burden on the already strained and under-resourced health care system. More must be done to improve the significant gap in life expectancy and infant mortality rates between Palestinians and Israelis, reduce high mortality rates from noncommunicable diseases and address the negative impact of health care fragmentation and under-financing. The recommendations contained in the report were appreciated, and she implored all stakeholders and Member States, particularly Israel, to implement them. A two-State solution was the only way to achieve lasting, comprehensive peace and uphold the rights of the Palestinian people, including their right to health. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of QATAR said that the grave deterioration in the health conditions, including mental health, of the Palestinians, especially in the light of the COVID-19 pandemic, was due to restrictions on movement, the unjust blockade of the Gaza Strip, the lack of primary health care for Palestinian detainees in Israeli prisons and continued military attacks on health workers and civilians. She condemned Israeli policies that violated international law, human rights law and international humanitarian law. Health was as important as any other basic right, and the Palestinian people had a right to access health services to ensure their dignity and right to life. It was the moral and legal responsibility of all Member States to vote in favour of the draft decision.

The representative of TUNISIA said that the report confirmed the extent of the destruction of Palestinian health facilities and the deterioration of humanitarian and health conditions for Palestinians, which had been caused by repeated Israeli attacks. All Member States should unreservedly support the draft decision, which was procedural and technical in nature and fell within WHO's mandate. Preventing Palestinians from accessing medicines, vaccines, medical equipment and ambulance services was a flagrant violation of their right to health. He urged the Secretariat to strengthen health care in the occupied Palestinian territory through continued technical support and capacity-building, and he called on all relevant international organizations to monitor the health conditions in the occupied Syrian Golan and to provide the population there with technical assistance in accordance with their respective mandates and the relevant Health Assembly decisions.

The representative of TURKEY said that the ongoing Israeli–Palestinian conflict posed a challenge to the provision of health care. The establishment of an independent, sovereign, contiguous State of Palestine based on the 1967 borders, with east Jerusalem as its capital, was the only viable way to ensure lasting peace in the Middle East and beyond. In the light of the additional challenges posed by the COVID-19 pandemic, her Government would step up its development and humanitarian assistance in the occupied Palestinian territory. She called on the international community to increase support to UNRWA and requested to be added to the list of sponsors of the draft decision.

The representative of PAKISTAN said that Israel's policies and practices undermined the Palestinians' fundamental right to health and that the brutal use of force against innocent Palestinian civilians was a grave human rights violation. The Secretariat's work to provide technical assistance, capacity-building, essential medicines and vaccines was welcome. Restrictions on the movement of patients, health professionals and medicines remained a major challenge in the occupied Palestinian

territory, including east Jerusalem, and in the occupied Syrian Golan. The lack of medicines and delayed delivery of vaccines had negatively affected health security, and Israeli attacks on homes and health care facilities had further strained overburdened health facilities. The increased incidence of mental health disorders and psychological trauma among Palestinians, particularly adolescents, was concerning. His delegation supported the draft decision and urged the global community to uphold international humanitarian law and human rights law, including the Palestinian people's right to health.

The representative of CUBA said that international solidarity and multilateralism were needed more than ever in view of the COVID-19 pandemic. Prequalified vaccines, medicines and medical equipment should be procured for the occupied Palestinian territory in accordance with international humanitarian law and WHO norms and standards. Technical health assistance, capacity-building and resource mobilization were urgently needed to strengthen the Palestinian health system. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of INDONESIA requested to be added to the list of sponsors of the draft decision and expressed strong support for the continued inclusion of the current item on the agenda. The humanitarian crises in the occupied Palestinian territory and elsewhere should receive the same attention and treatment as the current crisis in Ukraine. Global solidarity and collaboration must be enhanced to strengthen the health system in the occupied Palestinian territory, including robust primary health care with integrated, complete and appropriate health services. WHO's active provision of COVID-19 vaccines to the occupied Palestinian territory through the COVAX Facility was appreciated, and the Organization should continue to provide aid and technical support. Her Government stood ready to work closely with WHO and other multilateral institutions to provide health support to the Palestinians, including by ensuring the fair and equitable distribution of COVID-19 vaccines. She urged the Government of Israel to allow the delivery of humanitarian assistance, particularly medical aid, to Gaza. The Secretariat should continue monitoring and reporting on health conditions in the occupied Palestinian territory as part of its commitment to universal health coverage for all.

The representative of LEBANON encouraged Member States to vote to approve the draft decision and looked forward to the swift implementation of the recommendations in the report. It was regrettable that Palestinians' access to vaccines against COVID-19 and diphtheria, pertussis and tetanus remained hampered by the occupation, despite cooperation between the Palestinian authorities and WHO. The international community must redouble its efforts and financial support to improve health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The only way for the Palestinian people to regain their full rights, including their right to health, was to end the occupation and to establish a Palestinian State.

The representative of NIGER said that the humanitarian and security situation in the occupied Palestinian territory was concerning, in particular the deadly attacks on health facilities in 2021 and the recent raid of Al-Aqsa mosque. WHO's cooperation with the occupied Palestinian territory focusing on strategic priorities co-decided with the competent Palestinian authorities, and the support provided during the COVID-19 response, were welcome. He fully supported all actions to improve the health conditions of the Palestinians and called for international solidarity to provide WHO with the necessary means to carry out its work.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA requested to be added to the list of sponsors of the draft decision. It was disappointing that his delegation could not exercise its right to vote because it was in financial debt to WHO as a result of illegal, unilateral and coercive measures imposed by the Government of the United States of America and its European allies. He supported WHO's continued cooperation with the Palestinian health services to ensure the sustainable procurement of vaccines, medicines and medical equipment. Partnerships with other United Nations agencies and partners in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan must be strengthened to improve response capacity through the delivery of medical

supplies and equipment and the implementation of plans for inclusive and sustained social protection during and after the COVID-19 pandemic. The health situation in the occupied Palestinian territory was being aggravated by restrictions on the movement of people and food, irregular access to drinking water in the West Bank and the blockade of the Gaza Strip, in addition to COVID-19. He supported a two-State solution based on the 1967 borders, with east Jerusalem as the capital of the State of Palestine.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the Palestinian people were being denied their fundamental human right to health as guaranteed under the WHO Constitution. For decades, Palestinians had faced terrible health conditions due to the blockade of the Gaza Strip and frequent armed attacks there. Israeli airstrikes had killed health workers and damaged health care infrastructure that was already under pressure from the occupation and the pandemic. Restrictions on movement, the use of checkpoints and barriers in the West Bank and the Israeli travel permit system were all contrary to WHO's objectives and principles. The international community had a moral and legal responsibility not to ignore the alarming health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The Secretariat should monitor the situation of Palestinian detainees in Israeli prisons and regularly report to the Health Assembly. It was deeply concerning that WHO still did not have full access to the occupied Syrian Golan, which prevented direct reporting on the prevailing health conditions there. He expressed reservations regarding those parts of the draft decision and report that could be construed as recognition of the Israeli regime.

The representative of EGYPT said that the international community should prioritize health over politics and bolster WHO's efforts to support the health sector in the occupied Palestinian territory, including east Jerusalem, and in the Syrian Golan. The draft decision drew on previously agreed language from United Nations and WHO resolutions and should be approved without a vote. He called on the Israeli authorities to assume their responsibilities under international law and facilitate access to medicines and treatment. The Secretariat should continue to provide technical support to build capacities and ensure access to health care throughout the occupied territory in cooperation with the International Committee of the Red Cross and relevant United Nations organizations. The Secretariat should also conduct field assessments of health conditions in the occupied Syrian Golan and issue recommendations on how to provide the necessary technical and humanitarian support.

The representative of CHINA expressed appreciation for the support provided by WHO to the occupied Palestinian territory, including east Jerusalem, and to the occupied Syrian Golan. The Palestinian question lay at the heart of the Middle East issue. Her Government firmly supported the peace process in the Middle East and stood ready to work with the international community on the basis of the two-State solution to achieve the swift, just and lasting settlement of the matter and to improve the health situation.

The representative of the UNITED STATES OF AMERICA seconded Israel's call for a vote.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA commended the humanitarian activities of WHO and other United Nations agencies for the Palestinian people. The recommendations in the report should be fully implemented, and the Israeli authorities should provide non-discriminatory, affordable and equitable access to COVID-19 vaccines in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, as set forth in the draft decision. He supported the draft decision and expected the Secretariat to continue its efforts to monitor the situation and enhance humanitarian health response capacities accordingly.

The representative of IRAQ, condemning the Israeli attacks against civilians and health care services, said that the recommendations in the report must be implemented. The Palestinian people had the right to access medicines and essential medical services and as well as the right to self-determination and the establishment of an independent State. The Secretariat should provide medical aid to the

Palestinian people, rebuild infrastructure destroyed by the Israeli military and assess health conditions in the occupied Syrian Golan.

The representative of the PLURINATIONAL STATE OF BOLIVIA expressed deep concern at the deteriorating health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The rights and lives of the Palestinians, humanitarian aid workers and health workers, facilities and infrastructure, must be respected and protected, in compliance with the Geneva Conventions and their Additional Protocols. She called on WHO to continue providing support to the Palestinians. The international community should demand respect for the right to health of the Palestinians and Syrians living under occupation. Her Government reaffirmed its unwavering support for and solidarity with the Palestinian people and requested to be added to the list of sponsors of the draft decision.

The representative of ALGERIA, echoing the calls for the draft decision to be approved without a vote, said that the international community as a whole must provide support and assistance to protect the fundamental rights and improve the health conditions of Palestinians and Syrians living under occupation. In case of a vote, all Member States should vote in favour of the draft decision.

The representative of UNRWA said that the health situation of Palestinian refugees was dire, with mental health deteriorating and rates of diabetes and hypertension increasing as a result of poverty and other challenges. His organization had continued to provide direct care and support primary health care services during the COVID-19 pandemic. Highlighting UNRWA's partnerships with WHO and the Palestinian Ministry of Health, he thanked the Ministry for providing COVID-19 vaccination coverage to all Palestine refugees without discrimination, despite the difficulties. He urged Member States to help cover UNRWA's budget shortfall of US\$ 100 million for the current year.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that health and peace were interdependent and noted that the number of people requiring humanitarian assistance would continue to increase. The excellent work of the Regional Office for the Eastern Mediterranean and the WHO Office for the West Bank and Gaza was appreciated. The Secretariat would continue its impartial, neutral, evidence-based reporting on health issues, leaving the political aspect of the situation to more appropriate bodies. The Secretariat would continue to cooperate with all concerned parties to conduct a field assessment in the occupied Syrian Golan and thus submit a more comprehensive report to the next Health Assembly.

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

At the invitation of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with Rule 74 of the Rules of Procedure of the World Health Assembly. The names of the Member States would be called in the French alphabetical order, starting with Vanuatu, the letter V having been determined by lot. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote, were: Afghanistan, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

The result of the vote was:

In favour: Algeria, Andorra, Angola, Argentina, Armenia, Bahrain, Bangladesh, Belarus, Belgium, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brunei Darussalam, Burkina Faso, Chile, China, Costa Rica, Cuba, Democratic People's Republic of Korea, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, France, Gabon, India,

Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Japan, Jordan, Kuwait, Lao People's Democratic Republic, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Mali, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Mozambique, Namibia, New Zealand, Niger, Oman, Pakistan, Paraguay, Peru, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, South Africa, Spain, Sri Lanka, Sudan, Switzerland, Syrian Arab Republic, Thailand, Tunisia, Turkey, United Arab Emirates, Viet Nam, Zimbabwe.

Against: Australia, Austria, Brazil, Canada, Colombia, Czech Republic, Germany, Guatemala, Hungary, Israel, Micronesia (Federated States of), Netherlands, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Bulgaria, Burundi, Cameroon, Croatia, Cyprus, Denmark, Estonia, Fiji, Finland, Ghana, Greece, Honduras, Iceland, Italy, Kazakhstan, Kenya, Latvia, Lithuania, Madagascar, Malta, Montenegro, Nigeria, North Macedonia, Norway, Panama, Papua New Guinea, Philippines, Poland, Republic of Moldova, Romania, San Marino, Slovakia, Slovenia, Sweden, Ukraine, Uruguay.

Absent: Albania, Antigua and Barbuda, Azerbaijan, Bahamas, Barbados, Belize, Benin, Cabo Verde, Cambodia, Central African Republic, Chad, Congo, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Dominica, Eritrea, Eswatini, Ethiopia, Georgia, Grenada, Guinea, Guinea-Bissau, Guyana, Haiti, Kiribati, Kyrgyzstan, Lesotho, Liberia, Malawi, Marshall Islands, Nauru, Nepal, Nicaragua, Palau, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sao Tome and Principe, Seychelles, Sierra Leone, Suriname, Tajikistan, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, United Republic of Tanzania, Uzbekistan, Vanuatu, Zambia.

The draft decision was therefore approved by 77 votes to 14, with 36 abstentions.¹

The Committee noted the report.

The representative of ISRAEL, speaking in explanation of vote, thanked the Member States that had voted against the draft decision, which sought only to politicize the Health Assembly. The Palestinian Authority had rejected the COVID-19 vaccines offered by his Government and his Government's call for a joint investigation into the death of the journalist Shireen Abu Akleh. WHO experts had already conducted a full assessment of health conditions in the Golan in 2017 and had found that the population there had access to the same quality health care as everywhere else in Israel. However, that report had not been published owing to pressure from the Syrian regime. Approval of the draft decision constituted support for the Syrian regime in whitewashing its own crimes and stained WHO's credibility. He urged the Member States that had voted in favour to reconsider their positions the following year so that the health situation of the Palestinians could be discussed under the appropriate agenda item. The report had been published unacceptably late; the Secretariat should ensure that future reports were published on time.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, said that his Government could not support an agenda item that singled out one country year after year. While strongly supportive of improving health conditions for Palestinians, he had opposed the draft decision because it distracted from the real issues and did not contribute towards lasting and comprehensive peace between the Israelis and the Palestinians.

The Observer of PALESTINE, thanking the Member States that had voted in favour of the draft decision, called on the remainder to reconsider their positions. Member States should avoid double

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA75(10).

standards and not politicize health. The Government of Israel had provided only 2000 doses of COVID-19 vaccine, whereas some 6 million doses had been purchased from, or donated by, other countries.

The representative of BRAZIL, speaking in explanation of vote, said that his Government stood ready to continue its constructive engagement on the health challenges faced by Palestinians and Syrians. However, the WHO Constitution conferred on the Organization a comprehensive mandate to monitor the health situation in any region of the world, focusing on technical issues and taking into account the objective reality on the ground. He had voted against the draft decision because the agenda item was unnecessary, singled out Israel and needlessly politicized debates within WHO.

The representative of NORWAY, speaking in explanation of vote and also on behalf of Denmark, Finland, Iceland and Sweden, said that while support for the Palestinian health system remained important to them, they had decided to abstain. She noted with concern the continued barriers to accessing health care and the attacks on health care services in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The support provided by WHO and the COVAX Facility was commendable. She also commended the Israeli and Palestinian authorities for their cooperation in responding to the COVID-19 pandemic and encouraged further cooperation.

The representative of the NETHERLANDS, speaking in explanation of vote, commended the work done by WHO and UNRWA to improve the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Although the recommendations in the report were balanced, it would be preferable to cover the topic in the report on WHO's work in emergencies. The draft decision, in contrast, was politicizing and biased. He had therefore voted against it.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, thanked the Member States that had voted to approve the draft decision and invited those that had abstained or voted against it to reconsider their positions. The false accusations levelled by the representative of the Israeli occupation authorities were part of a disinformation campaign to divert attention from the topic. Israel was in no position to censure others and should stop alleging politicization of the issue and hiding behind baseless reports.

The Israeli regime's decision to allow or deny WHO unconditional access to the occupied Syrian Golan to conduct a field assessment would be the real test of its intentions. The issue would remain on the international agenda as long as the occupation continued: once the virus had been treated, the symptoms would disappear.

The representative of ISRAEL, exercising his right to reply, said that the Iranian regime did not care about the health, rights or lives of Palestinians or even its own citizens. The regime was attempting to distract from its brutal repression of its own people and had used unacceptable rhetoric to delegitimize the State of Israel. Furthermore, any reference to Israel or Jews as a pandemic or a virus, as made by the representative of the Syrian Arab Republic, must stop.

The representative of the UNITED STATES OF AMERICA, exercising her right to reply, expressed regret that the Health Assembly was being used to spread disinformation regarding her Government's sanctions on the Bolivarian Republic of Venezuela. The payment of assessed contributions to specialized agencies, including bank transfers, were expressly authorized under the sanctions, which also included broad exemptions for the provision of bona fide humanitarian assistance and the sale and export of food, agricultural commodities, medicine and medical devices. Moreover, the exemptions had been expanded in 2021 to cover transactions and activities related to COVID-19.

Her Government was the single largest donor of humanitarian, health, economic and development assistance in response to the Venezuelan regional crisis. It had been made it clear to the Maduro regime that any overcompliance with the sanctions that prevented the provision of humanitarian aid should be

reported to her Government so that it could be addressed. To date, not a single factual instance had been identified.

The representative of the SYRIAN ARAB REPUBLIC, exercising his right to reply, said that his previous statement had been deliberately distorted by the Israeli regime. He repeated that when the virus of occupation ended, the symptoms would end.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, exercising his right to reply, deplored the use of inappropriate language to refer to government representatives and demanded that they should be shown the proper respect. The report of the United Nations Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights contradicted the claim that the measures imposed by the Government of the United States of America had not affected bank transfers to international bodies. His Government condemned the denial of access to health care and lack of respect for human rights and dignity. International forums must not be used to dishonour multilateralism and leave hegemony uncriticized.

The representative of the ISLAMIC REPUBLIC OF IRAN, exercising his right to reply, said that the Israeli regime could only thrive by destabilizing the region. It had therefore created an apartheid system and fostered a culture that endorsed continued occupation and the subjugation, killing, maiming and dispossession of Palestinians.

The meeting rose at 17:30.

THIRD MEETING

Thursday, 26 May 2022, at 09:15

Chair: Mr R. BHUSHAN (India)

1. FIRST REPORT OF COMMITTEE B (document A75/62)

The RAPPORTEUR read out the draft first report of Committee B.

The report was adopted.¹

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 21 of the agenda (continued)

Global strategies and plans of action that are scheduled to expire within one year: Item 21.6 of the agenda (continued from the first meeting, section 2)

- **Global strategy and plan of action on public health, innovation and intellectual property** (documents A75/10 Rev.1 and EB150/2022/REC/1, decision EB150(11)) (continued)

The representative of the PHILIPPINES praised WHO's role in spearheading efforts to implement the global strategy and plan of action on public health, innovation and intellectual property and expressed appreciation for the Secretariat's support for building regulatory capacity and strengthening evidence-based methodologies in developing countries. Cooperation between WHO, WIPO and WTO should be intensified to address the vulnerabilities in international production and supply chains that had been exposed by the COVID-19 pandemic. Partnerships such as the COVID-19 Technology Access Pool (C-TAP) should be expanded to encompass other diseases that posed challenges to developing countries.

His Government was interested in participating in WHO initiatives to establish mRNA vaccine manufacturing hubs and to strengthen vaccine production capacity in line with resolution WHA74.6 (2021). It agreed that the time frame of the global strategy and plan of action should be extended beyond 2022 and remained committed to working with the international community to advance that agenda.

The representative of BRAZIL supported extending the time frame of the global strategy and plan of action to 2030, so as to ensure the resilience and sustainability of national health systems and help address unequal access to health technologies, including during pandemics and other health crises. Actions under the global strategy and plan of action must be fully funded. He looked forward to

¹ See page 341.

reviewing indicators and sharing best practices among Member States, as provided for in the draft resolution.

The representative of the UNITED STATES OF AMERICA said that the goals and objectives of the global strategy and plan of action should be prioritized when considering lessons learned from the global COVID-19 response. In particular, the pandemic had revealed the importance of regulatory systems strengthening, voluntary technology transfer on mutually agreed terms and increased support for the Medicines Patent Pool. However, several elements in the implementation plan and corresponding indicators were not consistent with the global strategy and plan of action itself. Her Government supported extending the time frame to 2030 and would continue to work with the Secretariat to implement the recommendations of the review panel that were consistent with the global strategy and plan of action.

The representative of THAILAND expressed support for extending the time frame of the global strategy and plan of action. The first steps should be to use the action plan implemented during the COVID-19 pandemic to guide and expedite implementation of remaining work and to promote cooperation among non-State actors and other international organizations active in the areas of public health, innovation and intellectual property.

The representative of the RUSSIAN FEDERATION also expressed support for extending the time frame of the global strategy and plan of action and for the draft resolution, as not all countries had fully benefited from WHO efforts to ensure access to innovative health technologies. The global strategy and plan of action remained relevant from a mid-term perspective. The work carried out as a result should strike a balance between supporting access to innovation and promoting a preventive approach to health care. The global strategy and plan of action was an important tool for encouraging scientific research and ensuring that medical advances were taken up in everyday practice.

The representative of the UNITED ARAB EMIRATES welcomed the recommendation to extend the time frame of the global strategy and plan of action to 2030. Equitable and sustainable access to, and improved delivery of, essential public health products had been a game-changing strategy during the COVID-19 pandemic. Maintaining a balance between public health needs, innovation and intellectual property protections was critical to ensuring sustainable, resilient societies. Her Government recognized the importance of making public health goods accessible at all levels, as evidenced by its pandemic response policies. Technology transfers should be accelerated and innovations shared among countries, supported by intellectual property protections, and vaccine, medicine and diagnostic tool production should be localized.

The representative of AUSTRALIA, acknowledging the essential role and contribution of the global strategy and plan of action, said that well-designed intellectual property frameworks facilitated the efficient and timely development of innovative health care solutions that benefited global health. The COVID-19 pandemic had highlighted the shared role of governments and the private sector, and the importance of deploying both public and private resources to bring innovations to market. She agreed that support for innovation and intellectual property protections must be balanced against public health needs. Strong intellectual property protection was just one of many factors that improved access to safe and effective health goods. She looked forward to the biennial reporting provided for in the draft resolution.

The representative of SUDAN agreed with the principles of the global strategy and plan of action and the extension of its time frame to 2030. The global strategy and plan of action had boosted research in high-priority areas and enabled data generation that had benefited Sudan's public health system and created a research network. She urged WHO to support avenues for research and to create digital networks to facilitate information-sharing and cooperation among Member States. The Organization should also support increased local production capacity, technology transfers and long-term

collaboration with major international producers. Her Government was committed to supporting global efforts to advance public health innovation and intellectual property protections.

The representative of the REPUBLIC OF KOREA said that, given the setbacks experienced during the COVID-19 pandemic, the Secretariat should continue to hold discussions and provide updates to encourage Member States and other stakeholders to explore ways to promote implementation of the global strategy and plan of action. She endorsed the proposal to extend its time frame to 2030 in order to prepare for future pandemics.

The representative of GHANA, citing the unexpected disruptions caused by the COVID-19 pandemic, said that vaccine availability and equity made implementation of the global strategy and plan of action particularly relevant. Progress had been made in key areas, but sustainable financing, access to medicines, local production, technology transfers, supply-chain architecture, antimicrobial resistance and other issues should remain strategic priorities. Effective governance of the global strategy and plan of action was also needed. She agreed with the recommendation to extend its time frame to 2030.

The representative of SOUTH AFRICA said that the aim and objectives of the global strategy and plan of action remained relevant, including in terms of increased access to medicines, vaccines and diagnostic tools; support for needs-driven essential health research and development in line with the 2030 Sustainable Development Agenda; technology transfers; and stepped-up local production. Implementation had been undermined by a lack of regular reporting by all parties, lack of investment and a general unwillingness among some Member States and private stakeholders to address intellectual property barriers. Her delegation recommended priority areas for advancing implementation that were the specific responsibility of Member States: building and improving innovation capacity and local production, transfer of technology and know-how, and management of intellectual property to promote public health and improve delivery and access. She supported extending the time frame to 2030.

The representative of INDONESIA endorsed the draft resolution and said that governments' individual strategies with regard to the global strategy and plan of action had shifted during the COVID-19 pandemic. It was vital to re-evaluate how the global strategy and plan of action were implemented; the results of the implementation survey should therefore be reported in the near future so that governments could analyse gaps and identify next steps. The survey outcomes would be critical in assessing whether adjustments were needed to the plan of action. Implementation efforts involved multiple sectors, and further strengthening remained important.

The representative of PANAMA expressed support for the global strategy's implementation, but said that more information was needed about the training and cooperation programmes of the WHO Global Observatory on Health Research and Development, the WHO guidelines on technology transfer to pharmaceutical manufacturing, the Medicines Patent Pool, the digital version of the WHO Model List of Essential Medicines and WHO Model List of Essential In Vitro Diagnostics, and the WHO guideline on country pharmaceutical pricing policies. He also expressed support for the proposal to extend the time frame of the global strategy and plan of action beyond 2022, as many activities remained to be carried out or improved, such as prioritizing research and development needs, building innovation and technology transfer capacities and applying intellectual property protections. WHO and other international organizations must continue to assist national efforts to implement the global strategy, and developing States in particular should designate focal points to coordinate work.

The representative of COLOMBIA said that the proposal to extend the time frame of the global strategy and plan of action rightly took into consideration its importance in the global COVID-19 pandemic response and in strengthening health systems. The extension would lend added relevance to the negotiations under way at WHO, WIPO and WTO, and would help to strengthen national legislation that provided flexibilities in the interest of public health.

He supported the temporary suspension of COVID-19 vaccine patents as part of a set of tools – including decentralized vaccine manufacturing centres and a technology transfer system – that would help the world respond more effectively to the current pandemic and future crises. Implementation of the plan of action should include greater support for intellectual property management, which would contribute to public health innovation while also promoting cooperation, knowledge-sharing and technology transfer.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that the COVID-19 pandemic had revealed the close relationship between the economy and health, and the inequalities between developed and less developed countries, which were fundamentally linked to intellectual property protections. He called for WHO to facilitate the transfer of technology from the most to the least developed countries, which was the only way for least developed countries to build their own vaccine industries and become capable of producing the health products they would need during future pandemics.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, supported extending the time frame of the global strategy and plan of action, which, had it been fully funded and implemented, could have reduced inequities during the COVID-19 response. His organization would engage in the policy space where best practices were shared, to help achieve full implementation of the global strategy and plan of action.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, commended WHO for its action under the global strategy and plan of action, including the production of guidance for Member States navigating flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), engagement with the Medicines Patent Pool and efforts to facilitate technology transfers. Increased local production would be vital but many challenges remained, including the limited number of cancer medicines on national essential medicines lists. She therefore called for the global strategy and plan of action to be extended.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked representatives for their comments and support for extending the time frame of the global strategy and plan of action to 2030, which was critical not only for building on achievements made so far but also for strengthening collaboration among Member States and partners to achieve equitable access to novel technologies. When the strategy had first been adopted, it had specifically referenced developing countries, but it was clearly relevant to countries of all income levels. There was a clear need to diversify and scale up production and to improve timely access to technologies for both pandemic response and the day-to-day functioning of health systems. It would be important to build synergies between the global strategy and other initiatives for better, more equitable access to health products.

She thanked the Government of Spain for providing the first licence to be shared through C-TAP, and the National Institutes of Health of the United States of America for sharing 11 technologies through two licences with the Medicines Patent Pool under C-TAP auspices. Related initiatives included the mRNA vaccine technology transfer hub. A WHO–WIPO–WTO trilateral COVID-19 technical assistance platform had also been launched, and WHO was working with the Medicines Patent Pool, UNAIDS, UNDP, Unitaïd and other United Nations agencies on issues of intellectual property and public health. The Secretariat would continue to assist Member States in implementing the global strategy and plan of action, and to strengthen linkages with related Health Assembly resolutions and negotiations on the future international instrument on pandemics.

She welcomed the proposal that the Secretariat should organize consultations on specific topics to clarify and enrich discussions and looked forward to hearing Member States' suggestions regarding incentives for local production and voluntary licensing.

The CHAIR took it that the Committee wished to note the section of the report contained in document A75/10 Rev.1 on the global strategy and plan of action.

The Committee noted the relevant section of the report contained in document A75/10 Rev.1.

The CHAIR took it that the Committee wished to approve the draft resolution recommended by the Executive Board in decision EB150(11), as contained in document EB150/2022/REC/1.

The draft resolution was approved.¹

WHO reform: Item 21.5 of the agenda (continued from the first meeting, section 2)

- **Written statements: guidelines for Member States** (documents A75/30 and EB149/2021/REC/1, decision EB149(3)) (continued)

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Board in decision EB149(3) as contained in document EB149/2021/REC/1.

The draft decision was approved.²

Staffing matters

Human resources: annual report: Item 21.7 of the agenda (documents A75/31 and A75/57)

Amendments to the Staff Regulations and Staff Rules: Item 21.8 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, resolution EB150.R8)

Report of the International Civil Service Commission: Item 21.9 of the agenda (document A75/10 Rev.1)

The CHAIR drew attention to the recommendations by the Programme, Budget and Administration Committee of the Executive Board contained in paragraphs 12 and 13 of document A75/57 regarding the proposed housing allowance for the Director-General.

The representative of MEXICO said that the use of information campaigns to improve geographical representation and gender parity among WHO staff was a positive development. Similarly, mentoring and leadership programmes to enhance the capacity of current staff members would help to attract and retain competent professionals. The Secretariat should continue to strengthen actions that encouraged recruitment from unrepresented and underrepresented countries. The update of WHO's policy on employing people with disabilities was welcome, as it would facilitate their equal access to employment and retention. He requested further information on the proposed flexible working arrangements and on the savings that such flexibility would bring to the Organization. It was not the right time to approve a housing allowance for the Director-General, regardless of whether other specialized agencies provided such support, given the financing shortages and the recent increase in assessed contributions.

The representative of THAILAND said that the three pillars of the human resources strategy were critical for human resources management at WHO and could be applied to any workplace. She urged the Secretariat to implement the Programme, Budget and Administration Committee's guidance

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.14.

² Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(12).

regarding investment in psychosocial support for staff and mandatory training on the prevention of, and response to, sexual exploitation and abuse and sexual harassment. In addition, briefings and counselling should be provided for every case of abusive conduct to ease the trauma and long-term impact. Efforts made to support the health and well-being of WHO staff during the COVID-19 pandemic were appreciated. She expressed strong support for the human resources strategy, especially with regard to employment of people with disabilities, gender parity and prevention and response to abusive conduct, and proposed that the Secretariat should report regularly on its implementation. The Committee should approve the draft resolution and note the report of the International Civil Service Commission.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, noted with concern that the number of WHO staff employed at regional and country offices had decreased, reportedly owing to the ramp down of the Global Polio Eradication Initiative. He applauded initiatives to attract talent and achieve gender parity, and the launch of the Young Professionals Programme. WHO should continue to move more staff to regional offices to strengthen their capacity and capability. With poliomyelitis, COVID-19 and noncommunicable diseases re-emerging in the Region, WHO support to Member States was critical to provide timely guidance and technical assistance where required.

He welcomed resolutions EB150.R7, EB150.R8 and EB150.R9 (2022) on amendments to the Staff Regulations and Staff Rules and took note of the recommendations of the International Civil Service Commission on staff remuneration, adjustments to the sliding scale for education grants, and payment of a service allowance in lieu of a settling-in grant at duty stations with a category-E hardship classification. The increase in the level of danger pay as of 1 January 2021 was welcome, as it would benefit staff in the Region working in war zones and areas affected by infectious diseases.

He urged the Secretariat to engage in aggressive resource mobilization to ensure sustainable financing of WHO. Member States in the Region would continue to advocate for a stronger performance management system for staff in the African Region; better accountability and transparency through the training of relevant managers; and further efforts to hire more young people, women and people with disabilities.

The representative of the RUSSIAN FEDERATION, noting that WHO's greatest asset was its staff, expressed satisfaction that the Secretariat was stepping up its efforts to achieve a better geographical balance in the staffing of posts. Those efforts should be pursued, and hiring practices must continue to be guided by Article 35 of the WHO Constitution. As the growing number of consultants might hinder the advancement of permanent staff, the Organization should hire consultants only when no in-house expertise was available, and the results of their work should be the subject of careful analysis and evaluation. The Secretariat should maintain its productive cooperation with the International Civil Service Commission and abide by the Commission's decisions and recommendations, which were approved by the United Nations General Assembly.

The representative of the UNITED STATES OF AMERICA agreed that staff were WHO's most precious resource. She requested more information on the specific, time-bound actions that would be taken to achieve gender parity in leadership positions and increase the number of staff from unrepresented and underrepresented Member States. Data on individuals hired on performance-of-work and short-term contracts should be disaggregated by gender, given the significant rise in such contracts in 2021.

Addressing sexual exploitation and abuse and sexual harassment remained one of her delegation's highest reform priorities, and more must be done to foster a culture of accountability for staff, management and leadership. Reporting, oversight and investigation mechanisms must be strengthened and a survivor-centred approach applied.

She looked forward to receiving additional information on the proposed housing allowance for the Director-General at the next meeting of the Programme, Budget and Administration Committee.

The DIRECTOR (Human Resources and Talent Management) thanked Member States for their comments. The information requested on gender parity and geographical representation of staff would be added to the Secretariat's reports to governing bodies meetings, including information on specific efforts for different target group indicators. Member State recognition of the Secretariat's approach and strategy in terms of diversity, equity and inclusion was appreciated. The global internship programme would be reinstated later in the year, public health conditions permitting. The Secretariat's recruitment practices would continue to be guided by Article 35 of the WHO Constitution and aligned with the provisions of the International Civil Service Commission for the United Nations common system.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that staff were indeed WHO's most precious asset. The Secretariat would continue to work with the WHO Staff Association to ensure an equitable and accountable working environment for all. He welcomed Member State input on ways to make diversity, equity, inclusion and the prevention of, and response to, sexual abuse and exploitation and sexual harassment a part of the Organization's DNA rather than mere policies.

Many lessons had been drawn from the COVID-19 pandemic regarding the application of flexible working arrangements and the potential savings such arrangements could generate. Policies in that regard would continue to evolve and would contribute to WHO's ability to attract staff with diverse backgrounds. The Organization's increased use of consultants was linked to financing issues, as some earmarked funds could not be used for permanent staff contracts. The historic decision to adopt a resolution on sustainable financing for WHO two days previously should therefore lead to changes.

He took note of the request for disaggregated data on consultancy and performance-of-work contracts, which would be included in future reports. The Secretariat had already changed its reporting based on Member State recommendations and would continue to do so. Such input was welcome, as the Secretariat strove to live up to its commitment to be transparent and responsive to Member State requests.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/31 and A75/57, and the sections of the report contained in document A75/10 Rev.1 on amendments to the Staff Regulations and Staff Rules and the report of the International Civil Service Commission.

The Committee noted the reports contained in documents A75/31 and A75/57 and the relevant sections of the report contained in document A75/10 Rev.1.

The CHAIR invited the Committee to consider the draft decision on the Director-General's housing allowance recommended by the Programme, Budget and Administration Committee, which read:

The Seventy-fifth World Health Assembly, having considered the report of the thirty-sixth Programme, Budget and Administration Committee of the Executive Board on the proposed application of a housing allowance for the Director-General, presented in the Annex to document A75/31, and the corresponding amendment proposed to the draft contract of the Director-General contained in document A75/5,

Decided:

- (1) to defer a decision on the proposed application of a housing allowance for the Director-General, as presented in the Annex to document A75/31, to the Seventy-sixth World Health Assembly, through the 152nd session of the Executive Board and the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board;
- (2) to grant an interim allowance of US\$ 5000 per month to the Director-General given the exceptional circumstances.

The draft decision was approved.¹

The CHAIR took it that the Committee wished to approve the draft resolution recommended by the Executive Board in resolution EB150.R8, as contained in document EB150/2022/REC/1.

The draft resolution was approved.²

3. BUDGET AND FINANCIAL MATTERS: Item 22 of the agenda

WHO programmatic and financial reports for 2020–2021, including audited financial statements for 2021: Item 22.1 of the agenda (documents A75/32, A75/33, A75/51 and A75/INF./5)

The Chair invited the Committee to consider the WHO programmatic and financial reports for 2020–2021 and the related draft decision.

The representative of INDIA said that financial management at WHO should aim for increased ownership by Member States and incorporate third-party audits and a variety of austerity measures to build trust among Member States and ensure independent, critical and timely decision-making. An accountability framework covering the headquarters, regional and national levels should be drawn up in consultation with Member States. There was a crucial need for reporting on both inputs and outputs.

Referring to the report of the External Auditor contained in document A75/35, he added that accountability and transparency mechanisms should be accompanied by means of implementation for lower- and middle-income countries to develop core health capacities for pandemic preparedness and response.

Alignment, transparency, predictability and flexibility were important to fully funding the programme budget, and the 20% increase in assessed contributions over 2022–2023 should be based on mutually agreed parameters such as per capita gross domestic product or total amount of assistance received from WHO in past years. Given the uneven levels of funding across strategic priorities, low levels of flexible funding and overreliance on voluntary contributions, WHO should explore new, underutilized funding sources, including from the private sector, in accordance with the Framework of Engagement with non-State Actors and subject to oversight and audits.

The representative of GHANA, speaking on behalf of the Member States of the African Region, praised the level of detail provided in the results report contained in document A75/32 and the Secretariat's ongoing efforts to increase transparency in its reporting to Member States. Despite those improvements, WHO remained overreliant on voluntary contributions, leaving the Organization vulnerable to political pressures and hampering its ability to focus on its core mandate, among other

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(13).

² Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.15.

concerns. She therefore welcomed the decision made through the Working Group on Sustainable Financing to increase assessed contributions to cover 50% of the base budget by 2031. She hoped that a majority of those additional funds would be invested at the country level, with continued efforts to correct the imbalance in the allocation of funds between headquarters and the country and regional offices. She expressed support for the draft decision contained in document A75/51.

The representative of PANAMA welcomed the results report contained in document A75/32 but expressed concern over issues of health equity and integral health around the world. He supported extending the Thirteenth General Programme of Work, 2019–2023, and congratulated Member States on the progress that they had made towards ensuring access to clean fuels, safe drinking water, sanitation and tobacco control. Inequities remained, however, and structured interventions were required to achieve the Sustainable Development Goals. He therefore called on the Parties to the WHO Framework Convention on Tobacco Control to strengthen its implementation and to join the Protocol to Eliminate Illicit Trade in Tobacco Products, as both instruments aimed to advance the right to health and achieve healthier populations.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) took note of Member States' comments and suggestions, especially regarding the accountability framework and transparency compliance. The Secretariat would continue to improve those aspects and take Member State suggestions into account. As had been discussed by the Programme, Budget and Administration Committee, resource allocation would be examined in terms not only of the budget but also of flexibility. As of the current biennium, the projected increase in flexible funds would indeed be allocated to the regional and country levels.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/32, A75/33, A75/51 and A75/INF./5.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A75/51.

The draft decision was approved.¹

- 4. AGREEMENT WITH INTERGOVERNMENTAL ORGANIZATIONS:** Item 23 of the agenda (document A75/34)

APPOINTMENT OF REPRESENTATIVES TO THE WHO STAFF PENSION COMMITTEE: Item 25 of the agenda (document A75/38)

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS: Item 26 of the agenda (document A75/39)

The CHAIR invited the Committee to consider the draft resolution contained in document A75/34.

He also informed the Committee that, in paragraph 6 of the report on the appointment of representatives to the WHO Staff Pension Committee contained in document A75/38, the name of Ms Mariana Schneider-Lenz should be replaced by that of Dr Sebastian Klappert.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, praised WHO's engagement with other intergovernmental organizations and expressed support

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(14).

for the proposed agreement between WHO and the International Development Law Organization as set forth in the draft resolution, which would reinforce national legislative frameworks for public health.

At a time of complex, multifaceted international conflicts, collaboration within the United Nations system and with other international organizations was the only way to consolidate peace and guarantee health for all. WHO must maintain and strengthen its cooperation with relevant operational partners. The COVID-19 response had provided strong evidence of the positive results of such cooperation.

The three items under discussion were linked, as WHO's agreements with other intergovernmental organizations and improved cooperation within the United Nations system and with other intergovernmental organizations could have a positive impact on the status of the United Nations Joint Staff Pension Fund.

The representative of the UNITED STATES OF AMERICA also expressed support for the proposed agreement formalizing WHO cooperation with the International Development Law Organization. Enhanced cooperation between the two organizations should be leveraged to bolster WHO's work to help Member States strengthen their legal and political frameworks for managing health emergencies and their aftermath. She was optimistic that doing so would help countries respond to future emergencies.

She expressed appreciation for the report on collaboration within the United Nations system and for WHO's leadership role in promoting such collaboration to better integrate the response to global health challenges. She likewise welcomed efforts to integrate public health priorities into other United Nations forums, such as the Economic and Social Council, as doing so was critical to achieving the Sustainable Development Goals. WHO could and should play a key role in reforming the United Nations system, including in terms of increased transparency, accountability and efficiency. Her delegation would continue to work with the Secretariat to advance those goals.

The ASSISTANT DIRECTOR-GENERAL (WHO Office at the United Nations in New York), responding to the comment about leveraging collaboration within the United Nations system to achieve the Sustainable Development Goals, said that the WHO Secretariat and Member States had launched two new groups of friends at United Nations headquarters in New York: one focused on water, sanitation and hygiene and the other on addressing neglected tropical diseases, as "building back better" would require progress in those areas.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/34, A75/38 and A75/39.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft resolution, as contained in document A75/34.

The draft resolution was approved.¹

The CHAIR drew attention to the proposals to appoint:

- Dr Sebastian Klappert (Germany) as an alternate member of the WHO Staff Pension Committee for the remainder of the term of office of Dr Kai Zaehle (Germany) until the closure of the Seventy-seventh World Health Assembly in May 2024;

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.16.

- Dr Theophile Dushime (Rwanda) as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-eighth World Health Assembly in May 2025;
- Mr Gerald Anderson (United States of America) as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-eighth World Health Assembly in May 2025;
- Dr Ahmed Shadoul (Sudan), the most senior alternate, as a member of the WHO Staff Pension Committee for the remainder of his term of office until the closure of the Seventy-sixth World Health Assembly in May 2023;
- Ms Yanjmaa Binderiya (Mongolia), the second most senior alternate, as a member of the WHO Staff Pension Committee for the remainder of her term of office until the closure of the Seventy-seventh World Health Assembly in May 2024.

It was so decided.¹

5. AUDIT AND OVERSIGHT MATTERS: Item 24 of the agenda

Report of the External Auditor: Item 24.1 of the agenda (documents A75/35 and A75/56)

Report of the Internal Auditor: Item 24.2 of the agenda (documents A75/36 and A75/56)

External and internal audit recommendations: progress on implementation: Item 24.3 of the agenda (documents A75/37 and A75/56)

The Chair invited the Committee to consider the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A75/56.

The representative of the EXTERNAL AUDITOR introduced the report of the External Auditor set out in document A75/35, noting that, because of the COVID-19 pandemic, the audit had been conducted virtually, but that the lifting of restrictions had made it possible to carry out the financial certification on site in March 2022. The External Auditor had issued an unqualified opinion on WHO's financial statements for the financial year ending on 31 December 2021. The Organization had a sound liquidity position, with assets more than three times its current liabilities. However, the policy and guidelines on hedging, formulated in 2013, did not cover the hedging of non-US\$ term deposits, which the Organization had been using to improve the yield of its portfolio; it had therefore been recommended that the relevant standard operating procedures should be updated, to which the Secretariat had agreed.

In addition to the financial statements, the 2021 audit had examined the management and operations of WHO from a compliance and value-for-money perspective. A performance audit had thus been conducted of the organizational transformation process and of the WHO Regional Office for the Western Pacific and the WHO Country Office in Cambodia. The audit of the transformation process had revealed gaps and areas for improvement, which included inadequate funding, shortage of human resources and delayed roll-out of the new enterprise resource planning system. At the Regional Office and country office, country cooperation strategies should be updated, inventory management improved and procurement capacity strengthened. She was pleased to note that 22 of the 68 external audit recommendations that had remained outstanding at the end of 2020 had been implemented during 2021.

The representative of UGANDA, speaking in conjunction with the UNITED REPUBLIC OF TANZANIA and SAO TOME AND PRINCIPE on behalf of the Member States of the African Region,

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(15).

said that effective risk management, controls and governance were of paramount importance. The reduction in audit ratings with regard to the operating effectiveness of internal controls compared to 2020 was concerning, and he called for increased support for the WHO Regional Office for Africa and for Member States in the Region whose performance had been rated only partially satisfactory. Challenges in recruitment, procurement and supply-chain processes must be addressed to improve efficiency. He urged the Director-General to make implementation of the audit recommendations a priority.

The Secretariat should complete pending investigations of cases of alleged sexual abuse and exploitation and sexual harassment; enforce evaluation and audit practices in government-led vertical programmes; improve value for money in the implementation of country cooperation strategies; and continue to assess WHO's performance, including with regard to the new supply-chain strategy, using additional quantitative and country-specific indicators.

The representative of PANAMA welcomed the report on the internal and external audit recommendations and progress on their implementation contained in document A74/37. He hoped that the new integrated reporting platform would encourage timely and sustained implementation of recommendations and reduce the backlog of outstanding recommendations. Merely developing a culture of evaluation would not result in actual organizational transformation if no specific steps were taken to address the constraints and gaps affecting WHO's overall performance.

The representative of KUWAIT, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted with satisfaction that progress had been made in closing recommendations for the Region. She urged the Secretariat to address systemic issues such as supply-chain management, which required corporate solutions and could not be resolved by individual countries or regions. Evaluation and organizational learning must be further strengthened, particularly at the country level, to address systemic issues and eliminate residual risks. The Secretariat should launch integrated platforms to monitor implementation of the consolidated audit recommendations, which would help to ensure accountability and oversight.

She urged the Secretariat to take action on the external audit recommendations, particularly on human resource management and WHO's focus on countries. Efforts to reform and strengthen internal investigation policies and procedures were welcome, as was the Internal Auditor's report on the investigation function and progress made in tackling the backlog of open investigations. Lasting success in that area would require cultural change and sufficient financing.

The representative of AUSTRALIA commended the Secretariat's work to address the audit recommendations and strongly encouraged continued efforts for their timely implementation, particularly those related to the WHO Regional Office for the Western Pacific and the WHO Country Office in Papua New Guinea. Internal controls should be strengthened in the light of the lower operating effectiveness ratings. Efforts to address the backlog of investigations of alleged sexual exploitation and abuse, sexual harassment and other abusive conduct were appreciated, including the allocation of additional resources. She urged the Secretariat to continue to strengthen those efforts.

The representative of INDIA said that audited financial statements and auditors' reports must be made available to Member States well in advance to allow sufficient time for study. It would be useful to hold a separate, dedicated meeting in which auditors could brief Member States and relevant Secretariat divisions to allow for meaningful discussion. Activities flagged in the External Auditor's report as facing constraints should be reviewed. He welcomed the new digital integrated platform for consolidating audit recommendations. Procurement and supply-chain processes for health emergencies should be redesigned, and resource mobilization for health-system strengthening and emerging challenges – such as noncommunicable diseases and the health impacts of climate change – should be made a priority. He requested more information on new financing mechanisms such as the COVID-19 Solidarity Response Fund and the WHO Contingency Fund for Emergencies, including how they were operated, total funds collected and how those funds were spent.

The representative of the RUSSIAN FEDERATION asked the Secretariat to give careful consideration to the issues identified in the External Auditor's report and promptly implement the recommendations contained therein. In particular, additional steps should be taken to minimize procurement malpractice, which had not always been given sufficient attention, creating significant reputational risk for WHO and impacting the effectiveness of the Organization's work. He agreed with the External Auditor's assessment that the results framework must be made more objective, measurable, simple and user-friendly, and that the framework should be applied to subsequent measures to evaluate the effectiveness of WHO's work. He was fully in favour of regular briefings by the External Auditor for the Member States.

The representative of the UNITED STATES OF AMERICA encouraged the Secretariat to implement the External Auditor's recommendations as soon as possible, especially the five "significant recommendations", and to take action on recommendations left outstanding from 2020. She was concerned that the Office of Investigations did not have the capacity to handle its expected workload. It was encouraging, however, that allegations of sexual exploitation and abuse and sexual harassment were being investigated by a special group that aimed to close all cases within 120 days of receiving allegations. She looked forward to reports on the effectiveness of the new digital integrated platform for audit recommendations. The Secretariat should continue to provide information on disciplinary action taken against the perpetrators of abuses.

The representative of MEXICO said that the Office of Internal Oversight Services should continue to make recommendations to help manage risk, maintain controls and implement effective governance within the Secretariat. He agreed with the critical areas of importance highlighted by the Office and appreciated its regular reporting on the progress made in implementing its recommendations. He took note of the Internal Auditor's observations regarding the impact of the COVID-19 pandemic on the functioning of the Pan American Sanitary Bureau, including the recommendation to assess the impact of prolonged periods of special emergency procedures on the Bureau's policies and the suggested revision of its rules. He echoed calls for WHO to coordinate the various processes, recommendations and reports related to strengthening governance and accountability, so as to strengthen and streamline the Organization's leadership role in global health.

The representative of THAILAND said that Member States should be encouraged to provide data to improve the credibility of the performance management system. Implementation of human resource management reforms should also be accelerated, and all country cooperation strategies should be strengthened to improve WHO's work at the country level. Fraud, corruption and procurement malpractice remained concerning. The Secretariat should pursue its efforts to implement all audit recommendations and monitor anti-fraud and anti-corruption activities. While the Director-General's initiative to address malpractice through special briefings with Member States was appreciated, it should not replace formal progress reports to the Executive Board and Health Assembly.

The DIRECTOR (Office of Internal Oversight Services) said that, in spite of the reduction in the overall number of effective internal controls in 2021, the percentage of such controls had remained stable at the country level, a positive development given the challenges posed by the COVID-19 pandemic. However, three processes had been singled out as requiring particular attention: risk management, assurance activities over direct financial cooperation, and direct implementation modalities. The Office of Internal Oversight Services was actively following up those concerns. It provided periodic updates on implementation during the year and, where necessary, reported on issues requiring special attention.

The number of overdue recommendations classified as high residual risk had continued to increase from what had been reported in the Office's annual report. At the latest meeting of the Programme, Budget and Administration Committee, the Office had committed to supporting the efforts of WHO management to implement the recommendation by the Independent Expert Oversight and Advisory Committee to conduct a root cause analysis of the ongoing nature of audit recommendations.

The Office would also provide support for periodic Member State briefings on internal controls and follow up on recommendations.

Responding to comments made, he said that the Office worked in collaboration with the internal audit office in the Region of the Americas and received reports of its findings. It had recently issued an advisory memo to relevant departments on recurring issues identified over the years related to strengthening support for updating and evaluating country cooperation strategies, and work in that area was moving forward.

The HEAD OF INVESTIGATIONS said that rapid progress was being made in addressing the backlog of abusive conduct allegations, with only 19 of 127 open cases as yet unassigned. She appreciated Member States' expressions of support regarding stabilization of the Office of Internal Oversight Services and the correlation of accountability with WHO's reputation. Audits of the Offices of Internal Oversight Services and of Compliance, Risk Management and Ethics would be completed by June 2022. Policy-strengthening work was under way, and the few remaining reports on open investigations into alleged sexual exploitation and abuse and sexual harassment would be issued by the end of the current Health Assembly. Speed and quality went hand-in-hand, because both were necessary for fair and accurate investigations. She also noted that the team in charge of investigating sexual exploitation and abuse and sexual harassment included two members specialized in quality assurance.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/35, A75/36, A75/37 and A75/56.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A75/56.

The draft decision was approved.¹

The meeting rose at 11:50.

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(16).

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 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))**

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).

- 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))**

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]¹

- **Working for Health: draft 2022–2030 action plan** (document A75/12)

¹ See the summary records of the General Committee, second meeting, section 2.

- **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;

¹ Document A75/12.

(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,¹ 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;
- (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;

¹ And, where applicable, regional economic integration organizations.

(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.

FIFTH MEETING

Friday, 27 May 2022, at 10:50

Chair: Mr R. BHUSHAN (India)

1. SECOND REPORT OF COMMITTEE B (document A75/64)

The RAPPORTEUR, read out the draft second report of Committee B.

The report was adopted.¹

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

2. HUMAN RESOURCES FOR HEALTH: Item 15 of the agenda (continued from the fourth meeting, section 3) [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 the UNITED STATES OF AMERICA asked that her Government be added to the list of sponsors of the draft resolution. She said that the Working for Health: draft 2022–2030 action plan and the global health and care worker compact were encouraging. It was important to increase the protection and security of health and care workers, especially in conflict and humanitarian settings. WHO should continue to prioritize the tracking of all violent incidents against health and care workers and provide technical support, with a view to producing more complete data. It was vital to harness context-appropriate innovation and expand digital technologies to better equip health and care workers. Her Government was committed to working with WHO and other partners to bolster the health and care workforce.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the draft resolution, which outlined a coordinated approach to guide Member States' collective efforts to enhance the well-being of health and care workers, support recruitment and retention and safeguard high-quality patient care. That, together with the health systems strengthening approach contained in the draft 2022–2030 action plan, would go a long way in ensuring a global health

¹ See page 342.

workforce that was ready to meet current and future challenges. Acknowledging that health worker shortages were a challenge for all Member States, she endorsed the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The representative of the UNITED REPUBLIC OF TANZANIA, describing efforts undertaken in her country to improve the health workforce, said that her Government recognized the role of the global strategic directions for nursing and midwifery 2021–2025 in ensuring that workforce availability met community expectations and in enhancing regulation, information systems, leadership and training in infection prevention and control in nursing and midwifery.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and also on behalf of The Task Force for Global Health, Inc., The Save the Children Fund, Women Deliver, Inc. and the World Federation of Societies of Anaesthesiologists, said that Member States should ensure safe and decent work, resourced work environments, fair pay, including for unpaid “voluntary” work, continuing education and equal career opportunities; fully support the draft 2022–2030 action plan and the global health and care worker compact; and invest in integrating community health workers into the health workforce.

The representative of CHINA, requesting that his Government be added to the list of sponsors of the draft resolution, welcomed the draft 2022–2030 action plan. The proposed strategic actions were important in helping Member States to strengthen financial and technical support for activities relating to human resources for health, and cooperation between ILO, WHO, UNDP and other partners should be consolidated to that end. At the same time, the risks of fundraising through the Working for Health Multi-Partner Trust Fund and the potential impact on achieving the objectives of the plan should be monitored and assessed. The consideration of worker health and well-being in technical guidance in the global health and care worker compact could help to boost health system performance and productivity. The Secretariat should further develop operational tools and guidance for the implementation of that compact.

The representative of SWITZERLAND said that disruption to health services caused during the COVID-19 pandemic by a lack of health workers demonstrated the importance of such workers in enhancing health system resilience. The Working for Health platform remained an important mechanism to accelerate investments in human resources for health and improve health workers’ training and working conditions, and her Government would continue to support the implementation of the draft 2022–2030 action plan, financially and by sharing knowledge and expertise. She supported the draft resolution.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of Medicus Mundi International – Network Health for All, the International Alliance of Patients’ Organizations, the KNCV Tuberculosis Foundation, the International Baby Food Action Network, the International Council for Standardization in Haematology, Organisation pour la Prévention de la Cécité and the International Federation of Biomedical Laboratory Science, said that the draft resolution did not reflect several critical elements of financing for human resources for health, or the rights of health workers. Member States should undertake taxation and governance reforms for human resources for health financing and include fiscal space for low- and middle-income countries; incorporate the global health and care worker compact into national legislation and policy frameworks to guarantee its full implementation; ensure fair and ethical international recruitment of health workers; provide adequate funding for universal public health systems; ensure safe working environments; and promote and verify uniformity, comparability and harmonization within diagnostic health care paths in order to protect health professionals in haematology.

The representative of BRAZIL expressed support for the draft 2022–2030 action plan and said that the WHO Global Code of Practice on the International Recruitment of Health Personnel was an important tool in mitigating the adverse effects of the international migration of health professionals. The periodic review of global and regional plans and actions within WHO and ILO was a strategic mechanism to address the challenges of human resources in health, including the disparity between supply and demand, inadequate distribution of workers, alignment between education and health, inadequate working conditions, and the increasing complexity of international mobility. She looked forward to future discussions on the distribution of the health workforce in isolated communities. She asked that her Government be added to the list of sponsors of the draft resolution.

The representative of KIRIBATI expressed support for the periodic review of the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and the work to be carried out by the WHO Expert Advisory Group on the Relevance and Effectiveness of that Global Code of Practice in relation to all countries with low health workforce densities. Thanking WHO and other development partners for the financial and technical support provided in response to COVID-19, he requested WHO to continue to support the development of evidence-based guidance for bilateral agreements and to review ethical governance models with private recruitment agencies.

The representative of INDONESIA, outlining government action in her country to promote access to health care services, expressed support for the global strategic directions for nursing and midwifery 2021–2025 and the focus in that document on the role of community health workers. She called on the Secretariat to ensure effective monitoring and evaluation of the implementation of policies relating to human resources for health, and to provide technical assistance for Member States to improve their capacity to implement the global health and care worker compact and strengthen national multistakeholder coordination and collaboration.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR and also on behalf of Amref Health Africa, IntraHealth International, Inc., March of Dimes Foundation, the World Organization of Family Doctors and Women Deliver, Inc., called on Member States to promote gender equality in health decision-making and leadership; ensure safe, decent and equal work for women health workers; address health worker burnout and shortages; implement large-scale gender-responsive training for health personnel; strengthen primary health care through recruitment, training and retention and ensure access to such care in remote and rural areas; collect and use data on unpaid and underpaid health work; and support WHO's core role and provide sufficient funding to the Working for Health Multi-Partner Trust Fund.

The representative of TURKEY said that she welcomed the global health and care worker compact as a means of helping Member States to build sustainable health workforce policies through a multisectoral approach. Collective action and investment were necessary to address persistent workforce challenges, and it was important to empower health and care workers, prevent harm, provide support and inclusivity, and safeguard rights. She welcomed the Secretariat's efforts to collaborate with Member States and other partners to implement the global health and care worker compact within the framework of the draft 2022–2030 action plan.

The representative of INDIA said that Member States should work towards a data-first approach and should plan and invest in health care delivery and workers to sustainably manage current and future health emergencies. The Secretariat should support Member States to identify gaps in their existing health workforce and find ways to make it fit for the purpose. It would be useful for Member States and country offices to conduct a quarterly review of support provided by WHO to ensure the success of that work. Noting the recommendation to create a confidential whistleblower mechanism for health care workers, he said that the Secretariat must take a zero-tolerance approach to complaints of sexual harassment, exploitation or abuse and handle them in a timely manner. Finally, structural imbalances between the supply of and demand for health professionals should be addressed through collective,

collaborative action. A multilateral approach was necessary to create an institutional framework to enable health workers' international mobility, duly following the principles of safety, equal opportunities and the equivalent recognition of programmes.

The representative of BOTSWANA welcomed the draft 2022–2030 action plan and the draft resolution. He noted the focus on strengthening planning, production and management in relation to the health workforce, and efforts to establish optimal staffing levels and ensure that skills matched deployments. National capacity-building in health emergency preparedness and response was fundamental in achieving global health security.

The representative of SUDAN said that support for strengthening health workforce governance, planning and projection should continue under the draft 2022–2030 action plan. It was urgent that Member States adhere to the WHO Global Code of Practice on the International Recruitment of Health Personnel and sign bilateral agreements with main destination countries to regulate international recruitment, as her Government had done. She asked that her Government be added to the list of sponsors of the draft resolution.

The representative of THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR and also on behalf of Childhood Cancer International, the International Council for Standardization in Haematology, the International Pediatric Association, the International Society of Physical and Rehabilitation Medicine, the Union for International Cancer Control, the World Federation of Neurosurgical Societies, The Worldwide Hospice Palliative Care Alliance and the Worldwide Network for Blood and Marrow Transplantation, welcomed the management and policy actions in the global health and care worker compact, especially in relation to ensuring safety for health professionals handling hazardous or dangerous treatments, and providing physical, mental and psychosocial support for health care workers. She called on governments to support high-quality, specialized training in oncology, haematology, transplantation, neurosurgery, physical and rehabilitation medicine and palliative care in order to achieve a local, stable and educated workforce qualified to deliver age-appropriate care.

The representative of KENYA, noting the progress made in implementing the Global Strategy on Human Resources for Health: Workforce 2030, said that it was essential to ensure that the health workforce was fit for purpose by training and retaining critical health experts. The international migration of health workers, health workforce shortages and the weakening of national health systems were key concerns in the African Region, and he outlined measures taken by his Government to address them, including incorporating the WHO Global Code of Practice on the International Recruitment of Health Personnel into national practices. He asked that his Government be added to the list of sponsors of the draft resolution.

The representative of JAPAN welcomed the draft 2022–2030 action plan, the global health and care worker compact and the updated quantitative data from the Global Strategy on Human Resources for Health: Workforce 2030 and said that regular consultations should be undertaken to ensure their effectiveness in all settings. It was critical to ensure access to data and information, provide continuous education and training to health and care workers and preserve their safety and mental health. He hoped that recommendations on providing mental health support to health and care workers, developed at a meeting hosted by his Government in 2021, would be implemented in all countries and regions.

The representative of GHANA thanked WHO for the support provided for a labour market analysis of the national health sector to inform intersectoral policy-making, strategic investments and effective health workforce planning. Describing his Government's efforts to attract and retain health professionals and regulate their international recruitment, he urged Member States to implement the recommendations of the Global Strategy on Human Resources for Health: Workforce 2030.

The representative of AUSTRALIA said that it was important to address issues of workforce retention in rural areas, the prevention of violence and harassment in working environments, the need to advance gender equality in leadership within the health and care workforce, and the importance of providing equal pay for work of equal value. Her Government was committed to supporting and promoting safe and secure working environments across the health sector, especially in remote communities. Health workforce safety and security should remain an important priority for WHO, and safeguards should be developed in that regard.

The representative of MALDIVES said that, given that workforce shortages were the most common cause of health service disruption, it was essential to increase investment in education and training, create an enabling working environment and emphasize retention to ensure adequate capacity for high-quality health care provision. The draft 2022–2030 action plan would help to promote and attain gender equality in employment for the predominantly female health workforce and thus enable inclusive and sustainable economies. The global health and care worker compact, although not legally binding, was a valuable common good for health, available to all Member States and relevant stakeholders, and should be used accordingly. She asked that her Government be added to the list of sponsors of the draft resolution.

The representative of GERMANY, expressing support for draft 2022–2030 action plan, said that health and care challenges could only be overcome through data-driven planning for, and investment in, the workforce, safe working environments and continued education. She stressed that strong health and care workers were the bedrock of strong health systems and communities and that they must be treated respectfully and given the space and opportunity to succeed in their work.

The representative of NAMIBIA welcomed the Secretariat's support for the development of the global health and care worker compact in consultation with Member States. He underscored the deep concern in the African Region at the global inequalities detailed in the report on the Global Strategy on Human Resources for Health: Workforce 2030. It was also of concern that other regions continued to entice health professionals away from African nations, creating a debilitating brain drain. African Member States had trained their professionals with limited resources and such a loss severely hampered service delivery. Effective measures must be found to address the problem. He supported the draft resolution.

The representative of the REPUBLIC OF KOREA, highlighting the timeliness and significance of the draft 2022–2030 action plan in view of the COVID-19 pandemic, said that fulfilling its three core objectives of optimizing, building and strengthening the health and care workforce would require regular monitoring of that workforce, discussion of the challenges arising and the establishment of mid- to long-term national road maps. In addition to recruitment, it was also crucial to improve the work environment to enable health and care workers to practice safely and to continue to train. He welcomed the global health and care worker compact and the fourth round of national reporting under the WHO Global Code of Practice on the International Recruitment of Health Personnel. However, he expressed concern that the reporting rate for those countries named on the WHO Health Workforce Support and Safeguards List (2020) remained low.

The representative of the BAHAMAS praised the Secretariat's extensive work on human resources for health and the Member State-led development of the draft 2022–2030 action plan. The Secretariat should capture and report on the extent to which community health care workers and other allied health professionals were contributing to the delivery of care in health systems. Appreciative of the catalytic funding provided by the Working for Health Multi-Partner Trust Fund to implement a national strategy and plan on human resources for health, she criticized international recruitment agencies that offered domestic health professionals remuneration packages that the local economy could not sustain, thereby widening persistent health worker deficits. The 29% increase in the stock of health workers, reported in document A75/15, reflected exaggerated progress and would bring limited comfort

if the increase was heavily concentrated and unevenly distributed; the Secretariat should therefore add another dimension to its reporting. She expressed support for the draft resolution and applauded the ongoing work to launch the WHO Academy in 2024, which must be accessible to all Member States.

The representative of JAMAICA noted with appreciation the progress made in critical areas of the health workforce agenda, in particular the draft 2022–2030 action plan and the implementation of the Global Strategy on Human Resources for Health: Workforce 2030. He commended the draft resolution. The international recruitment of health personnel from developing countries led to workforce shortages that impeded the delivery of effective and efficient health care services and even stemmed the ability to recover from health emergencies such as the COVID-19 pandemic. It was therefore critical that Member States should strengthen implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel in order to facilitate circular migration so as to benefit both source and destination countries. Moreover, stronger international cooperation and collaboration on highlighting health work challenges was needed to scale up efforts and boost political commitment to better support, equip and protect health care personnel.

The meeting rose at 12:00.

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 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 WOAHA said that her organization continued to empower the veterinary services workforce as part of the implementation of the One Health joint plan of action. WOAHA 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

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

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;¹

(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 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

¹ Document A75/10.

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 Health¹ 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 States² 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 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;

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.

- (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 States¹ 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:	<p>3.1.1. Countries enabled to address social determinants of health across the life course</p> <p>3.3.1. Countries enabled to address environmental determinants, including climate change</p>
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.
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.

¹ And, where applicable, regional economic integration organizations.

- 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 States¹ 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, 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;

¹ And, where applicable, regional economic integration organizations.

- (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 States¹ 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:	<p>3.2.1. Countries enabled to address risk factors through multisectoral actions</p> <p>3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures</p> <p>3.3.1. Countries enabled to address environmental determinants, including climate change</p> <p>3.3.2. Countries supported to create an enabling environment for healthy settings</p>
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 innovative 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.

SEVENTH MEETING

Friday, 27 May 2022, at 18:10

Chair: Mr R. BHUSHAN (India)

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

1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 18 of the agenda (continued) [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)) (continued)

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

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

The representative of FINLAND said that there was a need to promote health-enhancing behaviours and to take into account the impact of misinformation and disinformation on health. It was essential to continuously monitor and address risk factors and health determinants, many of which were beyond the direct influence of individuals. Healthy eating and physical activity were hindered by the high cost of healthy food, advertising of unhealthy products and limited access to safe environments for physical activity. To ensure that reliable, research-based data were used in decision-making and health promotion, the work of WHO should be informed by behavioural science and an understanding of the measures used by media and businesses. It would be impossible to achieve sustainable universal health coverage without developing health-conducive environments across all sectors of society through engagement with communities and the private sector. She supported the draft resolution on well-being and health promotion and the draft decision on maternal, infant and young child nutrition.

The representative of NEW ZEALAND expressed support for the draft resolution on the outcome of the SIDs Summit for Health, particularly the emphasis placed on multisectoral engagement and the need to include the perspective of small island developing States in all aspects of WHO's work. It was essential for Member States to continue working in concert with the Secretariat to ensure that the unique health needs of small island developing States were addressed on the global health agenda. Her Government was committed to ongoing investment in improving health outcomes in the Pacific region and in supporting resilient health systems in the face of climate change. She expressed support for the statement made by the representative of Australia in relation to the updated WHO global strategy for food safety and for the amendment proposed by the representative of Canada to the related draft decision.

The representative of the FEDERATED STATES OF MICRONESIA welcomed the draft resolution on the outcome of the SIDs Summit for Health and wished to be added to the listed of sponsors. Member States should support tailored solutions for small island developing States, such as the proposed voluntary health trust fund.

The representative of OMAN stressed the importance of health promotion, particularly with regard to maternal, infant and young child nutrition. It was necessary to encourage breastfeeding, end malnutrition in children under 5 years of age and reduce anaemia among breastfeeding mothers. He supported the draft resolution on well-being and health promotion, which was an area requiring broad interventions that addressed social behaviours and other barriers. Member States must provide support in that regard and tackle problems such as shortages in human resources.

The representative of TIMOR-LESTE outlined the progress made by his Government in tackling maternal, infant and young child nutrition; measures taken included training midwives to work in rural areas and introducing a home-visit programme.

The representative of SAUDI ARABIA highlighted the need to promote nutritional health given the significant risk posed by foodborne diseases. He supported the five strategic priorities outlined in the updated WHO global strategy for food safety.

The representative of NIGERIA commended WHO on its work to restrict the marketing of breast-milk substitutes. Expressing concern about the stalled progress in sustaining the elimination of iodine deficiency disorders, she requested continued support from the Secretariat in that regard. WHO should continue its work in the areas of food fortification and the promotion of exclusive breastfeeding, in particular by helping Member States to comply with the WHO and UNICEF Ten Steps to Successful Breastfeeding.

The representatives of TUNISIA and JORDAN said that they wished to be added to the list of sponsors of the draft resolution on well-being and health promotion.

The CHAIR noted the request from the Observer of Palestine to be added to the list of sponsors of the draft resolution on well-being and health promotion and the draft decision entitled Global Health for Peace Initiative; with the understanding of the meeting, that would be reflected in the record of the meeting.

The representative of IAEA said that her organization supported WHO in tackling malnutrition in all its forms. Actions included taking part in research projects on childhood nutrition and supporting national programmes to reduce iron deficiency. Member States could improve nutrition interventions and programmes by using nuclear and stable isotope techniques, which generated data that could help to assess body composition, breastfeeding practices and micronutrient absorption, among other things.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO's leadership in promoting breastfeeding and encouraged Member States to support the draft decision on maternal, infant and young child nutrition. Breastfeeding was the cornerstone of child health and nutrition but was under threat due to the aggressive marketing tactics of the commercial milk formula industry.

The representative of the INTERNATIONAL RESCUE COMMITTEE, speaking at the invitation of the CHAIR, said that the world lacked a well-funded, well-coordinated and well-governed plan on expanding treatment for child wasting, which represented a public health emergency. The global action plan on child wasting needed to be reinforced with a strategy that explicitly prioritized simplification and decentralization and endorsed evidence-based approaches. It was important not to take a one-size-fits-all approach to treatment. The publication of further WHO guidance on child wasting could help to rapidly expand access to treatment, particularly in emergency contexts.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIR, said that all Member States had an obligation to implement the International Code of Marketing of Breast-milk Substitutes and ensure that commercial companies

complied with it. Member States should also ensure compliance with the WHO and UNICEF Ten Steps to Successful Breastfeeding and implement the baby-friendly hospital initiative. Her organization supported the draft decision on maternal, infant and young child nutrition.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that health issues, such as nutrition, required a strong focus on the determinants of health, including social, economic, political, environmental and behavioural factors. As a result, her organization applauded the efforts of WHO to develop initiatives such as the WHO behavioural sciences for better health initiative. She called on the Secretariat to ensure the full engagement of young people in that regard and on Member States to implement national WHO youth delegate programmes.

The INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that Member States must take responsibility for the marketing activities of companies that promoted unnecessary, sweetened, flavoured and ultra-processed baby food. WHO must defend the decisions of the World Health Assembly in that regard. The forthcoming decision on the standard for follow-up formula to be taken by the Codex Alimentarius Commission must be aligned with the International Code of Marketing of Breast-milk Substitutes. Any efforts to undermine breastfeeding using digital marketing, deceptive claims or cross-promotion must be eliminated. Instead, it was important to implement mandatory paid maternity leave, baby-friendly birthing practices and effective food safety systems.

The ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIR, fully supported the draft resolution on well-being and health promotion, which would make an important contribution to achieving the target of 1 billion people enjoying better health and well-being. She urged Member States to put in place actions and resources to implement the draft resolution at all levels. Her organization was committed to fostering civil society engagement to that end.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the political economy driving stunting remained unaddressed in the report on maternal, infant and young child nutrition. Information on support for small-scale producers and local food systems to ensure food sovereignty was also lacking from the document. The report prioritized breastfeeding counselling but only briefly referred to the social and physical determinants of maternal and child health. It also failed to mention that comprehensive primary health care was key to the success of targeted interventions to address iodine deficiencies.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR, strongly supported the draft decision on maternal, infant and young child nutrition. In the light of the expansion in digital marketing, new approaches were needed to address the commercial determinants of health and strengthen and better monitor the implementation of the International Code of Marketing of Breast-milk Substitutes. She urged Member States to take strong action in that regard.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, welcomed the request to develop guidance for Member States on regulatory measures restricting digital marketing of breast-milk substitutes. Governments were not on track to meet childhood obesity targets and were failing to implement relevant policies such as sugar-sweetened beverage taxation. She urged Member States to address the commercial determinants of health and put the health of mothers and children ahead of commercial interests. The Secretariat should develop monitoring tools in support of those efforts.

The representative of the GLOBAL ALLIANCE FOR IMPROVED NUTRITION, speaking at the invitation of the CHAIR, said that the WHO global strategy for food safety was an important

milestone in linking the objectives of food safety, nutrition and smart development. Her organization was committed to supporting Member States in developing food safety guidance with a view to improving food safety information and oversight in traditional markets.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, welcomed the draft decision on maternal, infant and young child nutrition. Amending existing international codes would help parents to make fully informed and evidence-based decisions. He reiterated the importance of nutrition in maternal health and urged Member States to support related initiatives, such as the pregnancy, obesity and nutrition initiative launched by his organization, and to introduce legislation and policies that prioritized the well-being of mothers and children.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, said that civil society, in partnership with Member States and other stakeholders, played a transformative role in global health, including in efforts to improve access to water and sanitary facilities. Yet the contribution of civil society was increasingly restricted in global health discussions and decision-making. She called on WHO to safeguard space for civil society at the Health Assembly and in the development of the new international instrument on pandemic prevention, preparedness and response.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States and other partners for their guidance and support to improve the health and nutritional status of vulnerable populations, including infants and children. She took note of all comments made in that regard and said that the Secretariat would continue to support Member States in their efforts to promote, protect and support breastfeeding, including by addressing the challenges posed by the digital marketing of breast-milk substitutes. Since many new social media marketing techniques were not covered by the International Code of Marketing of Breast-milk Substitutes or by national legislation, the Secretariat would work with Member States to develop further guidance on regulatory measures to address those issues. She agreed that action to improve maternal, infant and young child nutrition needed to be scaled up and congratulated countries that had made substantive policy and financial commitments at the Tokyo Nutrition for Growth Summit in 2021. WHO would continue to work with other entities of the United Nations system on the implementation of the global action plan on child wasting and would develop a global action plan on anaemia. The Secretariat was also working to update guidance on how to assess the iodine status of populations and provide further support to Member States.

She thanked Member States for their strong support for the updated WHO global strategy for food safety, which reflected a solid commitment to multisectoral collaboration and innovative public health approaches on the issue. The Secretariat would focus on implementation of the strategy, working together with Member States and partners. She agreed that guidance on traditional food markets would be useful given the linkages across all areas of the Organization's work. In addition, the Secretariat would continue to support small island developing States, and adoption of the draft resolution on the outcome of the SIDs Summit for Health would give WHO a comprehensive mandate to advance healthier populations in those countries and support them in addressing the many health risks posed by climate change. Lastly, the draft resolution on well-being and health promotion provided a solid framework to support countries in implementing health promotion. The fairest and most effective public health approach was to promote health, prevent disease and advance equity.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/10 Add.7 and A75/25 and the sections of the report contained in document A75/10 Rev.1 on maternal, infant and child nutrition, the WHO Implementation Framework for Billion 3 and the WHO global strategy for food safety.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decision on maternal, infant and young child nutrition recommended in decision EB150(7), as contained in document EB150/2022/REC/1.

The draft decision was approved.¹

At the invitation of the CHAIR, the SECRETARY read out the proposed amendment to the draft decision on the WHO global strategy for food safety recommended in decision EB150(8), as contained in document EB150/2022/REC/1. Paragraph 2 would be amended to read:

“to call on Member States to develop national implementation road maps or reflect actions to implement the strategy within existing food safety policies and programmes and to make appropriate financial resources available to support such work”.

The draft decision, as amended, was approved.²

The CHAIR took it that the Committee wished to approve the draft decision on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets recommended in decision EB150(9), as contained in document EB150/2022/REC/1.

The draft decision was approved.³

The CHAIR took it that the Committee wished to approve the draft resolution on the outcome of the SIDs Summit for Health.

The draft resolution was approved.⁴

The CHAIR took it that the Committee wished to approve the draft resolution on well-being and health promotion.

The draft resolution was approved.⁵

Rights of reply

The representative of the RUSSIAN FEDERATION, in exercise of a right of reply, wished to respond to the statement made by the representative of the United States of America. It was a horrible lie to accuse the Russian Federation of provoking a global food crisis. Already in 2020, the Executive Director of the WFP had warned of a major famine caused by conflicts, climate extremes and economic disruptions. The current food supply issues were also a result of the senseless sanctions policy instigated against the Russian Federation. Those included sanctions affecting transport, logistics and the financial system, as well as blockades of ports. Sanctions were putting millions of people at risk of starvation. His Government condemned the economic war, which was having the most impact on vulnerable groups.

The representative of the UNITED STATES OF AMERICA, in exercise of a right of reply, deplored the human suffering resulting from the apparent atrocities committed by the forces of the

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA75(21).

² Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA75(22).

³ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA75(23).

⁴ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA75.18.

⁵ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA75.19.

Russian Federation in Ukraine. The unjustified and unprovoked actions of the Russian Federation in Ukraine were affecting the entire global food supply chain, and the resulting rise in food prices was disproportionately impacting countries dependent on food imports. Furthermore, the Russian Federation had destroyed infrastructure that facilitated overland transport in Ukraine, and there had been reports that it was targeting grain silos, as well as food storage and export facilities. Bomb attacks by the Russian Federation had hit at least three civilian ships carrying goods from Black Sea ports to the rest of the world. Its navy was also blocking access to Ukraine's ports and preventing the export of 25 million tonnes of grain from Ukraine.

The Government of the Russian Federation was attempting to blame others for the consequences of its actions by making false claims that multilateral sanctions against its elite were the problem. Her Government's sanctions against the Russian Federation specifically allowed transactions involving humanitarian commodities, which included the export of food, fertilizer, seed and medicine from the Russian Federation. It was therefore inaccurate to claim that her Government's sanctions were disrupting agricultural exports from the Russian Federation; rather it was the war instigated by the Russian Federation that was exacerbating global food insecurity and causing already high prices of key food commodities to rise even further. The fastest and most effective way to stave off a global food crisis was for the Russian Federation to immediately withdraw its forces from Ukraine.

The representative of the RUSSIAN FEDERATION, in exercise of a right of reply, said that the Russian Federation had opened a humanitarian corridor in the Black Sea to allow ships to pass, with information about the corridor available in Russian and English. Any questions concerning the safe passage of ships in the Black Sea should be put to the Government of Ukraine.

The representative of FRANCE, in exercise of a right of reply, wished to denounce the disinformation campaign of the Russian Federation about the war in Ukraine. He called on the Russian Federation to put an end to the war and allow global food supplies to return to normal.

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 17 of the agenda [transferred from Committee A]¹

Influenza preparedness: Item 17.1 of the agenda (document A75/10 Rev.1)

Global Health for Peace Initiative: Item 17.2 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, decision EB150(5))

The CHAIR invited the Committee to consider the draft decision on the Global Health for Peace Initiative recommended in decision EB150(5), as contained in document EB150/2022/REC/1.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, the European Free Trade Association countries and members of the European Economic Area Iceland and Norway, as well as Ukraine and the Republic of Moldova aligned themselves with his statement. He reiterated the commitment of the Member States of the European Union to the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework) and the WHO Global Influenza Surveillance and Response System. While it was

¹ See the summary records of the General Committee, second meeting, section 2.

regrettable that no assessment of the practical, administrative and financial implications for Member States of the proposed expansion of the WHO Global Influenza Surveillance and Response System had been provided, it was encouraging to learn that the System had been rapidly leveraged for the COVID-19 pandemic response and that the monitoring of respiratory syncytial viruses with pandemic potential had been integrated into the System.

Expanding the PIP Framework to include relevant respiratory viruses with pandemic potential and their genetic sequences would provide WHO with a global instrument for preparedness, prevention and response, as well as pathogen and benefit sharing, in the event of a pandemic caused by a respiratory virus. That would enable the international community to take advantage of existing partnerships within the industry and the mechanisms and processes already in place for the sharing of data, samples, benefits and other information. Any unknown implications, costs or requirements should be subject to further discussions, taking into consideration the Convention on Biological Diversity and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity. Those discussions should be based on the aforementioned assessment of the practical, administrative and financial implications of expanding the WHO Global Influenza Surveillance and Response System, complemented by proposals for developing the PIP Framework made by the Secretariat.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Global Health for Peace Initiative represented a paradigm shift that enabled countries to take a more active role in addressing conflict and peacebuilding, fostering positive collective actions on the social determinants of health and building resilient communities. Collective action by all health sector partners was needed to align national, regional and global efforts on the Global Health for Peace Initiative. It was important to focus on sustainable community-based interventions that helped to build resilience, social cohesion and trust, and the Region had made great progress in that regard. Health and peace work should be the focus of all countries and not only those currently impacted by conflict. Collective efforts were needed to address the wide-reaching impacts of conflict, such as displacement and communicable disease outbreaks. He called on Member States to give their full support to the Global Health for Peace Initiative and work towards translating its objectives into action. Health and peace were not privileges but inalienable rights.

The representative of SINGAPORE said that her Government supported the proposal to expand the WHO Global Influenza Surveillance and Response System to include other respiratory viruses with epidemic and pandemic potential but stressed that the focus should remain on influenza. The inclusion of other respiratory diseases should have clearly defined public health objectives to ensure that limited resources were well utilized. The COVID-19 pandemic had illustrated how crucial it was to make sequencing and other data widely available in a timely manner. Issues relating to national access and benefit sharing requirements should be addressed by the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Member States should continue to invest in and strengthen their national surveillance capabilities. Surveillance was needed during a pandemic, but doubly so in the inter-pandemic years, so that further outbreaks could be prevented and contained.

The representative of BRAZIL said that the Global Influenza Strategy 2019–2030 served as a catalyst in the process of strengthening national capacities for pandemic surveillance, preparedness and response. He emphasized the need for WHO to support initiatives that promoted the local production of strategic medicines in order to expand production and supply capacities, particularly in the context of a pandemic. In the event that the WHO Global Influenza Surveillance and Response System was expanded to include other respiratory viruses with epidemic and pandemic potential, he highlighted the need for the certification and improvement of national epidemiological and laboratory surveillance networks to continue and for arrangements related to access and benefit sharing arising from shared biological material and genetic sequencing data, in accordance with the Nagoya Protocol, to be clarified. In

addition, it was necessary to ensure timely access to, and equitable distribution of, high-quality, affordable, safe and effective vaccines and countermeasures against influenza.

Turning to the Global Health for Peace Initiative, he reiterated his Government's support for the work of WHO in promoting better health in conflict-affected settings. Gaps in equity and the affordability of health services were still a major driver of instability globally. He welcomed the related draft decision and called on the Secretariat to undertake consultations on the way forward without securitizing the global health agenda.

The representative of POLAND said that his Government was in favour of maintaining systems for the rapid detection of COVID-19 at a scale appropriate to the capacities of each country, taking into account costs and human resources. Sentinel surveillance could be used to monitor a variety of acute respiratory tract infections, with priority given to influenza and COVID-19. Such surveillance was a resource-effective way to gather critical information about viral infections and could be used to provide timely information on epidemiological and virus trends, detect co-circulation of influenza and COVID-19 and evaluate the impact of those diseases on health systems. National, regional and global responses to the COVID-19 pandemic could be guided by adaptations to influenza sentinel surveillance systems. Further recommendations and guidelines on the matter would be useful to justify appropriate national funding for sentinel surveillance systems.

The representative of SIERRA LEONE, speaking on behalf of the Member States of the African Region, said that safe and effective seasonal influenza vaccines were of paramount importance in the fight against influenza. He took note of the Global Influenza Strategy 2019–2030 and appreciated the positive results achieved through the PIP Framework Partnership Contribution Preparedness Funds. It was important to: consider the administrative and financial implications for Member States of improving the WHO Global Influenza Surveillance and Response System; implement an integrated strategy for the surveillance of respiratory viruses; and ensure the availability of pandemic influenza vaccine supplies for the African Region, including by enhancing production capacities.

He supported the Global Health for Peace Initiative, which was in alignment with the Thirteenth General Programme of Work, 2019–2023, and positioned the health sector and WHO as contributors to peace by mainstreaming conflict-sensitive health programmes. He looked forward to the publication of the related practical handbook and recalled the importance of mobilizing financial resources to sustain Health for Peace interventions in the African Region. The Secretariat should accelerate the process of developing a road map for the Global Health for Peace Initiative, with the participation of Member States. The African Region strongly supported the recommended way forward for the Initiative, as well as the Initiative's principles, which were relevant to both the success of health programmes and the pursuit of peace dividends. He called for support in implementing the Health for Peace approach to programming.

The representative of MALAYSIA said that it was essential to strengthen the sharing of influenza and other respiratory viruses with epidemic and pandemic potential to ensure that other pandemics could be contained. She therefore strongly believed that an expanded WHO Global Influenza Surveillance and Response System would benefit all Member States. However, the sharing of other respiratory viruses through the System must be transparent and equitable and include the fair and equitable sharing of benefits and biological materials. The inequity encountered in access to vaccines and other pharmaceutical products developed using shared samples and sequence information during the COVID-19 pandemic should not be allowed in the future. She strongly supported all the initiatives undertaken to enhance the WHO Global Influenza Surveillance and Response System as long as transparent, fair and equitable benefit sharing could be guaranteed.

She commended WHO for the Global Health for Peace Initiative, welcomed the related draft decision and reiterated Member States' commitment to the 2030 Agenda for Sustainable Development. There could be no sustainable development without peace and no peace without sustainable development.

The representative of MALDIVES took note of the Global Influenza Strategy 2019–2030 and the guidance provided by WHO to develop national pandemic preparedness and response plans, including the guidance on influenza preparedness and risk management.

The representative of NORWAY supported further work to improve influenza preparedness. The COVID-19 pandemic had underscored the value of the WHO Global Influenza Surveillance and Response System and the importance of experience and technological advancements in that regard. He recognized the potential advantages of building a preparedness system that included other respiratory agents. Increased and integrated knowledge about the many circulating respiratory agents, including their burden on health services, would make the world more prepared to handle epidemiological and clinical changes over time. A good start would be to include various respiratory agents in surveillance reports, including during non-pandemic periods. Expanding the scope of the WHO Global Influenza Surveillance and Response System required the engagement of additional expert laboratories and national centres and would make collaboration increasingly complex. It was important to ensure that the expansion was organized and resourced in a way that did not weaken the cohesion or proven functioning of the existing System. The unhindered and timely sharing of materials and related data regarding pathogens with epidemic and pandemic potential was essential for public health preparedness and response.

The representative of the UNITED STATES OF AMERICA called for a continued focus on and prioritization of influenza preparedness at WHO. The ability to share seasonal influenza viruses rapidly, openly and continuously was essential to successfully managing seasonal influenza epidemics and improving seasonal vaccine strain selection. It was important to work together to ensure that national influenza centres, relevant WHO collaborating centres and essential regulatory laboratories had rapid, continuous access to seasonal influenza samples and their genetic sequence data. Similarly, the international community must work together to maintain a strong, functioning PIP Framework. The best way to build the global surveillance capacities needed for pandemic prevention, preparedness and detection was to build upon existing, proven systems like the WHO Global Influenza Surveillance and Response System and establish new systems only where needed to fill gaps. He therefore encouraged WHO to build upon the WHO Global Influenza Surveillance and Response System and strongly supported the concept of integrating broader respiratory disease surveillance into influenza surveillance.

He supported the draft decision on the Global Health for Peace Initiative and looked forward to the next steps in that regard. However, he regretted that the text of the draft decision reflected only two of the three core pillars of the United Nations Charter, failing to incorporate human rights. The Organization had an important role to play in promoting respect for human rights.

The representative of the RUSSIAN FEDERATION noted the importance of the sharing of influenza strains, particularly in the preparation of candidate vaccine viruses. She welcomed the proposed expansion of the WHO Global Influenza Surveillance and Response System, which would help to strengthen national and international preparedness in the event of future pandemics. She supported efforts by the Secretariat to strengthen pandemic influenza preparedness by updating guidelines for the management of severe influenza, concluding agreements on the voluntary supply of antiviral medicines and guaranteeing access to vaccines as part of the Standard Material Transfer Agreement 2. The pandemic influenza vaccine response operational plan would help to develop synergies between influenza preparedness and response activities and the International Health Regulations (2005).

The representative of AUSTRIA said that the Global Health for Peace Initiative was of central importance in the light of growing health demands in conflict situations during pandemics and other health emergencies and was an opportunity to foster a broader understanding of health. It was important to focus on creating synergies across different policy sectors as well as between decision-makers and other stakeholders, including international partners, within the framework of an economy of well-being. By adding health to the humanitarian–development–peace nexus, the global health agenda would be

better able to fulfil people's needs. Equally, the move would send the message that Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Sustainable Development Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels) were indivisible.

The representative of SWITZERLAND said that the Global Health for Peace Initiative recognized that health was key to building sustainable peace, particularly in the context of emerging conflicts and in post-conflict periods. It was essential to promote health as a catalyser of peace. WHO, as a global health organization, was therefore well placed to mitigate the impact of armed conflicts and promote peace and social cohesion. Her Government was fully committed to supporting the Initiative in a spirit of cooperation, solidarity and multilateralism.

The representative of ARGENTINA reaffirmed her Government's commitment to the Global Influenza Strategy 2019–2030. The WHO Global Influenza Surveillance and Response System and the system for rapid detection of COVID-19 should be accompanied by a regulatory framework that ensured the fair and equitable sharing of genetic sequencing data, pathogens and related benefits, in line with the Nagoya Protocol and the Convention on Biological Diversity. Sharing benefits with developing countries would give them better access to treatment, diagnostic tests and vaccines. The WHO Global Influenza Surveillance and Response System should only be expanded as part of an intergovernmental process that allowed for transparent and in-depth debate among Member States with fair and equitable participation.

The representative of LEBANON commended WHO for its work on the Global Health for Peace Initiative and for its related accomplishments, including research, advocacy and awareness-raising. Peace and health were interconnected. He recognized the important role that health workers played in ensuring health, and subsequently peace, and called on the international community to develop and implement strategies that preserved the health workforce. The Sustainable Development Goals constituted the most efficient and established path towards creating healthier populations and more peaceful communities. There could be no peace without sustainable development.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the COVID-19 pandemic had demonstrated that a global solution was needed to strengthen health systems and protect future generations from pandemics. Her Government continued to support efforts to build on tried-and-tested systems for pandemic influenza, based on the lessons learned from the COVID-19 pandemic. Integrated surveillance mechanisms, effective early alert systems and reporting, and rapid sample sharing remained crucial. Limitations on virus and information sharing could affect influenza vaccine production capacities. It was important to improve global capacities to develop and implement standardized approaches for wider respiratory viruses. Timely and effective sample sharing, along with high levels of transparency and strong global communication, were especially important. The effective running of, and global participation in, the WHO Global Influenza Surveillance and Response System and the PIP Framework therefore remained essential.

The representative of COLOMBIA said that the Health for Peace agenda was a priority for his Government. He agreed with the main points set out in the report on the Global Health for Peace Initiative, especially the priorities for the following two years. He urged WHO to support his Government in implementing the Initiative, including by helping to design related projects. The United Nations Peacebuilding Fund was also making a valuable contribution to peace in his country, particularly by addressing health. Global Health for Peace Initiative projects in his country focused on improving health services and reducing inequalities.

The representative of CHINA supported the strengthening of surveillance through the WHO Global Influenza Surveillance and Response System, the promotion and maintenance of the

PIP Framework and the implementation of the Global Influenza Strategy 2019–2030. He was also in favour of enhanced international cooperation on influenza preparedness and ensuring equitable, fair and timely access to high-quality, safe, effective and affordable pandemic influenza vaccines, diagnostic tools, therapies and other benefits. It was important to recognize the importance of sharing and using influenza viruses in a timely manner. His Government supported the WHO's assessment of the impact that expanding the work of the WHO Global Influenza Surveillance and Response System would have on Member States.

The representative of NAMIBIA acknowledged the importance of implementing influenza surveillance and commended the efforts made to conduct surveillance through the WHO Global Influenza Surveillance and Response System. While sharing influenza surveillance data was essential, transparency, access and benefit sharing were also important and should be included in the new international instrument on pandemic prevention, preparedness and response. Since vaccination was crucial to the fight against influenza, he encouraged the Secretariat to continue supporting countries in addressing challenges that impeded access to vaccines. He reiterated his support for the Global Influenza Strategy 2019–2030.

The representative of INDIA said that, as influenza and COVID-19 shared similar clinical presentations, it was necessary to ensure that patients presenting with influenza-like symptoms underwent testing for both diseases, as well as for other similar pathogens. Laboratory-based surveillance for influenza should not be left behind in favour of testing for COVID-19. It was necessary to update the viruses contained in influenza vaccines due to the constantly evolving nature of such viruses. WHO should consider undertaking a similar exercise for COVID-19 vaccines, which would be best accomplished through sharing of samples and genetic sequencing data in accordance with the Nagoya Protocol. He requested WHO to ensure that samples and benefits were shared equally in keeping with the mandate of the PIP Framework. Concerns about the sharing of genetic sequence data and benefits needed to be promptly addressed. To ensure its sustainability, the PIP Framework should cater to the interests of Member States that provided such samples. A transparent process must be put in place to evaluate which countries had priority in receiving funding, influenza viruses and technological support to manufacture influenza vaccines, taking into account their disease burden. Collaboration between countries should be strengthened to ensure efficient utilization of laboratory services and other capacities. The Secretariat should take concrete action on the above suggestions and include them in its report on influenza preparedness.

The representative of the REPUBLIC OF KOREA said that multilateral efforts were needed to reduce the socioeconomic impacts of novel respiratory viruses such as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). To that end, her Government supported the expansion of the WHO Global Influenza Surveillance and Response System and agreed on the need to assess the practical, administrative and financial consequences of the expansion. She looked forward to cross-border cooperation to further enhance information sharing on emerging respiratory viruses with pandemic potential.

While she welcomed the Global Health for Peace Initiative, she suggested that the Initiative should do more to promote partnerships.

The representative of THAILAND reiterated the importance of having a surveillance system in place, but said that the WHO Global Influenza Surveillance and Response System alone was not enough. It was important to expand the System to cover influenza, other respiratory viruses with pandemic potential as well as zoonotic diseases, based on a One Health approach. The COVID-19 pandemic had revealed an imbalance between the normative influenza surveillance system and the COVID-19 monitoring system. It was therefore important to enhance communication with partners of the WHO Global Influenza Surveillance and Response System in order to strengthen and maintain influenza surveillance activities in the context of the COVID-19 pandemic. Clarity was needed on the sharing of pathogens between the WHO Global Influenza Surveillance and Response System and the Secretariat

of the Convention on Biological Diversity. That issue must be addressed in the new international instrument for pandemic prevention, preparedness and response.

The representative of INDONESIA supported efforts to establish a strong global surveillance and response system based on sentinel surveillance to tackle influenza, COVID-19 and any other novel virus with pandemic potential. The Secretariat should promote enhanced collaboration at the global and regional levels to support Member States in improving their capacities to detect, understand and respond to new influenza viruses with pandemic potential. It was important to make use of PIP Framework Partnership Contribution Preparedness Funds. There was a need to identify gaps and priorities in influenza vaccine production capacity, supply chains and distribution networks. The Secretariat should help Member States to develop or update their national influenza preparedness plans using a risk-based approach, taking into account lessons learned from the COVID-19 pandemic. She urged Member States to support the proposal to develop a framework for the expansion of the WHO Global Influenza Surveillance and Response System in order to ensure transparency as well as equitable access and benefit sharing.

The representative of ZAMBIA applauded the Secretariat for its efforts in fostering global collaboration on influenza preparedness through the PIP Framework and the WHO Global Influenza Surveillance and Response System. Her Government was aware of the ever-present threat of an influenza pandemic, as highlighted by the COVID-19 pandemic, and was committed to implementing the PIP Framework. Influenza vaccines should be made available in adequate quantities to all Member States that required them. She called for increased investment in capacity-building for vaccine research and development in developing countries in order to reduce those countries' dependence on developed nations and enhance equitable access to vaccines globally.

The representative of the DOMINICAN REPUBLIC highlighted the need for a regulatory framework that covered the exchange of pathogens and genomic sequences and ensured the transparent and equitable sharing of benefits in accordance with the Convention on Biological Diversity. She fully supported the Global Health for Peace Initiative and wished to see concrete action in that regard. She called on all Member States to make a decisive commitment to the Initiative in order to achieve sustainable health and peace for all, in line with the Sustainable Development Goals.

The Observer of PALESTINE said that the issues of health and peace were very important for all countries and people, and he thanked the Governments of Oman and Switzerland for their collaboration in discussions on those issues. Palestinians wished to see an end to war and suffering worldwide. He supported the draft decision on the Global Health for Peace Initiative.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, recognized the interdependence of peace and health and emphasized the need to build peace through the provision of health care, the promotion of community health and the development of equitable policies. Multi- and intersectoral partnerships were crucial to promoting peace through health. Her organization strongly supported the engagement of young people in the development of peace-responsive health programmes that strengthened social justice. She called on Member States to respect the principles of humanity, neutrality, impartiality and independence in the provision of health care, to refrain from acts of violence against health services and to build the capacities of the future health workforce so they could promote a culture of peace.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, strongly supported the investments made in the WHO Global Influenza Surveillance and Response System, as well as in immunization programmes for influenza. Pharmacists continued to be the most accessible health professionals and were therefore well positioned to support the implementation of the System at the national, regional and local levels. She called on WHO to promote the integration of pharmacists into the timely monitoring of circulating

respiratory viruses as well as into vaccination plans; to address the issue of vaccine hesitancy through youth-led initiatives; and to provide youth organizations with capacity-building opportunities to create a pipeline of future leaders who were much better prepared for future challenges.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that WHO must ensure that influenza surveillance was not deprioritized or negatively impacted by the expansion of the WHO Global Influenza Surveillance and Response System. The Secretariat must make sure that the options being explored to address current and future seasonal virus sharing challenges did not unintentionally hinder the development and manufacturing of seasonal influenza vaccines. The biopharmaceutical industry remained committed to effectively improving seasonal and pandemic influenza preparedness and response.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed the proposal to integrate COVID-19 surveillance into the WHO Global Influenza Surveillance and Response System and the PIP Framework but expressed concern about the potential duplication with the work of the WHO BioHub System. The sharing of viruses must be regulated by clear, negotiated frameworks and Standard Material Transfer Agreements to enable fair and equitable benefit sharing. Concrete equity-driven mechanisms were needed for pathogens with pandemic potential and seasonal influenza viruses. The proposed expansion of the WHO Global Influenza Surveillance and Response System should be based on a clear mandate from the Health Assembly, and WHO must act to remove trade and fiscal barriers to vaccines and localized production.

It was important to develop indicators for the Global Health for Peace Initiative that monitored peacebuilding, discrimination in health service provision during conflicts, and attacks on health workers and health services. That data should be presented to the Health Assembly annually; a global alliance to prevent war and mitigate its health consequences was also needed.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that health was the bedrock of safety and security. The values of the nursing profession, such as justice, respect, equity, human rights and compassion, were all foundations of peace. Nurses were therefore influencers of peace and could help to strengthen the link between health, social cohesion and peace.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR and expressing support for the Global Health for Peace Initiative, said that health could serve as a bridge bringing parties in conflict together towards peace. It was crucial to protect the core ethical principles of the medical profession, and comply with international humanitarian law, international human rights law and United Nations Security Council resolution 2286 (2016). He urged all parties to a conflict to guarantee the principles of humanity and impartiality by preventing and relieving human suffering and delivering health care without discrimination.

The representative of the REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that 12 Member States in the Region were experiencing ongoing conflict, with over 102 million people needing humanitarian support. The implications for health were obvious: violent trauma, attacks on health care, disrupted health services and elevated morbidity and mortality. Peace should thus be a sub-objective of WHO's work. There was a need to implement programmes that were both conflict sensitive and peace responsive. Under the Global Health for Peace Initiative, the Regional Office had been working to sensitize stakeholders, develop capacities and build consensus among Member States. Conflict-sensitive programming involved addressing health needs while also strengthening social cohesion and trust through active dialogue and by building the capacities of frontline workers in conflict analysis and negotiation, as well as in documenting experiences on the linkages between health and

peace. Engaging with communities and civil society at the national and subnational levels was vital to ensuring the ownership and sustainability of such efforts.

It was clear that influenza posed a major threat to public health and development. Across the Eastern Mediterranean Region, influenza surveillance and epidemic and pandemic preparedness had progressively improved despite the large number of fragile settings. The work of the Regional Office was aligned with the Global Influenza Strategy 2019–2030 and based on close collaboration with governments and partners. A total of 19 countries had functional surveillance systems and 10 were supported through PIP Framework Partnership Contribution Preparedness Funds. Support was being provided to enhance countries' capacities and systems for both seasonal and pandemic influenza, including through the promotion of seasonal influenza vaccination. Continued and sustained efforts were required to uphold surveillance, pandemic preparedness and seasonal influenza vaccination programmes. The Regional Office was already working on integrated surveillance for other respiratory viruses with epidemic and pandemic potential.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the success of the WHO Global Influenza Surveillance and Response System was built on the investments, talents and innovation of WHO collaborating centres and national influenza centres around the world. The Secretariat would take into account all of the comments made, including the call to increase the scope of the existing WHO Global Influenza Surveillance and Response without weakening the System as a whole. Member States should look to the PIP Framework for capacity-building support. The investments made in the PIP Framework had been critical in the COVID-19 response, and the calls to expand the PIP Framework were therefore extremely welcome; any such expansion would be guided by Member States.

Drawing attention to the principle of no health without peace and no peace without health, he said that fragile, conflict-affected and vulnerable countries represented over 70% of the high-impact epidemics to which WHO responded. Lack of access to health care led to decreases in social cohesion and amplified divisions. The next step was to operationalize the Global Health for Peace Initiative in support of affected populations and communities. It was important to turn the concepts set out in the Initiative into meaningful and sustainable projects at the community level, with a view to measuring, intervening and decoupling the links between violence and health.

The DIRECTOR (Epidemic and Pandemic Preparedness and Prevention) said that influenza continued to pose a significant epidemic and pandemic threat. She called on all Member States to remain vigilant about influenza but to also maintain COVID-19 surveillance in line with risk levels. The WHO Global Influenza Surveillance and Response System had been an invaluable asset on the front lines of the COVID-19 pandemic response but must continue to evolve to ensure its continued relevance in a changing world. The Secretariat was actively updating technical guidance, particularly on sentinel surveillance, and would continue to consult with Member States, industry, civil society and other experts to integrate surveillance of respiratory pathogens with pandemic potential. All feedback was considered in a measured and transparent manner, taking into account the need for a sustainable and cost-effective system. The Secretariat was compiling information on the potential impact that the expansion of the WHO Global Influenza Surveillance and Response System would have on human resources and funding. It was seeking inputs from national influenza centres through an annual survey and would complement that data with other analyses; the outcome of that process would be shared with Member States.

Without the timely sharing of influenza viruses via the WHO Global Influenza Surveillance and Response System for all public health purposes, including vaccine development, the world would not have access to up-to-date risk assessments or other tools to respond to outbreaks. In the light of the continued disruptions in the use of viruses shared through the System, she called on Member States to ensure timely virus sharing through the System and said that the Secretariat was developing solutions to address such systemic problems, including with the support of the PIP Framework Advisory Group.

The Secretariat was working hard to support countries' implementation of the Global Influenza Strategy 2019–2030, including by providing better tools and strengthening country capacities. It was taking stock of the lessons learned from the COVID-19 pandemic to see how influenza-specific

capacities could support preparedness for and response to other respiratory pathogens, including by ensuring local production of medical products. The COVID-19 pandemic had highlighted the need for fairness and equity regarding access to vaccines and other pandemic response products. Member States could look to the principles and mechanisms of the PIP Framework as a reference point when considering their needs with regard access and benefit sharing. However, she acknowledged that important work remained to be done on how to handle genetic sequence data with a view to ensuring fair and equitable benefit sharing in line with the Nagoya Protocol.

The CHAIR took it that the Committee wished to note the sections of the report contained in document A75/10 Rev.1 on influenza preparedness and on the Global Health for Peace Initiative.

The Committee noted the report.

The CHAIR took it that the Committee wished to approve the draft decision on the Global Health for Peace Initiative recommended in decision EB150(5), as contained in document EB150/2022/REC/1.

The draft decision was approved.¹

Poliomyelitis: Item 17.3 of the agenda

- **Poliomyelitis eradication** (document A75/23)
- **Polio transition planning and polio post-certification** (documents A75/24 and A75/INF./7)

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the efforts made to support priority countries in revising and implementing their national polio transition plans, sustain gains in poliomyelitis eradication and strengthen emergency preparedness, detection and response capacities. The Member States of the Region were committed to stopping transmission of all types of poliovirus by the end of 2023 and to integrating polio assets into national health systems in order to strengthen broader disease surveillance, outbreak response capacities and routine immunization services. Since the results obtained thus far were satisfactory yet fragile, he urged Member States and partners to ensure that the WHO base budget was fully and sustainably financed so that the Organization could address national health security issues and provide the necessary technical support.

Member States should strengthen their advocacy efforts to foster strong political commitment on poliomyelitis control; step up the interventions set out in the Polio Eradication Strategy 2022–2026; and boost routine immunization services in response to emerging health threats, particularly COVID-19. Innovative strategies were needed to mobilize additional domestic resources and finance the implementation of national outbreak and health emergency response plans, including on poliomyelitis. It was also important to enhance vaccine availability, such as through technology transfer, and ensure that vaccines could be produced locally. Lastly, Member States should build stakeholders' response capacities, including for poliomyelitis.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, while wild poliovirus cases in Afghanistan and Pakistan were at their lowest, poliovirus continued to present a global threat. He expressed concern about the increasing number of countries reporting outbreaks of circulating vaccine-derived poliovirus and about the detection of cross-border vaccine-derived poliovirus in environmental samples. Ensuring that no child was exposed to paralytic poliomyelitis ever again was a collective responsibility.

Over the past 12 months, the Member of States of the Eastern Mediterranean Region had intensified their efforts to contain poliovirus transmission. Some of the measures taken included

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA75(24).

advocating for the protection of health workers and pledging political and financial support. In addition, seven countries in the Region had been verified for use of the novel oral poliovirus type 2 vaccine. Continued financial and political commitments on poliomyelitis eradication were needed from all Member States, partners and donors; the opportunity to stop poliovirus transmission should not be missed.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as the Republic of Moldova and Georgia aligned themselves with her statement. She commended the progress that WHO had made towards poliomyelitis eradication. To ensure further progress, it would be crucial to implement the Polio Eradication Strategy 2022–2026 and ensure adequate financing for it. The Government of Germany would be co-hosting a pledging event in October 2022, which would be an opportunity for all Member States, donors and other partners to demonstrate their continued support for poliomyelitis eradication. The Polio Eradication Strategy 2022–2026 would help to create a well-trained health workforce that could reach out to vulnerable communities. It was important to ensure the appropriate containment of vaccine-derived poliovirus type 2 and develop an effective, reliable and transparent process for certifying poliovirus-essential facilities. In that regard, the national biosecurity and biosafety frameworks of Member States of the European Union were of the highest standard and fully in line with the GAP III Containment Certification Scheme.

Further consultations with Member States were needed on auditor qualification and audit support following the publication of the GAP III auditor qualification and audit support plan 2021–2023. While some Member States could benefit from some of the additional actions proposed in the plan, she believed that the national processes of the Member States of the European Union were already sufficient. Moreover, the plan appeared to give the Secretariat responsibility for certification activities and the issuance of GAP III containment certificates, while those responsibilities were assigned to national containment authorities under the GAP III Containment Certification Scheme; she therefore requested clarity in that regard.

The representative of LEBANON commended the work of WHO on poliomyelitis eradication worldwide. The risk of poliovirus spread remained a public emergency of international concern despite the progress made. Humanitarian crises created a significant risk of poliovirus spread and could hinder existing efforts to contain it. The ongoing situation in the Syrian Arab Republic and the influx of refugees put her country at risk in that regard. Her Government was committed to preventing any new spread of poliovirus in Lebanon and was counting on the continued support of WHO to ensure a polio-free world.

The representative of COLOMBIA said that WHO must take immediate action to increase vaccine coverage and thus prevent a resurgence of wild poliovirus. Poliomyelitis eradication should continue to be a public health priority and the Polio Eradication Strategy 2022–2026 should receive more funding. Only when global certification of poliomyelitis eradication was achieved would all populations be safe.

The representative of ANGOLA said that African countries were committed to the successful implementation of the Polio Eradication Strategy 2022–2026, including by improving routine vaccination coverage and strengthening surveillance of acute flaccid paralysis. He expressed concern about imported cases wild poliovirus in southeast Africa and urged WHO to address the matter as a priority.

The representative of MONACO said that the international community must remain politically and financially committed to poliomyelitis eradication. It was essential to sustain the progress made thus far by ensuring the vaccination of all children with no exceptions and maintaining robust surveillance systems. She commended the efforts made under the Global Polio Eradication Initiative to support pandemic preparedness and response efforts, strengthen health systems and ensure widespread access

to vaccines against poliomyelitis and other illnesses, including COVID-19. The polio workforce had many transferrable skills that could be used in the field of health emergency prevention and response and in building more resilient health systems.

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

The meeting rose at 21:00.

EIGHTH MEETING

Saturday, 28 May 2022, at 09:05

Chair: Mr R. BHUSHAN (India)

later: Dr F. ABIAD (Lebanon)

1. THIRD REPORT OF COMMITTEE B (document A75/66)

The RAPPORTEUR read out the draft third report of Committee B.

The report was adopted.¹

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 17 of the agenda (continued) [transferred from Committee A]

Poliomyelitis: Item 17.3 of the agenda (continued from the seventh meeting, section 2)

- **Poliomyelitis eradication** (document A75/23) (continued)
- **Polio transition planning and polio post-certification** (documents A75/24 and A75/INF./7) (continued)

The representative of NIGERIA requested that the WHO Secretariat prioritize polio transition in resource mobilization and allocation and programme oversight and put in place a strong accountability framework. The novel oral polio vaccine type 2 should be the vaccine of choice to prevent new outbreaks. Continued financial support should be provided to the African Region under the Global Polio Eradication Initiative to sustain the gains of poliomyelitis eradication post-certification. Her Government aligned itself with the regional position that technology transfer was needed to ensure that vaccines could be produced locally but also advocated for adequate and consistent availability of the novel oral polio vaccine type 2 at affordable prices.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that all countries must continue to ensure that every child was fully vaccinated against poliomyelitis, as the progress made towards eradication was fragile. Greater discussion was needed on the challenges of poliomyelitis eradication, such as supply constraints of the novel oral polio vaccine type 2. All countries affected by vaccine-derived polioviruses and their neighbours must step up and act, and rapid responses to outbreaks using any available type 2 vaccine and high-quality campaigns were essential. Domestic resources to tackle outbreaks should be provided where possible. A strong focus on priority strategy areas, such as integration and gender mainstreaming, was critical. The Global Polio

¹ See page 343.

Eradication Initiative must work closely with the WHO Secretariat to ensure that recently transitioned countries continued to meet poliomyelitis surveillance indicators. Her Government supported the Secretariat's work on polio transition and its decision to include poliomyelitis functions in the base budget. Transition should appear regularly on the agenda of the Polio Oversight Board. The Secretariat should clarify how it would ensure that poliomyelitis surveillance remained strong and whether surveillance budgeting tools had been rolled out to countries as planned.

The representative of CANADA urged Member States and the international health community to stay focused on poliomyelitis eradication in the face of massive immunization disruptions caused by the pandemic of COVID-19 and vaccine-derived poliovirus outbreaks. He urged donor countries to pledge their support at the upcoming "polio pledging moment" in Germany. His Government supported the transition process; WHO and partners of the Global Polio Eradication Initiative should consider how they could improve the transition process to reduce the risk of further outbreaks. There was also a need to better integrate poliomyelitis eradication work into a broader suite of health services, vaccination campaigns, and health systems strengthening activities. Poliomyelitis eradication would not be possible without a fully gender-responsive approach across all programmes and operational areas. The Gender Equality Strategy 2019–2023 should therefore be implemented and closely monitored at all levels. Lastly, the Secretariat should put in place mechanisms to ensure the safety and security of poliomyelitis workers, especially women, who often faced a heightened risk of violence.

The representative of AUSTRALIA commended the Global Polio Eradication Initiative and its partners for their ongoing commitment to poliomyelitis eradication, particularly in restarting poliomyelitis campaign activities in Afghanistan. However, the deaths of eight poliomyelitis workers in Afghanistan highlighted the importance of having robust safeguards in place to protect health workers and manage security risks. Her Government welcomed the progress made in integrating poliomyelitis activities into broader immunization and health systems. Cross-programming presented opportunities to optimize the poliomyelitis workforce and strengthen immunization and vaccination programmes. She looked forward to updates on the pilots that were being operationalized to support countries in integrating critical surveillance cost components into national budgets. Gender-responsive programming remained key to ensuring poliomyelitis interventions reached all children. She supported the work being carried out by the Global Polio Eradication Initiative to advance its Gender Equality Strategy 2019–2023. Working together to eradicate wild poliovirus through continued risk mitigation was important.

The representative of SPAIN commended the Global Polio Eradication Initiative on its rapid response to the recent poliomyelitis outbreaks, which highlight the fragility of progress made in eradicating the disease. The use of poliomyelitis resources in the COVID-19 response had demonstrated the positive outcomes that could be achieved through integrated programmes and with enough political will. He applauded the work undertaken by the Initiative to break down gender barriers and ensure real equity in vaccination and access to health services. It was encouraging to see clear objectives on gender issues set out in the Gender Equality Strategy 2019–2023, as well as a clear budget for gender equality set aside in the Initiative's overall budget for 2022–2026.

The representative of the UNITED STATES OF AMERICA said that the poliomyelitis eradication programme should focus on three immediate actions. Firstly, stopping wild poliovirus circulation in Afghanistan and Pakistan and its importation into southern Africa, specifically Malawi and Mozambique; secondly, ending outbreaks by improving the quality, scope, and speed of vaccination campaigns and by responding to outbreaks as soon as they were detected using the vaccine that was most readily available; and thirdly, completing an independent review of the progress made in responding to outbreaks by the end of 2022, submitting a report to the Executive Board at its 152nd session. His Government appreciated the efforts made since the 150th session of the Executive Board to address the lack of specifics in polio transition plans. The best way to advance polio transition in a way that benefited transitioning countries was for Member States, donors and partners to strengthen

surveillance of poliomyelitis and other vaccine-preventable diseases and ensure the presence of a healthy, sustained workforce that could respond quickly to outbreaks.

The representative of GERMANY said that a clear opportunity had arisen to eradicate poliomyelitis given the low number of wild poliovirus cases in 2021, although the situation remained volatile. All countries must treat poliomyelitis as a health emergency until full eradication was reached. He shared the concerns about the financing of the Global Polio Eradication Initiative and invited all relevant stakeholders to show their continued support at the forthcoming pledging moment in Germany. He welcomed the progress made on the polio transition and supported plans to transfer certain poliomyelitis functions to WHO. The Director-General should appoint a special representative for polio transition.

The representative of ZAMBIA warned that the re-emergence of wild poliovirus type 1 in Africa should serve as a wake-up call. Despite the negative impact of the COVID-19 pandemic on the poliomyelitis eradication agenda, low coverage in some areas, and indeed zero-dose children and communities, had existed long before the pandemic. That, coupled with suboptimal surveillance for poliomyelitis, was a recipe for a resurgence of poliovirus outbreaks. Her Government emphasized the need for increased investment to strengthen poliovirus-related surveillance; strategies to find and vaccinate zero-dose children; and measures to further reduce the turnaround time for laboratory confirmation of cases. She welcomed that the cessation of oral polio vaccines would be based on careful analysis of the lessons learned from the 2016 polio switch. Moreover, she appreciated the contribution that poliomyelitis assets had made to the COVID-19 response.

The representative of INDIA highlighted two points regarding the Polio Eradication Strategy 2022–2026. Firstly, challenges might arise with respect to the introduction of the novel oral polio vaccine type 2, as it was still considered a WHO emergency use listing product; and secondly, Member States should be informed well in advance about the cessation of oral polio vaccine use in routine immunization programmes so that they could align their procurement processes. The Secretariat should request access to surveillance in all regions, at the national and subnational levels, especially where cases were high and there was a risk of international spread.

The representative of the RUSSIAN FEDERATION said that Member States should take steps to avoid the interruption of polio vaccination programmes occurring either as a result of health emergencies or the transition to the use of new vaccines. She requested the Secretariat to conduct additional monitoring of, and research into, the use of the novel oral polio vaccine type 2 and to produce guidelines on how to respond to outbreaks, especially for countries where the novel vaccine was not in use. The transition to the novel vaccine should be carefully managed, using the Polio Eradication Strategy 2022–2026 as a basis. It was vital to ensure the genetic stability of any new poliovirus vaccine, in laboratories and in field settings. Emphasizing the importance of poliovirus containment, she called on the Secretariat to continue providing support to Member States, including by training national inspectors and supporting efforts to strengthen technical capacities. She expressed support for WHO's coordinating role in polio transition, which should be managed within its governing bodies in order to ensure coordination with activities to strengthen health emergency prevention and preparedness. She supported the conclusions and recommendations of the Polio Transition Independent Monitoring Board.

The representative of the REPUBLIC OF KOREA said that the Secretariat must promote investment in vaccine development while also providing comprehensive support to speed up diagnosis and improve outbreak response, immunization and post-certification preparedness. WHO should work towards complete poliomyelitis eradication through risk analysis, and the international community should offer support to ensure that vaccination was offered to all children. The COVID-19 pandemic had drawn greater attention to, and created increased support for, national health care systems. It was therefore an opportune time for Member States to accelerate efforts towards the transition of their national poliomyelitis response systems, including by revising and implementing national policies,

maintaining poliomyelitis eradication status, preventing further vaccination rollbacks and strengthening detection and surveillance of poliovirus.

The representative of JAPAN welcomed the report on poliomyelitis eradication and agreed that the key to success was a rapid and high-quality outbreak response using all available type 2 vaccines. The negative impact of the COVID-19 pandemic on poliomyelitis immunization programmes was regrettable, but the lessons learned from the pandemic might be useful for the poliomyelitis agenda. Good practices that had come out of COVID-19 included enhancement of the cold chain, reaching excluded populations and increasing the number of health workers. That said, poliomyelitis immunization coverage and surveillance were currently inadequate, which meant that the risk of re-emergence could increase. The Secretariat should develop guidance on how to respond rapidly and adequately to an emergence of cases even in areas that had previously achieved eradication.

The representative of BRAZIL said that poliomyelitis eradication would only be possible through global efforts and effective implementation of the Polio Eradication Strategy 2022–2026 and the Strategic Action Plan on Polio Transition (2018–2023).

The representative of CHINA supported WHO's efforts in advancing poliomyelitis eradication. He called on the Secretariat to continue coordinating with Member States to strengthen national and regional cooperation and thus reduce the international spread of wild poliovirus. Support should be increased for countries still fighting the disease, as well as for those threatened by it. WHO should take rapid and effective measures in priority regions to accelerate global poliomyelitis eradication.

The representative of TURKEY welcomed improvements in the epidemiological situation of poliomyelitis but drew attention to the fact that it remained a public health emergency of international concern. It was important to promote vaccination and ensure the sustainability of funds for poliomyelitis eradication. She appreciated the guiding role played by the Steering Committee on Polio Transition and welcomed the Polio Eradication Strategy 2022–2026. Poliomyelitis could not be eradicated without reaching zero-dose children in key areas or addressing the social determinants of demand-based refusals of polio vaccines.

The representative of MALAYSIA welcomed the Polio Eradication Strategy 2022–2026 and fully supported its goals. He expressed the hope that the experiences of the 14 countries administering doses of the novel oral polio vaccine type 2 could be shared with countries in which poliomyelitis was not endemic, which would be valuable as governments updated their contingency plans. The occurrence of wild poliovirus type 1 in countries in which poliomyelitis was not endemic highlighted the continuing risk of wild poliovirus transmission and the importance of maintaining high polio vaccination coverage in all areas. He applauded the Secretariat for supporting health authorities in carrying out risk assessments and outbreak response initiatives, including through supplemental immunization. There was a need to strengthen acute flaccid paralysis surveillance and ensure high-quality environmental surveillance for poliovirus, especially in the COVID-19 recovery period.

The representative of MALAWI said that a poliomyelitis case had recently been detected in Malawi for the first time in 30 years. The Government had taken immediate action, including by declaring a public health emergency, setting up an emergency centre, increasing surveillance and administering widespread vaccination.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that WHO must develop strategies to make sure routine immunization was not neglected in times of emergency. Only then would it be possible to eradicate poliomyelitis entirely.

The representative of PAKISTAN said that six cases of wild poliomyelitis had been reported in his country following 15 months with no cases. The cases had come from an area that was difficult to

access with frequent population movements, low routine immunization services and high vaccine hesitancy rates. His Government had taken steps to address gaps, including by approving a five-year poliomyelitis eradication project.

The representative of the REPUBLIC OF TANZANIA commended WHO's efforts to implement the Strategic Action Plan on Polio Transition (2018–2023) during the COVID-19 pandemic. She recognized the importance of maintaining polio-free certification and making other gains on poliomyelitis eradication. The country continued to work on poliomyelitis eradication at all levels, including by integrating core poliomyelitis functions within its integrated disease surveillance and response strategy.

The representative of BAHRAIN said that it was critical to ensure that all children were vaccinated in countries in which poliomyelitis was endemic. Her Government welcomed the report on poliomyelitis eradication and supported in particular the actions outlined in goal 2 on stopping transmission of circulating vaccine-derived poliovirus and preventing outbreaks in non-endemic countries. Her Government supported the integrated, cross-programmatic approach to managing polio transition outlined in the report on polio transition planning and polio post-certification, as well as the regional workplan for polio transition. It was important to encourage the practice of integrated public health teams working together as a temporary strategy to maintain essential functions.

The representative of EGYPT said that the COVID-19 pandemic had affected basic health services globally, especially immunization programmes, as had the political situation in some countries neighbouring Egypt. Those circumstances had resulted in the importation and circulation of vaccine-derived poliovirus type 2 being detected in environmental samples in Egypt. In that regard, the Government valued the establishment of a team under the Global Polio Eradication Initiative to monitor the impact of the COVID-19 pandemic on poliomyelitis eradication programmes and to enhance the activities affected by the pandemic.

The representative of INDONESIA emphasized the importance of ensuring that all poliomyelitis programmes, assets and capacities were harnessed in a way that strengthened immunization programmes and vaccine-preventable disease surveillance systems. He commended the Secretariat for supporting Member States, including Indonesia, in their efforts to update their transition plans. His Government took note of the recommendations of the Strategic Advisory Group of Experts on Immunization on accelerating the introduction of new vaccines.

The representative of KENYA expressed concern at the reduction in manufacturing of the novel oral polio vaccine type 2, which could reverse the recent gains made on poliomyelitis eradication. She also expressed concern about reduced funding, and called on the Secretariat, development partners and other international partners to continue providing financial support for the implementation of polio transition plans and poliomyelitis eradication activities, including catch-up activities for marginalized and vulnerable populations.

The representative of SRI LANKA outlined a number of measures taken by his Government to advance poliomyelitis eradication in the country, including setting up an epidemiology unit in the Ministry of Health to act as a coordinating agency for surveillance activities and immunization and vaccination programmes, and successfully completing the polio switch procedure.

The representative of SENEGAL said that poliomyelitis eradication efforts must address funding shortages as well as the emergence of a vaccine-derived poliovirus. It was also important to ensure the availability of the inactivated poliovirus vaccine and its integration into routine immunization programmes. Surveillance activities must take environmental factors into account. Unless alternative funding could be found, particularly for coordination and oversight activities, the polio transition could be negatively affected and he called on governments to provide support for those two activities. He

encouraged Member States to implement their polio transition plans and regularly update them. The Secretariat must implement the recommendations of the Africa Regional Certification Commission for Polio Eradication.

The representative of MADAGASCAR said that the poliomyelitis eradication programme had enabled many countries in Africa, including Madagascar, to strengthen their health systems. The current situation, however, with the re-emergence of wild poliovirus, was a stark reminder that the fight was not over and that challenges remained. He called on the Secretariat and WHO partners to continue supporting countries, particularly those in Africa, in their vaccination activities in order to fight against poliomyelitis.

The observer of GAVI, THE VACCINE ALLIANCE said that the growing number of cases of vaccine-derived poliovirus were grim reminders that equity gaps might be widening as a result of COVID-19 disruptions and backsliding on previous gains. Collective efforts must be focused on prioritizing safeguarding, maintaining and restoring comprehensive and equitable routine immunization services. Member States must: fully implement and finance the Polio Eradication Strategy 2022–2026; implement an integrated approach to ensure that life-saving vaccines and primary health care interventions reached zero-dose children and their communities; and accelerate the transition of essential polio and broader immunization functions by integrating polio-funded assets into existing national health systems.

The representative of ROTARY INTERNATIONAL speaking at the invitation of the CHAIR, said that the detection of wild poliovirus of Pakistani origin in Malawi and Mozambique reminded the world of its infectious capacity and the urgency of eradicating poliovirus in countries in which it was endemic. He called on governments to address gaps in routine immunization levels and ensure robust surveillance to prevent further virus spread, and urged all Member States and stakeholders to remain committed and continue to invest in poliomyelitis eradication.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended WHO on the Polio Eradication Strategy 2022–2026 but warned that progress had halted as a result of the COVID-19 pandemic. She called on Member States to help to fund the Strategy and fill the immunization gaps created by the pandemic. Vaccine hesitancy remained a problem in certain parts of the world, the leading cause of which was misinformation. She urged WHO to tackle the problem systemically by addressing people's reservations and maintaining transparency in vaccine roll-outs.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that his organization supported public health awareness and vaccination campaigns carried out as part of poliomyelitis eradication efforts. He called on WHO to continue those efforts and to include pharmacists and pharmacy students. Young people must be included in the poliomyelitis eradication agenda, so as to prepare a new generation of health professionals to facilitate the end of poliomyelitis. The Secretariat should strengthen vaccination efforts in regions enduring humanitarian crises to ensure no one was left behind.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the Global Polio Eradication Initiative prioritized vertical biomedical interventions but neglected the impact of the social determinants of health. Given the role played by war in countries in which poliomyelitis was endemic, particular attention should be paid to marginalized communities. Funding for the Initiative was decreasing while domestic resources were insufficient to implement long-term strategies; the international community should try to address those funding gaps. WHO should prioritize improved access to safe water and sanitation, address intellectual property barriers to local vaccine production, and integrate local public health polio interventions into primary health care. It was also important to ensure decent working

conditions for health workers, include rehabilitation in poliomyelitis programmes and advocate a speedy and just resolution of conflicts.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, said that strong political and financial support was required to implement the Polio Eradication Strategy 2022–2026. In the light of the challenges presented by the COVID-19 pandemic, the poliomyelitis infrastructure should continue to be leveraged during other health emergencies. The poliomyelitis programme should be aligned with the Immunization Agenda 2030, with a focus on collaborative efforts to benefit high-risk communities and reach zero-dose children. The world could not allow hard-won progress on poliomyelitis eradication to be reversed.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the recent detection of more cases of wild poliovirus in Pakistan had shown just how fragile progress could be on poliomyelitis eradication. The international community had all the required tools to succeed in poliomyelitis eradication but several challenges remained, including ongoing attacks on health workers, lack of access to millions of children in Afghanistan, Somalia and Yemen, and a lack of continued and committed financial support. Progress towards poliomyelitis eradication would not be possible without women; the Regional Office for the Eastern Mediterranean was therefore working with Member States and immunization partners to strengthen the integration of gender into both poliomyelitis and immunization programmes. Polio transition planning was ongoing in the Eastern Mediterranean Region, with the aim of creating a polio-free world while strengthening emergency outbreak response, immunization and surveillance capacities. The operationalization of integrated public health teams in Sudan earlier in 2022 had been a key step towards integrating poliomyelitis services with other public health services. Similar efforts were planned for Iraq and the Syrian Arab Republic. The regional Steering Committee on Polio Transition was providing strategic guidance and support to six priority countries. He urged Member States to support integration, mobilize resources and ensure national ownership and sustainable domestic financing to fast-track the polio transition. Success would only be possible through collective actions and accountability at the national, regional and global levels.

The REGIONAL DIRECTOR FOR AFRICA said that the African Region had been certified as free of indigenous wild poliovirus in 2020 but the recent importation of wild poliovirus type 1, along with the fact that the region accounted for the majority of global cases of circulating vaccine-derived poliovirus type 2, was a reminder of the ongoing risk posed by poliomyelitis. Member States must prioritize poliomyelitis outbreaks as emergencies by carrying out timely and high-quality response campaigns and strengthening routine immunization, including of zero-dose children. Detection of wild poliovirus type 1 had underscored the risks posed by subnational immunity and surveillance gaps. Strengthened immunization and surveillance systems were a country's best defence against any emergence or introduction of poliovirus. The African Region had taken the global lead in the roll-out of innovative tools to combat the virus, including the novel oral polio vaccine type 2. Supplies of the vaccine from the global stockpile should be urgently prioritized for the African Region to capacitate the response to outbreaks, boost population immunity and prevent the seeding of new circulating vaccine-derived poliovirus type 2. Poliomyelitis eradication and transition were advancing in parallel in the African Region. The integration of polio assets into public health programmes had been initiated, with core surveillance capacities being maintained in all countries. She urged Member States to step up their efforts, including through political commitment and domestic funding.

The DIRECTOR-GENERAL said that the dream of a polio-free world was extremely close. However, the fact that new cases had been detected in a variety of countries highlighted how fragile the progress was, although sporadic cases were not unexpected in the final stages of an eradication effort. There was a real opportunity to halt wild poliovirus transmission in 2022 and transmission of circulating vaccine-derived poliovirus could be interrupted by the end 2023 if governments responded better and faster. More than 50 countries had already transitioned out of support from the Global Polio Eradication Initiative. WHO had proven that eradication and transition could, and must, go hand in hand. For

countries affected by poliomyelitis, it was imperative to reach every child and respond to vaccine-derived strains with the same urgency as a wild strain. For countries that were polio-free, it was crucial to apply polio assets and infrastructure to build stronger and more resilient health systems. All partners and donors should help WHO raise predictable funding for eradication and transition, including at the forthcoming pledging moment in Germany. The decision to support a stronger and more sustainably financed WHO would enable the Organization to sustain capacities in countries that were free of poliomyelitis and on the pathway to transition.

The CHAIR took it that the Committee wished to note the report on poliomyelitis eradication contained in document A75/23 and the report on polio transition planning and polio post-certification contained in document A75/24.

The Committee noted the reports.

Dr Abiad took the Chair.

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

3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda [transferred from Committee A]¹

Standardization of medical devices nomenclature: Item 14.8 of the agenda (documents A75/11, A75/11 Add.1 and EB150/2022/REC/1, decision EB150(10))

The CHAIR said that intersessional consultations had been held following the 150th session of the Executive Board to further discuss the text of decision EB150(10) on the international classification, coding and nomenclature of medical devices contained in square brackets. A proposed consensus text had been prepared by the Secretariat on the basis of those consultations, which was contained in document A75/11 Add.1.

The representative of AUSTRALIA, speaking on behalf of Canada, the United Kingdom of Great Britain and Northern Ireland and the United States of America, expressed appreciation for the consultations held by the Secretariat on the international classification, coding and nomenclature of medical devices and welcomed the report contained in document A75/11. Their Governments continued to support the decision taken at the 150th session of the Executive Board that WHO would not create a new nomenclature system. To ensure that neither the Global Medical Device Nomenclature system nor the European Medical Device Nomenclature system was inadvertently excluded based on differences in the interpretation of what was publicly available, they proposed deleting the qualifier “publicly” from paragraph 1 of the proposed consensus text contained in document A75/11 Add.1. Removing the qualifier would broaden the definition and allow WHO to capture a wider range of information.

The representative of INDIA said that a standardized medical devices nomenclature was needed to create a common language for recording and reporting medical devices across the whole health system, thus ensuring more equity and inclusivity. A standardized classification of medical devices would support patient safety and allow governments to compare and measure the availability of medical devices and assess access to devices in the community. Standardization was also essential to define and name innovative technologies, classify devices for regulatory approval and streamline procurement of

¹ See the summary records of the General Committee, second meeting, section 2.

the products. The mapping of the different nomenclature and classification systems was complex and challenging. He requested the Secretariat to provide more information on the resources required, technical support to help Member States understand both the classifications and the registration process, and a status report on how it would work transparently on the mapping exercise with relevant stakeholders. A global code was essential for grouping and evaluating innovative technologies, streamlining procurement, supporting device description within universal health coverage benefit packages, and ordering and grouping of devices in electronic health records. The global nomenclature system must be open-source and free for all manufactures and Member States. Dependence on a paid, privately-owned system would have severe implications for accessibility, affordability and availability of medical devices.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, North Macedonia and Montenegro, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, and the European Free Trade Association countries and members of the European Economic Area Iceland and Norway, as well as the Republic of Moldova and Georgia, aligned themselves with her statement. WHO should be responsible for the naming and categorization of medical devices just as it was for diseases in the International Statistical Classification of Diseases and Related Health Problems and for medicines in the International Nonproprietary Names Programme and Classification of Medical Products. The nomenclature system should support all phases of the medical device life cycle, including development, registration, purchasing and use. It should be accessible to everyone, including patients, manufacturers, suppliers, governments and health care institutions, and be based on the principles of transparency, inclusion, availability, usability and accessibility. She therefore welcomed the proposed consensus text, as amended by the representative of Australia to delete the word “publicly”, particularly the proposal to integrate available information related to medical devices and link it to other WHO platforms. She strongly endorsed the next steps outlined in the Director-General’s report regarding the continuation of automated mapping.

The representative of INDONESIA supported the proposal to incorporate the coding and nomenclature of medical devices into a standardized international classification that would link to WHO’s other classification systems. The mapping of existing nomenclature systems would establish an effective strategy for the standardization of medical devices nomenclature based on the four major medical devices nomenclature agencies. She was mindful that a standard nomenclature for medical devices would help countries, especially developing countries, to improve their internal processes but that other countries or regions had already implemented their own systems. A middle ground should therefore be reached, with guidelines on harmonizing the different types and groups of medical devices.

The representative of BRAZIL, while expressing appreciation to the Secretariat for promoting discussion on the standardization of medical devices nomenclature, said that more debate was needed. Having a proper and uniform system for identifying medical devices was very important for several health-related objectives, such as universal health coverage and health emergency response. The Global Medical Device Nomenclature should be considered as a possible option in standardization efforts as it was the system currently recommended by the International Medical Device Regulators Forum and already used by several countries. He supported the suggested amendment made by the representative of Australia to the proposed consensus text.

The representative of MALAYSIA supported the mapping process, particularly the efforts to ensure effective traceability of medical devices in markets worldwide and thus facilitate regulatory implementation. The WHO’s Priority Medical Devices Information System was a good platform for the compilation and integration of existing medical devices nomenclature systems. When embarking on standardization at the national level, countries must bear in mind that policy development might involve legal procedures. There would be a need to create a centralized database, including possible integration with existing systems, as well as to consider cost implications. Consideration should also be given to

the readiness of the medical devices industry to make changes to the manufacturing and labelling process and of the supply chain to implement the nomenclature. Further research should be carried out before deciding on the standardization strategy and method of implementation.

The representative of JAPAN supported the statement made by the representative of Australia. It was important to make sure that WHO would not be creating a new nomenclature system or excluding the Global Medical Device Nomenclature in the exercise of integrating available information on medical devices. He therefore requested that the Priority Medical Devices Information System be linked to the Global Medical Device Nomenclature.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND fully supported the statement made by the representative of Australia. She recognized the challenge of reaching a consensus on the standardization of medical devices nomenclature that was acceptable to different regulators, ministries, health care facilities, industry and other stakeholders. The proposal to present both the Global Medical Device Nomenclature and the European Medical Device Nomenclature on the WHO platform was a reasonable compromise.

The representative of CHINA, expressing appreciation for the efforts of the Secretariat in the standardization of medical devices nomenclature, supported the continued mapping of different nomenclature systems. He requested the Secretariat to provide more information on the mapping results thus far. The Secretariat should also fully consider the impact of the chosen nomenclature system on different regions and on the various medical device fields. His Government stood ready to continue participating in the technical work of the Secretariat on medical devices nomenclature systems.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, welcomed the decision to standardize medical devices nomenclature, which would be a step forward on universal health coverage, allowing for better access to essential medicines and equipment. However, she was concerned about high medical equipment prices and their impact on developing nations and called on the Secretariat to find ways to address the problem. Primary health care must be at the centre of a new global health architecture. The process of standardizing medical devices nomenclature should therefore look to the grass roots, which were the foundation of accessible and responsive health care, to tackle noncommunicable diseases and malnutrition-related deaths. Such deaths could be prevented if community health workers, women's groups and civil society organizations were well equipped. The key role played by traditional and community leaders should also be taken into consideration. The Member States of the Region recognized the importance of moving towards a classification, coding and nomenclature of medical devices, utilizing a whole-of-government approach in convergence with other international classification systems.

The representative of COLOMBIA said that the Director-General's report marked the first important step towards convergence of coding and nomenclature of medical devices in a standardized international classification. The measures contained in the report were compatible with the situation and challenges faced in Colombia. However, given that the recommendations were due to be implemented after local regulations, his Government would start by developing its own nomenclature system, which was based on the Global Medical Device Nomenclature, the Unique Device Identification System and other local commercial, regulatory and clinical criteria.

The representative of CANADA supported the statement made by the representative of Australia and the proposed amendment, which would help to ensure that the text more accurately reflected the many discussions and consultations that had taken place while still retaining the scope for WHO to flexibly advance its work in that area in support of public health goals. She expressed appreciation for the efforts to find a consensus path forward based on the integration of available information, including from existing, well-established and widely used systems such as the Global Medical Device Nomenclature.

The representative of the UNITED STATES OF AMERICA supported the proposal to recognize standards for medical devices nomenclature that kept the current system in place in the United States, while recognizing the importance of global harmonization. His Government supported the statement made by the representative of Australia and the proposed amendment. Pending the amendment, his Government could support the proposed consensus text contained in document A75/11 Add.1. He requested the Secretariat to continue exploring the feasibility of mapping the Global Medical Device Nomenclature and European Medical Device Nomenclature and integrating them into WHO's web-based platforms. He also requested the Secretariat to reaffirm WHO's position that it would not select or create one standardized nomenclature system. Cooperation with the International Medical Device Regulators Forum should continue in order to develop a harmonized approach for the classification and nomenclature of medical devices.

The representative of ITALY said that integrating available information related to medical devices, including terms, codes, and definitions, was a crucial step forward. The Secretariat was in the best position to finalize that work given its mandate to develop norms, standards and a standardized glossary of definitions relating to medical devices in a transparent and evidence-based way. She encouraged the Secretariat to continue its integration efforts. The proposed consensus text, as amended by the representative of Australia, would move WHO in the right direction.

The representative of the REPUBLIC OF KOREA said that Member States would benefit from having a standardized medical devices nomenclature, which was a crucial foundation for a country's regulatory system. Linking up various nomenclature systems would enable easy access to different systems and contribute to building an internationally harmonized nomenclature. The Secretariat should continue to report on the progress made towards standardization.

The representative of SUDAN said that manufacturers should be obliged to provide global nomenclature codes for their medical devices, which would help to ensure the quality and standardization of all medical devices for a safer continuum of care. Drawing attention to several hurdles encountered in her country, she highlighted that medical devices were subject to continuous modification in order to improve their safety and effectiveness; any nomenclature system must therefore be flexible enough to accommodate those modifications. In addition, public health care providers, local manufacturers and regulatory affairs specialists needed specific training on the terms and rules concerning medical devices. No device should be registered unless it had a Global Medical Device Nomenclature code. She requested the Secretariat to provide her Government with guidance on how to identify and use a nomenclature system and to help it to build a national medical device database for use by all relevant sectors. She supported the proposed consensus text.

The representative of GERMANY said that any WHO medical devices nomenclature must adhere to certain principles, such as transparency, inclusion, availability, usability and accessibility. Stakeholders must also be able to use the nomenclature at all stages of a product life cycle. He welcomed the proposed consensus text, as amended by the representative of Australia, and endorsed the next steps on continued automated mapping. Any WHO medical devices nomenclature must be of a non-commercial nature and a global public good under the sole control of WHO in cooperation with its Member States.

The representative of the RUSSIAN FEDERATION supported the proposals contained in the Director-General's report, including the proposal to continue the mapping of two of the nomenclature systems – the European Medical Device Nomenclature and the Global Medical Device Nomenclature – and present them on WHO's platforms in a standardized system. The standardized nomenclature system developed by WHO should more clearly reflect the principles of the Organization, including in terms of its use in health care, and the needs that it would meet should be identified. The WHO nomenclature must be translated into Russian, as one of the six official languages of the United

Nations, in order to ensure its widespread implementation. Her Government opposed the proposal to delete the word “publicly” from the proposed consensus text.

The representative of FIJI, emphasizing that the development of a WHO global nomenclature must be given urgent priority, said that a standardized nomenclature for medical devices should serve as a common language for recording and reporting medical devices across the whole health system. It would support patient safety and promote convenience, confidence and control in small island developing States, where capacities were limited. It would also allow governments to compare and measure the availability of medical devices and assess the level of access to devices in the community. A standard classification would be essential for defining and naming innovative technologies, classifying the devices for regulatory approval and streamlining procurement for the products. There was an urgent need for a global solution, developed under the auspices of WHO, which could be used by all countries. The proposed consensus text, as amended by the representative of Australia, was a critical step in the right direction.

The representative of MALDIVES welcomed the Secretariat’s update and supported the proposed consensus text. It was vital for Member States, particularly those without an official national nomenclature, to be able to refer to an internationally accepted and standardized system. The Secretariat should continue to help countries to identify their needs and provide technical support on implementation. She welcomed the consultative process under way and urged Member States to continue actively engaging in the process to develop a comprehensive plan of action.

The representative of the BAHAMAS said that, given that many countries did not have an official nomenclature system because of a lack of appropriate solutions to meet their needs, greater divergence and complexity were probable if sustainable interventions were not made. Member States would require tools, technical support and further information to advance the standardization of medical devices nomenclature. Her Government welcomed that Member States would be provided with information about the characteristics and uses of each of the four systems on which the international nomenclature would be based, enabling them to make a selection matched to their needs. She also supported the idea to develop a decision tree to help Member States decide which nomenclature would be the best match.

The representative of KENYA agreed that having a harmonized nomenclature system for medical devices was a global public good, as it would greatly improve the transparency, governance and accessibility of the naming systems. Her Government shared the concerns highlighted in the report regarding access to the platform by other stakeholders such as manufacturers, distributors and health facilities, particularly in low- and middle-income countries. She urged the Secretariat to continue mapping the existing nomenclature systems with a view to further exploring their feasibility and examining their potential to serve all Member States, irrespective of their economic status.

The observer of the IAEA said that the mandate of her organization covered health technologies that utilized radiation, such as radiology, nuclear medicine and radiation therapy. In that connection, it had worked closely with WHO on guidance documents, such as the WHO list of priority medical devices for cancer management and technical specifications for radiotherapy equipment for cancer treatment or medical imaging equipment. It had also participated in meetings as part of a group of experts to discuss the development of an international classification and nomenclature of medical devices.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIR, welcomed the consultations held by WHO to solicit the views of the biomedical and clinical engineers who regulated, designed, assessed and managed medical equipment. There were a number of non-interoperable nomenclatures, which hindered communication about medical devices. His organization therefore supported the proposal to have a single, international, open and interoperable medical devices nomenclature that was available to all, particularly to those countries without a nomenclature.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that different departments within WHO were working together to develop a standardized medical devices nomenclature. Following consultations with stakeholders, including nomenclature agencies, regulatory agencies and Member States, the Secretariat had developed a mapping tool to support the coexistence and convergence of different nomenclature systems. She clarified that the results of the 2021 Country Survey on Medical Devices, which had been subject to misinformation, had revealed that: 75 countries did not have any nomenclature systems; 15 countries used more than one system; 16 countries used systems based on the Universal Medical Device Nomenclature System; 15 countries used systems based on the Global Medical Device Nomenclature; 27 countries used the European Medical Device Nomenclature; and 32 countries used nationally developed nomenclatures. The Secretariat had experience of creating platforms to enable global nomenclature systems to coexist, as was the case with the International Nonproprietary Names system. However, it was important to recognize the challenges and find solutions to help all countries. The Secretariat was establishing a new strategic and technical advisory group for medical devices, which would act as an advisory body to WHO in the development of policies and strategies related to medical devices. The Secretariat would be available to provide technical support to Member States, as needed. She referred the representative of the United States to the proposed consensus text for an explanation of WHO's position. She reassured the representative of the Russian Federation that deleting the word "publicly" from paragraph 1 of the proposed consensus text would not hamper WHO's work. All information provided to WHO for the purposes of creating norms and standards or guidance documents became publicly available under an open-access policy using a creative common platform. In addition, the proposed consensus text as a whole established a clear mandate for WHO to retrieve data on medical devices and make it available to all Member States. The work on the standardization of medical devices nomenclatures was ongoing. It was vital to make sure that all Member States who needed a nomenclature could access an open-source system with freely available information. They should also be able to receive technical support for its implementation.

The CHAIR took it that the Committee wished to note the report on international classification, coding and nomenclature of medical devices contained in document A75/11.

The Committee noted the report.

A MEMBER OF THE SECRETARIAT read out the proposed consensus text, as amended.

The CHAIR drew attention to the concerns raised by the representative of the Russian Federation in relation to the amendment proposed by the representative of Australia and urged Member States to be flexible, given the assurances provided by the Secretariat to use all information sources. He took it that the Committee wished to adopt the proposed consensus text, as amended.

The representative of the RUSSIAN FEDERATION requested time for further consultations on the proposed consensus text.

The meeting rose at 11:40.

NINTH MEETING

Saturday, 28 May 2022, at 13:35

Chair: Mr R. BHUSHAN (India)

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

1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda (continued) [transferred from Committee A]

Standardization of medical devices nomenclature: Item 14.8 of the agenda (documents A75/11, A75/11 Add.1 and EB150/2022/REC/1, decision EB150(10)) (continued)

The representative of the RUSSIAN FEDERATION supported the proposal to delete the word “publicly” from the first sentence of paragraph 1 of the draft decision. Expressing concern at the brief time frame for the completion of the tasks set out in the draft decision, she proposed that the words “and 156th session in January 2025” should be added following the words “152nd session in January 2023” at the end of paragraph 2.

The representative of AUSTRALIA said that the additional wording proposed by the representative of the Russian Federation to be added at the end of paragraph 2 of the draft decision was acceptable.

The CHAIR took it that the Committee wished to approve the draft decision, as amended.

The draft decision, as amended, was approved.¹

2. FOURTH REPORT OF COMMITTEE B (document A75/68)

The RAPPORTEUR read out the draft fourth report of Committee B.

The report was adopted.²

3. CLOSURE OF THE MEETING

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

The meeting rose at 13:40.

¹ Decision WHA75(25).

² See page 344.

PART II

REPORTS OF COMMITTEES

In the following sections, information has been drawn from the relevant Health Assembly report. That report is identified by its document number and publication date, which are provided in square brackets under each subheading. Square brackets have also been used in the reports of Committee A and Committee B to indicate where the text of resolutions and decisions recommended and subsequently adopted by the Health Assembly has been replaced by the respective resolution or decision number. The verbatim records of the plenary meetings at which these reports were approved are available on the WHO website, official records page (<http://apps.who.int/gb/or/>).

COMMITTEE ON CREDENTIALS

Report¹

[A75/59 – 24 May 2022]

The Committee on Credentials met on 23 May 2022. Delegates of the following Member States were present: Australia; Azerbaijan; Bolivia (Plurinational State of); Chad; Croatia; Eswatini; Ireland; Nepal; Nicaragua; Sierra Leone; Singapore; and Sudan.

The Committee elected the following officers: Mr Jeff Roach (Australia) – Chair; Ms María René Castro (the Plurinational State of Bolivia) – Vice-Chair. The Committee assessed whether the credentials delivered to the Director-General were in conformity with the requirements of Rule 23 of the Rules of Procedure of the World Health Assembly. It noted that the Secretariat had found these credentials to be in conformity with the Rules of Procedure.

The credentials of the delegates of the Member States shown in the following paragraph were found to be in conformity with the Rules of Procedure. The Committee therefore proposes that the Health Assembly recognize their validity.

States whose credentials the Committee considered should be recognized as valid (see the previous paragraph and decision WHA75(6)):

Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; Central African Republic; Chad; Chile; China; Colombia; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czechia; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Eswatini; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Montenegro; Morocco; Mozambique; Namibia;

¹ Approved by the Health Assembly at its fourth plenary meeting.

Nauru; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; North Macedonia; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Suriname; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

GENERAL COMMITTEE¹

Report²

[A75/63 – 26 May 2022]

Election of Members entitled to designate a person to serve on the Executive Board

At its meeting on 25 May 2022, the General Committee, in accordance with Rule 102 of the Rules of Procedure of the World Health Assembly, drew up the following list of 12 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the election of 12 Members to be entitled to designate a person to serve on the Executive Board: Brazil, Canada, China, Ethiopia, Maldives, Micronesia (Federated States of), Morocco, Republic of Moldova, Senegal, Slovakia, United States of America, Yemen.

In the General Committee's opinion these 12 Members would provide, if elected,³ a balanced distribution of the Board as a whole.

COMMITTEE A

First report⁴

[A75/58 – 24 May 2022]

Committee A held its second meeting on 23 May 2022 chaired by Dr Hiroki Nakatani (Japan).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Tamar Gabunia (Georgia) and Dr Maryam Abdool-Richards (Trinidad and Tobago) Vice-Chairs, and Dr Walaiporn Patcharanarumol (Thailand) Rapporteur.

¹ See decision WHA75(4) for the establishment of the Committee.

² Approved by the Health Assembly at its seventh plenary meeting.

³ The Health Assembly considered the list at its seventh plenary meeting and elected the 12 Members (see decision WHA75(7)).

⁴ Approved by the Health Assembly at its fourth plenary meeting.

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached two resolutions relating to the following agenda item:

Pillar 4: More effective and efficient WHO providing better support to countries

- 22. Budget and financial matters
 - 22.2 Special arrangements for settlement of arrears
 - Special arrangements for the settlement of arrears: Islamic Republic of Iran [WHA75.1]
 - Special arrangements for the settlement of arrears: Sudan [WHA75.2]

Second report¹

[A75/60 – 24 May 2022]

Committee A held its second meeting on 23 May 2022, chaired by Dr Hiroki Nakatani (Japan) and Dr Maryam Abdool-Richards (Trinidad and Tobago).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached two resolutions relating to the following agenda item:

Pillar 4: More effective and efficient WHO providing better support to countries

- 12. Programme budget 2022–2023: revision
 - Revision of the Programme budget 2022–2023 [WHA75.5]
 - Extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 [WHA75.6]

Third report¹

[A75/61 – 26 May 2022]

Committee A held its third, fourth and fifth meetings on 24 and 25 May 2022 chaired by Dr Hiroki Nakatani (Japan), Dr Maryam Abdool-Richards (Trinidad and Tobago) and Dr Tamar Gabunia (Georgia).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached two decisions and two resolutions relating to the following agenda items:

Pillar 4: More effective and efficient WHO providing better support to countries

- 13. Sustainable financing: report of the Working Group
 - Sustainable financing [WHA75(8)]

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

- 16. Public health emergencies: preparedness and response

¹ Approved by the Health Assembly at its seventh plenary meeting.

- 16.2 Strengthening WHO preparedness for and response to health emergencies
 - Strengthening WHO preparedness for and response to health emergencies [WHA75(9)]
 - Strengthening health emergency preparedness and response in cities and urban settings [WHA75.7]
 - Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination [WHA75.8]

Fourth report¹

[A75/65 – 27 May 2022]

Committee A held its seventh, eighth and ninth meetings on 26 May 2022, chaired by Dr Hiroki Nakatani (Japan) and Dr Tamar Gabunia (Georgia).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached resolution relating to the following agenda item:

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

- 16. Public health emergencies: preparedness and response
 - 16.3 WHO's work in health emergencies
 - Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression [WHA75.11]

Fifth report¹

[A75/67 – 28 May 2022]

Committee A held its tenth, eleventh and twelfth meetings on 27 May 2022 chaired by Dr Hiroki Nakatani (Japan) and Dr Tamar Gabunia (Georgia).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached decision and resolution relating to the following agenda item:

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

- 14. Review of and update on matters considered by the Executive Board
 - 14.1 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases [WHA75(11)]

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

- 16. Public health emergencies: preparedness and response
 - 16.2 Strengthening WHO preparedness for and response to health emergencies
 - Amendments to the International Health Regulations (2005) [WHA75.12]

¹ Approved by the Health Assembly at its eighth plenary meeting.

Sixth report¹

[A75/69 – 1 June 2022]

Committee A held its thirteenth and fourteenth meetings on 28 May 2022, chaired by Dr Hiroki Nakatani (Japan) and Dr Tamar Gabunia (Georgia).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached resolution relating to the following agenda item:

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

- 14. Review of and update on matters considered by the Executive Board
 - 14.6 Infection prevention and control
 - Global strategy on infection prevention and control [WHA75.13]

Seventh report²

[A75/70 – 1 June 2022]

Committee A held its fifteenth meeting on 28 May 2022 chaired by Dr Hiroki Nakatani (Japan).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached resolution relating to the following agenda item:

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

- 14. Review of and update on matters considered by the Executive Board
 - 14.2 The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections [WHA75.20]

COMMITTEE B**First report³**

[A75/62 – 26 May 2022]

Committee B held its first and second meetings on 25 May 2022, chaired by Mr Rajesh Bhushan (India).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Mr Rajesh Bhushan (India) Chair, Dr Firass Abiad (Lebanon) and Dr Emmanuel Osagie Ehanire (Nigeria) Vice-Chairs and Dr Grzegorz Juszczak (Poland) Rapporteur.

¹ Approved by the Health Assembly at its eighth plenary meeting.

² Approved by the Health Assembly at its ninth plenary meeting.

³ Approved by the Health Assembly at its seventh plenary meeting.

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached two resolutions and one decision relating to the following agenda items:

Pillar 4: More effective and efficient WHO providing better support to countries

21. Review and update on matters considered by the Executive Board
 - 21.2 Scale of assessments 2022–2023 [WHA75.9]
 - 21.3 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution [WHA75.10]
20. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan [WHA75(10)]

Second report¹

[A75/64 – 27 May 2022]

Committee B held its third and fourth meetings on 26 May 2022, chaired by Mr Rajesh Bhushan (India) and Dr Firass Abiad (Lebanon).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached three resolutions and nine decisions relating to the following agenda items:

Pillar 4: More effective and efficient WHO providing better support to countries

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

Governance matters

- 21.6 Global strategies and plans of action that are scheduled to expire within one year
 - Global strategy and plan of action on public health, innovation and intellectual property [WHA75.14]
- 21.5 WHO reform
 - Written statements: guidelines for Member States [WHA75(12)]

Staffing matters

- 21.7 Human resources: annual report [WHA75(13)]
- 21.8 Amendments to the Staff Regulations and Staff Rules
 - Salaries of staff in ungraded positions and of the Director-General [WHA75.15]
22. Budget and financial matters
 - 22.1 WHO programmatic and financial reports for 2020–2021, including audited financial statements for 2021 [WHA75(14)]
23. Agreement with intergovernmental organizations
 - Agreement between the World Health Organization and the International Development Law Organization [WHA75.16]
25. Appointment of representatives to the WHO Staff Pension Committee [WHA75(15)]
24. Audit and oversight matters

¹ Approved by the Health Assembly at its eighth plenary meeting.

- 24.1 Report of the External Auditor [WHA75(16)]
- 27. Updates and future reporting
 - 27.1 Availability, safety and quality of blood products [WHA75(17)]
 - 27.2 Human organ and tissue transplantation [WHA75(18)]
 - 27.3 Traditional medicine [WHA75(19)]
 - 27.4 Public health dimension of the world drug problem [WHA75(20)]

Third report¹

[A75/66 – 28 May 2022]

Committee B held its fifth, sixth and seventh meetings on 27 May 2022, chaired by Mr Rajesh Bhushan (India).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached three resolutions and four decisions relating to the following agenda items:

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

- 15. Human resources for health
 - Working for Health: draft 2022–2030 action plan
Human resources for health [WHA75.17]

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

- 18. Review of and update on matters considered by the Executive Board
 - 18.1 Maternal, infant and young child nutrition [WHA75(21)]
 - 18.2 WHO Implementation Framework for Billion 3
 - Outcome of the SIDS Summit for Health: For a healthy and resilient future in small island developing States [WHA75.18]
 - Well-being and health promotion [WHA75.19]
 - WHO global strategy for food safety
 - WHO global strategy for food safety [WHA75(22)]
 - Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control [WHA75(23)]

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

- 17. Review of and update on matters considered by the Executive Board
 - 17.2 Global Health for Peace Initiative [WHA75(24)]

¹ Approved by the Health Assembly at its eighth plenary meeting.

Fourth report¹

[A75/68 – 28 May 2022]

Committee B held its eighth and ninth meetings on 28 May 2022, chaired by Mr Rajesh Bhushan (India) and Dr Firass Abiad (Lebanon).

It was decided to recommend to the Seventy-fifth World Health Assembly the adoption of the attached decision relating to the following agenda item:

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

14.8 Standardization of medical devices nomenclature [WHA75(25)]

¹Approved by the Health Assembly at its eighth plenary meeting.