

EB140 (23 January-1 February 2017)
Member State proposals for additional agenda items

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 7. Preparedness, surveillance and response			
New point under item 7.1	Coordination of humanitarian emergencies of international concern (to be included under item 7.1, Health emergencies)	Spain	WHA67 (2014) WHA69 (2016)
Agenda item 8. Health systems			
New point under item 8.1	International recognition of credits in development of the continuing education of health professionals (to be included under item 8.1, Human resources for health)	Spain	WHA64 (2011); WHA66 (2013); document A69/36 (2016)
Amendment to item 8.1	Amend the title of item 8.1 to read: Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth	France	The Commission had its first meeting on 23 March 2016 in Lyon, France
Amendment to item 8.4	GSPOA, follow-up of the CEWG report and MSM on SSFFC medical products should be listed as separate agenda items	India, supported by all Member States of the South-East Asia Region	
New item 8.5	Improving access to assistive technology	Pakistan	EB139 (2016)
New item 8.6	Sepsis	Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan	Newborn health action plan (WHA67.10) (2014)
New item 8.7	"Kids Save Lives" in the context of improving quality of health care and patient safety	Sudan	EB138 proposed:• that, despite the importance of the proposed new item entitled ""Kids Save Lives" in the context of improving quality of health care and patient safety," the relevant work should be taken forward through other means, including technical briefings and seminars, as the initiative had already received the Organization's official endorsement and was under way.
New item 8.8	mHealth	India, supported by all Member States of the South-East Asia Region	EB139 (2016)
New item 8.9	Access to medicines	India, supported by all Member States of the South-East Asia Region	WHA67 (2014) (WHA67.22); WHA69 (2016) (WHA69.23)
New item 8.10	Regulatory system strengthening for medical products: acceleration and follow up of implementation	Mexico	WHA67 (2014) (WHA67.20)
New item 8.11	Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants	Italy	WHA69 (2016)
New item 8.12	Migration and health	Sri Lanka	WHA63 (2010)
New item 8.13	Global snakebite burden	Costa Rica	Document EB131/8 (2012)
Agenda item 9. Communicable diseases			
New item 9.3	Accelerated action for global measles and rubella eradication	Colombia	Measles: WHA63 (2010) Measles and rubella included in global vaccine action plan WHA69 (2016)

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 10. Noncommunicable diseases			
New item 10.5	Revitalizing physical activity for health	Thailand	Included in the report of the Commission on Ending Childhood Obesity WHA69 (2016)
New item 10.6	Cancer prevention and control: support for an updated WHA resolution	Jordan	WHA60 (2007)
New item 10.7	Rheumatic heart disease	Cook Islands, Ethiopia, Fiji, Namibia, New Zealand	EB114 (2004)
Agenda item 11. Promoting health through the life course			
New item 11.3	Developing a global action plan for the management and treatment of health care waste	Kuwait	WHA64 (2011)

BACKGROUND NOTE FOR OFFICERS OF THE EXECUTIVE BOARD

CRITERIA FOR DECISION-MAKING DURING REVIEW OF ITEMS FOR INCLUSION IN THE DRAFT PROVISIONAL AGENDA OF THE BOARD

There are two sets of criteria that Officers of Board may apply to support their decision-making on the items to be included in the provisional agenda:

1) established by the Board in 2007 and 2) by the Health Assembly in 2012.

- 1) In resolution EB121.R1 the Board decided on three criteria to apply in considering items for inclusion on the agendas:

“The Executive Board ...DECIDES:

...to endorse criteria for inclusion of proposed additional items in the provisional agenda of Executive Board sessions, namely, proposals that address a global public-health issue, or involve a new subject within the scope of WHO, or an issue that represents a significant public-health burden...”

- 2) In decision WHA65(9) on WHO reform, the World Health Assembly decided, as a means of improving governing body meetings...

“(7) (a) that the Officers of the Board use criteria, including those used for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board’s agenda;...” (see the relevant extract from document A65/40 below)

WHO REFORM: MEETING OF MEMBER STATES ON PROGRAMMES AND PRIORITY SETTING (document A65/40)

CRITERIA FOR PRIORITY SETTING AND PROGRAMMES IN WHO

The priorities of WHO should be aligned with its Constitution, particularly the principles of the preamble and the objective of the Organization of the attainment by all peoples of the highest possible level of health, and the functions for achieving that objective as contained in Article 2 of the Constitution. This includes the mandate “to act as the directing and co-ordinating authority on international health work”, giving due emphasis to countries and populations in greatest need, and taking into account gender equality, universal coverage, as well as the economic, social and environmental determinants of health.

The specific criteria are:

- (1) **The current health situation** including: demographic and epidemiological trends and changes, urgent, emerging and neglected health issues; taking into account the burden of disease at the global, regional and/or country levels.
- (2) **Needs of individual countries** for WHO support as articulated, where available, through the country cooperation strategy, as well as national health and development plans. (*agreed*)

- (3) **Internationally agreed instruments** which involve or impact health such as declarations and agreements, as well as resolutions, decisions and other documents adopted by WHO's governing bodies at the global and regional levels.
- (4) The existence of **evidence-based, cost-effective interventions** and the potential for using knowledge, science and technology for improving health.
- (5) The **comparative advantage of WHO**, including:
- (a) capacity to develop evidence in response to current and emerging health issues;
 - (b) ability to contribute to capacity building;
 - (c) capacity to respond to changing needs based on ongoing assessment of performance;
 - (d) potential to work with other sectors, organizations, and stakeholders to have a significant impact on health.

SUGGESTION OF HOW TO APPLY THESE CRITERIA TO DECISION-MAKING ON AGENDA CONTENT

In considering the composition and content of the draft provisional agenda, Officers of the Board may wish to test items against the following question:

“Does a proposed agenda item align with at least the first element of the four reform priority-setting criteria and, at the same time, would action on it be consistent with the comparative advantage of WHO as an institution?”

Annex

Explanatory memorandum

1. Coordination of humanitarian emergencies of international concern

Since the late 1990s, and in a very significant way since 2003 following the earthquakes in Bam (Islamic Republic of Iran) and Burmerdés (Algeria), Spain has dispatched health teams to the site of humanitarian emergencies in various contexts. While the response has always been appropriate and the commitment and dedication of the teams exemplary, in recent years, and especially since the earthquake in Haiti in 2010, certain weaknesses have become evident in international humanitarian response efforts; nor are Spain's contributions immune from these shortcomings.

An analysis of events following the earthquake in Haiti showed that, as in previous emergencies, although the response was commensurate and the medical teams did sterling work in saving many lives, many of them came unprepared to provide appropriate medical care for patients.

The health response in Haiti showed the need to develop principles, criteria and standards for the deployment of medical teams in emergencies and disasters, in line with global processes to improve humanitarian norms and standards.

Accordingly, the Pan American Health Organization convened an expert meeting in Cuba in 2010 to revise the Guidelines for the use of Foreign Field Hospitals in the aftermath of sudden impact disasters, which had been published by WHO/PAHO in 2003. That meeting formed the basis of what is now known as the Emergency Medical Teams (EMT) initiative.

Aligning itself with this process and with the European Union Civil Protection Mechanism, and based on the Master Plan for Spanish Cooperation 2013-2016 which seeks to improve the quality, effectiveness and coordination of the humanitarian response in the international framework, Spanish Cooperation published its operational guidelines for direct health response in disasters in July 2013 and developed a system for responding to international humanitarian emergencies called Spanish Technical Aid Response Team.

This system establishes an official mechanism for registering, selecting and mobilizing health workers from the Spanish national health system, based on a compendium of human resources that are available and properly trained for health emergencies, thereby facilitating operational planning in emergencies and enabling Spain to respond immediately in any humanitarian crisis.

The purpose of the compendium is to provide a coordinated register of medical, health and support personnel from Spain's various autonomous communities, assigned to the national health system, who would be deployed to third countries in humanitarian emergencies whenever the Spanish Agency for International Cooperation for Development decides to launch an operation. These health workers must apply to be included in the compendium, on a prior and voluntary basis, and will be accepted provided they meet the specified requirements.

WHO could develop similar strategies to appropriately coordinate the various humanitarian assistance teams deployed in a support capacity to needful areas and populations. The Organization would thus be able to manage the assistance it provides more efficiently and effectively, thereby enabling the affected areas – which as a rule are economically impoverished - to cope with the emergency as quickly as possible by matching the deployed

resources to the various needs arising in the field, and thus avoid omissions, gaps or duplication of effort.

2. International recognition of qualifications in the development of ongoing training for health workers

Health workers have a decisive role to play in upholding quality standards in health care. Obviously, therefore, they must be subject to continuous improvement processes in their work, thus enabling them to develop a meaningful professional career in which their qualifications are properly valued and translating into better care for their patients.

It is thus vitally important to develop instruments to incentivize, promote and recognize health workers' professional development with a view to raising the quality of care and setting more stringent safety criteria in clinical practice, which ultimately will lead to better outcomes for patients.

Significant international population flows – including of health professionals – are an intrinsic reality of the globalized world we live in. Nowadays, professional mobility is certainly not limited to free movement of people and services within the European Union, where this is a fundamental tenet. Professional opportunities exist globally and relationships are multidirectional.

Thus, in order to secure the requisite quality standards for the health professions, it would be desirable to establish a system of international recognition of qualifications in ongoing training for health workers, to be validated according to a set of minimum requirements that would guarantee safety and quality in the exercise of the health professions, and thereby ultimately benefit patients.

Permanent Mission of France
to the Office of the United Nations at Geneva

MAM/cda
No. 2016-649479

The Permanent Mission of France to the Office of the United Nations and the international organizations in Geneva presents its compliments to the World Health Organization and has the honour to inform it that in response to note verbale CL 26-2016, France hereby requests that item 8.1 of the agenda of the 140th Executive Board should be amended to read as follows :

8.1 : Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth

An explanatory memorandum is attached.

The Permanent Mission of France to the Office of the United Nations and the international organizations in Geneva takes this opportunity to convey to the World Health Organization the renewed assurances of its highest consideration.

Geneva, 9 September 2016

World Health Organization
Secretariat of the World Health Assembly
GBS
20 avenue Appia
1211 Geneva 27

Explanatory memorandum concerning the request to amend an item on the agenda of the 140th Executive Board.

France requests that the implementation of the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth be examined at the 140th Executive Board of WHO.

The Commission's work demonstrates that health can be a lever of equitable growth that should attract priority investment rather than being viewed as a cost to be reduced, ensuring meanwhile that the poorest countries can build health systems that offer greater resistance to epidemics such as Ebola and Zika.

This view applies equally to countries and to bilateral and multilateral development agencies (in connection with the Addis Ababa Conference). The proposals in the report could be presented as a significant contribution to the Sustainable Development Goals, given the universal and intersectoral nature of the recommendations.

The report of the United Nations High-Level Commission on Health Employment and Economic Growth will be transmitted to the Secretary-General of the United Nations on 20 September 2016 by the presidents of the French Republic and the Republic of South Africa. The conclusions will therefore have been adopted before the Executive Board in January. In its current form, the report of the United Nations High-Level Commission on Health Employment and Economic Growth proposes a series of measures to be taken within 18 months of the report's adoption and advocates immediate implementation of its recommendations.

A draft resolution is also in preparation, drawing on the contributions of the United Nations High-Level Commission on Health Employment and Economic Growth, under the auspices of the Diplomacy Health group currently chaired by South Africa.

To adhere to this schedule and fulfil the commitments, discussion of the implementation of the recommendations must get under way in January 2017.



Permanent Mission of India

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URGENT

No.GEN/PMI/WHO/2016

The Permanent Mission of India to the United Nations Office and other International Organizations presents its compliments to the World Health Organization and, with reference to it Note C.L.26/2016, has the honour to make the following comments/submissions on the provisional agenda of the 140th Executive Board (EB) Session.

2. First, the Permanent Mission notes that the agenda items on Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPOA), Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (Follow up to CEWG) and Member States Mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products (MSM on SSFFC medical products) have all been clubbed together and listed as one agenda item (8.4) for review and evaluation.

3. The Permanent Mission of India wishes to highlight that these issues are distinct and have always been discussed as separate agenda items by WHO Governing Bodies. Moreover, there is NO such pending review of CEWG. In fact, as part of the follow up to the CEWG resolution (WHA 69.23) adopted at the 69th World Health Assembly in May 2016, a number of substantial issues, including the terms of reference of the new WHO Expert Committee on Health R&D are up for consideration and adoption by the EB140 Session. Even the agenda item on SSFFC medical products goes beyond just the review of MSM and includes

consideration of the outcome of the 5th MSM meeting scheduled to take place in November 2015. The Permanent Mission of India, therefore, requests WHO to correct this discrepancy and list the above issues as separate agenda items delinking them from review and evaluation of GSPOA.

4. Secondly, the Permanent Mission of India notes that the agenda item on 'mHealth' does not figure on the provisional agenda of EB140. A preliminary discussion on mHealth took place at the EB139 session in May 2016. During those discussions, the Indian delegation had proposed to introduce a draft resolution on mHealth for adoption at the next World Health Assembly in May 2017. India's proposal was supported by many countries. A member of the Executive Board from South East Asia Region even formally proposed that mHealth should be included again on the agenda of EB140 session to enable the consideration of a resolution on the subject. The Permanent Mission of India, therefore, requests WHO to list 'mHealth' on the agenda of EB140 session to carry forward the discussion on mHealth and also facilitate the adoption of the first ever resolution on mHealth.

5. Finally, the Permanent Mission of India has the honour to propose a new agenda item entitled "Access to Medicines: Report of the UN Secretary General's High Level Panel on Access to medicines" for inclusion on the agenda of the EB140 session. An explanatory memorandum in this regard is enclosed. The UN Secretary General had appointed a High-Level Panel in November 2015 with a mandate to review and recommend solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies. The High-Level Panel is expected to come up with some actionable recommendations for promoting access to innovation and access to medicines, vaccines and diagnostics and thus contribute to Member States efforts in realizing the health related Sustainable Development Goals. Its final report is expected to be released by end of September 2016. Considering the constitutional mandate of WHO to promote global health R&D efforts to meet health needs of all and its central role in achieving the health related Sustainable Development Goals, it would be only appropriate that the recommendations of the High Level Panel are discussed by WHO Governing Bodies.

6. The Permanent Mission of India has the further honour to inform that all the above three submissions have the support of all Member States of the South East Asia Region and have been endorsed by the Regional Committee of WHO South East Asia Region at its 69th annual meeting held in Colombo from 5-9, September 2016.

7. The Permanent Mission of India avails itself of this opportunity to renew to the World Health Organization the assurances of its highest consideration.

Geneva, 12 September 2016

World Health Organization,
[Kind Atten : Mr. Timothy Peter Armstrong,
Governing Body Section],
Geneva



4/2

Provisional agenda of 140th Session of Executive Board of WHO

Proposal to include a new agenda item entitled 'Access to Medicines: Report of the UN Secretary General's High Level Panel on Access to Medicines'

Proposed by: India (supported by member states of South East Asia Region and endorsed by the Regional Committee of WHO South East Asia Region)

Explanatory Memorandum

In November 2015, UN Secretary General, Ban Ki-moon, appointed a UN High-Level Panel on Access to Medicines ('the High-Level Panel') to examine various incentives and propose solutions to promote health technology innovation and access.

The establishment of the High-Level Panel is a timely initiative to comprehensively address some of the persistent barriers to access to medicines. Its work assumes significance for all countries particularly in the context of the launch of the Agenda 2030 for Sustainable Development. The ambitious health related SDGs cannot be achieved if we do not address the critical issue of access to essential health technologies in a comprehensive and systemic manner.

The High-Level Panel is co-chaired by Festus Mogae, former President of Botswana and Ruth Dreifuss, former President of Switzerland and consists of 16 eminent individuals with a deep knowledge and understanding of a broad range of trade, public health, human rights and legal issues associated with the promotion of innovation and access to medicines, vaccines, diagnostics and related health technologies. Its work has been informed by submissions from a wide range of stakeholders, including but not limited to Member States, academia, civil society, private sector and patient rights groups. All stakeholders invited to submit their contributions including through participation in two global dialogues.

The High Level Panel is examining various solutions that promote research, development, innovation and access to health technologies

with a view to support member states efforts in achieving the SDGs. Its mandate is quite comprehensive covering

- All diseases, in order to give full meaning to SDG 3;
- All technologies recognizing that the right to health entails having access to medicines, vaccines, diagnostics and related health technologies; and
- All populations in low, middle and high-income countries, in the spirit of leaving no one behind.

The main objective of the High-Level Panel is to "remedy the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies."

The right to medicines is a key component of the right to health as guaranteed under international human rights law. There is increasing recognition of the inherent conflict between government obligations under human rights law to ensure access to medicines and obligations under intellectual property law to grant medicines patents.

Recent developments such as the 1000 dollar pill, excessive price gouging etc have demonstrated that access to medicines impacts everyone. Similarly, the debate on access to medicines can no longer be confined to so called Neglected Tropical Diseases. The emergence of Anti-microbial Resistance, Ebola and Zika virus outbreaks have demonstrated the failure of current R&D model and highlighted the importance of achieving policy coherence. Access to Hepatitis C, new anticancer drugs and other non-communicable diseases assumes equal importance if we are to achieve the health related SDGs. A global public policy response that rebalances obligations under human rights law with obligations under IP law and address the needs of all countries, in particular those of developing countries, is urgently needed.

The World Health Assembly in its resolution WHA69.23 noted the establishment of the UN Secretary General's High Level Panel on Access to Medicines and expressed particular concern that even today for millions of people the right to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, remains a distant goal, that especially for children and those living in poverty, the likelihood of achieving this goal is becoming increasingly

remote. It also requested the DG, WHO to promote policy coherence within WHO on its research and development-related activities.

WHO has a constitutional mandate to set and lead global R&D efforts and promote access to medicines to meet the health needs of all. WHO has produced some landmark reports on access to medicines and has also submitted its inputs to the High-Level Panel. While multiple players have emerged within and outside the UN system attempting to address issues related to health innovation and access, WHO should be the main UN agency that is at the forefront of access to medicines agenda. This subject also assume importance in the context of the follow up to the WHA resolution (WHA 67.22) on Access to Essential Medicines, which urged member states, inter alia, to identify key barriers to access to essential medicines and to develop strategies to address these barriers. In its progress report on this resolution to the 69th World Health Assembly, WHO noted that access to essential medicines for non-communicable diseases and for other diseases including Hepatitis C remains problematic for large proportion of patients in many countries and highlighted the continued importance of ensuring access to medicines as reflected in Sustainable Development Goal 3.

The report of the High-Level Panel is expected to be released by end of September 2016. It is highly anticipated that the High Level Panel will come up with some actionable recommendations that will support Member States efforts to promote access to health technologies including access to medicines, vaccines and diagnostics. In view of the continued importance of promoting access to medicines and its inclusion in the Sustainable Development Goals, the report of the High Level Panel is also expected to have a material impact on the attainment of the 2030 Development Agenda.

Considering the constitutional mandate of WHO on health R&D and access and its central role in coordinating global efforts for the realization of health related Sustainable Development Goals, it is only appropriate that the findings and recommendations of the UNSG's High Level Panel are discussed formally by Member States within WHO. Hence, it is proposed to include a specific agenda item on 'Report of the UN Secretary General's High Level Panel on Access to Medicines' on the agenda of the 140th Executive Board Meeting. Such an informed discussion on will allow Member States to consider potential innovative approaches to address some of the persistent challenges to access to

medicines and provide appropriate directions to WHO to carry forward its work on health innovation and access.

Subject: FW: Request for an additional Agenda Item on Sepsis
Attachments: 3 Memorandum_Sepsis_FINAL.docx

From: Consul [<mailto:consul@jamaicamission.ch>]
Sent: Sunday, 4 September 2016 12:52 PM
To: 'VEA, Gina Rene' <veag@who.int>; 'armstrongt@who.int' <armstrongt@who.int>
Subject: Request for an additional Agenda Item on Sepsis

WHO Secretariat

Request for an Additional Agenda Item on Sepsis

Reference is made to attached Memorandum regarding the proposal put forward by Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland to include an item on “Sepsis” to the Agenda of the 70th Session of the World Health Assembly. In this regard, the Permanent Mission of Jamaica has been directed to advise that the Ministry of Health is pleased to support the proposal looks forward to this inclusion as it will assist in raising the awareness and knowledge of Sepsis globally.

Kindest Regards

Lishann Salmon (Miss)
First Secretary/Consul
Permanent Mission of Jamaica to the UN and its Specialized Agencies at Geneva/
Embassy of Jamaica to Switzerland
23 Avenue de France
1202 Geneva
Tel : (41) 22 908 0767

MEMORANDUM

To: WHO Director-General Dr. Margaret Chan

Re: Proposal put forward by Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland to include an item on “Sepsis” to the Agenda of the 70th Session of the World Health Assembly

1. OVERVIEW

Sepsis, commonly known as blood poisoning, is a syndromic response to infection and the final common pathway to virtually all deaths from infectious diseases of all origins worldwide. Despite medical progress with use of better vaccines, antibiotics and acute care, hospital mortality rates of sepsis in the best healthcare systems in high-income countries range between 10 and 50%. Sepsis arises when the body's attempt to fight an acute infection leads the immune system into overdrive which causes damage to multiple organs and circulatory shock. That is why appropriate treatment of sepsis requires not only treatment of the underlying infection with antimicrobials, but in parallel requires life-saving medical interventions such as fluid resuscitation or vital organ support. The majority of sepsis cases are caused by infections targeting the respiratory, gastrointestinal and urinary tract and may also be triggered by wound/skin infections. Most types of microbes can cause sepsis, including bacteria, fungi, viruses and parasites such as those causing malaria. Sepsis may result from a healthcare related infection, however, even in the developed world the majority of sepsis is community acquired. Bacteria are by far the most common culprit, but sepsis is also the fatal common pathway of viral infections with seasonal influenza viruses, Dengue viruses and infections that have emerged as pathogens of public health concern such as avian flu, swine flu, SARS, MERS-CoV and most currently Ebola Virus disease. For most of these emerging pathogens there are no effective antiviral agents and supportive sepsis care is the only therapeutic option.

Enormous progress has been made through the introduction of and improved access to vaccinations which save an estimated 2 -3 million lives a year by preventing infections which can lead to sepsis. However, an estimated 18.7 million infants worldwide are still unimmunized.

There is a lack of awareness among the general public and public health authorities that vaccinations against influenza, *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Neisseria meningitidis* are lifesaving. Vaccinations against *Haemophilus influenzae* and *Streptococcus pneumoniae* are recommended for all children worldwide and meningococcal vaccines depending on regional epidemiology. Furthermore, all 4 vaccines are recommended for certain groups such as immunocompromized patients being at special risk of sepsis. In many developing countries, however, there is no vaccination program for elderly people or people at risk. Vaccines are not only an important tool to prevent sepsis but also essential to hinder the emerge of multiresistant pneumococcal strains.

Health care-associated infections (HAIs) are the most frequent adverse events in health-care delivery worldwide and a major patient safety issue. Hundreds of millions of patients are affected by health care-associated infections worldwide each year, leading to significant mortality and financial losses for health systems. Sepsis is the common cause of death from health care associated infections. HAIs are amenable to infection prevention and control measures, such as appropriate hand hygiene and the correct application of simple and low-cost basic precautions during invasive procedures.

Currently the word sepsis is largely unknown to the general public and media. Most people are unaware of early signs and symptoms of sepsis. It is poorly known that every acute infection may progress to life threatening sepsis, for which an effective cure requires not only treatment of the

underlying infection but rigorous acute care interventions to stabilize the cardio-respiratory system and other organ functions. Lack of awareness and knowledge about sepsis can have disastrous results: a) health care professionals can miss the diagnosis and delay onset of treatment. b) Mortality and morbidity due to delay in seeking appropriate medical care. There is increasing evidence that all these factors make sepsis worldwide the number one cause of preventable deaths.

2. A PUBLIC HEALTH ISSUE

Accurate data on the incidence of sepsis in low and middle-income countries are virtually non-existent, however, if we extrapolate from data in high income countries conservative estimates suggest more than 30 million new sepsis cases throughout the world each year. At least 8 million people including 5 million neonates and young children die from sepsis. More than two million of these deaths are preventable. Estimates on the global burden of sepsis are limited due to the absence of reliable population-based data from low- and middle-income-countries. The true global burden of sepsis in low-income countries remains uncertain and may be much higher because infectious diseases are more prevalent and most likely carry a much higher mortality rate than in the high-income-countries.

Sepsis affects all age groups; most vulnerable are women in the postpartum period, new-borns, elderly above age 60, and children under five years of age in resource poor areas. The incidence of sepsis is higher in males than in females, and higher in socio-economically disadvantaged groups. Sepsis is the leading cause of death from lower respiratory tract infections (LRTI). Death from LRTI was ranked as the number one cause of global years of life lost in the Global Burden of Disease Report 2010, yet LRTI *per se*, at least in the developed world, rarely results in death; deaths occur when the LRTI causes sepsis and sepsis is the cause of death. The elderly with chronic disease and weakened immune systems, patients who have had their spleen removed surgically or through disease, and those under treatment with immunosuppressive medications are at increased risk for sepsis. HIV-positive individuals have an up to tenfold higher incidence of sepsis. Patients with diabetes, cancer, chronic kidney or liver disease are also at increased risk, as are pregnant women and those who have experienced a severe burn or physical injury. In the developing world, sepsis accounts for 60-80% of lost lives per year, accounting for the deaths of 5 million newborns and children annually. It is estimated that puerperal sepsis causes at least 75,000 maternal deaths every year, mostly in low-income countries. In these countries, malnutrition, poverty, lack of access to vaccines and timely treatment all contribute to death from sepsis. In the developed world, the reported incidence of sepsis is increasing by an annual rate of between 8-13 % over the last decade. This increase can be partly attributed to improved documentation of sepsis. However, other reasons to explain the increase are an aging population, increasing use of high-risk medical and surgical interventions in all age groups, the development of drug-resistant and more virulent varieties of infections.

In resource rich countries with adequate intensive care unit availability, treatment for sepsis often involves a prolonged stay in the intensive care unit and complex therapies, which incur high costs. In some countries sepsis is ranked as the most expensive medical condition accounting for approximately 3% of the national health care expenditures. The costs related to long-term impacts of sepsis have not been quantified but are likely substantial, including subsequent medical care: the true fiscal burden, considering delayed return to work, the need for families to adjust lifestyles to support, and rehabilitation cost is likely to be huge..

3. ...THAT MUST BE A GLOBAL HEALTH PRIORITY

Coordinating programmes for the prevention and control of sepsis with other related programmes will contribute to the strengthening of health systems in all countries. To date, efforts and educational programmes on sepsis prevention and treatment by the WHO have been successful but fragmented and were triggered primarily by outbreaks and pandemics with highly virulent and easily transmissible pathogens. WHO does not yet have a comprehensive strategy for sepsis that embraces the broad spectrum of the burden in the community as well as in health care setting in all parts of the world. Thus, the time is right for WHO and national governments to set in place a comprehensive strategy which creates new opportunities for prevention, increases early recognition by appropriate educational programmes and improves access to appropriate rehabilitation and after-care for sepsis survivors. The impact of these efforts on mortality and morbidity will be significant because of the tremendous burden of disease.

4. ...AND REQUIRES JOINT ACTION FROM WHO AND ITS MEMBER STATES

The WHO is in a position to provide coordinated global support and leadership in the development of a comprehensive approach spanning the entire health system for the prevention and control of sepsis. A resolution on sepsis would be a formal next step to engage in concerted global action. It would be an opportunity to bring on board low- and middle-income countries, for which sepsis is a challenge, and to ensure global action. A resolution will contribute

- To raise awareness globally that sepsis is more common than heart attacks and kills more people than any cancer.
- To highlight that sepsis is the most common cause of death from community acquired and health care associated infections.
- To convey the message that sepsis can be prevented by simple measures such as hand hygiene and vaccines
- To highlight that sepsis can be effectively treated by better education of health care workers and lay people on early recognition of the symptoms of sepsis and access to simple, low-cost and effective diagnostic and treatment interventions.
- To highlight that prevention and management of sepsis plays an important role in patient safety and in reaching major targets of the United Nations sustainable development goals by 2030, in particular reducing maternal and neonatal mortality as well as achieving Universal Health Coverage.

From: ASHFORTH, Nicolas Cameron
Sent: 11 Sep 2016 06:28:22 +0000
To: CIPRIOTT, Denise Claire
Cc: LIPMAN, Anne
Subject: Fwd: Additional Agenda Item Sepsis EB 140

Fyi

Envoyé de mon iPhone

Début du message transféré :

Expéditeur: "ARMSTRONG, Timothy Peter" <armstrongt@who.int>
Date: 10 septembre 2016 19:27:31 UTC+2
Destinataire: "ASHFORTH, Nicolas Cameron" <ashforthn@who.int>
Objet: TR : Additional Agenda Item Sepsis EB 140

FYI

Sent from my iPhone

Begin forwarded message:

From: NISHIZAWA HIDEAKI
<hideaki.nishizawa@mofa.go.jp>
Date: 10 September 2016 at 18:44:16 GMT+2
To: "ARMSTRONG, Timothy Peter" <armstrongt@who.int>, "VEA, Gina Rene" <veag@who.int>
Cc: "wi-1-io@genf.auswaertiges-amt.de" <wi-1-io@genf.auswaertiges-amt.de>, Chariklia Balas <Chariklia.Balas@bmg.bund.de>, 駒田 謙一 (komada-kenichi) <komada-kenichi@mhlw.go.jp>
Subject: FW: Additional Agenda Item Sepsis EB 140

Dear Timothy and Gina,

We, Japan would like to support proposal from Germany to include sepsis into EB Agenda and add ourselves to co-sponsors.
Best regards,

Hideaki

差出人: [.GENFIO](#) [WI-1-IO](#) [Jarasch,](#) [Cornelia](#)
送信日時: 2016年9月5日 11:45
宛先: [NISHIZAWA](#) [HIDEAKI](#)
CC: [Chariklia](#) [Balas](#)
件名: Additional Agenda Item Sepsis EB 140

Dear Hideaki,

Together with several other Member States we proposed an additional agenda item for the next EB that would deal with Sepsis. Please find attached the Memorandum with the background and the rationale.

We would greatly appreciate your support for this issue. If Japan decides to support the inclusion of this item, we would be most grateful if you could communicate it to GBO (armstrongt@who.int; veag@who.int) before September 12.

Looking forward to hearing from you,

Best regards,

Cornelia

Cornelia Jarasch

First Secretary (Health / WHO)
Ständige Vertretung der Bundesrepublik Deutschland
Permanent Mission of the Federal Republic of Germany
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Tel: 0041-22-7301255 / 079-8213235
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Von: [.GENFIO](#) [WI-1-IO](#) [Jarasch,](#) [Cornelia](#)
Gesendet: Dienstag, 23. August 2016 15:49
An: HERNANDEZ, Lindsey Caroline; SMITH, Ian Michael; ARMSTRONG, Timothy Peter
Cc: VEA, Gina Rene (veag@who.int); Chariklia Balas; Dagmar Reitenbach -Z23 BMG (Dagmar.Reitenbach@bmg.bund.de); Guinote Hendrik-Schmitz; OR-G-L Bergner, Tobias; BMG-Z23 (z23@bmg.bund.de); ['kelleye@who.int'](mailto:kelleye@who.int)
Betreff: Letter German MoH Gröhe - DG: Agenda Item Sepsis EB 140

Dear Ian, Dear Timothy,

please find attached the copy of a letter from MoH Gröhe to DG Chan regarding the proposal of an additional Agenda item for EB 140 / WHA70. This letter is accompanied by an explanatory memorandum. The proposal is put forward jointly by Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland. We expect additional MS to support it and will ask them to express their support via email to GBS.

The original of the letter is currently transmitted to the Director General's Office.

With kind regards

Cornelia Jarasch

First Secretary (Health / WHO)
Ständige Vertretung der Bundesrepublik Deutschland
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MEMORANDUM

To: WHO Director-General Dr. Margaret Chan

Re: Proposal put forward by Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland to include an item on “Sepsis” to the Agenda of the 70th Session of the World Health Assembly

1. OVERVIEW

Sepsis, commonly known as blood poisoning, is a syndromic response to infection and the final common pathway to virtually all deaths from infectious diseases of all origins worldwide. Despite medical progress with use of better vaccines, antibiotics and acute care, hospital mortality rates of sepsis in the best healthcare systems in high-income countries range between 10 and 50%. Sepsis arises when the body's attempt to fight an acute infection leads the immune system into overdrive which causes damage to multiple organs and circulatory shock. That is why appropriate treatment of sepsis requires not only treatment of the underlying infection with antimicrobials, but in parallel requires life-saving medical interventions such as fluid resuscitation or vital organ support. The majority of sepsis cases are caused by infections targeting the respiratory, gastrointestinal and urinary tract and may also be triggered by wound/skin infections. Most types of microbes can cause sepsis, including bacteria, fungi, viruses and parasites such as those causing malaria. Sepsis may result from a healthcare related infection, however, even in the developed world the majority of sepsis is community acquired. Bacteria are by far the most common culprit, but sepsis is also the fatal common pathway of viral infections with seasonal influenza viruses, Dengue viruses and infections that have emerged as pathogens of public health concern such as avian flu, swine flu, SARS, MERS-CoV and most currently Ebola Virus disease. For most of these emerging pathogens there are no effective antiviral agents and supportive sepsis care is the only therapeutic option.

Enormous progress has been made through the introduction of and improved access to vaccinations which save an estimated 2 -3 million lives a year by preventing infections which can lead to sepsis. However, an estimated 18.7 million infants worldwide are still unimmunized.

There is a lack of awareness among the general public and public health authorities that vaccinations against influenza, *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Neisseria meningitidis* are lifesaving. Vaccinations against *Haemophilus influenzae* and *Streptococcus pneumoniae* are recommended for all children worldwide and meningococcal vaccines depending on regional epidemiology. Furthermore, all 4 vaccines are recommended for certain groups such as immunocompromized patients being at special risk of sepsis. In many developing countries, however, there is no vaccination program for elderly people or people at risk. Vaccines are not only an important tool to prevent sepsis but also essential to hinder the emerge of multiresistant pneumococcal strains.

Health care-associated infections (HAIs) are the most frequent adverse events in health-care delivery worldwide and a major patient safety issue. Hundreds of millions of patients are affected by health care-associated infections worldwide each year, leading to significant mortality and financial losses for health systems. Sepsis is the common cause of death from health care associated infections. HAIs are amenable to infection prevention and control measures, such as appropriate hand hygiene and the correct application of simple and low-cost basic precautions during invasive procedures.

Currently the word sepsis is largely unknown to the general public and media. Most people are unaware of early signs and symptoms of sepsis. It is poorly known that every acute infection may progress to life threatening sepsis, for which an effective cure requires not only treatment of the

underlying infection but rigorous acute care interventions to stabilize the cardio-respiratory system and other organ functions. Lack of awareness and knowledge about sepsis can have disastrous results: a) health care professionals can miss the diagnosis and delay onset of treatment. b) Mortality and morbidity due to delay in seeking appropriate medical care. There is increasing evidence that all these factors make sepsis worldwide the number one cause of preventable deaths.

2. A PUBLIC HEALTH ISSUE

Accurate data on the incidence of sepsis in low and middle-income countries are virtually non-existent, however, if we extrapolate from data in high income countries conservative estimates suggest more than 30 million new sepsis cases throughout the world each year. At least 8 million people including 5 million neonates and young children die from sepsis. More than two million of these deaths are preventable. Estimates on the global burden of sepsis are limited due to the absence of reliable population-based data from low- and middle-income-countries. The true global burden of sepsis in low-income countries remains uncertain and may be much higher because infectious diseases are more prevalent and most likely carry a much higher mortality rate than in the high-income-countries.

Sepsis affects all age groups; most vulnerable are women in the postpartum period, new-borns, elderly above age 60, and children under five years of age in resource poor areas. The incidence of sepsis is higher in males than in females, and higher in socio-economically disadvantaged groups. Sepsis is the leading cause of death from lower respiratory tract infections (LRTI). Death from LRTI was ranked as the number one cause of global years of life lost in the Global Burden of Disease Report 2010, yet LRTI *per se*, at least in the developed world, rarely results in death; deaths occur when the LRTI causes sepsis and sepsis is the cause of death. The elderly with chronic disease and weakened immune systems, patients who have had their spleen removed surgically or through disease, and those under treatment with immunosuppressive medications are at increased risk for sepsis. HIV-positive individuals have an up to tenfold higher incidence of sepsis. Patients with diabetes, cancer, chronic kidney or liver disease are also at increased risk, as are pregnant women and those who have experienced a severe burn or physical injury. In the developing world, sepsis accounts for 60-80% of lost lives per year, accounting for the deaths of 5 million newborns and children annually. It is estimated that puerperal sepsis causes at least 75,000 maternal deaths every year, mostly in low-income countries. In these countries, malnutrition, poverty, lack of access to vaccines and timely treatment all contribute to death from sepsis. In the developed world, the reported incidence of sepsis is increasing by an annual rate of between 8-13 % over the last decade. This increase can be partly attributed to improved documentation of sepsis. However, other reasons to explain the increase are an aging population, increasing use of high-risk medical and surgical interventions in all age groups, the development of drug-resistant and more virulent varieties of infections.

In resource rich countries with adequate intensive care unit availability, treatment for sepsis often involves a prolonged stay in the intensive care unit and complex therapies, which incur high costs. In some countries sepsis is ranked as the most expensive medical condition accounting for approximately 3% of the national health care expenditures. The costs related to long-term impacts of sepsis have not been quantified but are likely substantial, including subsequent medical care: the true fiscal burden, considering delayed return to work, the need for families to adjust lifestyles to support, and rehabilitation cost is likely to be huge..

3. ...THAT MUST BE A GLOBAL HEALTH PRIORITY

Coordinating programmes for the prevention and control of sepsis with other related programmes will contribute to the strengthening of health systems in all countries. To date, efforts and educational programmes on sepsis prevention and treatment by the WHO have been successful but fragmented and were triggered primarily by outbreaks and pandemics with highly virulent and easily transmissible pathogens. WHO does not yet have a comprehensive strategy for sepsis that embraces the broad spectrum of the burden in the community as well as in health care setting in all parts of the world. Thus, the time is right for WHO and national governments to set in place a comprehensive strategy which creates new opportunities for prevention, increases early recognition by appropriate educational programmes and improves access to appropriate rehabilitation and after-care for sepsis survivors. The impact of these efforts on mortality and morbidity will be significant because of the tremendous burden of disease.

4. ...AND REQUIRES JOINT ACTION FROM WHO AND ITS MEMBER STATES

The WHO is in a position to provide coordinated global support and leadership in the development of a comprehensive approach spanning the entire health system for the prevention and control of sepsis. A resolution on sepsis would be a formal next step to engage in concerted global action. It would be an opportunity to bring on board low- and middle-income countries, for which sepsis is a challenge, and to ensure global action. A resolution will contribute

- To raise awareness globally that sepsis is more common than heart attacks and kills more people than any cancer.
- To highlight that sepsis is the most common cause of death from community acquired and health care associated infections.
- To convey the message that sepsis can be prevented by simple measures such as hand hygiene and vaccines
- To highlight that sepsis can be effectively treated by better education of health care workers and lay people on early recognition of the symptoms of sepsis and access to simple, low-cost and effective diagnostic and treatment interventions.
- To highlight that prevention and management of sepsis plays an important role in patient safety and in reaching major targets of the United Nations sustainable development goals by 2030, in particular reducing maternal and neonatal mortality as well as achieving Universal Health Coverage.

To: World Health Organization
Department for Governing Bodies and External Relations

The Permanent Mission of Mexico has the honor to make reference to the note C.L.26.2016 regarding the draft provisional agenda for the 140th meeting of the Executive Board, to be held in Geneva from January 23 to February 1, 2017.

In this regard, the Permanent Mission has the honor to convey the request of the Government of Mexico for the addition of an agenda item in the aforementioned draft provisional agenda entitled **“Regulatory system strengthening for medical products: acceleration and follow up of implementation”**. The Permanent Mission encloses to this message the concept note explaining the proposal and request.

The Permanent Mission would like to appeal the WHO Secretariat to transmit the aforementioned request of the Government of Mexico to the Members of the Bureau of the Executive Board, for the corresponding consultation and decision making by that Bureau and the preparation of the provisional agenda by the WHO Director-General which will be adopted during the 140th meeting of the Executive Board.

The Permanent Mission encloses also to this message the official note dated on September 12th which has been sent by post.

Permanent Mission of Mexico

MISIÓN PERMANENTE DE MÉXICO

OGE02988

La Misión Permanente de México ante la Oficina de las Naciones Unidas y otros Organismos Internacionales con sede en Ginebra saluda muy atentamente a la Organización Mundial de la Salud (OMS) y tiene el honor de hacer referencia a la 140ª sesión del Consejo Ejecutivo de la OMS, que tendrá lugar del 23 de enero al 1º de febrero de 2017 en Ginebra.

Al respecto, y en seguimiento del contenido de la nota C.L.26.2016, la Misión Permanente tiene el honor de transmitir la solicitud del Gobierno de México para la inclusión de un punto en el orden del día provisional de dicha reunión, con el título ***Regulatory system strengthening for medical products: acceleration and follow up of implementation***. Se anexa el respectivo memorándum explicativo.

La Misión Permanente de México ruega a la Secretaría de la OMS que la presente solicitud sea transmitida a los Miembros de la Mesa del Consejo Ejecutivo, para la correspondiente consulta y toma decisión por dicha Mesa y posterior preparación por la Directora General de la OMS del orden del día que deberá ser adoptado en la reunión.

La Misión Permanente de México ante la Oficina de las Naciones Unidas y otros Organismos Internacionales con sede en Ginebra aprovecha la oportunidad para reiterar a la Organización Mundial de la Salud las seguridades de su más alta y distinguida consideración.

Ginebra, a 12 de septiembre de 2016



A la Organización Mundial de la Salud,
Ginebra

MEMORANDUM

TO: WHO Director General Margaret Chan

Re: Proposal to include an item on the “**WHA67.20: Regulatory system strengthening for medical products: acceleration and follow up of implementation**” in the context of point 8. Health System of the EB 140 draft agenda

OVERVIEW

WHO has made statement through the resolution WHA 67.20 and the leadership priorities that: “We will continue to improve access to safe, quality, affordable and effective medicines. We will support innovation for affordable health technology, local production, and national regulatory authorities”. As indicated in the resolution WHA 67.20 , the Director-General is requested to :

- (1) to continue to support Member States upon their request in the area of regulatory system strengthening, including, as appropriate, by continuing to:
- (12) to report to the Seventieth *2017 and Seventy-second * 2019 World Health Assemblies on progress in the implementation of this resolution.

THE ISSUE

NRAs: National Regulatory Authorities (NRAs) are becoming a key and critical stakeholder of the national health system through their action towards ensuring quality, safety and efficacy of health products and technologies. Increasing health issues or emerging health matters called for these institutions to enlarge their mandate or have to deal with more complex issues related to health. Several NRAs are dealing not only with regulation of health products and technologies but also managing food, environment or emergencies. The gain obtained in the area of health products and technologies can be used to enhance the regulatory capacity in other areas. So the need for documenting best practices through a Good Regulatory Practices model is needed.

Lack of global Good Regulatory Practice (GRP) model to guide development of NRAs: Several functional or stringent regulatory system have already developed good regulatory practices, WHO has started the development of this model and we hope to have it endorsed in 2016, the issue however will be with the implementation. Existing harmonization efforts and existing networks of regulatory agencies are aiming to increase exchange among NRAs and related institutions. However only 35% of NRAs have been assessed by WHO as functional in the area of vaccines and WHO has documented almost the same figures for regulation of all other health products and technologies. The concept of functionality is used for vaccine regulation while the concept of stringent regulatory

authorities is used for medicine pre-qualification (mainly ICH members), nevertheless, Mexico believes the model and concept can be harmonized to determine the minimal regulatory capacity a country should aim for regulating and ensuring quality, safety and efficacy of all health products and technologies. Therefore, it is important to build up and disseminate the concept of minimal regulatory capacity using the above mentioned functional or stringent regulatory systems capacity and guidance.

Access to health and minimal regulatory capacity of NRAs: The industry is constantly developing new products that can increase or improve access to health. Nevertheless, most regulatory systems don't have enough capacity to assess independently and competently new products so they can speed access to new medicines. WHO established the prequalification programme which efficiently increased access, however, the scope and growth of health products is so wide that the current programme will not be able to address all health needs and products. One reason is that countries' needs and health issues require significant technical expertise to regulate these products and sustain high supervision through proper pharmacovigilance and inspections. Another reason is their lack or limited guidance to implement the GRP, limited staffing or expertise, or no access to relevant guidance on site to develop their capacity.

Coordinated efforts using regulatory excellence to drive acceleration of the resolution WHA 67.20: Among the functional or stringent regulatory system documented by WHO, there are already several NRAs that have developed international programme to support and exchange with other regulatory systems. A well-coordinated effort of existing regulatory excellence (regulatory sciences and GRP) can make a significant difference for supporting WHO goals to achieve the Universal Health Coverage and consequently the Sustainable Development Goals through the WHO 67.20's resolution.

Mexico like some other regulatory agencies has established under the APEC development programme in COFEPRIS a centre of excellence (CoE) in August 2016 with the objective to enhance and promote Regulatory Sciences (RS) and Good Regulatory Practices (GRP) including Good Regulatory Management (GRM). COFEPRIS has also contributed to the development of the WHO Good Regulatory Practice guidance that will be submitted for review and endorsement to the WHO expert committees (ECPP and ECBS) in October 2016.

1. PRIORITY FOR WHO

As describe above this proposal meets the requirement for submitting the agenda items as it addresses a global public-health issue (ensuring and sustaining functional regulatory system of member states health systems), raises a new subject (using innovative model to implement a resolution) within the scope of WHO and that will impact or represents a

significant public health burden (addressing the quality safety and efficacy of health products and technologies).

Moreover the subject matter proposed is consistent with the World Health Organization leadership priorities such as: a) Universal health Coverage, b) increasing access to medical products and c) Sustainable Development Goals. It is also coherent and consistent with the current WHO global Programme of Work and it is not requesting more budget resources but helping to find out additional resources.

This proposal is firstly aimed to help WHO and member states to use an innovative mean to obtain resources that will ensure acceleration of implementation of the above mentioned resolution. The innovative mechanism proposed will allow to establish a WHO model of Center of Excellence (CoE) hosted within NRAs and to use existing WHO Collaborating Center (CC) or potentially new one to deliver and support WHO in achieving the WHA 67.20 resolution objectives. Secondly is also aimed to ensure that a meaningful report is submitted to Member States for the next WHA.

2. SIGNIFICANT BURDEN FOR THE HEALTH¹

NRAs have to deal with all health products and technologies that have a significant impact on health of people through the quality, safety and efficacy. The lack of a competent regulatory system and the non-access to a WHO prequalification programme products leads to high risk products not meeting quality, safety or efficacy standards to be used and maybe harmful for the concerned population.

CONCLUSION

Mexico would like to propose a new agenda item for the 140th Session of the World Health Organization (WHO) Executive Board on the **“WHA67.20: Regulatory system strengthening for medical products: acceleration and follow up of implementation”** in the context of point 8. Health System of the EB 140 draft agenda. Mexico is also contacting other Member States to support the above agenda item.



*Rappresentanza Permanente d'Italia
presso le Organizzazioni Internazionali
10, Chemin de l'Impératrice
1292 Genève*

2111

The Permanent Mission of Italy to the United Nations and other International Organizations presents its compliments to the World Health Organization and, in view of the forthcoming 140th Session of the WHO Executive Board to be held in Geneva, from 23 January to 1 February 2017, has the honor to request the inclusion of a new agenda item on "Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants".

This issue represents a Public Health challenge and a clear priority. Health issues related to population movements have been on the WHO agenda for many years. We must ensure that our health systems are adequately prepared to provide support to refugees and migrants while at the same time protecting the resident population's health. This requires cooperation among the countries of origin, transit and destination. The issue deserves a follow-up to the discussions which took place at EB 138 and WHA 66 when there has been a very successful Technical Briefing.

The Italian Authorities strongly believe awareness must be raised and documented and an appropriate response to the refugees and migrants' health needs must be formulated and implemented urgently. Actions are needed between and within countries as well as among sectors.

It is our responsibility as Member States to adopt measures in order to guarantee adequate standards of care for refugees and migrants as they are not only a global good but are also crucial for protecting and promoting their human rights as well as those of the host communities. No individual country, sector or organization can manage this theme alone.

In light of the above, the Italian Authorities would highly appreciate if the Executive Board can consider this request favorably and include this item in the Provisional Agenda of its 140th Session.

The Permanent Mission of Italy avails itself of this opportunity to renew to the World Health Organization the assurance of its highest consideration. *my*

Geneva, 9 september 2016

World Health Organization
GENEVA



Memorandum for an additional Item at EB 140 on “Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants”.

Direct and indirect health determinants influence **health outcomes, increasing or decreasing the vulnerability and resilience of individuals, groups and communities**. The lower a person's social and economic position is, the worse his or her health will be. Because determinants are not equally distributed the health divide between countries and the social gradient between people, communities and areas within countries are increasing.

Vulnerability in health results from exclusions from benefits and services, related to inequities in the distribution of power, money and resources, and the opportunities for life. The most vulnerable communities are those whose rights to access services are denied, neglected or are just difficult to ensure under the current paradigms.

Among them, migrants are possibly those at highest risk, as they are frail, have limited and often not acknowledged rights and have no organized health system capable to identify their needs and prevent and treat their diseases timely.

Member States should **address inequities** in the state of health of migrants, Roma and others ethnic minorities made vulnerable through exclusionary processes, ensuring access to quality health and social services delivered in a cultural sensible way. Many of the strategies for achieving this include **specific actions** such as training of health care workers in working with minority and marginalized populations, design, implementation and evaluation of health programmes, improvement of health information systems, and the formulation of integrated policy approaches designed to overcome the multiple causes of social exclusion.

The **current situation of migration in Europe** underlines the vulnerability of most migrants left alone in arranging their own hazardous migration. Only in 2015, over 1 million refugees and migrants reached European countries, adding to the over 2.5 million who had taken shelter in Turkey by the end of the year. In addition, throughout 2015, more than 3,700 refugees and migrants are known to have died or gone missing at sea. Up to July 2016, over 240,000 have arrived to Europe and over 2,900 have died or gone missing at sea. It must be underlined also that the migration process cannot grant adequate housing, labour and access to basic services, including food and nutrition.

There are tools and resolutions that help in achieving concrete health improvements. For example, the **WHO European health policy framework Health 2020** provides a tool to address the fact that overall health is improving but the poor and vulnerable all too often get left behind. This allows addressing the health of fragile and vulnerable population by engaging a variety of non-state and governmental actors, such as home and foreign affairs, justice, labour, social affairs, education and health, whose policies and interventions have implications across sectors.

Additionally, the **World Health Assembly resolution on the Health of migrants 61.17 of 2008** called for Member States to consider with particular attention the provision of health services sensitive to the needs of migrants, taking into consideration their cultural, religious, linguistic and gender requirements. This document underlines that special attention must be given to migrant women and children who are even more vulnerable on several grounds. The main principle is that **applying an equity approach** to health and non-health interventions, promoting understanding and scaling up dialogue among health and non-health sectors, will make countries' health systems more inclusive and will have a positive impact on the macroeconomic indicators of a country, benefiting the migrant population as well as society as a whole. This approach is equally in line with the scope of the 2030 Agenda for Sustainable Development, in which countries pledged that “no one should

be left behind”, and its Sustainable Development Goals, in particular Goal 3 on health, Goal 5 on gender equality, and Goal 10 on reducing inequalities within and among countries.

The work done by a number of Governments and by WHO EURO shows that **countries together can do more** to equip themselves to face the challenges posed by migration, including the preparation of a Strategy and action plan for refugee and migrant health in the WHO European Region, which has been developed in line with the above-mentioned documents and will be submitted for the approval of the WHO Regional Committee for Europe in September 2016. In order to achieve better health for vulnerable groups, policy makers need to use two types of strategies: action within each country, addressing the specific demographic and political challenges; and **action at transnational level**, harmonizing policies and improving preparedness.

EB140 offers the opportunity to discuss the state of art, the relevance of the tools that are available, the status of implementation, and way forward to strengthen country capacity to deal with the challenges posed by migration at transnational level. The framework shall be updated and reconsidered in light of the current situation and the short and midterm foresights. In addition, EB139 offers the opportunity to continue the discussion held during the World Health Assembly in May 2016, where multiple countries called for the scale up of WHO’s support in the area of migration and health, and agree on next steps. The development of a global strategy was mentioned by several delegations as means of bringing coherence to the health response to migration, a phenomenon of global nature. The Ministry of Health of Italy has widely supported WHO/Europe’s work in this area as well as the development to the European strategy and action plan; along the same lines, it stands ready to support action on migration and health at the global level.

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சுகாதார, போசணமற்றும் சுதேசவைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Dr. Margaret Chan
Director General
World Health Organization

Dear Madam,

Proposal for inclusion of Migration Health into the agenda of the 140th Executive Board of WHO (reference to WHA61.17/2008)

We would like to express our gratitude in recognizing Migration Health as an important determinant of health in the SEA region by the World Health Organization.

Based on our experience in promoting migrants' health, we would like to propose the attached amendments to the already available list of recommendations of the above Resolution (WHA61.17/2008) and to propose that they be discussed at the 140th Executive Board meeting of the WHO. The proposal is annexed.

Thanking you

Anura Jayawickrama
Secretary/Health

Anura Jayawickrama
Secretary
Ministry of Health, Nutrition & Indigenous Medicine
"Suwasiripaya"
385/Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.

CC: Dr. Ravinatha Ariyasinha, Permanent Representative for the United Nations for Sri Lanka
Dr. Poonam Singh, Regional Director, SEA Regional Office
Dr. Jacob Kumaresan, Country Representative, Sri Lanka

Proposal for inclusion of Migration and Health into agenda of 140th Executive Board of WHO (reference to WHA61.17/2008)
Proposed by Sri Lanka

Background

More than eight years have passed since the adaptation of the resolution on Health of Migrants the 61st World Health Assembly in 2008. The resolution calls upon the Member States to promote migrant sensitive health policies and equitable access to health services, to gather and share information related to migration health and to build capacities of service providers to provide migrant sensitive health services. The resolution however does not urge the Member States or the Director-General to regularly monitor the progress of actions at regional and global levels. We see it as a gap that should be addressed in the purview of accelerating the progress made by the Member States in this regard.

As a country in the SEA region that have progressed in the field of migration health, we would also like to recommend two actions to be included in the resolution. We've learnt that identifying knowledge gaps by a national research agenda on migration is important and conducting rapid situation analyses facilitate prioritizing knowledge gaps to be addressed. Migration health involves coordination and collaboration between different sectors. Thus, a national level focal point and a steering committee is important in efficient inter-sectoral and inter-agency collaboration.

Based on the above, we would like to propose to include the following to the already available list of recommended actions of the above Resolution and for this to be discussed at the 140th Executive Board meeting of the WHO

1. CALLS UPON Member States:

- 1) to conduct rapid situation analyses and identify the knowledge gaps to be addressed by a national research agenda
- 2) to identify national focal points and establish national level steering committees and task forces to facilitate and implement evidence based strategies on promoting and protecting migrants' health

2. REQUESTS the Director-General:

- 1) to review and regularly monitor the progress of the member states at least bi-annually, at the regional and global levels in implementation of the recommended strategies to protect and promote migrants' health



*Misión Permanente
de Costa Rica
Ginebra*

REF. MPCR-ONUG/2016-660

12.4

The Permanent Mission of Costa Rica to the United Nations Office and other International Organizations in Geneva presents its compliments to the World Health Organization General Director, Dr. Margareth Chan and has the honour to request that snakebite be included for discussion on the agenda for the Executive Board in January 2017 (EB140).

In this regard, the Permanent Mission of Costa Rica has the pleasure to send attached Costa Rican Health Minister's, Dr. Fernando Llorca, formal request and explanatory memorandum as required by the rules of procedure. This request counts with the express support of the government of the Republic of Panama and Honduras. Other Latin American countries promised to send their letters of support this coming week, which once received we will immediately add to the request and share with Dr. Chan.

The Permanent Mission of Costa Rica avails itself of this opportunity to renew to the World Health General Director the assurances of its highest consideration.

Geneva, 09 September , 2016

To the
World Health General Director
Geneva





*Misión Permanente
de Costa Rica
Ginebra*

REF. MPCR-ONUG/2016-660

12.4

The Permanent Mission of Costa Rica to the United Nations Office and other International Organizations in Geneva presents its compliments to the World Health Organization General Director, Dr. Margareth Chan and has the honour to request that snakebite be included for discussion on the agenda for the Executive Board in January 2017 (EB140).

In this regard, the Permanent Mission of Costa Rica has the pleasure to send attached Costa Rican Health Minister's, Dr. Fernando Llorea, formal request and explanatory memorandum as required by the rules of procedure. This request counts with the express support of the government of the Republic of Panama and Honduras. Other Latin American countries promised to send their letters of support this coming week, which once received we will immediately add to the request and share with Dr. Chan.

The Permanent Mission of Costa Rica avails itself of this opportunity to renew to the World Health General Director the assurances of its highest consideration.

Geneva, 09 September , 2016

To the
World Health General Director
Geneva



República de Costa Rica
Ministerio de Salud
Despacho del Ministro



DM-6842-2016
9 de setiembre de 2016

Señor
Manuel González Sanz
Ministro
Ministerio de Relaciones Exteriores y Culto

Estimado señor:

Reciba un cordial saludo. Por medio de la presente, y en seguimiento a la nota DM-6774-2016 del 7 de setiembre del año en curso, me permito solicitar interponer sus buenos oficios de manera que la Misión Permanente de Costa Rica ante las Naciones Unidas en Ginebra, someta a consideración de la Organización Mundial de la Salud (OMS) la incorporación del tema *Plan de Acción sobre la mordedura de serpiente: Abordar el abandono de envenenamiento mordedura de serpiente como una enfermedad tropical* en el orden del día de la próxima sesión del Consejo Ejecutivo de dicha organización.

Para tales fines, se adjunta a la presente el *explanatory memorandum* requerido como parte del procedimiento. En este documento podrá constatar que a la fecha se cuenta con el apoyo expreso del Gobierno de Panamá, mientras que otros países de la Región de las Américas han indicado que el transcurso de la próxima semana estarán remitiendo sus notas de apoyo.

Agradeciendo su atención de siempre.

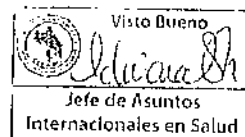
Se suscribe,



Dr. Fernando Llorca Castro
Ministro de Salud y
Rector de Salud, Nutrición y Deporte

CC:

- ☐ Sra. Elayne Whyte, Embajadora, Misión Permanente de Costa Rica ante las Naciones Unidas en Ginebra
ewhyte@rree.go.cr
- ☐ Sra. Carmen Claramunt, Directora Adjunta de Cooperación Internacional, MRREE cclaramunt@rree.go.cr
- ☐ Lic. Adriana Salazar, Jefe a.i. Unidad de Asuntos Internacionales en Salud
- ☐ Archivo



Apdo. 10123-100
San José, Costa Rica

Tel. (506) 2233 0683
Fax. (506) 2255 2594

Proposal: Agenda item: EB140 January 2017

Action Plan on Snakebite:
Addressing the neglect of snakebite envenoming
as a tropical disease

EXPLANATORY MEMORANDUM

Re: Proposal to include an item on the global snakebite burden on the Agenda of 140th session of the Executive Board.

Proposed by: Costa Rica, Panama, Honduras (and all Co-sponsor)

Summary

Snakebite envenoming kills 125,000 people a year and maims four or five times that figure. The victims of snakebite are overwhelmingly impoverished agricultural and herding communities, and 40% of bites occur in children. It is a neglected tropical disease (NTD) of disproportionate suffering, but has to date been largely overlooked by the global health community.

In collaboration with civil society and public sector scientific community, the Republic of Costa Rica has been driving the re-establishment of global focus on the issue of snakebite, for which there is immense support, especially among tropical low- and middle-income countries where the overwhelming majority of victims live.

In May 2016, Costa Rica, along with 18 co-sponsors, chaired a Member State side-event, to set out a vision for a comprehensive holistic approach to the burden of envenoming. The meeting was very well attended and the motivation for global action among member states, public and private sectors and civil society was clear.

WHO department of Essential Medicines & Health Products (pre-qualification) has been active since 2015 and have launched a programme of antivenom quality evaluation screening. Not only is this a bold move that will have a significant impact, but also signals WHO's willingness for a concerted effort on snakebite envenoming. Indeed, whilst the availability of quality assured antivenom is a problem, it is not the

only solution to what is a complex and integrated problem. Any impact on the burden of snakebite must include the prevention of snakebite; anti-venom innovation; affordable anti-venom manufacture; policy and health systems strengthening (in particular supply chain); training of health care workers in snakebite treatment and rehabilitation etc.

With the publication of criteria for inclusion on the WHO list of Neglected Tropical Diseases (NTDs)¹ work has commenced on a dossier of evidence that will be put before the NTD STAG committee in April 2017. It is hoped that by the date of the WHA in May, a resolution will be put before Member States that will include Snakebite envenoming as a recognized Neglected Tropical Disease, and a mandate for a holistic global action plan that can eradicate the disease burden wrought by snakebite.

Under the leadership of the WHO, a multi-stakeholder global action plan will bring together WHO, Member States, Public sector scientific community, civil society and the private sector.

Action proposed:

Discussion at the EB with a view to develop decision points for action and a resolution on snakebite envenoming, linked to current work streams and related WHO Resolutions on NTDs, health systems strengthening and access to essential medicines; highlighting the need for concerted action in this regard, both by Member States and WHO and in collaboration with civil society and the scientific (Toxinology) community.

¹ In January 2016, the 138th session of the Executive Board requested the Director-General “through the Neglected Tropical Diseases Strategic and Technical Advisory Group (NTD-STAG) to define a systematic, technically driven process for evaluation and potential inclusion of additional diseases among the “neglected tropical diseases”.



Delegación en Ginebra
ante la ONU
Ministerio de Relaciones Exteriores

DCHONU No. 2213

The Permanent Mission of Colombia to the United Nations and the International Organizations in Geneva presents its compliments to the World Health Organization and has the honor to refer to the 140^o session of the Executive Board, to be held in Geneva, from 23th January to 1st February 2017.

In that regard, we submit for the consideration of the Executive Board a new item to be included in the agenda of the above mentioned meeting: ***Accelerated Action for Global Measles and Rubella Eradication***. The proposal falls under two of the criteria endorsed by the Board, to address a global public-health issue as well as a significant public-health burden. Enclosed is the explanatory memorandum.

The Permanent Mission of Colombia to the United Nations and the International Organizations in Geneva avails itself of this opportunity to renew to the World Health Organization, the assurances of its highest consideration.



Geneva, 9th September 2016.

To The Honorable
World Health Organization
Geneva

MEMORANDUM

TO: WHO Director General Margaret Chan

Re: Proposal to include an item on *"Accelerated Action for Global Measles and Rubella Eradication"* to the Agenda of the 140 Session of the Executive Board.

OVERVIEW

The Government of Colombia proposes to include an agenda item for the 140 Session of the World Health Organization (WHO) Executive Board on *"Accelerated Action for Global Measles and Rubella Eradication"*. Measles remains an important cause of morbidity and mortality in children in developing countries. Due to the success of the measles mortality reduction and elimination efforts thus far, the WHO has raised the question of whether global eradication of measles is economically feasible.

All six WHO regions have committed to measles elimination by 2020 and five regions have set target dates. Nevertheless, only the Region of the Americas has demonstrated the feasibility of the regional elimination of measles, having sustained the interruption of transmission since 2002. The five remaining WHO regions have assessed progress and challenges towards regional measles elimination.

In response to *The Global Measles and Rubella Strategic Plan: 2012-2020*, progress has been made towards the elimination of measles, with a reduction in mortality of 79% between 2000 (535,000 deaths) and 2010 (139,000 deaths). Also, there has been a reduction of four million cases of measles occurred in the era prior to vaccination, up to 853,400 cases in 2000 and 244,704 cases in 2015. As for the rubella has been no further progress to world level, as only America Region has eliminated this virus and Europe Region has proposed to eliminate by 2020.

THE PRIORITY FOR WHO

To meet the 2020 target, we need greater political commitment and accelerated actions by Member States as well as scaled up support from WHO and other partners. Therefore, we propose that the 140th EB Session considers a set of actions and innovative mechanisms to strength the five core components set up in *The Global Measles and Rubella Strategic Plan: 2012-2020* (1. *Achieve and maintain high levels of population immunity by providing high vaccination coverage with two doses of measles- and rubella-containing vaccines.* 2. *Monitor disease using effective surveillance, and evaluate programmatic efforts to ensure progress.* 3. *Develop and maintain outbreak preparedness, respond rapidly to outbreaks and manage cases.* 4. *Communicate and engage to build public confidence and demand for immunization.* 5. *Perform the research and development needed to support cost-effective operations and improve vaccination and diagnostic tools*).

In 2010, the WHO Secretariat Report on Global Eradication of Measles clearly underscored that the measles eradication is achievable. One WHO region has sustained measles elimination for the past seven years and four of the five remaining WHO regions have set an elimination goal to be achieved by 2020 or earlier.

A major obstacle in many countries is the inadequacy of routine immunization and surveillance systems. These must be strengthened if regional measles elimination is to be achieved and maintained. Periodic follow-up supplementary immunization activities will also be needed to sustain high levels of population immunity.

The aim is to strengthen actions, improve coordination and cooperation at every level to achieve a world without measles, rubella and congenital rubella syndrome.

No. 0224.01/3918



Ministry of Public Health
Tivanond Road,
Nonthaburi 11000, Thailand
Tel. : (66 2) 590 1370
Fax : (66 2) 591 8562, (66 2) 590 1374

9 September B.E. 2559 (2016)

Dear Dr. Chan,

MOST URGENT

Subject: Proposed Agenda Item for the 140th Session of the WHO Executive Board

Please refer to your letter No. C.L.26.2016 dated 20 June 2016 requesting Member States to propose any item to be included in the draft provisional agenda of the 140th Session of the Executive Board to be held on 23 January-1 February 2017 in Geneva.

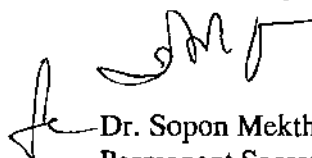
In this connection, the Ministry of Public Health, Thailand would like to propose the substantive agenda item on "Revitalizing Physical Activity for Health" which is co-sponsored by Bangladesh, Bhutan, Canada, the Democratic People's Republic of Korea, Finland, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, Timor-Leste and Thailand, to be included in the NCD group agenda.

Enclosed, please find the detailed proposal together with the explanatory memorandum for your kind consideration. Should you have any inquiries, please do not hesitate to let us know via our coordinators; Dr. Thitikorn Topothai, e-mail: thitikorn.t@anamai.mail.go.th and Ms. Orana Chandrasiri, email: orana@ihpp.thaigov.net.

Your kind consideration of our proposed agenda item would be highly appreciated.

With best regards,

Yours sincerely,


Dr. Sopon Mekthon
Permanent Secretary

Dr. Margaret Chan
Director-General
World Health Organization
20 Avenue Appia,
1122 Geneva 27, Switzerland

cc: WHO Representative to Thailand

Encl.

Proposal

REVITALIZING PHYSICAL ACTIVITY FOR HEALTH

1. Summary:

Thailand, together with Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, and Timor-Leste would like to express our interest in proposing an item for the provisional agenda on Revitalizing Physical Activity for Health to be considered in the 140th session of the Executive Board.

2. Co-sponsors:

- Bangladesh
- Bhutan
- Canada
- Democratic People's Republic of Korea
- Finland
- India
- Indonesia
- Japan
- Maldives
- Myanmar
- Nepal
- Sri Lanka
- Sudan
- Thailand
- Timor-Leste

3. Background:

Physical activity (PA) has been acknowledged to have positive impacts on health. Evidences from World Health Organization show that it can reduce mortality risk from Non-Communicable Diseases, which is the leading cause of death in many countries totaling 38 million (68%) of the 56 million global deaths in 2012¹. Insufficient physical activity is known as the fourth leading risk for global mortality and claims approximately 3.2 million annual death tolls. Despite positive health benefit of PA, 23% of adults (aged 18 and over) (male 20%, female 27%) and 81% of adolescents (aged 11-17 year) had insufficient level of physical activity in 2010.^{1,2}

4. Proposal: proposed agenda and contents of resolution for the 140th Session of Executive Board

The agenda and draft resolution supporting the implementation of policy and program actions aimed at reducing physical inactivity. As called upon by WHA resolution WHA57.17 (year 2004) on Global Strategy on Diet, Physical Activity, and Health (DPAS) and WHA66.10 (year 2013) the global target on prevention and control of NCD is to reduce by 10% of the prevalence of insufficient physical activity by 2025. Since 2004 to date progress has been slow as there has been insufficient implementation which support physical activity

and discourage sedentary lifestyle. In the 2013, Country Capacity Survey shows that only 56% of WHO Member States indicated that they have an operational national physical activity plan, policy, or strategy¹. One particular challenge is the translation of policy into national and local actions requires effective and sustained collaborations with sectors outside of health. These can be difficult to initiate and sustain unless common understanding and shared agenda is achieved.

The DPAS contains four main objectives; (1) to reduce unhealthy diets and physical inactivity which are two main risk factors for NCDs, (2) to increase the overall awareness and understanding of the influences of diet and physical activity on health, (3) to encourage the development, strengthening and implementation of global, regional, national and community policies and action plans to improve diets and increase physical activity, and (4) to monitor scientific data and key influences on diet and physical activity and to support research in a broad spectrum of relevant areas.³

The United Nations General Assembly adopted the Political Declaration of the High-level Meeting on the Prevention and control of non-communicable diseases aims to raise awareness, prevent and control of NCDs through (1) collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels, (2) reducing the level of exposure of individuals and populations to the common modifiable risk factors for NCDs, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, and their determinants, and (3) leadership and multisectoral approaches for health at the government level, including, health in all policies and whole-of-government approaches across sectors.⁴

The Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 focuses on reducing the level of exposure of individuals and population to modifiable risk factors like physical inactivity and outlines a menu of policy options. These actions, if adopted and implemented, would help Member States achieve the voluntary target of reducing the level of insufficient physical activity by 10% by 2025.

Whilst some actions within health sector are progressing, notably around public education campaigns (one of the “Best Buys” and in Appendix 3 of GAP), there is increasing recognition of the benefits and role of physical activity in and beyond health sector. For example, physical activity was highlighted in the reports of the WHO Commission on Ending Childhood Obesity, which identified increasing physical activity across the life course, and particularly in the early years of life, as an important component of addressing and reversing the trends in overweight and obesity. The WHO Urban Health framework and the recently agreed Sustainable Development Goals (SDG’s) present new and important opportunities for synergies across a shared agenda. Scaling up of targeted actions on physical activity can contribute to achieving 4 of the 17 SDG goals, namely: 1. **Ensure healthy lives and promote wellbeing** (specifically Target 3.4 reducing premature deaths from NCDs by 30% by 2030, Target 3.6 reducing road traffic accidents, particularly those involving pedestrians and cyclists, and Target 3.9 improving air quality by reducing automobile use and promoting walking and cycling); 2. **Sustainable Cities and Communities** (specifically Targets 11.2, 11.3, 11.6 and 11.7) by encouraging urban designs that support walking, cycling, public open space and social connectedness; 3. **Quality education** (specifically Target 4.1 and 4.2) and 4.

Gender equity (specifically targets 5.1) by ending discrimination in opportunities for sport and physical activity for girls and women.⁵

Recently, physical activity was selected as one of the side event in the WHA 69th. The meeting received great attention from 131 delegates from 46 member states, where consensus was reached among Member States regarding tabling the physical activity agenda at the Seventieth World Health Assembly with a draft resolution calling for a global action plan on promoting physical activity.

In order to achieve the physical activity global target, Member States will require more concrete actions. We need to acknowledge the need of global monitoring tool and the importance of physical and social environments conducive to physical activity and non-sedentary life style. We also need to recognize that these actions require multi-sectoral coordinated actions such as urban planning, education sector, transport sector, public and public and private sectors.

The main content of the draft resolution for the 140th Session of Executive Board may cover five key issues:

- Establish or strengthen, and implement the national action plan on physical activity and addressing non-sedentary life style, by adapting the existing global guideline in line with national context
- Support the development or strengthening the monitoring systems of physical activity and non-sedentary life style in Member States, which will in turn contribute to the global monitoring.
- Develop or strengthen physical and social environments which are conducive to physical activity and support active non-sedentary life style, through multi-sectoral coordinated actions, and support widest implementation such as through networks of actors, including but not limited to, community groups, civil society organizations, educational institutions, workplaces in private sectors and government agencies, various relevant ministries and local governments
- Support the roles of 'leaders' or 'champions' on physical activity at all level to lead physical activities through role models and capacity building
- Regular production of global monitoring report on PA.

We strongly believe that through collaborative global actions stated in the proposed resolution, we can increase the level of physical activity and will reduce the prevalence of noncommunicable diseases and eventually reaching global targets by 2025.

5. Focal point from Thailand Ministry of Public Health:

1. Ms. Orana Chandrasiri, International Health Policy Program (IHPP), Ministry of Public Health, Thailand, *Email: orana@ihpp.thaigov.net*
2. Dr. Thitikorn Topothai, Division of Physical Activity and Health, Department of Health, Ministry of Public Health *Email: thitikorn.t@anamai.mail.go.th*

6. References:

1. World Health Organization. Global Status Report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014.
 2. World Health Organization. Global Status Report on noncommunicable diseases 2010. Geneva: World Health Organization; 2011.
 3. World Health Organization. Global Strategy on Diet, Physical Activity and Health. World Health Organization; 2004.
 4. United Nations. United Nations General Assembly on the Political Declaration of the High-level Meeting on the Prevention and control of non-communicable diseases; 2011.
 5. United Nations. Transforming our world: The 2030 Agenda for Sustainable Development. Geneva: United Nations; 2015.
-



EXPLANATORY MEMORANDUM

To : Director – General, World Health Organization

From : Delegation of Thailand, Bangladesh, Bhutan, Canada, Democratic People's Republic of Korea, Finland, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, and Timor-Leste

Date : 09 September 2016

Subject : Proposing a substantive item for the provisional agenda on Revitalizing Physical Activity for Health under the NCD group agenda

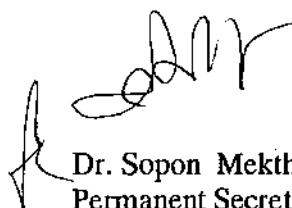
Thailand, together with Bangladesh, Bhutan, Canada, Democratic People's Republic of Korea, Finland, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, Thailand and Timor-Leste express our strong interest in tabling an agenda on Revitalizing Physical Activity for Health into the provisional agenda for the 140th Session of Executive Board.

Inadequate physical activity (PA) is the fourth leading health risk to the global burden of diseases, it claims approximately 3.2 million deaths and leads to the loss of 69.3 million DALY (disability-adjusted life year) lost annually. Physical inactivity together with sedentary behaviours (SB) increases all causes of mortality, and disease-specific mortality and risk of many noncommunicable diseases (NCDs).

With reference to World Health Assembly resolutions 51.18 in 1998 and 53.17 in 2000 on the prevention and control of NCDs, the Assemblies urged the implementation of policy and programme actions aimed at reducing physical inactivity and sedentary lifestyles. The Assembly resolution WHA57.17 in 2004 adopted the Global Strategy on Diet, Physical Activity and Health. Since 2004 to date progress has been slow and there has been insufficient implementation and monitoring progress on physical activity to inform national and global actions. In the 2013, Country Capacity Survey presented that only 56% of WHO Member States indicated that they have an operational national physical activity plan, policy, or strategy. One particular challenge is the translation of policy into national and local actions requires effective and sustained collaborations with sectors outside health. In addition, it requires global monitoring to follow up on the status in order to accelerate PA agendas. These can be difficult to initiate and sustain unless common understanding and shared agenda is achieved and buy in by all Member States. Given the power of evidence, the national monitoring which contribute to global monitoring of progress would be essential in driving PA agenda, in addition to other actions such as multisectoral actions, sustained political commitment and effective programmatic designs.

In 2010, the global communities have committed to prevent and control of NCD through World Health Assembly resolutions 66.10 in particular to reduce by 10% of the prevalence of insufficient physical activity by 2025. In order to achieve the global target, Member States will require effective and concrete actions. A WHA resolution on physical activity is utmost essential for increased and sustained commitments on physical activities, and improve the physical and social environments which are conducive to physical activity and non-sedentary life style. A good information system for regular monitoring and reporting on the achievement of PA at all level is essential to gauge the progress. The resolution will also recognize that effective multi-sectoral coordinated actions such as urban planning, education sector, transport sector, public and public and private sectors hold important roles in achieving the physical activity target.

We strongly believe that with the concerted global actions based on this proposed agenda and resolution, Member states can collectively move to ensure increasing physical activity as committed by 2025.



Dr. Sopon Mekthon
Permanent Secretary
Ministry of Public Health, Thailand

MEMORANDUM

To: WHO Director-General Dr. Margaret Chan

Re: Proposal put forward by **Australia, Cook Islands, Ethiopia, Fiji, Namibia, New Zealand, South Africa** to include an item on "**Rheumatic Heart Disease**" to the Agenda of the 140th Session of the WHO Executive Board

1. OVERVIEW

Rheumatic Heart Disease (RHD) is a significant, preventable public health problem and should be recognised as a global health priority. The burden of RHD disproportionately affects children and young adults and is inequitably distributed based on socioeconomic status, geographical location and ethnicity. Effective early intervention can prevent premature mortality. Although there have been historic global efforts to prevent and control RHD, the ongoing burden of this disease across all WHO regions warrants enhanced leadership, attention and concerted action by WHO and Member States, in the context of both health and development agendas.

Reducing barriers to the effective prevention, control and treatment of RHD is consistent with the WHO Constitution, which recognises that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being' and that 'Governments have a responsibility for the health of their peoples.' Action on RHD will complement and contribute to cross-cutting WHO agendas on Universal Health Coverage and sustainable development.

In suggesting this agenda item to the 140th Session of the WHO Executive Board, the sponsoring countries of this memorandum aim to highlight the critical role that WHO plays in the global effort to eradicate RHD, and would like to indicate simultaneous development of a resolution outlining the role of Member States, WHO and other international stakeholders in taking action against RHD.

We anticipate that the discussion on RHD will continue at the 70th session of the World Health Assembly in May 2017. Doing so will support the WHO's work on communicable diseases, noncommunicable diseases, promoting health throughout the life course and strengthening health systems. Focus on this item is also consistent with the WHO Twelfth General Programme of Work, approved by Member States at the 68th WHA in 2015, and the 2016-17 Programme Budget.

2. A GLOBAL PUBLIC HEALTH ISSUE REPRESENTING A SIGNIFICANT, PREVENTABLE PUBLIC HEALTH BURDEN.....

RHD is a preventable condition arising from Acute Rheumatic Fever (ARF), a secondary sequelae of group A beta haemolytic streptococcal (GAS) pharyngitis which causes an acute generalised inflammatory response and an illness that can damage the heart, joints, brain and skin. One episode of ARF significantly increases the risk of further episodes, often with further cardiac damage. RHD leads to a lifelong increased risk of complications, such as bacterial endocarditis and structural heart disease which may require open heart surgery, as well as heart failure and premature death. Timely treatment of GAS pharyngitis with effective antibiotics, early detection of ARF and RHD, and antibiotic prophylaxis to prevent recurrent attacks of ARF can substantially reduce morbidity and mortality.

ARF and RHD are significant causes of preventable morbidity and mortality worldwide, particularly for children and young adults in low- and middle-income countries and communities. The 2010 Global Burden of Disease report estimated that RHD was responsible for 345,110 deaths

annually.¹ At least 34.2 million people are thought to be currently affected by RHD, with a significant number requiring repeated hospitalisation and often unaffordable heart surgery in the next five to 20 years. These figures are likely to under-represent the true burden of disease due to limitations in the reporting of data.

RHD is present in all WHO regions, with the African, South-East Asian and the Western Pacific regions worst affected. Vulnerable and marginalised groups including young females, poor and indigenous populations are disproportionately affected. The geographical distribution of RHD is context dependent and varies between crowded urbanised areas to disparate rural and remote communities.

In low- and middle-income countries, the cost of approximately 222,000 excess deaths from RHD in 2010 was estimated at US\$ 2.2 trillion (discounted) or US\$ 5.4 trillion (undiscounted).² The global cost of RHD is likely to be greater with higher numbers of deaths each year today, and the combined impact on low-, middle- and high-income countries. Such costs have a profound and lasting effect on the sustainability of social and public health care and place an additional, preventable burden on health systems.

Obstacles to delivery at various levels of prevention and treatment also vary widely between countries. The main barriers to the eradication of RHD include:

- poverty, overcrowding, poor hygiene and poor nutrition;
- poor access to primary care and specialist care, including reproductive health services;
- limited access to health education and awareness raising initiatives;
- lack of national multi-sectoral initiatives on the prevention of RHD led by Ministries of Health and supported by experts from relevant domains;
- lack of national level surveillance, monitoring and reporting on ARF and RHD;
- variable supply and use of high-quality benzathine penicillin G;
- centralisation in tertiary health centres of health services for the diagnosis and treatment of RHD;
- difficulties in attracting and retaining appropriately trained health professionals to work in affected regions;
- scarce cardiac surgical facilities for advanced RHD;
- limited understanding of ARF and RHD by health professionals and affected communities; and
- limited concerted, coordinated global efforts and emphasis on RHD prevention and control.

A 2016 World Heart Federation survey identified areas in particular need of practical and policy attention from a RHD civil society perspective, reinforcing the importance of many of the above barriers.³

3. ...THAT MUST BE A GLOBAL HEALTH PRIORITY AND ALIGN WITH THE WHO GENERAL PROGRAMME OF WORK AND PROGRAMME BUDGET....

RHD is directly relevant to five of the six priorities set out in the WHO Twelfth General Programme of Work 2014–2019⁴: universal health coverage; noncommunicable diseases (NCDs); addressing the unfinished business of the health-related Millennium Development Goals to end preventable maternal, newborn and child deaths; access to essential medical products and medicines (including diagnostics and vaccines); and addressing the social, economic and environmental determinants of health to reduce health inequities.

¹ de Dassel J, Ralph A, Carapetis JR (2015). Controlling acute rheumatic fever and rheumatic heart disease in developing countries: are we getting closer? *Curr Opin Pediatr* 27:116-23.

² Watkins D, Daskalakis A (2015). The economic impact of rheumatic heart disease in developing countries. *Lancet Global Health* 3: S37.

³ World Heart Federation/RHD Action (August 2016). Rheumatic Heart Disease Civil Society Survey Findings. Available at: <http://rhdaction.org/sites/default/files/Rheumatic%20Disease%20Civil%20Society%20Survey%20-%20Survey%20Outcomes%20Aug%202016.pdf>

⁴ WHO (2014). Twelfth General programme of Work 2014 – 2019: not merely the absence of disease. Geneva.

RHD is also directly relevant to the WHO Programme Budget 2016-2017.⁵ In particular, the commitment to sharpen focus on strong, resilient and integrated health systems in the context of universal health coverage; and the prevention and control of NCDs. A proposed resolution on RHD would advance both of these objectives. The cross-cutting priorities of gender, equity and human rights are also critically relevant to RHD.

Action to address RHD will accelerate progress towards the global target to reduce premature mortality from NCDs by 25% by 2025, as well as a number of the targets for the Sustainable Development Goals (SDGs) by 2030, including: reducing NCD mortality by a third, ending preventable under 5 deaths, and reducing maternal mortality to <70/100,00 live births. Actions to address RHD also align strongly with the pursuit of the SDGs on ending poverty, reducing inequalities and ensuring access for all to adequate, safe and affordable housing.

The *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*,⁶ adopted in WHA66.10, calls for the secondary prevention of ARF and RHD in the list of recommended policy actions for Member States.

Ending preventable childhood deaths (such as from ARF and RHD), and ensuring every woman has a safe pregnancy (including those with RHD who are at high risk), are core objectives of the *Global Strategy for Women's, Children's and Adolescents' Health 2016-2030*.⁷ At the WHA in 2016, the Secretariat report leading to the adoption of WHA69.25⁸ on "Addressing the global shortage of medicines and vaccines" specifically highlighted the problems of chronic short supply of benzathine penicillin for patients with RHD.⁹

4. ...AND REQUIRES JOINT ACTION FROM WHO, ITS MEMBER STATES AND OTHER INTERNATIONAL STAKEHOLDERS

Given the considerations above, an enhanced and sustained global effort is needed to promote action on RHD, addressing barriers to effectively preventing and controlling this disease.

With coherent, integrated, multi-sectoral national prevention and control programmes it is possible to 'beat' RHD. This was shown by the WHO Global Programme for the Prevention and Control of RF/RHD (1984-2002)¹⁰ which focussed on: improving standards of living; improving access to medical care; introducing antimicrobial agents for primary and secondary prevention; planning, development and implementing feasible programmes for RHD prevention and control in 16 countries with RHD registries. Over this period, 1.5 million school children were screened and 25,000 health and education staff trained. Cuba and Egypt saw reduced RHD prevalence from 2.3 and 7.2 per 1,000 to 0.2 and 2.3 per 1,000 school aged children over 12 years. Similar successes were also seen in the Philippines, China and India.¹¹

Key actions that are needed today to eradicate the global burden of RHD have been well established by experts and agreed in international fora. For example, the African Union Addis Ababa Communiqué on eradication of RHD identifies many actions which can be applied on a global scale according to context.¹² Such actions include:

- reducing poverty and improving socioeconomic standards by all means (improved housing, overcrowding and nutrition);
- improving access to primary and specialist care (including reproductive health services) and communication networks in low- and middle-income countries, and for high-risk populations;
- fostering multi-sectoral and integrated national RHD programmes led by Ministries of Health;

⁵ WHA 68.1 available at: http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R1-en.pdf?ua=1

⁶ WHO (2013) Global action plan for the prevention and control of noncommunicable diseases 2013 – 2020. Geneva.

⁷ Every Woman Every Child (2015). Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). New York.

⁸ WHA 69.25 available at: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R25-en.pdf

⁹ WHA A69/42 available at: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_42-en.pdf

¹⁰ WHO (2004) Rheumatic Fever and Rheumatic Heart Disease Report of a WHO Expert Consultation, 2001. Geneva.

¹¹ WHO (1999). WHO/WHF consultation on RF/RHD November 1999 (WHO Doc. WHO/CVD/00.1). Geneva.

¹² Watkins D, Zuhke L, Engel M, et al (2016). Seven key actions to eradicate rheumatic heart disease in Africa: the Addis Ababa communiqué. *Cardiovasc J Afr* 27(3): 184-7

- creating prospective disease registers at sentinel sites in affected Member States in order to monitor RHD-related health outcomes;
- ensuring adequate supply of high-quality benzathine penicillin G for the primary and secondary prevention of ARF and RHD;
- decentralising technical expertise and technology for diagnosing and managing ARF and RHD;
- establishing national and regional "Centres of Excellence" for essential cardiac surgery for the treatment of affected patients and training of cardiovascular practitioners;
- sharing and utilising international best practice methodologies, and developing and/or adapting and disseminating existing training and self-management resources;
- providing education and training for health care providers and populations affected by RHD; and
- developing a GAS vaccine for disease control and prevention in the medium term that will ultimately reduce ARF and RHD.

International stakeholders have a significant role to play in driving the RHD agenda forward, including: raising the profile of RHD and other NCDs of children and young adults on the global agenda, with a view to strengthening health systems in low- and middle-income countries, eradicating extreme poverty, and addressing health inequity; addressing the urgent and neglected issue of the supply of benzathine penicillin G to ensure that all countries have access to a stable supply of high quality product at all times; actively supporting an accelerated programme to develop a GAS vaccine and ensure that it is available at an affordable price; researching the epidemiology of RHD; providing open-access resources to develop and strengthen country control programmes.

The sponsors of this memorandum urge WHO to reinvigorate its engagement on RHD, lead and coordinate global efforts on prevention and control, and develop clear and achievable goals and targets accompanied by a rigorous monitoring and accountability mechanism. This should be made transparent and accessible to all people, including those living with RHD. Under WHO leadership, international partnerships could be fostered with governments, multinational organisations, academics and with civil society for resource mobilisation, research, monitoring and evaluation of the programme to end RHD.

It is essential to acknowledge that eradication of RHD extends beyond WHO's NCD programme, where it has been positioned historically. Future work needs to involve significant contributions and concrete actions from: communicable diseases; maternal, child and adolescent health; essential medicines and technologies; and health systems.

A resolution on RHD would be a formal step to reignite concerted global action. It would provide an opportunity to bring on board low-, middle- and high-income countries for whom RHD is an ongoing challenge, and to ensure coordinated and effective action. A resolution is likely to focus on similar action points to those highlighted in this memorandum, and would clearly articulate the role of Member States, WHO and other international stakeholders, including civil society.

5. CONCLUSION

We suggest that Rheumatic Heart Disease should be included as an agenda item for discussion at the 140th Session of the WHO Executive Board meeting in January 2017.

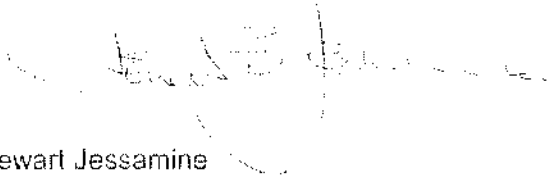
Sponsors of this memorandum are considering calling upon the WHO Secretariat to present a report on RHD to the 140th Executive Board, highlighting the significance of the burden of RHD and the need for enhanced, coordinated international action that is led by WHO to address barriers to reducing the impact of this disease.

Recognising the need for multiple stakeholders to overcome challenges, the co-sponsors plan to develop a draft resolution for the consideration of the Executive Board outlining the role of Member States, WHO, and other international stakeholders.

Inclusion of RHD as an agenda item at the 140th Executive Board, with appropriate Secretariat support and a proposed draft resolution will allow Member States to have an informed, critical

debate regarding the benefits of prioritising RHD in the Global Health agenda of WHO, with a view for further consideration by all Member States at the 70th World Health Assembly in May 2017.

As such, **Australia, Cook Islands, Ethiopia, Fiji, Namibia, New Zealand, South Africa** ask the Bureau of the Executive Board to include "*Rheumatic Heart Disease*" to the Agenda of the 140th Session of the Executive Board.



Dr Stewart Jessamine
Director Protection, Regulation and Assurance
New Zealand Ministry of Health
September 2016

EB140 (23 January-1 February 2017)
Member State proposals for additional agenda items

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 7. Preparedness, surveillance and response			
New point under item 7.1	Coordination of humanitarian emergencies of international concern (to be included under item 7.1, Health emergencies)	Spain	WHA67 (2014) WHA69 (2016)
Agenda item 8. Health systems			
New point under item 8.1	International recognition of credits in development of the continuing education of health professionals (to be included under item 8.1, Human resources for health)	Spain	WHA64 (2011); WHA66 (2013); document A69/36 (2016)
Amendment to item 8.1	Amend the title of item 8.1 to read: Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth	France	The Commission had its first meeting on 23 March 2016 in Lyon, France
Amendment to item 8.4	GSPOA, follow-up of the CEWG report and MSM on SSFFC medical products should be listed as separate agenda items	India, supported by all Member States of the South-East Asia Region	
New item 8.5	Improving access to assistive technology	Pakistan	EB139 (2016)
New item 8.6	Sepsis	Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan	Newborn health action plan (WHA67.10) (2014)
New item 8.7	"Kids Save Lives" in the context of improving quality of health care and patient safety	Sudan	EB138 proposed:• that, despite the importance of the proposed new item entitled ""Kids Save Lives" in the context of improving quality of health care and patient safety," the relevant work should be taken forward through other means, including technical briefings and seminars, as the initiative had already received the Organization's official endorsement and was under way.
New item 8.8	mHealth	India, supported by all Member States of the South-East Asia Region	EB139 (2016)
New item 8.9	Access to medicines	India, supported by all Member States of the South-East Asia Region	WHA67 (2014) (WHA67.22); WHA69 (2016) (WHA69.23)
New item 8.10	Regulatory system strengthening for medical products: acceleration and follow up of implementation	Mexico	WHA67 (2014) (WHA67.20)
New item 8.11	Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants	Italy	WHA69 (2016)
New item 8.12	Migration and health	Sri Lanka	WHA63 (2010)
New item 8.13	Global snakebite burden	Costa Rica	Document EB131/8 (2012)
Agenda item 9. Communicable diseases			
New item 9.3	Accelerated action for global measles and rubella eradication	Colombia	Measles: WHA63 (2010) Measles and rubella included in global vaccine action plan WHA69 (2016)

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 10. Noncommunicable diseases			
New item 10.5	Revitalizing physical activity for health	Thailand	Included in the report of the Commission on Ending Childhood Obesity WHA69 (2016)
New item 10.6	Cancer prevention and control: support for an updated WHA resolution	Jordan	WHA60 (2007)
New item 10.7	Rheumatic heart disease	Cook Islands, Ethiopia, Fiji, Namibia, New Zealand	EB114 (2004)
Agenda item 11. Promoting health through the life course			
New item 11.3	Developing a global action plan for the management and treatment of health care waste	Kuwait	WHA64 (2011)

NOTE FOR THE RECORD

Teleconference with the Officers of the Executive Board regarding the draft provisional agenda of the 140th session (January 2017)

Wednesday 28 September 2016

Participants:

Dr Margaret Chan, Director-General
Dr Ray Busuttil (Malta) Chairman
Dr Thomas Frieden (United States of America) Vice-Chairman
Ms Zhang Yang (China) Vice-Chairman
Ms Faeqa Saeed Alsaleh (Bahrain) Vice-Chairman
Mr Omar Sey (Gambia) Rapporteur

1. The Director-General and the Officers of the Executive Board met by teleconference on Wednesday 28 September, in order to review the draft provisional agenda of the 140th session of the Board to be held in January 2017, in accordance with Rule 8 of the Rules of Procedure of the Executive Board. Mr Ramjanam Chaudhary (Nepal), Vice-Chairman, and Dr Phusit Prakongsai (Thailand), Chairman of the Programme, Budget and Administration Committee of the Executive Board, were unable to attend.

2. The draft provisional agenda had been circulated to Member States on 20 June 2016. Sixteen proposals for additional items had been made by Member States within the deadline of 12 September 2016. One proposal, on malaria eradication, was included by the Secretariat in line with a recent recommendation made by the WHO's Strategic Advisory Group on malaria eradication. A further proposal was being made in order to correct an oversight on the part of the Secretariat. The proposals and their explanatory memorandums were sent to the Officers of the Board prior to the teleconference, together with supporting materials, in order to facilitate consideration of the potential changes to the draft provisional agenda. The criteria mandated by the governing bodies to be used in decision-making were also provided.

3. The Chairman of the Executive Board, who conducted the teleconference, reminded the Officers that the Bureau had been mandated to look into issues linked to the running of the governing bodies. In addition to the agenda of the Executive Board at its 140th session, there were three other matters that the Officers would need to consider, namely:

- Election of the Director-General
- Criteria for inclusion of items on the agendas of the governing bodies
- Formulation of the six-year rolling agenda

4. The Chairman of the Executive Board did not consider that all those matters could be fully dealt with in a single session. He indicated his view that Officers of the Executive Board would need a further meeting in order to conclude all unfinished business. This was particularly necessary as no draft of the rolling agenda had yet been prepared; nor had the criteria been fully developed. He proposed that the meeting be arranged for Wednesday, 2 November. Such an arrangement would take advantage of the fact that certain Officers would already be in Geneva for the candidates' forum in connection with the election of the Director-General and might prefer a face-to-face meeting. The Officers agreed to that proposal.

EB140: PROVISIONAL AGENDA

In line with the Chairman's proposal, the Officers of the Executive Board first considered the proposed amendments to the draft Provisional agenda. The Chairman informed that Officers that the 16 proposals from Executive Board members constituted a record. He then presented the context within which the Officers were working. At its 140th session, the Executive Board would hold 17 meetings. On the basis of the Secretariat's research regarding the duration of previous meetings, the Board could cover some 6 items each day (or 3 per meeting). Thus, EB140 should be able to manage an agenda of 51 items without additional sessions. There were currently 46 items on the Provisional agenda. However, one item – election of the Director-General – would take an entire day and was thus equivalent to 6 standard items. The consideration of the Proposed programme budget was another item requiring time; the discussions involved would last as long as those for 4 or 5 other items. Effectively, then, the agenda already contained 55 items – exceeding, therefore, the number that the Board could deal with under normal conditions.

5. The Chairman suggested that Officers might find it useful to bear in mind two further criteria when considering proposed additional items, namely: whether the items covered an urgent topic or involved a subject that was time-sensitive and that had not been considered recently by the governing bodies.

6. The Chairman proposed that following their review the Officers decide between 4 options:
- Option 1: accept the proposal as a new agenda item
 - Option 2: combine the proposed item with an existing item
 - Option 3: defer the proposed item to a later session
 - Option 4: refer the proposal to another governing body, such as the regional committees or PBAC
 - Option 5: turn down the proposal

New item and adjustment proposed by the Secretariat

7. Following a discussion in which the Director-General stressed that Member States needed to look carefully at the feasibility of pushing for malaria eradication, the Officers agreed that the item on malaria eradication be deferred to the Executive Board's 141st session in May 2017. The point was made that at that session, the Secretariat would need to be able to suggest criteria that could be reviewed by the Board. The Chairman explained that the second item, entitled "Global Strategy for Women's, Children's and Adolescents' health: adolescents' health", was not an addition as it should have been included on the draft Provisional agenda for EB140 that Member States had received in June 2016. The Officers agreed to accept the item for addition to the provisional agenda for the Executive Board's 140th session, under section on Promoting Health through the life-course.

New items proposed by the EB members

Preparedness, surveillance and response.

8. The Officers of the Executive Board agreed the following:
- **to accept for addition** to the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Spain on "Coordination of humanitarian emergencies of international concern". The Officers gave their agreement with the proviso that the Secretariat's report should give due consideration to funding and staffing – both current and future – at each level of the Organization.

Health systems.

9. The Officers of the Executive Board agreed the following:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Spain on “International recognition of credits in development of the continuing education of health professionals”.
- **to amend** – in line with the proposal made by the Government of France – the title of the existing item on Human resources for health, changing it to read “Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth”.
- to follow the proposal of the Government of India and supported by the Member States of the South-East Asia Region, namely, **to present, as separate items on the provisional agenda of the 140th session of the Executive Board** the reviews – currently presented under a single item – of (i) the Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination and (ii) the Member States mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products. In that way, the subjects would be delinked from review and evaluation of Global strategy and plan of action on public health, innovation and intellectual property.
- in keeping with the Chairman’s recommendation, **to defer to the 142nd session of the Executive Board**, consideration of the item on “Improving access to assistive technology”, proposed by the Government of Pakistan.
- to **merge** with the existing item on the Global action plan on antimicrobial resistance the item proposed by the Governments of Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan on “Sepsis”. In that way, the two matters could be considered together.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Sudan on “Kids Save Lives”, concurring with the Secretariat’s view that the next steps for building support for the initiative should involve other avenues.
- in keeping with the Chairman’s recommendation, **to defer to the 142nd session of the Executive Board**, consideration of the item on “mHealth,” which had been proposed by the Government of India and supported by the Member States of the South-East Asia Region,.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Access to medicines: report of the United Nations Secretary-General’s High Level Panel on Access to Medicines”, which had been proposed by the Government of India and supported by the Member States of the South-East Asia Region.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Regulatory system strengthening for medical products: acceleration and follow-up of implementation”, which had been proposed by the Government of Mexico. The Officers took this view that no separate discussion is warranted at this time since the first progress report on implementation of resolution WHA67.20, which covered the same subject, would be considered by the Seventieth World Health Assembly in May 2017.
- **combine and treat as a single new item** on the provisional agenda of the **140th session of the Executive Board** the proposals for items on “Promoting health of fragile and vulnerable

populations, communities and individuals, such as migrants”, and “Migration and health” made by the Governments of Italy and Sri Lanka, respectively.

- **to defer to the 142nd session of the Executive Board**, consideration of the item on “Global snakebite burden,” which had been proposed by the Government of Costa Rica.

Communicable diseases

10. The Officers of the Executive Board agreed the following:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Accelerated action for global measles and rubella eradication,” which had been proposed by the Government of Colombia. In the view of the Officers, the matter, which ought to concern elimination rather than eradication, could be given consideration under the existing item on the Global Vaccine Action Plan.

Noncommunicable diseases

11. The Officers of the Executive Board agreed the following:

- **to defer to the 141st session of the Board in May 2017** consideration of the item on “Revitalizing physical activity for health”, which had been proposed by the Government of Thailand.
- **to accept for addition on** the provisional agenda of the **140th session of the Board** the item on cancer proposed by the Government of Jordan, with the proviso that be entitled “Cancer prevention and control in the context of an integrated approach”.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Rheumatic heart disease,” which had been proposed by the Governments of Cook Islands, Ethiopia, Fiji, Namibia and New Zealand. Given that the subject was not a major concern in all regions, it was asked whether a regional rather than global approach might be more suitable.

Promoting health through the life course

12. The Officers of the Executive Board agreed as follows:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Developing a global action plan for the management and treatment of health care waste”, which had been proposed by the Government of Kuwait. The Officers agreed that it was better to wait for the report to the Seventieth World Health Assembly that had been requested in resolution WHA69.4.

13. In accordance with Rule 8 of the Rules of Procedure, the comments of the Officers of the Board on the proposals received for the draft provisional agenda of the 138th session of the Board, as well as the recommendations of the Officers of the Board on those proposals, will be reflected in the annotated provisional agenda. In accordance with decision EB134(3) on WHO reform: methods of work of the governing bodies, the relevant supporting materials will be made available on the WHO web-based platform to all Member States and Associate Members.

14. The Director-General informed the Officers of the Board that the annotated provisional agenda for the 140th session of the Executive Board as well as the provisional agenda showing the document numbers, will be sent out to all Member States with the convocation letter.

ELECTION OF THE DIRECTOR-GENERAL¹

15. The Chairman noted the heavy agenda of the Executive Board (election of the Director-General, Programme budget and many health technical items). He therefore suggested a modification, namely, that the two-stage process currently proposed for reducing the number of candidates for nomination to the three required for the World Health Assembly might be streamlined by interviewing all the candidates in a single stage. The Director-General stressed the importance of respecting Member States' wish for a transparent process. The Chairman reminded the Officers of the Executive Board of the update that he had given at the mission briefing the previous week in which he had explained that, following the decision to revert to the paper system, the Secretariat was trying to maximize the rapidity of the process, while preserving its security and transparency.

16. The Chairman also briefed the Officers of the Executive Board on the intersessional steps that had been presented at the mission briefing. On Wednesday 28 October he would be meeting the representatives of the Member States that had submitted candidates. A procedure had also been proposed for limiting the number of questions asked to candidates during the public forum.

SELECTION CRITERIA FOR INCLUSION OF ITEMS ON GOVERNING BODIES AGENDAS

17. The Chairman explained to the Officers of the Executive Board that he was currently working with the Secretariat to review the current criteria and the recommendations of the Working Group on Governance Reform. His intention was to consolidate all the various suggestions in a single set of criteria that were transparent and easy to apply. Unfortunately, it had not been possible to complete the task in time for the teleconference. Nevertheless, a draft set would be ready for Officers to review in time for their planned meeting in November. He was also working with the Secretariat on statistics concerning the normal duration of discussions on the different items of the agenda as discussion time varied with the nature of the item concerned. He would be trying to rationalize the spread of work on the agenda, suggesting where items might be delegated to other bodies, such as the Board's Programme, Budget and Administration Committee.

ROLLING AGENDA

18. In addition, the Secretariat was working on a draft of the six-year rolling agenda: However, this needed to be viewed as a work in progress. The draft would be available for the November meeting.

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¹ In line with, inter alia, the Rules of Procedure of the Executive Board, resolutions WHA65.15 (2012) and WHA67.2 (2014), and decision EB100(7).

From: [Wood, Rachel \(HHS/OS/OGA\)](#)
To: [Vinter, Serena \(CDC/CGH/OD\)](#); [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Moore, Melissa \(CDC/CGH/OD\)](#)
Cc: [Mamacos, Peter \(HHS/OGA\)](#)
Subject: EB Bureau note for the record
Date: Wednesday, October 05, 2016 6:37:19 PM
Attachments: [2 Draft NOTE FOR THE RECORD EB140_041016_ncaCLEAN.DOCX](#)

Serena, Joel and Melissa,

WHO just sent us the attached draft note for the record on the Executive Board Bureau teleconference that Dr. Frieden participated in last week. The note reflects the outcome of the discussion and the Bureau's recommendations on the draft provisional agenda and the proposals received.

WHO has asked the Bureau to review and provide any comments by COB Geneva time (11am EST) on Friday, Oct. 7. They're going to share the note with all EB members next week and summarize the outcomes for the final agenda. I compared the document with my notes and didn't have any concerns about the stated agenda decisions. If you have any comments, please send them to me by COB Thursday, Oct. 6.

Also, the Bureau has proposed another meeting on Wednesday, Nov. 2, which is the same day as a Director-General candidates' forum that WHO is hosting in Geneva. The goal is to have many Officers attend in-person. As previously noted, we welcome Dr. Frieden's participation in the Candidates' forum (Nov. 1-2), however we understand if he can't attend and OGA and State will be there to represent the USG. No more information is available about the meeting yet but I'll keep you posted as I learn more.

Thanks,
Rachel

Rachel Wood, MPP
International Health Analyst
Multilateral Relations, Office of Global Affairs
U.S. Department of Health & Human Services
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To: Dr. Tom Frieden, CDC Director

From: Jimmy Kolker, Assistant Secretary for Global Affairs, OGA

Drafted by: Rachel Wood

Reviewed by: Peter Mamacos, Director of Multilateral Relations

Subject: **USG priorities for WHO Executive Board (EB) Bureau call**

Date: Wednesday, September 28, 2016

Meeting Details

Location: Teleconference; WHO will call you at 404-639-7002

Time: 8:30am-10:30am EST (understanding Dr. Frieden will leave the call at 9:45am)

Overview

This call is with WHO Director-General Chan and the six Officers of the Executive Board (“the Bureau”) to evaluate proposals to the agenda for the 140th EB in January. Dr. Frieden serves as first Vice-Chairman of the Bureau and the USG has a key interest in shaping the agenda of the January 2017 Board especially given the increasing number of agenda items that the Board is asked to consider each year and the time needed for the Director-General election.

Objectives

- Ensure the smallpox destruction item is not elevated to the actionable technical Agenda items, but remains as an information-only Progress Report;
- State our opposition to inclusion of the access to medicines proposal from India; and
- Encourage officers and the Secretariat to judiciously consider additions, especially given the time the DG election process will take during the EB and World Health Assembly (WHA).

Call Participants

Bureau officers

Chairman of the Board:	Dr Ray Busuttil (Malta)
Vice-Chairman 1 of the Board:	Dr Tom Frieden (USA)
Vice-Chairman 2 of the Board:	Mr Ramjanam Chaudhary (Nepal)
Vice-Chairman 3 of the Board:	Ms Zhang Yang (China)
Vice-Chairman 4 of the Board:	Ms Faeqa Saeed Alsaleh (Bahrain)
Rapporteur:	Mr Omar Sey (Gambia)

The following WHO staff are expected to join the teleconference from the WHO Secretariat:

Dr Margaret Chan, Director-General
Dr A. Asamoah-Baah, Deputy Director-General
Dr I. Smith, Executive Director, DGO
Dr T. Armstrong, Director GBS
Mr N. Ashforth, Senior Editor
Ms D. Cipriotti, Documentation Officer
Ms G. Veal, External Relations Officer, GBS
Ms L. Vercammen, Protocol Assistant, GBS
Mr D. Walton, Legal Counsel

Background

EB Bureau

During its May session, the WHO EB appointed Dr. Tom Frieden as the first Vice-Chairman, one of six officers selected to form the Executive Board Bureau (following a random drawing of EB member names). The Bureau consults on meetings agendas and presides over the 140th EB session from January 23 to February 1. The Board will appoint new officers at the EB session that follows the 2017 WHA.

Conference call

The WHO Secretariat will organize a teleconference on Sep. 28 to discuss proposals for the January EB agenda, with the six Bureau officers and the Director-General. Other USG staff can join the call as an observer but cannot take part in making decisions. WHO has not provided an agenda for the call.

Agenda formation

EB and WHA agendas are developed based on reporting requirements mandated by previous resolutions, items deferred by a previous session, and items proposed by Member States or the Secretariat. Member States can submit proposals for additional agenda items to be considered by the Bureau. Member States have proposed 16 new items for the January 2017 EB. The officers of the Board will recommend during this call whether to include, defer, exclude or combine new and existing agenda items for the EB and subsequent WHA.

Criteria

Proposals should address a global public health issue, involve a new subject within the scope of WHO and/or represent a significant public health burden. WHO will publish the recommendations of the Bureau in the annotated agenda that is shared publicly. For non-priority new proposals proposed by Member States, we recommend generally deferring them to the next cycle (2018) rather than outright rejecting them.

USG priority agenda items:

- **Smallpox (oppose any changes):** No country proposed changing the status of the smallpox item, which is an information-only Progress Report, but we need to ensure it is not elevated to the actionable technical agenda items. Its placement as a standing Progress Report on this agenda was agreed at the 2016 WHA. However, several

delegations (Egypt, Iran, and Thailand) pushed hard at the WHA to elevate it. None of the other countries that will be on this call spoke during the smallpox discussion at WHA.

- **8.9 Access to medicines (oppose proposal by India):** The USG should be on the record opposing this proposal from India that seeks to take forward recommendations from in the UN Secretary General’s High Level Panel on Access to Medicines’ report, which was released in September. We have serious concerns about the narrow mandate of the Panel and its recommendations, and share the concern expressed by the two Panelists who come from the research community that warned of unintended negative consequences of the recommendations.
- **9.2 Global vector control response (oppose addition previously made by China):** China added this topic to the agenda, which calls for a comprehensive, global approach to vector control to revive the public health function of vector control in light of Zika and Yellow Fever. The USG is concerned it duplicates other efforts already underway within WHO and other international organizations. Additionally, there are similar programs throughout the WHO system, some at the HQ level.
- **9.3 Accelerated action for global measles and rubella eradication (defer or revise proposal from Colombia):** Colombia proposed an agenda item for Measles and Rubella eradication. We are concerned that launching new eradication campaigns can detract from polio efforts, which still have a substantial funding gap. We suggest the U.S. should intervene to either oppose including the item, or change any references of “eradication” to “elimination from regions.”
- **10.6 Cancer prevention and control (support proposal/resolution from Jordan):** The USG has worked closely with WHO on cancer-specific activities and supported the related side event during the May WHA. There is also support from the Union for International Cancer Control and their global membership for a resolution.

Attachments

- I. Key points
- II. Biographies

Key Points

Agenda length

- Approving all 16 proposals will increase the technical agenda items to at least 38, more than the already extensive 33 considered in 2016.
- The agenda should be shortened where possible to allow time for the Director-General election process. At the May 2017 Assembly, every Member State will vote for DG by paper ballot, which will limit time for technical discussions.
- We generally prefer to discourage single disease items and combine topics where possible.

Smallpox (progress report)

- We respect the Assembly’s decision to review the smallpox agenda item in 2019 and include an information-only progress report this year.

- The Secretariat proposed in May that the Assembly include a substantive item entitled “Smallpox eradication: destruction of variola virus stocks” on the provisional agenda of the 72nd World Health Assembly and we look forward to discussing it at that time.

Access to medicines (item 8.9):

- The USG should be on record opposing inclusion of this item on the agenda, which seeks to take forward the recommendations of the UN Secretary-General's High Level Panel on Access to Medicines.
- The narrow mandate of the Secretary General's High Level Panel on Access to Medicines, to examine the "policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies" did not encompass the many facets of this complex problem.
- USG and other experts involved in biomedical research (including the only two Panel members from the research community) believe the Panel's recommendations are likely to result in unintended negative consequences for biomedical research.
- The High Level Panel report lacks a clear path forward and does not provide a useful framework upon which WHO or Member States can build.

Global vector control response (item 9.2)

- The Bureau should not include this item on the upcoming agenda. There are related efforts already underway within WHO and other international organizations.
- We recommend having a better understanding of other ongoing initiatives and consult with those stakeholders before we support a new global program.
- For example, PAHO has a robust program on integrated vector management that works with countries to implement appropriate community-based, country-led vector surveillance and control activities.

Accelerated action for global measles and rubella eradication (item 9.3)

- We recommend either removing the item, or changing any references of “eradication” to “elimination from regions.”
- The USG has previously expressed concern that efforts to launch another eradication campaign could divert attention and resources away from the polio eradication campaign, which remains substantially underfunded.

Cancer prevention and control (item 10.6)

- The U.S. supports including this item on the agenda.
- This agenda item follows the successful side event held during the 69th WHA that was a precursor to this proposed resolution.
- Given the upcoming need to report on mid-term progress on the GAP (in 2018) and the final report out on progress due in 2025, this year is an ideal time for a cancer resolution.
- There is support from the Union for International Cancer Control, and their global membership, for a resolution.

Recommended U.S. position on all proposals:

- 7.1 Coordination of humanitarian emergencies of international concern (Spain)

- *U.S. position:* **defer**; Intervention: **optional**
- *Issue:* Item asks WHO to coordinate humanitarian assistance workers and develop principles, criteria and standards for deploying teams during disasters.
- *Talking point:* This issue doesn't require an agenda item and it doesn't take into account WHO's Global Health Emergency Workforce or Global Emergency Medical Team work, which includes standards and a registry.
- 8.1 International recognition of credits in development of the continuing education of health professionals (Spain)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item would request the establishment of a system of internationally recognized qualifications in training for health workers, to be validated according to a set of minimum requirements.
 - *Talking point:* This proposal is in line with Human Resources for Health 2030 goals and would help guarantee safety and quality in the exercise of the health professions. qualification standards for health personnel could make it much easier for health
- 8.1 amend title: Human resources for health [ADD: and implementation of the outcomes of the United Nations High- Level Commission on Health Employment and Economic Growth] (France)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item asks for the implementation of the Commission's measures to be taken within 18 months of the report's adoption. This item is making the case for investment in HRH as good economics, as well as retention and other key issues.
 - *Talking point:* We support this amendment and item.
- 8.4 Medicines: Global Strategy and Plan of Action on Public Health Innovation and Public Health (GSPOA); follow-up of the CEWG (neglected R&D) report; and the Member State Mechanism on SSFFC (substandard) medical products should be listed as separate agenda items (India)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* India is asking the EB consider the GSPOA, CEWG and SSFFC as separate agenda items, not together as they are currently listed. The USG has lead role in SSFFC as a vice chair (Lou Valdez).
 - GSPOA: The 2016 WHA gave the upcoming EB a mandate to approve the Terms of Reference for the second-stage "policy-oriented" evaluation of the GSPOA, so consideration of this item is essential.
 - CEWG: Will review terms of a new expert committee.
 - SSFFC: Deferred from 2016, this item will cover outcome of 5th Member State Mechanism (MSM).
 - *Talking point:* These items have historically been considered separately and each deserves its own discussion.
- 8.5 Improving access to assistive technology (Pakistan)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item proposes resolution to support national adoption and implementation of the WHO Priority Assistive Products List (APL). USAID strongly supports assistive technology and the U.S. cohosted a side event on assistive technology at the May WHA.

- *Talking point:* WHO estimates more than 1 billion people need one or more assistive products and this item encourages countries to implement WHO Priority Assistive Products List.
- 8.6 Sepsis (Austria and others)
 - *U.S. position:* **support** – **or suggest combining with existing AMR item;** Intervention: **optional**
 - *Issue:* Item seeks to raise awareness of sepsis and asks WHO to coordinate prevention and control programs to contribute to health system strengthening. WHO does not yet have a comprehensive strategy for sepsis.
 - *Talking point:* Sepsis accounts for a significant burden of disease and WHO is well-placed to widely promote awareness and prevention. We support increasing awareness and emphasizing prevention through better management of chronic diseases, vaccinations and appropriate use of antibiotics.
- 8.7 "Kids Save Lives" in the context of improving quality of health care and patient safety (Sudan)
 - *U.S. position:* **defer/oppose;** Intervention: **optional**
 - *Issue:* Item asks for support of "Kids Save Lives" initiative to teach school-aged children 12 and older to learn CPR. It was deferred from a previous meeting and was recently covered in a side event.
 - *Talking point:* This initiative was previously endorsed by WHO.
- 8.8 mHealth (India)
 - *U.S. position:* **defer;** Intervention: **optional**
 - *Issue:* Item follows preliminary discussion of mobile health technologies (mHealth) at EB139 in May, when India proposed introducing a draft resolution.
 - *Talking point:* We support the expansion of digital technologies to help achieve the SDGs but it is not clear that mHealth needs agenda item or resolution to encourage adoption or coordination. Already 121 countries have national eHealth strategies according to WHO's Global Observatory for eHealth survey in 2015, and WHO is working to provide mHealth guidance. It is a lower priority this year.
- 8.9 Access to medicines (India)
 - *U.S. position:* **oppose;** Intervention: **required**
 - *Issue:* (see background on USG priorities) The U.S. should be on record opposing inclusion of this item to take forward the recommendations of the UN High Level Panel. We are concerned the recommendations are likely to have unintended negative consequences.
 - *Talking point:* USG and other experts involved in biomedical research (including the only two Panel members from the research community) believe the Panel's recommendations are likely to result in unintended negative consequences for biomedical research.
 - The High Level Panel report lacks a clear path forward and does not provide a useful framework upon which WHO or Member States can build.
- 8.10 Regulatory system strengthening for medical products: acceleration and follow up of implementation (Mexico)
 - *U.S. position:* **support;** Intervention: **optional**
 - *Issue:* Item proposes a Good Regulatory Practice (GRP) model to accelerate implementation of National Regulatory Authorities (NRAs), which NRAs regulate

- health products and technologies as well as food and environments. The U.S. and Mexico previously led this resolution and this item is a logical follow up.
- *Talking point:* We strongly supported the initial proposal at the 67th World Health Assembly. A Good Regulatory Practice (GRP) model can enhance the regulatory capacity and accelerate implementation of National Regulatory Authorities (NRAs) and support information sharing to improve regulatory capacity.
 - 8.11 Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants (Italy)
 - *U.S. position:* **support and combine with proposal 8.12**; Intervention: **optional**
 - *Issue:* Item calls for additional discussion of the current status, available tools, and way forward to improve country capacity. Follows discussion at the EB 138 and WHA 69 calling for WHO to scale up its efforts in this area.
 - *Talking point:* The United States shares the concern about the displacement crisis and welcomes global efforts to address the needs of migrants and other vulnerable populations.
 - 8.12 Migration and health (Sri Lanka)
 - *U.S. position:* **support and combine with proposal 8.11**; Intervention: **optional**
 - *Issue:* Item calls for amending the 2008 resolution on migrant health (WHA61.17) with two new recommendations: (1) request Member States conduct a situation analysis and encourage evidence based approaches to promote and protect the health of migrants; and (2) request the DG to review and monitor global progress. *Talking point:* The United States shares the concern about the displacement crisis and welcomes global efforts to address the needs of migrants and other vulnerable populations.
 - 8.13 Global snakebite burden (Costa Rica)
 - *U.S. position:* **oppose**; Intervention: **optional**
 - *Issue:* Item calls for a global action plan to address prevention, anti-venom innovation and affordable manufacture, policy and health system strengthening to address snakebites The 2016 WHA directed the Strategic and Technical Working Group (STAG) to develop a system for deciding the technical basis for including diseases on the list of Neglected Tropical Diseases. The EB should wait for a recommendation from the STAG before considering this item. Any consideration of this item should be combined with the proposed item on rheumatic heart disease, for the same reason.
 - *Talking point:* The NTD STAG will consider snakebite envenoming as an NTD in April/2017. The EB should not reach a decision prior to appropriate STAG deliberation.
 - 9.3 Accelerated action for global measles and rubella eradication (Colombia)
 - *U.S. position:* **change or defer**; Intervention: **required**
 - *Issue:* Item calls for strengthening of actions to support core components of global measles and rubella strategic plan. The USG cautions against setting eradication timelines.
 - *Talking point:* **(see priority talking points above)**
 - 10.5 Revitalizing physical activity for health (Thailand)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item calls for a resolution requesting a global action plan to promote policies and programs to reduce physical inactivity following a successful 2016 WHA side

- event, which the U.S. co-sponsored. Thailand approached us to ask for support of this item. U.S. Ambassador Betty King was a Commissioner on this work to end childhood obesity and we have supported it in the past.
- *Talking point:* While there are already a number of items under NCDs we support WHO helping monitor and encourage the global implementation of these action plans, which would ultimately help reduce the prevalence of NCDs.
 - 10 (new #): Nutrition (Ecuador)
 - *U.S. position:* **defer**; Intervention: **optional**
 - *Issue:* Ecuador proposes this item to allow the WHO Secretariat to report on implementation of the UN Decade of Action on Nutrition. WHA68 asked WHO to report to the Assembly on implementation of the Rome Declaration commitments, which led to establishment of the UN Decade of Action. Nutrition is already on the WHA agenda in odd cycle years; in May the Assembly adopted WHA68.9 endorsing the Decade of Action. WHO is currently conducting the Global Nutrition Policy Review, which will inform the next report to the WHA. The WHO Secretariat should clarify whether this item is needed to fulfill the expected reporting timelines.
 - *Talking point:* Given that nutrition appears on the agenda in odd years, and WHA69 adopted a resolution on the Decade of Action, we expected the WHA to receive the next report for WHA70. Secretariat, please confirm that reporting on that timeline fulfills expected reporting timelines, working with FAO, to the UNGA.
 - 10.6 Cancer prevention and control: support for an updated WHA resolution(Jordan)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Talking point:* **(see priority talking points above)**
 - 10.7 Rheumatic heart disease (Cook Islands and others)
 - *U.S. position:* **oppose**; Intervention: **required**
 - *Issue:* Items calls for global leadership by WHO and countries to address Rheumatic heart disease (RHD), a preventable condition that arises from Acute Rheumatic Fever.
 - *Talking point:* There is a role for WHO as demonstrated by success of 1994-2002 program for RHD prevention and control, but the STAG has a mandate to come up with a process for putting items on this list. At most we can support a simple decision point asking the STAG to consider this issue, or to combine it with the snakebite proposal, which also asks for consideration on the NTD list.
 - 11.3 Developing a global action plan for the management and treatment of health care waste (Kuwait)
 - *U.S. position:* **defer**; Intervention: **optional**
 - *Issue:* Item calls for the development of a global action plan for the management and treatment of health care waste. However a new global action plan sounds like a substantial amount of work and really addressing health care waste would have to involve the private sector, the transport sector, environmental protection, and the like. It is an important issue but is not clear what additional action is needed since the consideration of this item in 2011.
 - *Talking point:* The management of health care waste is important to avoid the substantial disease burden associated with poor practice, including exposure to infectious agents and toxic substances. However we recommend pushing for a plan in a less busy year.

- 9.2 Global vector control response
 - *U.S. position:* **oppose**; Intervention: **optional**
 - *Issue:* This item calls for a comprehensive, global approach to vector control to revive the public health function of vector control in light of Zika and Yellow Fever.
 - *Talking point:* **(see priority talking points above)**

II. Biographies



Dr Ray Busuttil, Chairman of the Board

Dr Busuttil is a Consultant in Public Health in Malta. He is a Fellow of the Royal College of General Practitioners and a Fellow of the Faculty of Public Health of the Royal College of Physicians – both of the United Kingdom. For the last 17 years, Dr Busuttil has been either a member or the head of Malta's delegation to the Health Assembly and the WHO Regional Committee for Europe. He served as Vice-President of Committee A at the Fifty-third World Health Assembly (2000), as Rapporteur of Committee A at the Fifty-eighth World Health Assembly (2005) and as Vice-President of Committee B at the Sixty-eighth World Health Assembly (2015). He has also represented the Ministry of Health in

a number of other international forums, including the United Nations, the European Union and the European Centre for Disease Prevention and Control.

Between May 2011 and May 2015 Dr Busuttil was a member of the Commonwealth Advisory Committee on Health. In September 2011 he was elected member of the Standing Committee of the WHO Regional Committee for Europe. In September 2014 he was elected Executive President of the WHO Regional Committee for Europe.

Dr Busuttil graduated in medicine and surgery from the University of Manchester in 1980 and worked as a general practitioner in the United Kingdom of Great Britain and Northern Ireland until 1988.



Dr Margaret Chan, WHO Director-General

Dr. Chan is from the People's Republic of China and obtained her medical degree from the University of Western Ontario in Canada. She joined the Hong Kong Department of Health in 1978, where her career in public health began.

In 1994, Dr Chan was appointed Director of Health of Hong Kong. In her nine-year tenure as director, she launched new services to prevent the spread of disease and promote better health. She also introduced new initiatives to improve communicable disease surveillance and response, enhance training for public health professionals, and establish better local and international collaboration. She effectively managed outbreaks of avian influenza and of severe acute respiratory syndrome (SARS).

In 2003, Dr Chan joined WHO as Director of the Department for Protection of the Human Environment. In June 2005, she was appointed Director, Communicable Diseases Surveillance and Response as well as Representative of the Director-General for Pandemic Influenza. In September 2005, she was named Assistant Director-General for Communicable Diseases.

Dr Chan was elected to the post of Director-General on 9 November 2006. The Assembly appointed Dr Chan for a second five-year term at its sixty-fifth session in May 2012. Dr Chan's new term began on 1 July 2012 and ends 30 June 2017, following the 70th WHA.

From: [Vinter, Serena \(CDC/CGH/OD\)](#)
To: [Bumpus, Stefanie \(CDC/OD/OCS\)](#)
Cc: [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Moore, Melissa \(CDC/CGH/OD\)](#)
Subject: FW: WHO EB Bureau call briefer
Date: Tuesday, September 27, 2016 3:18:53 PM
Attachments: [Briefing - Dr Frieden EB Bureau call 9-28-16.docx](#)
[2. EB140 1\(draft\) including MS proposals for additional items.pdf](#)

Stefanie:

Attached are two documents for Dr. Frieden's call tomorrow with the WHO Executive Board.

Two things to flag in the Word document that HHS/OGA is changing later this afternoon:

- 1) OGA will revise the language on the proposed measles & rubella agenda item as CDC strongly supports this and does not want to "oppose" it so language will focus more on "revising" to change "eradication" to "elimination"
- 2) There is a late breaking update on the proposed agenda item on global vector control

As soon as I get the latest from HHS/OGA I will share with you.

Also, HHS/OGA staff asked about whether it would be possible to have them dialed into the call with the WHO EB. The HHS/OGA staff this work and I agree it would be very valuable if they could "silently observe."

The plan now is for the WHO EB staff to call Dr. Frieden at 404-639-7002; could someone help get Peter Mamacos on the same line? His # is 202-494-4088 and Peter.Mamacos@hhs.gov

Finally, I did not include this information as it seems like overkill, but would Dr. Frieden want to see the proposed agenda item papers? I have these in a zip file from HHS but unless you think he wants them all I have chosen not to send up.

Thanks and let me know your thoughts about calling HHS/OGA staff into the call tomorrow.

Serena

Serena Vinter

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From: Wood, Rachel (HHS/OS/OGA)
Sent: Monday, September 26, 2016 11:19 PM
To: Vinter, Serena (CDC/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/CGH/OD) <vhi9@cdc.gov>; Moore, Melissa (CDC/CGH/OD) <apo3@cdc.gov>
Cc: Mamacos, Peter (HHS/OGA) <Peter.Mamacos@hhs.gov>

Subject: WHO EB Bureau call briefer

CDC –

Attached is a briefing document for Dr. Frieden's call with the WHO Executive Board (EB) Bureau on Wednesday. Also attached is the EB agenda highlighting the new Member State proposals that will be discussed on the call.

We have provided recommended U.S. positions for each proposal, along with priority talking points for the call. The briefer also covers background on the Bureau's role. Let us know if you have questions about any of it.

Regarding call logistics, we would like to silently observe the call but WHO does not appear to have a conference line available for non-Bureau members. Are you able to dial us into Dr. Frieden's line that WHO will call?

Thanks,
Rachel

Rachel Wood, MPP
International Health Analyst
Multilateral Relations, Office of Global Affairs
U.S. Department of Health & Human Services
202.260.1630 | rachel.wood@hhs.gov

From: [Vinter, Serena \(CDC/CGH/OD\)](#)
To: [Wood, Rachel \(HHS/OS/OGA\)](#)
Cc: [Moore, Melissa \(CDC/CGH/OD\)](#); [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [CGH Policy and Issues Management Information Requests \(CDC\)](#)
Subject: RE: EB Bureau call - input on proposed agenda items
Date: Friday, September 23, 2016 5:46:05 PM
Attachments: [1 EB140 MS Proposed items CDC.pdf](#)

Good afternoon Rachel:

Thank you for the opportunity to review and provide input on the proposed agenda items.

In the attached PDF we've embedded comments and thoughts on the some of proposed agenda items to indicate those we would strongly prioritize for discussion.

Please let me know if you have any questions.

Thank you,

Serena

Serena Vinter

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From: Wood, Rachel (HHS/OS/OGA)
Sent: Thursday, September 22, 2016 4:06 PM
To: Stanojevich, Joel G. (CDC/CGH/OD) <vhi9@cdc.gov>
Cc: Moore, Melissa (CDC/CGH/OD) <apo3@cdc.gov>; Vinter, Serena (CDC/CGH/OD) <uvv3@cdc.gov>
Subject: RE: EB Bureau call - input on proposed agenda items

Hi Joel,

We will do our best to have the briefing materials to you by COB Monday. And there isn't a need to have a call regarding logistics now. Once you've received the briefing docs we can schedule a call if you have any questions.

Rachel

From: Stanojevich, Joel G. (CDC/CGH/OD) [<mailto:vhi9@cdc.gov>]
Sent: Wednesday, September 21, 2016 7:35 PM
To: Wood, Rachel (HHS/OS/OGA)
Cc: Moore, Melissa (CDC/CGH/OD); Vinter, Serena (CDC/OID/NCIRD)
Subject: RE: EB Bureau call - input on proposed agenda items

Thanks, Rachel. If it's possible to have by COB Monday that would be preferred. We can also do piecemeal if easier.

Regarding a call, could you clarify a bit what you mean by logistics? I assume there will be some procedural steps that Dr. Frieden will need to be aware during the call. I will be out Friday and Monday, but could touch base tomorrow. If not, Melissa Moore (cc'd here) might be available on Monday. Please let me know if you also think necessary to include Dr. Frieden's special assistant.

Thanks,
J

Joel Stanojevich, MPH

Strategy Lead | Center for Global Health
Email: vhi9@cdc.gov | Phone: 404.639.5944 | Mobile: 678.702.7145
Room 09109 | MS D-69 | 1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Wood, Rachel (HHS/OS/OGA)
Sent: Wednesday, September 21, 2016 7:28 PM
To: Stanojevich, Joel G. (CDC/CGH/OD) <vhi9@cdc.gov>
Subject: RE: EB Bureau call - input on proposed agenda items

Joel,

As you saw, WHO just provided us with the list of Member States proposals for 16 new agenda items. We are now in the process of evaluating each proposal against WHO's criteria to determine whether we support or oppose the inclusion of each on the EB agenda. These agenda items are likely to consume much of the EB Bureau call on the 28th.

We are preparing the materials that you previously noted for Dr. Frieden, but how far in advance of this call will he need to receive briefing materials? We usually work toward a deadline of noon the day before, so we'd send all materials by 12pm on Tuesday, but please let me know if he needs the materials earlier.

I'd also like to schedule another call with you to walk through logistics. Would sometime on Friday or Monday afternoon work for a brief call?

Thanks,
Rachel

From: Wood, Rachel (HHS/OS/OGA)
Sent: Wednesday, September 21, 2016 7:02 PM
To: Tracy Carson - State (carsonTL@state.gov); 'Lim, Matthew L (Geneva)'; Mamacos, Peter (HHS/OGA); 'Susanna Baker'; Stanojevich, Joel G. (CDC/CGH/OD); 'Herrfurth, George (NIH/FIC) [E]'; Stevens, Lisa (NIH/NCI) [E]; 'Kostecky, Brenda (NIH/NCI) [E]'; Morrison, Mary (FDA/OC);

'Phuong.Nguyen@fda.hhs.gov'; 'CGH Policy and Issues Management Information Requests (CDC)';
Blackwood, Ann (OS)
Cc: Lamourelle, Gabrielle (HHS/OS/OGA); Levine, Maya (OS/OGA); Darr, Charles (HHS/OGA); Danelski,
Ann (HHS/OGA)
Subject: EB Bureau call - input on proposed agenda items

All,

Dr. Tom Frieden is participating in a call next week with WHO and other Executive Board (EB) Officers to discuss the draft EB agenda, including new items proposed by Member States. This call is an opportunity for the U.S. and the other Member States on the Bureau to consider proposals for inclusion on the agenda and make other recommendations to the agenda.

Attached is a list of the 16 new agenda items that Member States have proposed for the EB agenda, as well as the proposal for each item (within the zip folder). We are in the process of evaluating each new proposal and would like to know if you or relevant experts in your office have input for specific items, including concerns, recommendations for U.S. support, whether you have heard anything from other countries regarding specific agenda items, etc. **We welcome your input on any of these proposed agenda items by COB Friday, September 23.**

Further background information is available in the attached zip file, including:








1. Table of proposals received from Member States for additional items
2. Draft provisional agenda for EB140, showing proposed amendments
3. Table reflecting the number of agenda items for January sessions of the Board from EB122 to EB140
4. Background note on criteria for decision-making during review of items for inclusion on the draft provisional agenda of the Board
5. All proposals for new agenda items and indications of support received



Thank you and let me know if you have any questions.

Rachel

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EB140 (23 January-1 February 2017)
Member State proposals for additional agenda items

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 7. Preparedness, surveillance and response			
New point under item 7.1	Coordination of humanitarian emergencies of international concern (to be included under item 7.1, Health emergencies) 	Spain	WHA67 (2014) WHA69 (2016)
Agenda item 8. Health systems			
New point under item 8.1	International recognition of credits in development of the continuing education of health professionals (to be included under item 8.1, Human resources for health) 	Spain	WHA64 (2011); WHA66 (2013); document A69/36 (2016)
Amendment to item 8.1	Amend the title of item 8.1 to read: Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth	France	The Commission had its first meeting on 23 March 2016 in Lyon, France
Amendment to item 8.4	GSPOA, follow-up of the CEWG report and MSM on SSFFC medical products should be listed as separate agenda items	India, supported by all Member States of the South-East Asia Region	
New item 8.5	Improving access to assistive technology	Pakistan	EB139 (2016)
New item 8.6	Sepsis 	Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan	Newborn health action plan (WHA67.10) (2014)
New item 8.7	"Kids Save Lives" in the context of improving quality of health care and patient safety	Sudan	EB138 proposed:• that, despite the importance of the proposed new item entitled "Kids Save Lives" in the context of improving quality of health care and patient safety," the relevant work should be taken forward through other means, including technical briefings and seminars, as the initiative had already received the Organization's official endorsement and was under way.
New item 8.8	mHealth	India, supported by all Member States of the South-East Asia Region	EB139 (2016)
New item 8.9	Access to medicines	India, supported by all Member States of the South-East Asia Region	WHA67 (2014) (WHA67.22); WHA69 (2016) (WHA69.23)
New item 8.10	Regulatory system strengthening for medical products: acceleration and follow up of implementation 	Mexico	WHA67 (2014) (WHA67.20)
New item 8.11	Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants 	Italy	WHA69 (2016)
New item 8.12	Migration and health 	Sri Lanka	WHA63 (2010)
New item 8.13	Global snakebite burden	Costa Rica	Document EB131/8 (2012)
Agenda item 9. Communicable diseases			
New item 9.3	Accelerated action for global measles and rubella eradication 	Colombia	Measles: WHA63 (2010) Measles and rubella included in global vaccine action plan WHA69 (2016)

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 10. Noncommunicable diseases			
New item 10.5	Revitalizing physical activity for health 	Thailand	Included in the report of the Commission on Ending Childhood Obesity WHA69 (2016)
New item 10.6	Cancer prevention and control: support for an updated WHA resolution 	Jordan	WHA60 (2007)
New item 10.7	Rheumatic heart disease	Cook Islands, Ethiopia, Fiji, Namibia, New Zealand	EB114 (2004)
Agenda item 11. Promoting health through the life course			
New item 11.3	Developing a global action plan for the management and treatment of health care waste	Kuwait	WHA64 (2011)

From: [Bumpus, Stefanie \(CDC/OD/OCS\)](#)
To: [Vinter, Serena \(CDC/CGH/OD\)](#)
Cc: [Morris, Dena \(CDC/OD/CDCWO\)](#); [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Scales, Scott L. \(CDC/OD/OCS\)](#); [Green, Hugh \(CDC/CGH/DGHP\)](#); [Bumpus, Stefanie \(CDC/OD/OCS\)](#)
Subject: RE: EB Bureau note for the record
Date: Thursday, October 06, 2016 7:56:50 AM
Attachments: [2 Draft NOTE FOR THE RECORD EB140_041016_ncaCLEAN.DOCX](#)

Hi, Serena. Thanks so much for sharing. I don't have any edits to the document; I'll send to TF to see if he wants to review as well.

Regarding the Nov 1-2 DG Selection meeting and the next WHO EB Bureau meeting (follow-up to last weeks call), I've looped in Scott and Hugh so that they can follow-up with you about TF's participation.

Thanks.

Stefanie

From: Vinter, Serena (CDC/CGH/OD)
Sent: Wednesday, October 05, 2016 9:09 PM
To: Bumpus, Stefanie (CDC/OD/OCS) <wve1@cdc.gov>
Cc: Moore, Melissa (CDC/CGH/OD) <apo3@cdc.gov>; Stanojevich, Joel G. (CDC/CGH/OD) <vhi9@cdc.gov>
Subject: FW: EB Bureau note for the record

Stefanie:

OGA shared the draft note for the record of the WHO EB call last week.

I read through and don't have any comments or concerns – but I did not listen into this call. Do you want to skim through to see if this matches your record of the call? If you see anything concerning, will you reply by 4pm tomorrow?

Also, note the request the Nov 1-2 DG Candidates forum in Geneva and a follow up WHO EB meeting at the same time. We can put this on the Director's Decision list for consideration but it doesn't seem like it would be a priority as HHS/OGA and State are both planning to attend the DG forum.

Thanks,

Serena Vinter

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From: Wood, Rachel (HHS/OS/OGA)
Sent: Wednesday, October 05, 2016 6:37 PM

To: Vinter, Serena (CDC/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/CGH/OD) <yhi9@cdc.gov>; Moore, Melissa (CDC/CGH/OD) <apo3@cdc.gov>
Cc: Mamacos, Peter (HHS/OGA) <Peter.Mamacos@hhs.gov>
Subject: EB Bureau note for the record

Serena, Joel and Melissa,

WHO just sent us the attached draft note for the record on the Executive Board Bureau teleconference that Dr. Frieden participated in last week. The note reflects the outcome of the discussion and the Bureau's recommendations on the draft provisional agenda and the proposals received.

WHO has asked the Bureau to review and provide any comments by COB Geneva time (11am EST) on Friday, Oct. 7. They're going to share the note with all EB members next week and summarize the outcomes for the final agenda. I compared the document with my notes and didn't have any concerns about the stated agenda decisions. If you have any comments, please send them to me by COB Thursday, Oct. 6.

Also, the Bureau has proposed another meeting on Wednesday, Nov. 2, which is the same day as a Director-General candidates' forum that WHO is hosting in Geneva. The goal is to have many Officers attend in-person. As previously noted, we welcome Dr. Frieden's participation in the Candidates' forum (Nov. 1-2), however we understand if he can't attend and OGA and State will be there to represent the USG. No more information is available about the meeting yet but I'll keep you posted as I learn more.

Thanks,
Rachel

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NOTE FOR THE RECORD

Teleconference with the Officers of the Executive Board regarding the draft provisional agenda of the 140th session (January 2017)

Wednesday 28 September 2016

Participants:

Dr Margaret Chan, Director-General
Dr Ray Busuttil (Malta) Chairman
Dr Thomas Frieden (United States of America) Vice-Chairman
Ms Zhang Yang (China) Vice-Chairman
Ms Faeqa Saeed Alsaleh (Bahrain) Vice-Chairman
Mr Omar Sey (Gambia) Rapporteur

1. The Director-General and the Officers of the Executive Board met by teleconference on Wednesday 28 September, in order to review the draft provisional agenda of the 140th session of the Board to be held in January 2017, in accordance with Rule 8 of the Rules of Procedure of the Executive Board. Mr Ramjanam Chaudhary (Nepal), Vice-Chairman, and Dr Phusit Prakongsai (Thailand), Chairman of the Programme, Budget and Administration Committee of the Executive Board, were unable to attend.

2. The draft provisional agenda had been circulated to Member States on 20 June 2016. Sixteen proposals for additional items had been made by Member States within the deadline of 12 September 2016. One proposal, on malaria eradication, was included by the Secretariat in line with a recent recommendation made by the WHO's Strategic Advisory Group on malaria eradication. A further proposal was being made in order to correct an oversight on the part of the Secretariat. The proposals and their explanatory memorandums were sent to the Officers of the Board prior to the teleconference, together with supporting materials, in order to facilitate consideration of the potential changes to the draft provisional agenda. The criteria mandated by the governing bodies to be used in decision-making were also provided.

3. The Chairman of the Executive Board, who conducted the teleconference, reminded the Officers that the Bureau had been mandated to look into issues linked to the running of the governing bodies. In addition to the agenda of the Executive Board at its 140th session, there were three other matters that the Officers would need to consider, namely:

- Election of the Director-General
- Criteria for inclusion of items on the agendas of the governing bodies
- Formulation of the six-year rolling agenda

4. The Chairman of the Executive Board did not consider that all those matters could be fully dealt with in a single session. He indicated his view that Officers of the Executive Board would need a further meeting in order to conclude all unfinished business. This was particularly necessary as no draft of the rolling agenda had yet been prepared; nor had the criteria been fully developed. He proposed that the meeting be arranged for Wednesday, 2 November. Such an arrangement would take advantage of the fact that certain Officers would already be in Geneva for the candidates' forum in connection with the election of the Director-General and might prefer a face-to-face meeting. The Officers agreed to that proposal.

EB140: PROVISIONAL AGENDA

In line with the Chairman's proposal, the Officers of the Executive Board first considered the proposed amendments to the draft Provisional agenda. The Chairman informed that Officers that the 16 proposals from Executive Board members constituted a record. He then presented the context within which the Officers were working. At its 140th session, the Executive Board would hold 17 meetings. On the basis of the Secretariat's research regarding the duration of previous meetings, the Board could cover some 6 items each day (or 3 per meeting). Thus, EB140 should be able to manage an agenda of 51 items without additional sessions. There were currently 46 items on the Provisional agenda. However, one item – election of the Director-General – would take an entire day and was thus equivalent to 6 standard items. The consideration of the Proposed programme budget was another item requiring time; the discussions involved would last as long as those for 4 or 5 other items. Effectively, then, the agenda already contained 55 items – exceeding, therefore, the number that the Board could deal with under normal conditions.

5. The Chairman suggested that Officers might find it useful to bear in mind two further criteria when considering proposed additional items, namely: whether the items covered an urgent topic or involved a subject that was time-sensitive and that had not been considered recently by the governing bodies.

6. The Chairman proposed that following their review the Officers decide between 4 options:
- Option 1: accept the proposal as a new agenda item
 - Option 2: combine the proposed item with an existing item
 - Option 3: defer the proposed item to a later session
 - Option 4: refer the proposal to another governing body, such as the regional committees or PBAC
 - Option 5: turn down the proposal

New item and adjustment proposed by the Secretariat

7. Following a discussion in which the Director-General stressed that Member States needed to look carefully at the feasibility of pushing for malaria eradication, the Officers agreed that the item on malaria eradication be deferred to the Executive Board's 141st session in May 2017. The point was made that at that session, the Secretariat would need to be able to suggest criteria that could be reviewed by the Board. The Chairman explained that the second item, entitled "Global Strategy for Women's, Children's and Adolescents' health: adolescents' health", was not an addition as it should have been included on the draft Provisional agenda for EB140 that Member States had received in June 2016. The Officers agreed to accept the item for addition to the provisional agenda for the Executive Board's 140th session, under section on Promoting Health through the life-course.

New items proposed by the EB members

Preparedness, surveillance and response.

8. The Officers of the Executive Board agreed the following:
- **to accept for addition** to the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Spain on "Coordination of humanitarian emergencies of international concern". The Officers gave their agreement with the proviso that the Secretariat's report should give due consideration to funding and staffing – both current and future – at each level of the Organization.

Health systems.

9. The Officers of the Executive Board agreed the following:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Spain on “International recognition of credits in development of the continuing education of health professionals”.
- **to amend** – in line with the proposal made by the Government of France – the title of the existing item on Human resources for health, changing it to read “Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth”.
- to follow the proposal of the Government of India and supported by the Member States of the South-East Asia Region, namely, **to present, as separate items on the provisional agenda of the 140th session of the Executive Board** the reviews – currently presented under a single item – of (i) the Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination and (ii) the Member States mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products. In that way, the subjects would be delinked from review and evaluation of Global strategy and plan of action on public health, innovation and intellectual property.
- in keeping with the Chairman’s recommendation, **to defer to the 142nd session of the Executive Board**, consideration of the item on “Improving access to assistive technology”, proposed by the Government of Pakistan.
- to **merge** with the existing item on the Global action plan on antimicrobial resistance the item proposed by the Governments of Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan on “Sepsis”. In that way, the two matters could be considered together.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Sudan on “Kids Save Lives”, concurring with the Secretariat’s view that the next steps for building support for the initiative should involve other avenues.
- in keeping with the Chairman’s recommendation, **to defer to the 142nd session of the Executive Board**, consideration of the item on “mHealth,” which had been proposed by the Government of India and supported by the Member States of the South-East Asia Region,.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Access to medicines: report of the United Nations Secretary-General’s High Level Panel on Access to Medicines”, which had been proposed by the Government of India and supported by the Member States of the South-East Asia Region.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Regulatory system strengthening for medical products: acceleration and follow-up of implementation”, which had been proposed by the Government of Mexico. The Officers took this view that no separate discussion is warranted at this time since the first progress report on implementation of resolution WHA67.20, which covered the same subject, would be considered by the Seventieth World Health Assembly in May 2017.
- **combine and treat as a single new item** on the provisional agenda of the **140th session of the Executive Board** the proposals for items on “Promoting health of fragile and vulnerable

populations, communities and individuals, such as migrants”, and “Migration and health” made by the Governments of Italy and Sri Lanka, respectively.

- **to defer to the 142nd session of the Executive Board**, consideration of the item on “Global snakebite burden,” which had been proposed by the Government of Costa Rica.

Communicable diseases

10. The Officers of the Executive Board agreed the following:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Accelerated action for global measles and rubella eradication,” which had been proposed by the Government of Colombia. In the view of the Officers, the matter, which ought to concern elimination rather than eradication, could be given consideration under the existing item on the Global Vaccine Action Plan.

Noncommunicable diseases

11. The Officers of the Executive Board agreed the following:

- **to defer to the 141st session of the Board in May 2017** consideration of the item on “Revitalizing physical activity for health”, which had been proposed by the Government of Thailand.
- **to accept for addition on** the provisional agenda of the **140th session of the Board** the item on cancer proposed by the Government of Jordan, with the proviso that be entitled “Cancer prevention and control in the context of an integrated approach”.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Rheumatic heart disease,” which had been proposed by the Governments of Cook Islands, Ethiopia, Fiji, Namibia and New Zealand. Given that the subject was not a major concern in all regions, it was asked whether a regional rather than global approach might be more suitable.

Promoting health through the life course

12. The Officers of the Executive Board agreed as follows:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Developing a global action plan for the management and treatment of health care waste”, which had been proposed by the Government of Kuwait. The Officers agreed that it was better to wait for the report to the Seventieth World Health Assembly that had been requested in resolution WHA69.4.

13. In accordance with Rule 8 of the Rules of Procedure, the comments of the Officers of the Board on the proposals received for the draft provisional agenda of the 138th session of the Board, as well as the recommendations of the Officers of the Board on those proposals, will be reflected in the annotated provisional agenda. In accordance with decision EB134(3) on WHO reform: methods of work of the governing bodies, the relevant supporting materials will be made available on the WHO web-based platform to all Member States and Associate Members.

14. The Director-General informed the Officers of the Board that the annotated provisional agenda for the 140th session of the Executive Board as well as the provisional agenda showing the document numbers, will be sent out to all Member States with the convocation letter.

ELECTION OF THE DIRECTOR-GENERAL¹

15. The Chairman noted the heavy agenda of the Executive Board (election of the Director-General, Programme budget and many health technical items). He therefore suggested a modification, namely, that the two-stage process currently proposed for reducing the number of candidates for nomination to the three required for the World Health Assembly might be streamlined by interviewing all the candidates in a single stage. The Director-General stressed the importance of respecting Member States' wish for a transparent process. The Chairman reminded the Officers of the Executive Board of the update that he had given at the mission briefing the previous week in which he had explained that, following the decision to revert to the paper system, the Secretariat was trying to maximize the rapidity of the process, while preserving its security and transparency.

16. The Chairman also briefed the Officers of the Executive Board on the intersessional steps that had been presented at the mission briefing. On Wednesday 28 October he would be meeting the representatives of the Member States that had submitted candidates. A procedure had also been proposed for limiting the number of questions asked to candidates during the public forum.

SELECTION CRITERIA FOR INCLUSION OF ITEMS ON GOVERNING BODIES AGENDAS

17. The Chairman explained to the Officers of the Executive Board that he was currently working with the Secretariat to review the current criteria and the recommendations of the Working Group on Governance Reform. His intention was to consolidate all the various suggestions in a single set of criteria that were transparent and easy to apply. Unfortunately, it had not been possible to complete the task in time for the teleconference. Nevertheless, a draft set would be ready for Officers to review in time for their planned meeting in November. He was also working with the Secretariat on statistics concerning the normal duration of discussions on the different items of the agenda as discussion time varied with the nature of the item concerned. He would be trying to rationalize the spread of work on the agenda, suggesting where items might be delegated to other bodies, such as the Board's Programme, Budget and Administration Committee.

ROLLING AGENDA

18. In addition, the Secretariat was working on a draft of the six-year rolling agenda: However, this needed to be viewed as a work in progress. The draft would be available for the November meeting.

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¹ In line with, inter alia, the Rules of Procedure of the Executive Board, resolutions WHA65.15 (2012) and WHA67.2 (2014), and decision EB100(7).

From: [Vinter, Serena \(CDC/CGH/OD\)](#)
To: [Bumpus, Stefanie \(CDC/OD/OCS\)](#)
Cc: [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Moore, Melissa \(CDC/CGH/OD\)](#)
Subject: RE: WHO EB Bureau call briefer
Date: Tuesday, September 27, 2016 4:47:52 PM
Attachments: [Briefing - Dr Frieden EB Bureau call 9-28-16.docx](#)
[EB140_teleconference_materials.zip](#)

Stefanie –

Hot off the presses is the revised meeting brief from HHS/OGA.

Also, the zip file of the whole set of proposed agenda items is attached.

Thanks!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
svinter@cdc.gov

From: Bumpus, Stefanie (CDC/OD/OCS)
Sent: Tuesday, September 27, 2016 4:40 PM
To: Vinter, Serena (CDC/CGH/OD) <uvv3@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/CGH/OD) <vhi9@cdc.gov>; Moore, Melissa (CDC/CGH/OD) <apo3@cdc.gov>; Bumpus, Stefanie (CDC/OD/OCS) <wve1@cdc.gov>
Subject: RE: WHO EB Bureau call briefer

Thanks, Serena.

It is fine for Peter to join; I'll send a note to Teresa and Carma separately, copying everyone here.

Do you know when the updated meeting briefs will be available? Need to get those to TF as soon as we can (I'll be here until about 6:30 pm tonight).

Please also send me the zip files of the papers; I may send them to him electronically, for awareness.

THANKS!!

Stefanie

From: Vinter, Serena (CDC/CGH/OD)
Sent: Tuesday, September 27, 2016 3:19 PM
To: Bumpus, Stefanie (CDC/OD/OCS) <wve1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/CGH/OD) <vhi9@cdc.gov>; Moore, Melissa (CDC/CGH/OD) <apo3@cdc.gov>
Subject: FW: WHO EB Bureau call briefer

Stefanie:

Attached are two documents for Dr. Frieden's call tomorrow with the WHO Executive Board.

Two things to flag in the Word document that HHS/OGA is changing later this afternoon:

- 1) OGA will revise the language on the proposed measles & rubella agenda item as CDC strongly supports this and does not want to "oppose" it so language will focus more on "revising" to change "eradication" to "elimination"
- 2) There is a late breaking update on the proposed agenda item on global vector control

As soon as I get the latest from HHS/OGA I will share with you.

Also, HHS/OGA staff asked about whether it would be possible to have them dialed into the call with the WHO EB. The HHS/OGA staff think this work and I agree it would be very valuable if they could "silently observe."

The plan now is for the WHO EB staff to call Dr. Frieden at 404-639-7002; could someone help get Peter Mamacos on the same line? His # is 202-494-4088 and Peter.Mamacos@hhs.gov

Finally, I did not include this information as it seems like overkill, but would Dr. Frieden want to see the proposed agenda item papers? I have these in a zip file from HHS but unless you think he wants them all I have chosen not to send up.

Thanks and let me know your thoughts about calling HHS/OGA staff into the call tomorrow.

Serena

Serena Vinter

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From: Wood, Rachel (HHS/OS/OGA)

Sent: Monday, September 26, 2016 11:19 PM

To: Vinter, Serena (CDC/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/CGH/OD) <yhi9@cdc.gov>; Moore, Melissa (CDC/CGH/OD) <apo3@cdc.gov>

Cc: Mamacos, Peter (HHS/OGA) <Peter.Mamacos@hhs.gov>

Subject: WHO EB Bureau call briefer

CDC –

Attached is a briefing document for Dr. Frieden's call with the WHO Executive Board (EB) Bureau on Wednesday. Also attached is the EB agenda highlighting the new Member State proposals that will

be discussed on the call.

We have provided recommended U.S. positions for each proposal, along with priority talking points for the call. The briefer also covers background on the Bureau's role. Let us know if you have questions about any of it.

Regarding call logistics, we would like to silently observe the call but WHO does not appear to have a conference line available for non-Bureau members. Are you able to dial us into Dr. Frieden's line that WHO will call?

Thanks,
Rachel

Rachel Wood, MPP
International Health Analyst
Multilateral Relations, Office of Global Affairs
U.S. Department of Health & Human Services
202.260.1630 | rachel.wood@hhs.gov



To: Dr. Tom Frieden, CDC Director

From: Jimmy Kolker, Assistant Secretary for Global Affairs, OGA

Drafted by: Rachel Wood

Reviewed by: Peter Mamacos, Director of Multilateral Relations

Subject: **USG priorities for WHO Executive Board (EB) Bureau call**

Date: Wednesday, September 28, 2016

Meeting Details

Location: Teleconference; WHO will call Dr. Frieden at 404-639-7002

Time: 8:30am-10:30am EST (understanding Dr. Frieden will leave the call at 9:45am)

Overview

This call is with WHO Director-General Chan and the six Officers of the Executive Board (“the Bureau”) to evaluate proposals to the agenda for the 140th EB in January. Dr. Frieden serves as first Vice-Chairman of the Bureau and the USG has a key interest in shaping the agenda of the January 2017 Board especially given the increasing number of agenda items that the Board is asked to consider each year and the time needed for the Director-General election.

Objectives

- Ensure the smallpox destruction item is not elevated to the actionable technical Agenda items, but remains as an information-only Progress Report;
- State our opposition to inclusion of the access to medicines proposal from India;
- Encourage officers and the Secretariat to judiciously consider additions, especially given the time the DG election process will take during the EB and World Health Assembly (WHA);
- Support the global measles and rubella item but revise “eradication” to “elimination from regions;” and
- Encourage adding the cancer prevention and control item to the agenda.

Call Participants

Bureau officers

Chairman of the Board: Dr Ray Busuttil (Malta)

Vice-Chairman 1 of the Board: Dr Tom Frieden (USA)

Vice-Chairman 2 of the Board: Mr Ramjanam Chaudhary (Nepal)

Vice-Chairman 3 of the Board: Ms Zhang Yang (China)

Vice-Chairman 4 of the Board: Ms Faeqa Saeed Alsaleh (Bahrain)

Rapporteur: Mr Omar Sey (Gambia)

The following WHO staff are expected to join the teleconference from the WHO Secretariat:

Dr Margaret Chan, Director-General
 Dr A. Asamoah-Baah, Deputy Director-General
 Dr I. Smith, Executive Director, DGO
 Dr T. Armstrong, Director GBS
 Mr N. Ashforth, Senior Editor
 Ms D. Cipriotti, Documentation Officer
 Ms G. Veal, External Relations Officer, GBS
 Ms L. Vercammen, Protocol Assistant, GBS
 Mr D. Walton, Legal Counsel

Background

EB Bureau

During its May session, the WHO EB appointed Dr. Tom Frieden as the first Vice-Chairman, one of six officers selected to form the Executive Board Bureau (following a random drawing of EB member names). The Bureau consults on meetings agendas and presides over the 140th EB session from January 23 to February 1. The Board will appoint new officers at the EB session that follows the 2017 WHA.

Conference call

The WHO Secretariat will organize a teleconference on Sep. 28 to discuss proposals for the January EB agenda, with the six Bureau officers and the Director-General. Other USG staff can join the call as an observer but cannot take part in making decisions. WHO has not provided an agenda for the call.

Agenda formation

EB and WHA agendas are developed based on reporting requirements mandated by previous resolutions, items deferred by a previous session, and items proposed by Member States or the Secretariat. Member States can submit proposals for additional agenda items to be considered by the Bureau. Member States have proposed 16 new items for the January 2017 EB. The officers of the Board will recommend during this call whether to include, defer, exclude or combine new and existing agenda items for the EB and subsequent WHA.

Criteria

Proposals should address a global public health issue, involve a new subject within the scope of WHO and/or represent a significant public health burden. WHO will publish the recommendations of the Bureau in the annotated agenda that is shared publicly. For non-priority new proposals proposed by Member States, we recommend generally deferring them to the next cycle (2018) rather than outright rejecting them.

USG priority agenda items:

- **Smallpox (oppose any changes):** No country proposed changing the status of the smallpox item, which is an information-only Progress Report, but we need to ensure it is

not elevated to the actionable technical agenda items. Its placement as a standing Progress Report on this agenda was agreed at the 2016 WHA. However, several delegations (Egypt, Iran, and Thailand) pushed hard at the WHA to elevate it. None of the other countries that will be on this call spoke during the smallpox discussion at WHA.

- **8.9 Access to medicines (oppose proposal by India):** The USG should be on the record opposing this proposal from India that seeks to take forward recommendations from in the UN Secretary General’s High Level Panel on Access to Medicines’ report, which was released in September. The USG has serious concerns about the narrow mandate of the Panel and its recommendations, and share the concern expressed by the two Panelists who come from the research community that warned of unintended negative consequences of the recommendations.
- **9.3 Accelerated action for global measles and rubella eradication (revise proposal from Colombia if supporting):** Colombia proposed an agenda item for Measles and Rubella eradication. We are concerned that launching new eradication campaigns can detract from polio efforts, which still have a substantial funding gap. The U.S. can support this proposal but we suggest changing any references of “eradication” to “elimination from regions.”
- **10.6 Cancer prevention and control (support proposal/resolution from Jordan):** The USG has worked closely with WHO on cancer-specific activities and supported the related side event during the May WHA. There is also support from the Union for International Cancer Control and their global membership for a resolution.

Attachments

- I. Key points
- II. Biographies

Key Points

Agenda length

- Approving all 16 proposals will increase the technical agenda items to at least 38, more than the already extensive 33 considered in 2016.
- The agenda should be shortened where possible to allow time for the Director-General election process. At the May 2017 Assembly, every Member State will vote for DG by paper ballot, which will limit time for technical discussions.
- We generally prefer to discourage single disease items and combine topics where possible.

Smallpox (progress report)

- We respect the Assembly’s decision to review the smallpox agenda item in 2019 and include an information-only progress report this year.
- The Secretariat proposed in May that the Assembly include a substantive item entitled “Smallpox eradication: destruction of variola virus stocks” on the provisional agenda of the 72nd World Health Assembly and we look forward to discussing it at that time.

Access to medicines (item 8.9):

- The USG should be on record opposing inclusion of this item on the agenda, which seeks to take forward the recommendations of the UN Secretary-General's High Level Panel on Access to Medicines.
- The narrow mandate of the Secretary General's High Level Panel on Access to Medicines, to examine the "policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies" did not encompass the many facets of this complex problem.
- USG and other experts involved in biomedical research (including the only two Panel members from the research community) believe the Panel's recommendations are likely to result in unintended negative consequences for biomedical research.
- The High Level Panel report lacks a clear path forward and does not provide a useful framework upon which WHO or Member States can build.

Accelerated action for global measles and rubella eradication (item 9.3)

- We can support the proposal and change references of “eradication” to “elimination from regions.”
- The USG has previously expressed concern that efforts to launch another eradication campaign could divert attention and resources away from the polio eradication campaign, which remains substantially underfunded.

Cancer prevention and control (item 10.6)

- The U.S. supports including this item on the agenda.
- This agenda item follows the successful side event held during the 69th WHA that was a precursor to this proposed resolution.
- Given the upcoming need to report on mid-term progress on the GAP (in 2018) and the final report out on progress due in 2025, this year is an ideal time for a cancer resolution.
- There is support from the Union for International Cancer Control, and their global membership, for a resolution.

Recommended U.S. position on all proposals:

- 7.1 Coordination of humanitarian emergencies of international concern (Spain)
 - *U.S. position:* **defer**; Intervention: **optional**
 - *Issue:* Item asks WHO to coordinate humanitarian assistance workers and develop principles, criteria and standards for deploying teams during disasters.
 - *Talking point:* This issue doesn't require an agenda item and it doesn't take into account WHO's Global Health Emergency Workforce or Global Emergency Medical Team work, which includes standards and a registry.
- 8.1 International recognition of credits in development of the continuing education of health professionals (Spain)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item would request the establishment of a system of internationally recognized qualifications in training for health workers, to be validated according to a set of minimum requirements.

- *Talking point:* This proposal is in line with Human Resources for Health 2030 goals and would help guarantee safety and quality in the exercise of the health professions. qualification standards for health personnel could make it much easier for health
- 8.1 amend title: Human resources for health [ADD: and implementation of the outcomes of the United Nations High- Level Commission on Health Employment and Economic Growth] (France)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item asks for the implementation of the Commission's measures to be taken within 18 months of the report's adoption. This item is making the case for investment in HRH as good economics, as well as retention and other key issues.
 - *Talking point:* We support this amendment and item.
- 8.4 Medicines: Global Strategy and Plan of Action on Public Health Innovation and Public Health (GSPOA); follow-up of the CEWG (neglected R&D) report; and the Member State Mechanism on SSFFC (substandard) medical products should be listed as separate agenda items (India)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* India is asking the EB consider the GSPOA, CEWG and SSFFC as separate agenda items, not together as they are currently listed. The USG has lead role in SSFFC as a vice chair (Lou Valdez).
 - GSPOA: The 2016 WHA gave the upcoming EB a mandate to approve the Terms of Reference for the second-stage "policy-oriented" evaluation of the GSPOA, so consideration of this item is essential.
 - CEWG: Will review terms of a new expert committee.
 - SSFFC: Deferred from 2016, this item will cover outcome of 5th Member State Mechanism (MSM).
 - *Talking point:* These items have historically been considered separately and each deserves its own discussion.
- 8.5 Improving access to assistive technology (Pakistan)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item proposes resolution to support national adoption and implementation of the WHO Priority Assistive Products List (APL). USAID strongly supports assistive technology and the U.S. cohosted a side event on assistive technology at the May WHA.
 - *Talking point:* WHO estimates more than 1 billion people need one or more assistive products and this item encourages countries to implement WHO Priority Assistive Products List.
- 8.6 Sepsis (Austria and others)
 - *U.S. position:* **support – or suggest combining with existing AMR item**; Intervention: **optional**
 - *Issue:* Item seeks to raise awareness of sepsis and asks WHO to coordinate prevention and control programs to contribute to health system strengthening. WHO does not yet have a comprehensive strategy for sepsis.
 - *Talking point:* Sepsis accounts for a significant burden of disease and WHO is well-placed to widely promote awareness and prevention. We support increasing awareness and emphasizing prevention through better management of chronic diseases, vaccinations and appropriate use of antibiotics.

- 8.7 "Kids Save Lives" in the context of improving quality of health care and patient safety (Sudan)
 - *U.S. position:* **defer/oppose**; Intervention: **optional**
 - *Issue:* Item asks for support of "Kids Save Lives" initiative to teach school-aged children 12 and older to learn CPR. It was deferred from a previous meeting and was recently covered in a side event.
 - *Talking point:* This initiative was previously endorsed by WHO.
- 8.8 mHealth (India)
 - *U.S. position:* **defer**; Intervention: **optional**
 - *Issue:* Item follows preliminary discussion of mobile health technologies (mHealth) at EB139 in May, when India proposed introducing a draft resolution.
 - *Talking point:* We support the expansion of digital technologies to help achieve the SDGs but it is not clear that mHealth needs agenda item or resolution to encourage adoption or coordination. Already 121 countries have national eHealth strategies according to WHO's Global Observatory for eHealth survey in 2015, and WHO is working to provide mHealth guidance. It is a lower priority this year.
- 8.9 Access to medicines (India)
 - *U.S. position:* **oppose**; Intervention: **required**
 - *Issue:* (see background on USG priorities) The U.S. should be on record opposing inclusion of this item to take forward the recommendations of the UN High Level Panel. We are concerned the recommendations are likely to have unintended negative consequences.
 - *Talking point:* USG and other experts involved in biomedical research (including the only two Panel members from the research community) believe the Panel's recommendations are likely to result in unintended negative consequences for biomedical research.
 - The High Level Panel report lacks a clear path forward and does not provide a useful framework upon which WHO or Member States can build.
- 8.10 Regulatory system strengthening for medical products: acceleration and follow up of implementation (Mexico)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item proposes a Good Regulatory Practice (GRP) model to accelerate implementation of National Regulatory Authorities (NRAs), which NRAs regulate health products and technologies as well as food and environments. The U.S. and Mexico previously led this resolution and this item is a logical follow up.
 - *Talking point:* We strongly supported the initial proposal at the 67th World Health Assembly. A Good Regulatory Practice (GRP) model can enhance the regulatory capacity and accelerate implementation of National Regulatory Authorities (NRAs) and support information sharing to improve regulatory capacity.
- 8.11 Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants (Italy)
 - *U.S. position:* **support and combine with proposal 8.12**; Intervention: **optional**
 - *Issue:* Item calls for additional discussion of the current status, available tools, and way forward to improve country capacity. Follows discussion at the EB 138 and WHA 69 calling for WHO to scale up its efforts in this area.

- *Talking point:* The United States shares the concern about the displacement crisis and welcomes global efforts to address the needs of migrants and other vulnerable populations.
- 8.12 Migration and health (Sri Lanka)
 - *U.S. position:* **support and combine with proposal 8.11**; Intervention: **optional**
 - *Issue:* Item calls for amending the 2008 resolution on migrant health (WHA61.17) with two new recommendations: (1) request Member States conduct a situation analysis and encourage evidence based approaches to promote and protect the health of migrants; and (2) request the DG to review and monitor global progress. *Talking point:* The United States shares the concern about the displacement crisis and welcomes global efforts to address the needs of migrants and other vulnerable populations.
- 8.13 Global snakebite burden (Costa Rica)
 - *U.S. position:* **oppose**; Intervention: **optional**
 - *Issue:* Item calls for a global action plan to address prevention, anti-venom innovation and affordable manufacture, policy and health system strengthening to address snakebites The 2016 WHA directed the Strategic and Technical Working Group (STAG) to develop a system for deciding the technical basis for including diseases on the list of Neglected Tropical Diseases. The EB should wait for a recommendation from the STAG before considering this item. Any consideration of this item should be combined with the proposed item on rheumatic heart disease, for the same reason.
 - *Talking point:* The NTD STAG will consider snakebite envenoming as an NTD in April/2017. The EB should not reach a decision prior to appropriate STAG deliberation.
- 9.2 Global vector control response strategy (China)
 - *U.S. position:* **oppose**; Intervention: **optional**
 - *Issue:* WHO added this item to the agenda and China is proposing a comprehensive, global approach to vector control to revive the public health function of vector control in light of Zika and Yellow Fever.
 - *Talking point:* The USG is concerned this strategy duplicates other efforts already underway within WHO and other international organizations.
- 9.3 Accelerated action for global measles and rubella eradication (Colombia)
 - *U.S. position:* support with **revisions** ; Intervention: **required**
 - *Issue:* Item calls for strengthening of actions to support core components of global measles and rubella strategic plan. The USG cautions against setting eradication timelines.
 - *Talking point:* (see priority talking points above)
- 10.5 Revitalizing physical activity for health (Thailand)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item calls for a resolution requesting a global action plan to promote policies and programs to reduce physical inactivity following a successful 2016 WHA side event, which the U.S. co-sponsored. Thailand approached us to ask for support of this item. U.S. Ambassador Betty King was a Commissioner on this work to end childhood obesity and we have supported it in the past.

- *Talking point:* While there are already a number of items under NCDs we support WHO helping monitor and encourage the global implementation of these action plans, which would ultimately help reduce the prevalence of NCDs.
- 10 (new #): Nutrition (Ecuador)
 - *U.S. position:* **defer**; Intervention: **optional**
 - *Issue:* Ecuador proposes this item to allow the WHO Secretariat to report on implementation of the UN Decade of Action on Nutrition. WHA68 asked WHO to report to the Assembly on implementation of the Rome Declaration commitments, which led to establishment of the UN Decade of Action. Nutrition is already on the WHA agenda in odd cycle years; in May the Assembly adopted WHA68.9 endorsing the Decade of Action. WHO is currently conducting the Global Nutrition Policy Review, which will inform the next report to the WHA. The WHO Secretariat should clarify whether this item is needed to fulfill the expected reporting timelines.
 - *Talking point:* Given that nutrition appears on the agenda in odd years, and WHA69 adopted a resolution on the Decade of Action, we expected the WHA to receive the next report for WHA70. Secretariat, please confirm that reporting on that timeline fulfills expected reporting timelines, working with FAO, to the UNGA.
- 10.6 Cancer prevention and control: support for an updated WHA resolution(Jordan)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Talking point:* **(see priority talking points above)**
- 10.7 Rheumatic heart disease (Cook Islands and others)
 - *U.S. position:* **oppose**; Intervention: **required**
 - *Issue:* Items calls for global leadership by WHO and countries to address Rheumatic heart disease (RHD), a preventable condition that arises from Acute Rheumatic Fever.
 - *Talking point:* There is a role for WHO as demonstrated by success of 1994-2002 program for RHD prevention and control, but the STAG has a mandate to come up with a process for putting items on this list. At most we can support a simple decision point asking the STAG to consider this issue, or to combine it with the snakebite proposal, which also asks for consideration on the NTD list.
- 11.3 Developing a global action plan for the management and treatment of health care waste (Kuwait)
 - *U.S. position:* **defer**; Intervention: **optional**
 - *Issue:* Item calls for the development of a global action plan for the management and treatment of health care waste. However a new global action plan sounds like a substantial amount of work and really addressing health care waste would have to involve the private sector, the transport sector, environmental protection, and the like. It is an important issue but is not clear what additional action is needed since the consideration of this item in 2011.
 - *Talking point:* The management of health care waste is important to avoid the substantial disease burden associated with poor practice, including exposure to infectious agents and toxic substances. However we recommend pushing for a plan in a less busy year.

II. Biographies



Dr Ray Busuttil, Chairman of the Board

Dr Busuttil is a Consultant in Public Health in Malta. He is a Fellow of the Royal College of General Practitioners and a Fellow of the Faculty of Public Health of the Royal College of Physicians – both of the United Kingdom. For the last 17 years, Dr Busuttil has been either a member or the head of Malta's delegation to the Health Assembly and the WHO Regional Committee for Europe. He served as Vice-President of Committee A at the Fifty-third World Health Assembly (2000), as Rapporteur of Committee A at the Fifty-eighth World Health Assembly (2005) and as Vice-President of Committee B at the Sixty-eighth World Health Assembly (2015). He has also represented the Ministry of Health in

a number of other international forums, including the United Nations, the European Union and the European Centre for Disease Prevention and Control.

Between May 2011 and May 2015 Dr Busuttil was a member of the Commonwealth Advisory Committee on Health. In September 2011 he was elected member of the Standing Committee of the WHO Regional Committee for Europe. In September 2014 he was elected Executive President of the WHO Regional Committee for Europe.

Dr Busuttil graduated in medicine and surgery from the University of Manchester in 1980 and worked as a general practitioner in the United Kingdom of Great Britain and Northern Ireland until 1988.



Dr Margaret Chan, WHO Director-General

Dr. Chan is from the People's Republic of China and obtained her medical degree from the University of Western Ontario in Canada. She joined the Hong Kong Department of Health in 1978, where her career in public health began.

In 1994, Dr Chan was appointed Director of Health of Hong Kong. In her nine-year tenure as director, she launched new services to prevent the spread of disease and promote better health. She also introduced new initiatives to improve communicable disease surveillance and response, enhance training for public health professionals, and establish better local and international collaboration. She effectively managed outbreaks of avian influenza and of severe acute respiratory syndrome (SARS).

In 2003, Dr Chan joined WHO as Director of the Department for Protection of the Human Environment. In June 2005, she was appointed Director, Communicable Diseases Surveillance and Response as well as Representative of the Director-General for Pandemic Influenza. In September 2005, she was named Assistant Director-General for Communicable Diseases.

Dr Chan was elected to the post of Director-General on 9 November 2006. The Assembly appointed Dr Chan for a second five-year term at its sixty-fifth session in May 2012. Dr Chan's new term began on 1 July 2012 and ends 30 June 2017, following the 70th WHA.

From: [Wood, Rachel \(HHS/OS/OGA\)](#)
To: [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Mamacos, Peter \(HHS/OGA\)](#)
Subject: RE: WHO EB Bureau call read out
Date: Friday, September 30, 2016 10:51:13 AM

Hi Joel,

Thanks for following up and for your and Serena's responsiveness and help in preparing for the call. We are awaiting the official note for the record that WHO will provide with a summary of the call, but below is the readout I provided to our team.

One important note – on the call the Chair mentioned that there would be another EB Bureau call in November to consider additional criteria for reducing the size of the agenda and to review other rolling agenda items. That was the first we had heard of another call. We don't have other info but will keep you posted as we learn more.

--

Peter and I listened in on the EB Bureau call that WHO held with Dr. Frieden and the other Officers on Wednesday to review the January EB agenda proposals. The Bureau agreed to add 7 items to the agenda and to add two topics to existing items.

Malta's Ray Busuttil led the call as Chairman and primarily agreed to agenda changes based on the Secretariat's recommendation, our requested edits, or from consensus gleaned from silence. Dr. Frieden was the only Officer other than the Chairman to weigh in on the agenda's substance, which he did several times per OGA guidance.

Of our priority items, no one raised changes to the status of the smallpox progress report, and WHO suggested removing India's access to medicines proposal, so Dr. Frieden didn't need to. Additionally the cancer item was added to the agenda, as was the measles and rubella item, despite our request to change it from eradication to elimination from regions (we can only accept/defer proposals at this point, not edit proposal titles at this point). WHO will also add to the agenda the item on migrant health and include sepsis under the existing AMR item.

Thanks,
Rachel

From: Stanojevich, Joel G. (CDC/CGH/OD) [mailto:vhi9@cdc.gov]
Sent: Friday, September 30, 2016 9:38 AM
To: Wood, Rachel (HHS/OS/OGA); Mamacos, Peter (HHS/OGA)
Subject: WHO EB Bureau call read out

Hi Peter and Rachel,

Is there a readout from the bureau call that you plan on circulating?

Thanks so much!

J

Joel Stanojevich, MPH

Strategy Lead | Center for Global Health
Email: vh9@cdc.gov | Phone: 404.639.5944 | Mobile: 678.702.7145
Room 09109 | MS D-69 | 1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: [Wood, Rachel \(HHS/OS/OGA\)](#)
To: [Vinter, Serena \(CDC/CGH/OD\)](#); [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Moore, Melissa \(CDC/CGH/OD\)](#)
Cc: [Mamacos, Peter \(HHS/OGA\)](#)
Subject: WHO EB Bureau call briefer
Date: Monday, September 26, 2016 11:19:33 PM
Attachments: [Briefing - Dr Frieden EB Bureau call 9-28-16.docx](#)
[2. EB140 1\(draft\) including MS proposals for additional items.pdf](#)

CDC –

Attached is a briefing document for Dr. Frieden’s call with the WHO Executive Board (EB) Bureau on Wednesday. Also attached is the EB agenda highlighting the new Member State proposals that will be discussed on the call.

We have provided recommended U.S. positions for each proposal, along with priority talking points for the call. The briefer also covers background on the Bureau’s role. Let us know if you have questions about any of it.

Regarding call logistics, we would like to silently observe the call but WHO does not appear to have a conference line available for non-Bureau members. Are you able to dial us into Dr. Frieden’s line that WHO will call?

Thanks,
Rachel

Rachel Wood, MPP
International Health Analyst
Multilateral Relations, Office of Global Affairs
U.S. Department of Health & Human Services
202.260.1630 | rachel.wood@hhs.gov

From: [Wood, Rachel \(HHS/OS/OGA\)](#)
To: [Vinter, Serena \(CDC/CGH/OD\)](#); [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Moore, Melissa \(CDC/CGH/OD\)](#)
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