

The 146th WHO Executive Board Meeting

ICN Report 3-7 February 2020



International Council of Nurses

**Prepared by:
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Introduction

The 146th World Health Organization (WHO) Executive Board Meeting took place 3-7 February 2020 at WHO Headquarters in Geneva, Switzerland. The representatives of 34 member states make up the Executive Board (EB) and are elected for three-year terms. The annual EB meeting agrees upon the agenda of and the resolutions to be considered by the World Health Assembly (WHA). The main functions of the Board are to implement the decisions and policies of the WHA, and to advise and generally facilitate its work.

ICN's special status with WHO means its delegates are able to intervene in a number of the EB debates about critical areas of healthcare where nurses make a vital contribution to the achievement of WHO's goal of 'Health for All'. ICN closely follows the work of WHO and send a delegation to the EB to attend meetings and deliver statements. In 2020, ICN addressed the EB meeting, delivering statements on four agenda items which were uploaded to the ICN website and can also be found in this report.

The WHO Secretariat indicated that there were 52 items in the agenda with 20 draft resolutions or decisions expected. The agenda items covered the following subjects: primary health care, universal health coverage, engagement with non-States actors, cervical cancer, tuberculosis research and innovation, healthy ageing and digital health.



Report of the Director-General, 146th Meeting of the Executive Board

In the opening remarks of the EB meeting, WHO Director-General (DG), Dr Tedros Adhanom Ghebreyesus presented a wide-ranging review of challenges, transformation and accomplishments from 2019. He highlighted 2020 as the Year of the Nurse and the Midwife, recognising the incredible roles nurses and midwives play and emphasising that health workers are vital to achieving universal health coverage, especially nurses and midwives.

“We’re calling on all countries to invest in nurses and midwives as part of their commitment to universal health coverage. This year, WHO will also publish its first report on The State of the World’s Nursing, to provide a “snapshot” of the global nursing workforce. We hope that countries will use the data from this report to make evidence-based decisions on how and where to invest in the nursing and midwifery workforce.”

Dr Tedros also called for solidarity amongst WHO member states to meet the challenges of the novel coronavirus epidemic. He called on countries to implement decisions that are evidence-based and consistent. He emphasised the importance to combat the spread of rumours and misinformation and the need to support countries with weaker health systems. Universal measures should include policies to review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission.

“We call on all countries to share data, sequences, knowledge and experience with WHO and the world. The only way we will defeat this outbreak is for all countries to work together in a spirit of solidarity and cooperation. We are in this together, and we can only stop it together.”



ICN Delegation

The ICN delegation to the 146th EB meeting consisted of:

- Howard Catton, ICN CEO
- Alessandro Stievano, ICN
- Hoi Shan Fokeladeh, ICN
- Dr Madeline A. Naegle, NYU
- Dr Franklin A. Shaffer, CGFNS International



From left, Dr. Franklin A. Shaffer (CGFNS), Dr. Madeline A. Naegle (NYU), Hoi Shan Fokeladeh (ICN), Alessandro Stievano (ICN) at the World Health Organization Headquarters.



From left, Alessandro Stievano (ICN), Dr. Madeline A. Naegle (NYU), Hoi Shan Fokeladeh (ICN), Howard Catton (ICN) in front of the banner of the Year of the Nurse and the Midwife at WHO.

Agenda Item 6: Primary Health Care

Documents: [EB146/5](#)

Draft operational framework Primary health care: transforming vision into action

- In response to the request in resolution WHA72.2 (2019) on primary health care (PHC), EB146/5 conveyed a draft operational framework for PHC in order to strengthen health systems and support countries in scaling up national implementation efforts. The framework is aimed at a range of actors, including national and subnational government leaders, and non-States actors.
- The demonstrated links of PHC to better health outcomes, improved equity, increased healthy security and better cost-efficiency make PHC the cornerstone of health systems strengthening. There is an unprecedented political movement for health systems to build on the foundations of PHC which is essential to achieve universal health coverage (UHC). The new operational framework outlines 14 operational levers that comprise all the components of PHC. The expansion of PHC services is one of the key accelerators of the health-related Sustainable Development Goals (SDGs) and the special programme will provide differentiated support to countries, particularly with fragile health systems.
- Member States recognised that PHC is a major component to achieve the SDGs and UHC. They also welcomed the Astana declaration and endorsed the WHO Global Action Plan for Health for All. The DG emphasized political commitment from the highest level is crucial to push PHC forward and WHO is willing to provide support to the Member States.
- The draft decision proposed by Botswana, Brazil, Islamic Republic of Iran, Kazakhstan, Mexico and Tajikistan was adopted as [EB146\(18\)](#) Primary Health Care.
- ICN strongly supports the implementation of the WHO's special programme on PHC. Nurses make incredible contributions to PHC on a daily basis and are the agents to effectively engage the community as an actor in the development of interventions and action. Full ICN statement is [here](#).



Left: Amelia Afuhaamango Tuipulotu (Tongan Health Minister);
Right: Howard Catton (ICN)

Agenda Item 7.1: Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues. Universal health coverage: moving together to build a healthier world

Documents: [EB146/6](#)

Universal health coverage: moving together to build a healthier world

- EB146/6 recalled the Political Declaration of High Level Meeting of the United Nations General Assembly on UHC in September 2019. With the foundation of PHC, UHC is universal access to a strong and resilient people-centred health system. In the WHO's 2019 monitoring report, all regions and all income groups recorded gains, but the pace of progress has slowed since 2010 and the progress masks gross inequities. Other monitoring reports also highlight the significant health challenges affecting the most vulnerable population groups, for instance, children under five years of age and pregnant women. The reports also call for a sharper focus on people left behind and an increase in investments in generating high-quality, disaggregated data to help ensure accountability and provide countries with vital insights into the population that is unable to access essential health services.
- Member States recognised UHC as central to SDGs and the role of WHO is critical. Health equity should be focused, especially for vulnerable populations. Health systems should also respond to demographic shifts like ageing populations. Some Member States suggested providing stronger support to health care workers. The Deputy Director General stated that SDG 3.8 (catastrophic expenditures and out of pocket expenditure) has not improved and it is important for Member States to mobilise national resources. The DG said it is crucial to take the opportunity to scale up the action at the country level. The EB noted the report without objections.
- World Health Professionals Alliance (WHPA) [Joint statement](#).



Launching of the final report from the WHO Independent High-Level Commission on Non-Communicable Diseases.



Agenda Item 7.2: Political declaration of the Third High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases

Documents: [EB146/7](#)

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases / [EB146/7](#) Add. 1 Findings of the consultative process on the implementation of the global strategy to reduce the harmful use of alcohol and the way forward

- The report was submitted pursuant to decision WHA72(11) (2019), in which the WHA requested the DG to prepare and update menus of policy options and cost-effective interventions to support Member States in implementing the actions on the prevention and control of NCDs. Four separate issues were considered regarding NCDs: mental health; air pollution; alcohol; and early diagnosis and interventions for NCDs. There is a new WHO roadmap for reducing harmful alcohol consumption. It was noted that there is worldwide increase in harmful alcohol consumption, particularly in low- and middle-income countries.
- Civil society noted that harmful alcohol consumption claims as many as three million lives a year, either directly or through cancer, liver disease, heart attack, etc.
- Member States expressed concern about the diseases linked to alcohol, such as cancer. Some also mentioned the importance of cross-border collaboration to address the harmful use of alcohol effectively. Draft decision [EB146/Conf/1 Rev.1](#) was adopted.
- ICN welcomed the strong emphasis on mental health promotion in the NCD agenda and fully supports the menu of policy options and mental health interventions. Nurses have expertise in holistic, person-centred care and mental health interventions which broaden the therapeutic outcomes for complex components of chronic illness. Read the full ICN statement [here](#).



From left, Howard Catton (ICN), Dr. Tedros Adhanom Ghebreyesus (WHO Director-General)

Agenda Item 8: Global Vaccine Action Plan (GVAP)

Documents: [EB146/8](#)

- The GVAP 2011-2020 was adopted at WHA65.17 in 2012. In 2017, the World Health Assembly expressed concern that the progress toward increasing equitable access to life-saving vaccines, the eradication of polio, and the elimination of measles, rubella, and maternal and neonatal tetanus was too slow. Resolution WHA70.14 (2017) was adopted to strengthen immunisation to achieve the goals of the GVAP and requested the DG to report on the epidemiological aspects and the feasibility of, and potential resource requirements for, measles and rubella eradication.
- EB146/8 reviewed and presented the lessons learned from the GVAP, which provided an immunisation vision and strategy for the decade 2011-2020. The report by the Strategic Advisory Group of Experts (SAGE) stated the implementation of the GVAP was envisaged at country level through the updating of national immunisation plans, supported by development partners. Towards the end of the decade, regional vaccine action plans were developed and have played a key role in bridging the gap in strategy and planning between global and country levels. However, the experience suggests that elimination goals will ultimately depend on strong national immunisation coverage and the progress relies on the increase in commitment to achieve equitable immunisation coverage.
- With the changing global context and emerging challenges, issues such as growing inequities within and among countries, demographic shifts, migration and displacement of people, climate change and natural disasters, and the spread of misinformation about the safety and effectiveness of vaccines threaten immunisation gains need to be addressed with tailored approaches.
- Member States welcomed the report and showed concerns about vaccine hesitancy and the disruption in supply. Some Member States pointed out strategic plans should be built on the considerations of conflicts and political unrest which greatly affect vaccination. The EB also acknowledged defeating meningitis by 2030 as one of the four flagship global strategies to prevent high threat infectious hazards. The decision was adopted by consensus.

Agenda Item 9: Accelerating the elimination of cervical cancer as a global public health problem

Documents: [EB146/9](#)

- As requested by the 144th EB in decision EB144 (2), the DG developed, in consultation with Member States and other relevant stakeholders, a draft global strategy to accelerate cervical cancer elimination, with clear goals and targets for the period 2020-2030. The EB considered the draft strategy in EB146/9 and provided further guidance.
- To achieve elimination this century, '90-70-90' targets need to be met by 2030: 90% of girls fully vaccinated with a human papillomavirus vaccine by 15 years of age; 70% of women screened using a high-performance test by 35 and 45 years of age; and 90% of women identified with cervical diseases are treated.
- The document proposes three pillars of strategic actions to accelerate elimination, including intensive vaccination against human papillomavirus, screening for and treatment of pre-cancerous lesions, and management of invasive cervical cancer in combination. The draft strategy is based on a public health approach that focuses on health promotion, primary and secondary prevention through vaccination, screening for and treatment of pre-cancerous lesions, and prolonging life through timely management of early cancer. The report also mentions the importance of data collection across the three pillars to track progress made towards meeting the targets.
- The report also emphasizes the multisectoral partnerships at the global, regional and national levels. Partnerships need to extend beyond the health sector to encompass non-traditional sectors. The draft strategy allows for regional adaptation. Each region will be able to tailor the strategy to suit its implementation framework in regard to differing incidences, co-morbidities and mortality rates.
- Member States supported the strategy and stated it will have a direct impact on SDG targets. Some Member States expressed the key challenges of national implementation, such as the prices of the vaccine, the lack of skilled personnel and investment in rapid diagnostic kits. The resolution was adopted.

Agenda Item 10: Ending tuberculosis

Documents: [EB146/10](#) and [EB146/11](#)

- Pursuant to resolutions WHA67.1 and WHA71.3, the DG submitted two reports on tuberculosis. The first report (EB146/10) indicated the progress in implementation of the End TB Strategy and towards its target for 2030 and 2035. The report highlighted the need for urgent acceleration of the response, including increased political commitment. The second report (EB146/11) summarized a comprehensive draft global strategy on tuberculosis research and innovation.
- The WHO Secretariat has been implementing this agenda in relation to the four principles (Government stewardship and accountability, with monitoring and evaluation; Strong coalition with civil society organisations and communities; Protection and promotion of human rights, ethics and equity; and Adaption of the strategy and targets at country level, with global collaboration); three pillars (Integrated patient-centred care and prevention; Bold policies and systems; and Intensified research and innovation); and ten components. The agenda has some positive signs such as improved medicines and diagnostics, including medicines for drug resistant TB, however, the strategy is not on track to end the tuberculosis epidemic by 2030 and investments are insufficient for full acceleration.
- The draft Global Strategy for Tuberculosis Research and Innovation acknowledges the existing limitations in research and development capacity and performance and their significance in the continuing TB epidemic. The strategy has four main objectives: Create an enabling environment for high-quality tuberculosis research and innovation; Increase financial investments in tuberculosis research and innovation; Promote and improve approaches to data sharing; and Promote equitable access to the benefits of research and innovation.
- Many Member States stated TB remains a public health challenge in countries, especially in treatment resistance. More technical support and assistance for research and development to end TB was requested from Member States. The WHO Secretariat shared the concern of failing to end TB by 2030 and urged Member States to fill financial gaps. The EB noted the report with no objections. The draft resolution was adopted.

Agenda item 17: Decade of Healthy Ageing

Documents: [EB146/23](#) Development of a proposal for a Decade of Healthy Ageing 2020-2030

- Regarding resolution WHA 69.3 (2016), in which the Global Strategy and Action Plan on Ageing and Health was adopted, a proposal for a Decade of Healthy Ageing 2020-2030 has been prepared with inputs from organisations in the United Nations system, international organisations and non-State actors. A revised draft was prepared by the WHO Secretariat based on the feedback received through all channels. The refined proposal extends the action plan to 2030 with strengthened multisectoral action and multi-stakeholder engagement. The collaboration focuses on four action areas that are intended to improve the lives of older people, their families and their communities: Changing how we think, feel and act towards age and ageing; Developing communities in ways that foster the abilities of older people; Delivering person centered integrated care and primary health services responsive to older people; and Providing older people who need it with access to long-term care.
- Member States welcomed WHO's effort and support to focus on age-friendly environments. It was also mentioned that healthy ageing is a multidimensional issue and requires cooperation beyond the health care sector.
- ICN strongly supports the need for a paradigm shift around how we feel, think and act towards ageing and believes improving lives of older people should be seen as a key tool for health promotion, disease prevention and the overall holistic care of individual. Read the full ICN statement [here](#).



From left, Howard Catton (ICN),
Dr. Madeline A. Naegle (NYU), Carey McCarthy (WHO)

Agenda item 18: Maternal, infant and young child nutrition

Documents: [EB146/24](#)

- In response to the resolution WHA65.6 (2012), the report submitted by the DG describes the progress made in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition, and with respect to the five actions adopted in the plan. The report also updates on the related Global Nutrition Monitoring Framework as requested by decision WHA68(14) (2015) and provides information on national measures to give effect to the International Code of Marketing of Breastmilk Substitutes.
- The report states that out of six global targets (stunting, anaemia, low birthweight, overweight, exclusive breastfeeding and wasting), only slow progress has been made in reducing stunting and low birth weight and increasing breastfeeding. Wasting and anaemia are still largely unaddressed, and overweight has continued to increase. Further efforts are needed to scale up response actions.
- The report highlights five action plans.
 1. Create a supportive environment for the implementation of comprehensive food and nutrition policies.
 2. Include all required effective health interventions with an impact on nutrition in national nutrition plans.
 3. Stimulate development policies and programmes outside the health sector that recognise and include nutrition.
 4. Provide sufficient human and financial resources for the implementation of nutrition interventions.
 5. Monitor and evaluate the implementation of policies and programmes.
- The progress update for the International Code of Marketing of Breastmilk Substitutes points out the widespread use of digital marketing strategies for the promotion of breastmilk substitutes is a cause of growing concern. WHO has developed a methodology for identifying commercial baby foods available in retail settings and collecting data on their nutritional content and various aspects of their packaging.
- Some Member States showed concern about the slow progress to improve nutrition and a lag in achieving the goals of SDG. Member States also suggested to improve engagement between WHO and Member States for achieving the nutrition targets and requested for more coordination mechanism within different organisations, such as WHO.

Agenda item 20: Data and innovation: draft global strategy on digital health

Documents: [EB146/26](#)

- In response to resolution WHA71.7 (2018) on digital health, the DG developed a Global Strategy on Digital Health to identify priority areas, in consultation with Member States and with inputs from stakeholders. The purpose of this strategy is to advance and apply digital technologies towards the vision of health for all. The draft global strategy sets out a vision, mission, strategic objectives and a framework for action to advance digital technologies for health, both nationally and globally.
- The draft strategy identifies four guiding principles and four strategic objectives: Promote global collaboration and advance the transfer of knowledge on digital health; Advance the implementation of national digital health strategies; Strengthen governance of digital health at global and national levels; and Advocate for people-centred health systems that are enabled by digital health. A range of policy options and actions are proposed under each of the objectives. Indicators and measures are proposed to be identified and agreed upon by Member States as a basis for monitoring and evaluating progress in the adoption of this agenda item.
- In general, Member States aligned with the report and agreed WHO has a role in development of norms, standards, guidance tools and advocate for the use of digital health. They agreed the use of digital technology can help achieve UHC. Some Member States also stated the importance of health data management, the respect to the right to privacy and digital inequality.
- The report was adopted with no objection. The 73rd WHA will adopt the draft decision to endorse the Global Strategy on Digital Health and the DG will report back to the WHA on progress in the implementation of the strategy in 2023

Agenda item 22.1: WHO reform

Documents: [EB146/31](#)

Written statements: guidelines for Member States/ [EB146/32](#) Governance/ [EB146/33](#) Involvement of non-State actors in WHO's governing bodies

- As agreed by the Executive Board at its 145th session, the WHO Secretariat organised a web consultation with non-State actors (NSAs) to seek their views on their involvement in WHO governance in order to elaborate proposals for the governing bodies on that involvement. The deliberations on WHO's reforms have shown that the involvement NSAs in the governance of WHO can be improved only with a package of measures and combined with an overall strengthening of WHO's engagement with non-State actors in line with the 13th General Programme of Work and in accordance with the Framework of Engagement with Non-State Actors (FENSA). Improving the engagement of non-State actors in WHO's governance should respect the following objectives: Respect the intergovernmental nature of WHO; Become more meaningful; Increase the efficiency and effectiveness of interactions; Respect the diversity of non-State actors.
- In the proposal, firstly, there would be an informal meeting between Member States and NSAs in official relations with the WHO before each WHA session. Secondly, an opportunity would be given to NSAs to make five joint statements early in the debate and, once the NSAs agreed to make joint statements, they cannot make oral individual statements. Thirdly, the number of individual statements an NSA can make in one session of the EB and WHA is limited to three. Lastly, the number of delegations of NSAs in official relations would be limited to a maximum of 25 delegates.
- Member States stated NSA engagement should be consistent and enhanced. Some showed reservations regarding the proposal, including concern on the restriction of the number of delegates and the oral statements. Secretariat requested to submit full proposals for more concrete implementation in EB148h in 2021.
- ICN disagrees with the proposal to restrict NSA delegation size. Voices of nursing should be heard at the centre of WHO decision-making rather than silencing them. Full ICN statement is [here](#).
- World Health Professionals Alliance (WHPA) [Joint statement](#).



Left: Elizabeth Iro (WHO Chief Nursing Officer); right: Howard Catton (ICN)