

- 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:* Item 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 70<sup>th</sup> 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](mailto: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**

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

---

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

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

---

**From:** Wood, Rachel (HHS/OS/OGA)  
**Sent:** Thursday, September 22, 2016 4:06 PM  
**To:** Stanojevich, Joel G. (CDC/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>  
**Cc:** Moore, Melissa (CDC/CGH/OD) <[apo3@cdc.gov](mailto:apo3@cdc.gov)>; Vinter, Serena (CDC/CGH/OD) <[uvv3@cdc.gov](mailto: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: [yhi9@cdc.gov](mailto:yhi9@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) <[yhi9@cdc.gov](mailto:yhi9@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 28<sup>th</sup>.

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](mailto: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

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](mailto:rachel.wood@hhs.gov)

**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
<b>Agenda item 7. Preparedness, surveillance and response</b>			
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)
<b>Agenda item 8. Health systems</b>			
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)
<b>Agenda item 9. Communicable diseases</b>			
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
<b>Agenda item 10. Noncommunicable diseases</b>			
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)
<b>Agenda item 11. Promoting health through the life course</b>			
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**

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

---

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

**To:** Vinter, Serena (CDC/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Moore, Melissa (CDC/CGH/OD) <[apo3@cdc.gov](mailto:apo3@cdc.gov)>  
**Cc:** Mamacos, Peter (HHS/OGA) <[Peter.Mamacos@hhs.gov](mailto: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

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](mailto:rachel.wood@hhs.gov)

## 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-GENERAL<sup>1</sup>**

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.

===

---

<sup>1</sup> 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](mailto: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](mailto:uvv3@cdc.gov)>  
**Cc:** Stanojevich, Joel G. (CDC/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Moore, Melissa (CDC/CGH/OD) <[apo3@cdc.gov](mailto:apo3@cdc.gov)>; Bumpus, Stefanie (CDC/OD/OCS) <[wve1@cdc.gov](mailto: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](mailto:wve1@cdc.gov)>  
**Cc:** Stanojevich, Joel G. (CDC/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Moore, Melissa (CDC/CGH/OD) <[apo3@cdc.gov](mailto: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 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](mailto: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**

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

---

**From:** Wood, Rachel (HHS/OS/OGA)  
**Sent:** Monday, September 26, 2016 11:19 PM  
**To:** Vinter, Serena (CDC/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/CGH/OD) <[yhi9@cdc.gov](mailto:yhi9@cdc.gov)>; Moore, Melissa (CDC/CGH/OD) <[apo3@cdc.gov](mailto:apo3@cdc.gov)>  
**Cc:** Mamacos, Peter (HHS/OGA) <[Peter.Mamacos@hhs.gov](mailto: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](mailto: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 140<sup>th</sup> 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. Vea, 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 140<sup>th</sup> 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 70<sup>th</sup> 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](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: [vhi9@cdc.gov](mailto: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 \(HHS/OS/OGA\)](#)  
**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](mailto:rachel.wood@hhs.gov)

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