



PHM daily briefing of the WHO 77th WHA Meeting: Day 4 (May 30, 2024)
Report prepared by PHM's [WHO Watch team](#)

Committee A, Morning Session

During the morning session of Committee A, Member States discussed three items: [Progress on the Road map for neglected tropical diseases 2021–2030 \(11.6\)](#); [Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality \(11.7\)](#); and [Antimicrobial resistance: accelerating national and global responses \(11.8\)](#).

Road map for NTDs 2021–2030 - Agenda Item 11.6

The session on NTDs saw Member States welcoming the report and expressing support for the roadmap on NTDs. Countries shared their efforts to reduce the burden of these diseases. *Namibia*, while acknowledging WHO's support in eliminating NTDs, pointed out **several gaps** in their control, such as **low surveillance capacity, insufficient health workforce capacity, weak supply chain management systems, and inadequate funding**. Ironically, there were few interventions from delegates regarding this agenda item.

Acceleration towards the SDG targets for maternal health and child mortality - Agenda Item 11.7

In the discussion on achieving SDG targets on maternal health and child mortality, Member States reported their initiatives and progress. Many expressed **concerns about the lag in achieving these goals**. *Tanzania* highlighted that many countries in the **African Region are off track** to meet the 2030 targets. Member States expressed **support for the draft resolution proposed by Somalia** to accelerate progress towards reducing newborn and child mortality. *The UK, Ethiopia, Uruguay, Tanzania, and other countries* co-sponsored this Resolution.

AMR: accelerating national and global responses - Agenda Item 11.8

The discussion on AMR revealed that the **majority of Member States supported the proposed resolution**, with Brazil, Switzerland, and the UK co-sponsoring it. Member States discussed the problems of AMR within their countries and shared their interventions. Many emphasised that battling AMR is best done through the One Health approach, stressing the need to strengthen surveillance. *Slovenia*, specifically, supported WHO's accountability framework. Member States highlighted the **need for coordinated efforts, collaboration at global, regional, and national levels, a multi-sectoral response, sufficient resources, a people-centred approach, and access to diagnostics and medicines**. *Yemen* called for **developed countries to provide drugs on acceptable terms and subsidise poorer countries**, noting that developed nations have the laboratories and technical capabilities to develop drug alternatives for all AMR cases.

Committee B, Morning Session

Staffing Matters - Agenda Item 23

Relevant documents for this agenda item are: [A77/25](#) and [A77/43](#), [A77/4](#) and [EB154/2024/REC/1](#), resolution [EB154.R9](#), [A77/26](#). Countries mostly welcomed the progress the WHO has made in advancing gender balance across the organisation. However, there were calls for further improvements. *Russia* highlighted the need for the **Secretariat to improve transparency in staff statistics**, indicating a desire for more detailed and accessible data. *Japan* pointed out **persistent issues of under-representation** within the organisation, suggesting that more work is needed to ensure equitable representation. *Zambia* added to this discussion by calling for efforts to **address disparities in staff sourcing** and suggested the creation of leadership programs specifically aimed at women in under-represented regions. This highlights a broad consensus on the need for continued efforts towards gender balance and equitable representation in the WHO.

In terms of formal decisions, **two key documents were approved**. The **resolution on parental leave** ([EB154.R9](#)) received approval, which signifies a commitment to improving work-life balance and support for families within the organisation. Additionally, the **appointment of representatives to the WHO Staff Pension Committee** ([A77/26](#)) was approved, which is a routine but important aspect of organisational governance.

Management, legal and governance matters - Agenda Item 24

This agenda item includes item 24.1 on the prevention of sexual exploitation, abuse, and harassment (Documents [A77/4](#) and [A77/42](#)), item 24.2 on the process of handling and investigating potential allegations against WHO Directors-General (Documents [A77/27 Rev.1](#), [A77/27 Rev.1 Add.1](#), and [A77/41](#)), and item 24.3 on the Secretariat implementation plan on reform (Documents [A77/28](#) and [A77/40](#)). *Thailand* emphasised the need for **better accessibility and support systems for victims and survivors**, particularly concerning long-term mental health impacts. *Kuwait, Namibia, and Oman* **opposed external investigations** for handling complaints against the Director-General. *The USA* supported external investigators to ensure independence and avoid conflicts of interest, **warning against misinformation** causing confusion among Member States.

“We asked for procedures that provide independence in a process the more risk inherent conflicts of interest that we’re trying to avoid. We urge Member States not to be accidentally complicit in delaying implementation of these important protections for the organisation we all care so much about. We believe that disinformation circulating in the hall is causing confusion among Member States and we’re frankly disappointed to see that this is happening at this organisation.”

The USA

Agreements with intergovernmental organisations & strengthening integrated, people-centred health services - Agenda Item 26 & 28

Agenda Item 26 pertains to agreements with intergovernmental organisations, specifically focusing on the OECD this time (Documents [A77/30](#) and [A77/30 Add.1](#)). The discussion on agreements with external organisations saw varied opinions. *The Bahamas* and *India* endorsed an agreement with the OECD. *Russia* **disagreed**, criticising the OECD as a "closed club" promoting developed countries' interests. No consensus was reached.

“The organisation for OECD is no more than a closed club of interests promoting values and priorities of a small number of developed countries”

Russia

Item 28 addresses updates and future reporting aimed at reinforcing integrated, people-centred health services, as documented in [A77/32](#) and [A77/32 Add.1](#). The report outlines the evolution and impact of the WHO's efforts to advance integrated, people-centred health services since 2016, in alignment with resolutions like WHA69.24 and WHA74(17), which underscore the importance of comprehensive reporting and ongoing governance reforms within the WHO framework. The document was approved with minimal discussion or feedback.

Review of and update on matters considered by the Executive Board - Agenda Item 15

The discussion covered a review and update on matters considered by the Executive Board, including social determinants of health (Item 15.1, Document [A77/4](#)), maternal, infant, and young child nutrition (Item 15.2, Document [A77/4](#)), well-being and health promotion (Item 15.3, Documents [A77/4](#) and [EB154/2024/REC/1](#), decision [EB154\(13\)](#)), and economics and health for all (Item 15.5, Documents [A77/4](#), [A77/A/CONF./2](#), and [A77/A/CONF./2 Add.1](#)).

Saudi Arabia emphasised the necessity of taking measures to **prevent the promotion and commercialization of alternatives to breastmilk**, particularly through digital marketing channels. *Brazil*, representing a group of countries, proposed supporting WHO guidance on regulatory measures and advocated for **preparing a draft resolution on the regulation of breastmilk alternatives to be presented at the 78th World Health Assembly**. Both *India* and *Norway* expressed alignment with the regional strategic framework for social determinants of health action from 2023 to 2030, focusing on addressing health inequities, social justice, and economic, commercial, and digital determinants of health. *Malaysia* highlighted the importance of the WHO's global framework on health promotion, noting that the **2022 resolution on behavioural science for better health has encouraged innovative approaches** through behavioural insights. *Norway* further emphasised the importance of paid parental leave, ensuring sufficient leave for mothers to enable recommended breastfeeding, and access to quality childcare. Additionally, **Norway uniquely addressed the interconnections between climate change, food security, and nutrition**. The discussions on items 15.1, 15.2, 15.3, and 15.5 continued in the afternoon session.

Committee A, Afternoon Session

In the afternoon session of Committee A, discussion continued on **agenda items 11.6, 11.7 and 11.8** on neglected tropical disease (NTDs), accelerating achieving Sustainable Development Goal (SDG) goals on maternal health and child mortality, and Antimicrobial Resistance (AMR). They then moved on to discuss item 12, on the [Global technical strategy and targets for malaria 2016–2030](#).

Under item 11.6, Member States, by and large, welcomed the Director-General's report and commended WHO for promoting progress on this file.

Concerning agenda item 11.7 the EB report by the DG [EB154/12](#) noted that more than four in five countries worldwide were off track to meet their Ending Preventable Maternal Mortality target in line with Sustainable Development Goals target 3.1. The [draft resolution A77/A/CONF./5](#) was welcomed by the Member states that took the floor. Various Member States shared their efforts to accelerate the progress and meet the 2030 goals. *Lebanon* emphasised the need for reliable, high-quality data on MNCH indicators to track progress toward SDG 3 and make course corrections.

“No woman should die from preventable maternal causes”

Jamaica

The [report \(A77/5\)](#) on agenda item 11.8 *Antimicrobial resistance: accelerating national and global responses* mentioned that 178 countries had developed multisectoral national action plans on antimicrobial resistance. However, **in 2023 only 27% of countries reported implementing their national action plans effectively and only 11% had allocated national budgets to do so.** *Angola* and *Moldova* requested continued support from WHO in developing and implementing its national action plans on AMR. Various member states, including *Jamaica* and *Canada*, shared their plans to update their national action plans on AMR.

The [draft Resolution A77/A/CONF./5](#) under item 11.8 on AMR was met with great support. Among other things, it calls on Member States to engage in the preparation of the upcoming **UNGA High-Level Meeting on AMR**, set to take place in New York this **September**. The hope is that a **strong political declaration from heads of state will reinvigorate global political momentum to tackle AMR.**

Mexico called on Member States to reach an agreement during the AMR meeting in New York to approve regular frameworks for medicines, vaccines, food and water, and to establish global systems to target AMR that include the one-health approach.

In their efforts to reduce regulatory action on AMR in pursuit of profits, the International Pharmaceutical Federation (FIP) and International Federation of Pharmaceutical Manufacturers (IFPMA) intervened during the session. *FIP* argued, without evidence, that **“the proposed restriction on non-prescription antimicrobials...may delay treatment and disadvantage underserved communities.”** *IFPMA* demanded Member States and WHO to “acknowledg[e] the unsustainable economics of antibiotic R & D

as a core driver behind the deteriorating clinical pipeline...and for the report to **recognize the well-studied incentive solutions that can support a healthy antibiotic R & D ecosystem.**” The possibilities of nationalising antimicrobial development, or developing antimicrobials through a non-profit model, were not mentioned.

One health and climate and health in agenda item 11.6, 11.7, 11.8

Some member states linked the agenda items 11.6, 11.7 and 11.8 to environment related health harms. *France*, for example, recognized how the climate shock among other crises have **increased the number of people finding themselves in a vulnerable situation. Women and children are most affected by the climate crisis.** *Tuvalu* addressed how pollution, climate change, and health related issues impact their capacity to address other health crises. They called for continued global collaborations in the fight against the impact of climate change on health. *Canada* and *Jordan* underlined the importance of integrating One Health in strategies to tackle AMR.

The committee noted reports in A77/4 and A77/5 by consensus. The Resolution on accelerating achievement of the SDGs related to MNCH, contained in [A77/A/CONF./5](#), was approved by consensus, as was the Resolution on AMR, [A77/A/Conf./1](#).

Committee A then moved on to agenda item 12 on the Global technical strategy and targets for malaria 2016–2030, discussing the [DG’s report contained in document A77/6](#). Speaking on behalf of the WHO Africa Region, *Namibia* laid out the stark challenge facing member states in Africa on this front: **“The Africa region still bears the greatest proportion of the global malaria burden. The majority of countries are off track by as much as 53% to attain the GTS milestones for both malaria morbidity and mortality.”**

“The report rightly points out the need for more effort to combat malaria in the African region where children and pregnant women are dying of the disease which is curable and or preventable. This is unacceptable.”

Tanzania

Sri Lanka, spoke on behalf of the SEARO region underlined that the issue of Malaria is crucial for the region as **nine out of eleven countries are endemic.** Over the last few years, the region saw a 79% reduction in cases. SEARO was the region with the greatest decline. Sri Lanka calls for political commitment into domestic resources for primary health care and malaria control and elimination, securing sufficient international investment, responses to anti-parasitological drug resistance and ensuring the efficient and sustainable responses to malaria.

“We must prioritise evidence-based approaches and strategies in malaria control and prevention. Sustained investment to source mobilisation and capacity-building are essential to accelerate the progress towards this goal.”

Sri Lanka

Member states welcomed the report from the Director-General and commended WHO's efforts to support countries in the implementation of their strategies and surveillance. The need for ongoing and renewed political will to tackle malaria was a major theme. Some countries, namely *Chad*, *Tanzania*, and *Brazil*, called for the WHO and the international community to increase the finances allocated to Malaria. Japan raised their **worries about increasing global disparities in terms of Malaria control** and *Iraq* called for an equitable global response.

Committee B, Afternoon Session

Agenda Item 15 encompassed critical discussions on various aspects of public health. Item 15.1 focused on the social determinants of health, as detailed in document [A77/4](#). Agenda **item 15.2** centred on maternal, infant, and young child nutrition, also documented in [A77/4](#). Agenda **item 15.3** addressed well-being and health promotion, with relevant documents [A77/4](#) and [EB154/2024/REC/1](#), decision [EB154\(13\)](#).

Countries emphasised the necessity of investment to guarantee a **"Health for All"** agenda, stressing **collaboration between sectors and addressing social determinants of health**. **Expanding primary care** access through human-centred services and extending paid parental leave were highlighted. The importance of **improving access via digital technologies and utilising big data** was reinforced.

There was a **consensus on the exclusivity of breastfeeding**, with countries sharing their local measures to support this initiative. *Brazil* suggested addressing this issue through **international cooperation on breast milk banks**. *Qatar's* initiative on **promoting sports**, emphasising the contribution of physical activities to mental health, was welcomed.

The **"Economics of Health for All" report faced criticism**: *the USA* questioned the **expense of the proposed portfolio**, and *Iraq* noted the **lack of precise information on how states would implement** the guidance. No member state mentioned the necessity of moving beyond the social determinants of health towards the concept of the social determinants of health.

Committee A, Evening Session

Agendas 13 and 14 were discussed together, which included subitems **13.1**, **13.2**, **14.1**, and **14.3**, as detailed in Documents [A77/11](#) and [A77/4](#), and Decisions [EB154\(9\)](#), [EB154\(10\)](#), [A77/A/CONF./4](#), [A77/A/CONF./4 Add.1](#), and [A77/A/CONF./13](#). The discussion will focus on public health emergencies, specifically preparedness and response.

Importance of the Resolution and Climate Events

Several countries highlighted the importance of the resolution due to the increase in catastrophic climate events, with specific mentions from *Jamaica*, *Ukraine*, *Moldova*, *Fiji*, and *Montenegro*.

"The cholera situation remains an acute grade three emergency, exacerbated by environmental factors like climate change, rapid urbanisation and population growth. "

South Sudan

Concerns and Support for IOAC

Support and appreciation for the Independent Oversight and Advisory Committee ([IOAC](#)) were expressed by *Lebanon, Norway, Australia, South Korea, and the USA. Brazil*, while acknowledging the IOAC's value, expressed **concerns about the Committee's overstretch**, calling for additional support. Lebanon, Botswana argued that WHO role should remain at the centre of the architecture of the preparedness and response and WHO secretariat is best placed to act as the secretariat to the conference of the parties.

“[We] highlight the vital importance of the IHR in particular for vulnerable people and populations in the light of outbreaks of infectious diseases and its all intrinsically linked to the strength of our healthcare structures.”

Honduras

Funding and Health System Strengthening

Jamaica emphasised the **need for funding** to enhance health diagnostics and laboratory services to strengthen health systems and combat antimicrobial resistance. *Ethiopia* underscored the importance of *equitable access to health products during emergencies*.

Sexual Exploitation and the Climate Crises

Canada emphasised the issue of sexual exploitation in the context of crises, stating, “Climate change, conflicts, and infectious diseases will overlap in many emergencies. It is **critical that the function to prevent and respond to sexual exploitation, abuse, and harassment is fully sustainably resourced.**” *Iceland* added that addressing gender specific impacts of natural disasters is vital, as the evidence clearly shows that **women and girls health is disproportionately impacted by natural hazards**. But other countries were cautious of the proposed language and approach.

“Respect for national context and cultural sensitivities should be implemented for any document at national level and we hope the same principles will be upheld in this resolution as well.”

Pakistan

There was **no consensus** on the amendments for resolution [EB154/CONF./2](#), yet it was ultimately approved. This resolution, aimed at strengthening health emergency preparedness for disasters resulting from natural hazards, sparked debate due to its extensive use of the term "gender responsive" across several paragraphs. Despite its approval, eight countries—*Pakistan, Iran, Saudi Arabia, Russia, Nigeria, Bahrain, Syria, and Egypt*—**requested to dissociate from the resolution's paragraphs employing the term "gender responsive."** This request underscores the importance of respecting national contexts and cultural sensitivities in the utilisation of such terms.

Implementation of the International Health Regulations 2005

Relevant documents: DG's Progress Report and DG's and Review Committee's standing recommendation reports regarding COVID-19 and Mpox ([A77/8](#), [A77/8 Add.1](#), [A77/8 Add.2](#), [A77/8 Add.3](#) and [A77/8 Add.4](#))

A few countries, such as *Chile*, noted that **they had not been given sufficient time to review all the amendments** and determine the appropriate steps to take.

Surveillance and Common but Differentiated Responsibilities

Across the board, many countries emphasised the importance or the need to **enhance genomic surveillance in the context of health emergencies**. *Russia* recommended countries follow the One Health approach in joint epidemiological surveillance by **voluntary adherence**, mentioning the respect for sovereignty. *Malaysia* argued that surveillance and prevention measures should be **proportionate to the capabilities and context**, and the obligations should be underpinned by capacity building and cooperation. In contrast, *Norway* argued for **common responsibilities, with no mention of the principle of differentiated responsibilities**. *Germany* highlighted its willingness to adopt the amendments by the end of WHA77.

Equitable access to health products

Ethiopia argued for **equitable access to health products**. *Botswana* voiced its **concerns regarding the global shortage of cholera vaccine**: "If the world was to achieve equity in the fight against emergencies, looking for solutions against the current cholera outbreak that is growing in magnitude and case fatality rates would be a great start."

Funding issues

Jamaica emphasised the need for a fund that includes activities to enhance health diagnostics, including laboratory services to strengthen health systems and address antimicrobial resistance. *Korea, on behalf of SEARO*, recommended **sustainable and predictable financing for implementation of national action plans** by strengthening capacity. *Jamaica* submitted a proposal to the Pandemic Fund that includes activities to enhance health diagnostics, including laboratory services to strengthen health systems and address antimicrobial resistance. *Kuwait* commended WHO's integrated approach regarding health emergencies, but **regretted the decrease of donor investment on health**, which accounts for 40% nationally. *Yemen, on behalf of EMRO*, warned about countries wanting attention to preparedness and urged them to maintain the gains achieved during the COVID-19 pandemic.

Committee B, Evening Session

During the evening session Committee B first continued its discussion of Agenda items 15.1, 15.2, 15.3 and 15.5. The discussion was at times confusing, with some member states commenting on 15.4 under this grouping of Agenda items and then had to be stopped by the chair. They then turned to Agenda Item 15.4 on Climate Change and Health. Many countries expressed support for the resolution tabled under this agenda item, with several indicating that they wished to co-sponsor.

Environmental Concerns and Nuclear Safety

China and *North Korea* express **concerns about Japan's unilateral decision to discharge nuclear waste into the ocean**, emphasising the potential health risks for present and future generations. *North Korea* also criticised countries who defend Japan's clear violation of the right to a safe environment.

Health System Strengthening and Equity

Bangladesh, *Gambia*, *Vanuatu*, and *Namibia* all highlight the need for increased funding, infrastructure development, and efforts to address disparities in healthcare access to ensure equity. *South Africa* reiterated the importance of equitable access to health technologies and medicines and **advocated for tech transfer and addressing IP barriers** that hinder access to essential health services. *Switzerland* diverges from the consensus on IP recommendations in the report, warning that **certain recommendations could stifle research, innovation, and new drug development in the health sector**.

Impacts of Debt and Austerity on Health

South Africa discusses the **negative impact of COVID-induced austerity measures on public health services**, emphasising the importance of equitable responses to the pandemic. *Namibia* emphasises the importance of dealing with the debt crises in many developing countries. They point out that **sometimes countries spend more money repaying their debts than they do on healthcare**.

Implementation and Action Plans

Iraq seeks **clarification on translating recommendations into actionable plans at the country level**, emphasising the importance of effective implementation strategies in addressing global health challenges. The Secretariat did not respond to this request.

Moving on to agenda **item 15.4** Climate Change and Health, on issues including impact of chemicals, waste and pollution on human health (Documents [A77/4](#), [A77/A/CONF./7](#) and [A77/A/CONF./7 Add.1](#)).

WHO Plans for Managing Climate Crisis

Denmark on behalf of the Nordic and Baltic countries stated that the **climate crisis was also a human rights crisis**. *Fiji on behalf of Barbados, Kenya, the kingdom of Netherlands, Peru and the United Kingdom* called on the secretariat to develop the first ever **global plan of action** on climate change and health and to accelerate actions on climate change and health within the new GPW. They also asked Member States to **strengthen both national and international investments** in building climate resilient and sustainable health systems. Finally, they requested the secretariat to **develop an internal net zero carbon road map** to lead by example. Echoing this the *Nordic and Baltic states* called on the secretariat to develop, in consultation with MS, a **WHO plan of action on Climate and Health that is based on Human Rights** and takes into account the gender perspective. *The Netherlands* mentioned the **importance of civil society involvement** in developing a global action plan on climate change and health. *Russia* called on the WHO to restrict its work to health and not duplicate the work of other agencies.

One Health, Food Systems Transformation

France noted the **importance of a One Health** approach in addressing the climate crisis. *Mexico* emphasised that it has found it **necessary to regulate chemical products eg. lead, glyphosate and GMO corn** as part of its health and climate efforts. It also pointed out that climate **justice for small scale farmers** must also be coupled with **food system transformation**.

Financing Climate Adaptation and Mitigation, CBDR

Interventions on this agenda item focused on calls from developing countries for high income countries to take responsibility for historical emissions and adhere to the principles of common but differentiated responsibilities, especially as countries with historically low emissions suffer disproportionately from the negative effects of the climate crisis. *Colombia's* intervention noted that **the most vulnerable bear the greatest cost of the crisis but they contributed the least**; therefore climate justice should be at heart of debate and adequate climate finance should be made available to countries. *Namibia* pointed out that all MS have a duty to address the climate crisis but this depends on their national capacities and resources, technologies and level of support they are receiving. It called for the **full recognition of CBDR in the report and asked that the Secretariat's actions should be in line with this principle**, including in relation to reducing climate emissions. *The Bahamas* called for more responsible energy consumption as a proven means to slowing down the world climate crisis.

Kiribati and the *Dominican Republic* emphasised the funding needs of small island developing states (SIDS). *Panama* pointed out that it, **like some other countries at risk of flooding due to rising sea levels**, is more vulnerable to its catastrophic effects compared to others. *The Maldives* advocated for the **establishment of a global climate and health fund**. *Uruguay* mentioned the importance of WHO participation in multilateral processes such as the UNFCCC negotiations as a way of accessing financing for climate and health. *Namibia* noted that **less than 0.5% of international climate finance is allocated to health** and call for this to be addressed and more to be given to health systems strengthening and UHC

Marginalised Communities

Norway mentioned that the health sector carbon footprint should be reduced without compromising health for all. *Canada* pointed out that there is a need to prioritise health equity as a cornerstone of all climate change and health activities and to **better understand and respond to the disproportionate impacts of climate change on the health and wellbeing of those living in vulnerable and marginalised situations**, such as older adults, women, Indigenous people, people living with disabilities, and of course youth. *Germany* and *Slovenia* echoed the **importance of youth involvement** in climate and health efforts, with the latter country noting climate anxiety, depression and other negative mental health problems youth were experiencing in response to the climate crisis. **Gender was highlighted as an important aspect of the climate crisis**. *Belgium* mentioned the importance of using a gender lens in addressing the climate crisis and the *Nordic and Baltic countries* called on MS to **recognise the connection between the climate crisis and insufficient access to Sexual and Reproductive Health and Rights**. *The UK* and *Netherlands* made similar observations.

Climate Resilient Health Systems

Building health systems that are climate resilient, and low carbon or carbon neutral as another prominent theme. *Germany's* intervention emphasised the **importance of de-carbonising health systems**. *The Maldives* and *Turkey* **requested the Secretariat's technical guidance in achieving this goal**. Related to this, many Member States also called for the health sector, along with other sectors, to focus on climate mitigation and adaptation. *Thailand* requested WHO to **support MS in implementing measures to reduce plastic pollution** in the health sector and to provide climate health surveillance and early warning systems.

Climate-Induced Health Crises in Specific MS

Many states reported their experiences with climate induced health problems. *Peru* mentioned that it had experienced **deadly dengue fever epidemics**. *Brazil* noted that it is experiencing **devastating floods in Rio Grande do Sul**. *Jamaica* mentioned that it is developing **Climate Risk Early Warning Systems (CREWS) for the Caribbean** which includes health in order to build resilience for challenges in the region.

Sound Evidence and Strong Technical Guidance

Throughout, many countries emphasised the **importance of strong technical guidelines and scientific evidence** to sustain work on the climate crisis. *Belgium* requested WHO to facilitate synergies between the WHO programmes, and the work of the various WHO regional offices on this subject, particularly the European office. *Malaysia* indicated that it is **important to fortify WHO's capacity** to encourage coordinated action, provide technical expertise and facilitate international collaboration.

Committee B's proceedings extended until nearly midnight. Our note-taking concluded prematurely so we potentially omitted some interventions.