

**PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING**

**WHO headquarters, Geneva  
Monday, 23 January 2017, scheduled at 09:30**

**Chairman: Dr R. BUSUTTIL (Malta)**

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## FIRST MEETING

Monday, 23 January 2017, at 09:35

Chairman: Dr R. BUSUTTIL (Malta)

### 1. OPENING OF THE SESSION: Item 1 of the provisional agenda

#### Opening of the session

The CHAIRMAN declared open the 140th session of the Executive Board and welcomed all participants. The current session was of particular significance as the Board would be required to nominate three candidates for the post of Director-General and approve the draft proposed programme budget 2018–2019.

#### Election of officers

The CHAIRMAN noted that Dr Ramjanam Chaudhary, the Board member designated by Nepal, who had been elected as a Vice-Chairman of the Board for the South-East Asia Region at the Board's 139th session, had been replaced by Mr Gagan Kumar Thapa. He drew attention to a proposal by the Member States of the South-East Asia Region to elect Mr Thapa as a Vice-Chairman of the Board for the Region for the remainder of the term. If there was no objection, he would take it that the proposal was acceptable to the Board.

**It was so agreed.**

### 2. ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB140/1 and EB140/1 (annotated))

The CHAIRMAN recalled that the Officers of the Board had previously recommended that consideration of an additional agenda item, on revitalizing physical activity for health, should be deferred to the 141st session of the Board. However, they had reconsidered their recommendation, taking into account the importance of the item to the prevention of noncommunicable diseases, the fact that the item was unlikely to cause controversy, and an explanation by Thailand that a full discussion was not being sought at the current session; rather, consideration of the item would serve mainly to provide a mandate to the Secretariat to prepare a report and action plan to be submitted, through the Board at its 142nd session, for consideration by the Seventy-first World Health Assembly. Accordingly, the Officers of the Board were proposing that the item should be included as a sixth subitem under provisional agenda item 10 on noncommunicable diseases.

The representative of SWEDEN, supported by the representatives of the NETHERLANDS and CANADA, said that she fully recognized the significance of revitalizing physical activity for health and the need for WHO to play a role in that respect; nevertheless, it was important, from a governance and budgetary perspective, to give the Director-General and the Organization a clear mandate and to ensure that the available budget was not spread over too many areas. The provisional agenda was already lengthy and, moreover, delegations had not been given the opportunity to prepare for a

discussion on the proposed item. It would therefore be preferable to defer consideration of the proposed item to the 141st session of the Executive Board.

The representative of THAILAND, supported by the representative of BHUTAN, said that physical inactivity was the neglected risk factor for noncommunicable diseases: the Global Strategy on Diet, Physical Activity and Health dated back to 2004 and there was currently no stand alone global strategy on physical activity. He recalled that considerable interest had been shown by Member States in a side event on physical activity held at the Sixty-ninth World Health Assembly, at which participants had agreed that it was imperative to build the global momentum to promote physical activity. After outlining some of the activities carried out in Thailand to promote physical activity, he called on the Board to include the proposed item on the agenda of the current session, in order to enable the Secretariat to prepare the necessary documentation for discussion by the Board at its 142nd session and for subsequent consideration by the Seventy-first World Health Assembly.

The representative of TURKEY said that the subject of physical activity certainly merited consideration by the Board. The Secretariat should prepare a report to aid discussions on the item at the 141st session of the Executive Board.

The CHAIRMAN suggested, in the light of the comments made, that at the current session the Secretariat could simply be given the remit to prepare a preliminary report for discussion at the 141st session of the Executive Board, the results of which could be used to prepare an action plan to be discussed at the 142nd session of the Board, with a view to its consideration by the Seventy-first World Health Assembly.

The representative of NEW ZEALAND said that discussion of the issue should not be drawn out over a number of meetings; the proposed item should be included on the agenda of the Board only once, whether at the current or a future session, in order to allow for the full discussion of the subject.

The representative of the CONGO, noting the fullness of the provisional agenda and the fact that delegations had not been given the opportunity to prepare for a discussion on the proposed item, expressed support for the proposal made by the Chairman.

The DIRECTOR-GENERAL recalled that, in view of the heavy provisional agenda and in the interests of upholding the objectives of governance reform, the Officers of the Board had initially decided to recommend that consideration of the proposed item should be deferred. She observed, however, that there was agreement regarding the importance of the issue of physical activity. One solution might be to include the proposed item on the agenda of the current session of the Board and rather than open the item for discussion, simply to request the Secretariat to prepare a global action plan for discussion at the 142nd session of the Executive Board and subsequent consideration by the Seventy-first World Health Assembly.

The representatives of the DOMINICAN REPUBLIC, SWEDEN, the PHILIPPINES and COLOMBIA expressed support for the proposal by the Director-General.

The representative of the CONGO, expressing support for the proposal by the Director-General, nevertheless emphasized the importance of ensuring that the necessary documentation was made available before the consideration of the proposed item.

The CHAIRMAN, responding to the comment made by the representative of the Congo, gave his assurances that the relevant documentation would be made available before discussion of the proposed item.

The DIRECTOR-GENERAL, emphasizing that note had been taken of the positions expressed, reaffirmed that, in order to move ahead and save time, there would be no discussion on the item at the current session.

The CHAIRMAN thanked the Director-General for that clarification. He took it that, as proposed by the Director-General, the Executive Board wished to include the proposed item on revitalizing physical activity for health as agenda item 10.6; the item would not be opened for discussion, but would instead provide a mandate for the Secretariat to prepare the necessary documentation for consideration by the Board at its 142nd session.

**It was so agreed.**

The CHAIRMAN, turning to the recommendation by the Officers of the Board not to include on the agenda of the current session an item requested by New Zealand on rheumatic heart disease, explained that in view of the fullness of the agenda, and as rheumatic heart disease was not a significant concern in all regions, it had been suggested that it would be more appropriate to consider the item at a regional level. However, noting the need for a global approach to tackling rheumatic heart disease, New Zealand had requested that the item should be included on the agenda of the 141st session of the Executive Board. The Officers of the Board had therefore reconsidered its recommendation and proposed that the item should be included on the agenda of the 141st session of the Executive Board. The Chairman took it that the recommendation by the Officers of the Board was acceptable to the Board.

**It was so agreed.**

The representative of INDIA,<sup>1</sup> supported by the representatives of BRAZIL<sup>1</sup> and the BOLIVARIAN REPUBLIC OF VENEZUELA,<sup>1</sup> expressed regret, given the topic's importance in relation to the Organization's core mandate, that the Officers of the Board had recommended not to include an agenda item on the report of the United Nations Secretary-General's High-level Panel on Access to Medicines. He called for the proposed item to be included on the agenda of the current session of the Board.

The representative of the ISLAMIC REPUBLIC OF IRAN,<sup>1</sup> calling for further explanation of the recommendation by the Officers of the Board, reiterated the request to include the proposed item on the provisional agenda of the current session of the Board.

The CHAIRMAN, noting that the Board had a long and complex provisional agenda for the current session, said that there would be ample opportunity to discuss the findings of the report of the United Nations Secretary-General's High-level Panel on Access to Medicines and to agree on a way forward under existing provisional agenda items, namely items 8.3 and 8.5. If there was no objection, he would take it that the Board wished to proceed in that manner.

**It was so agreed.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The CHAIRMAN drew attention to a proposal by the Secretariat to delete provisional agenda item 13.2, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been received. He also drew attention to a proposal by the Secretariat to delete provisional agenda item 14.5, Independent Expert Oversight Advisory Committee: membership renewal, as no renewals were necessary. Referring to the post of Director-General, he drew attention to a proposal to amend the title of provisional agenda item 4.3 to read “Procedures for the conduct of the election”. He said that, if there was no objection, he would take it that the Board agreed to those proposals.

**It was so agreed.**

**The agenda, as amended, was adopted.<sup>1</sup>**

### **Organization of work**

The representative of MALTA, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission, the European Union participated in sessions of the Board as an observer. She requested that representatives of the European Union should again be invited to participate, without vote, in the meetings of the Board and its committees, subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

The CHAIRMAN said he took it that the Board wished to accede to the request.

**It was so agreed.**

The CHAIRMAN, reviewing the preliminary daily timetable contained in document EB140/DIV./2, drew attention to the timetable for the discussion of agenda item 4, Post of Director-General, and the discussion of item 15.1, Appointment of the Regional Director for the Eastern Mediterranean. He recalled that open meetings related to those items would be held in compliance with Rule 7 of the Rules of Procedure of the Executive Board, which meant that members of the Board and their alternates and advisers could attend them, that Member States not represented on the Board and Associate Members could send one representative each without the right to participate, and that the Secretariat’s attendance would be limited to essential staff only. Furthermore, no official record would be made of those meetings. He took it that the Board agreed to the arrangements as proposed, subject to adjustment in the light of the foregoing discussion and to any developments during the week.

**It was so agreed.**

The CHAIRMAN also drew attention to a proposal by the Secretariat to consider item 7.1, Health emergencies, together with the first part of item 7.4, Implementation of the International Health Regulations (2005) – Draft global implementation plan. It was also proposed that a discussion of the elements of item 15.3, Human resources: update, relating to polio transition planning, should be included in the discussion of item 7.3, Poliomyelitis, and that item 7.5, Review of the Pandemic Influenza Preparedness Framework, should be considered together with the second part of item 7.4, Implementation of the International Health Regulations (2005) – Public health implications of the

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<sup>1</sup> Document EB140/1 Rev.1.

implementation of the Nagoya Protocol. In addition, it was proposed that a discussion of the element of item 15.3, Human resources: update, relating to criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, should be included in the discussion of item 14.3, Engagement with non-State actors. If he heard no objection, he would take it that the Board agreed to those proposals.

**It was so agreed.**

**3. REPORT BY THE DIRECTOR-GENERAL:** Item 3 of the agenda (document EB140/2)

The DIRECTOR-GENERAL, introducing her report, said that rising wealth inequality had been identified as the most significant trend that would shape global development over the next decade, as action was taken to deliver fair social outcomes under the 2030 Agenda for Sustainable Development. She highlighted some recent WHO achievements. A landmark report on the economics of tobacco and tobacco control had shown how tobacco control could save lives while generating revenue for health and development, countering false claims by the tobacco industry that tobacco control harmed economies. New financing arrangements had been agreed for WHO's prequalification programme, which was helping to make medical products more affordable and ensure more abundant and predictable supplies, as well as equity among manufacturers. Information had been published on a range of subjects, cementing the Organization's position as a respected source of authoritative data. The recent news of the development of an effective Ebola vaccine had been particularly uplifting.

The Organization had made significant progress in strengthening its response to disease outbreaks and emergencies. A shortlist of pathogens with epidemic potential had been drawn up and a research and development blueprint formulated with the aim of cutting the time needed to develop and manufacture candidate products for treatment or vaccination from years to months. Steps were being taken to prepare emergency medical teams, with stringent WHO verification and registration requirements. The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, set up in 2011, stood as a ground-breaking model for partnership with the private and nongovernmental sectors, with the aim of ensuring greater fairness in global public health. Despite the progress made, the world must remain watchful for the early signs of the next influenza pandemic.

(For the discussion of the report, see section 5.)

**4. TRIBUTE TO THE MEMORY OF DR DONALD HENDERSON AND DR HALFDAN MAHLER**

The DIRECTOR-GENERAL paid tribute to two public health leaders who had died since the previous session of the Executive Board. Dr Donald Henderson had been most strongly identified with the eradication of smallpox. More recently, he had contributed to the design of the ring vaccination approach used to test an Ebola vaccine in Guinea.

The eradication of smallpox had been achieved during Dr Halfdan Mahler's long tenure as Director-General of the Organization. He was best remembered for his commitment to primary health care and for the 1978 Alma-Ata Declaration on primary health care that had launched the Health for All movement.

**The Board stood in silence for one minute.**

The representative of DENMARK expressed appreciation for the tribute paid to Dr Mahler, who had served as Director-General from 1973 to 1988 at a critical juncture in the Organization's history, when it had been redefining its role in the light of the Health for All movement. Dr Mahler had spent most of his career in the Organization, earning personal and professional respect from those who worked with him.

**5. REPORT BY THE DIRECTOR-GENERAL:** Item 3 of the agenda (document EB140/2) (resumed)

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with the statement. The European Union strongly encouraged WHO to play the lead role in implementing the health-related Sustainable Development Goals set out in the 2030 Agenda for Sustainable Development and supported the focus of the Organization's programme activities to that end; however, greater clarity was needed on priorities and time frames for action at the global, regional and national levels. A plan should be drawn up in that regard to serve as the basis for the draft thirteenth general programme of work. Strong and resilient health systems were necessary not only in achieving the Sustainable Development Goals but also for preventing, detecting and responding immediately to health-related emergencies. The Director-General was therefore to be commended on implementing the emergency reform process, which all Member States should support.

Transition planning for poliomyelitis eradication remained a key challenge. While the recent increase in the number of staff funded by the Global Polio Eradication Initiative was a matter of concern, the impact that withdrawing polio funding would have on other public health programmes was even more worrying. The reform process, which was a shared responsibility of the Secretariat and Member States, must continue, with even more linkages between expenditure and outputs and increased internal cost efficiencies. The question of ensuring the sustainable funding of programmes, in particular the WHO Health Emergencies Programme, and the intensity of the workload of the governing bodies continued to cause concern. Governance and the reform thereof fell mainly to Member States, which must take urgent and decisive action to rationalize the governing bodies' agendas, balancing States' sovereign rights with their global responsibilities.

The representative of MEXICO said that health now occupied a central position on the development agenda. Without good health, there could be no progress or well-being. However, advances in the field of health had, in many cases, resulted in gaps and inequalities that would have to be addressed with better-targeted efforts and use of resources under the 2030 Agenda for Sustainable Development. The spread of unhealthy lifestyles burdened societies with serious health problems. Those problems could not be solved by medical services or medication alone – resolving them was the shared responsibility of all.

The representative of the NETHERLANDS said that the WHO Health Emergencies Programme was an example of a major step forward in terms of WHO reform, but its impact could be affected by funding issues. He asked how realistic the Programme budget 2016–2017 and draft proposed programme budget 2018–2019 would be, if there was a continued heavy reliance on voluntary contributions. His Government supported the increase in assessed contributions proposed in the draft,

and called on Member States to pay serious heed to the strong case that had been made by the Director-General for such an increase.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, expressed satisfaction at the establishment of the WHO Health Emergencies Programme, the progress made with respect to governance reform, the adoption of the Framework of Engagement with Non-State Actors, and the success achieved in tackling various diseases and epidemics. To meet future challenges, health systems had to be reinforced at the national level and WHO leadership strengthened in line with the One Health approach.

The extent of the gaps in the financing of the programme budget was a major concern. He expressed support for the proposed increase in assessed contributions, and suggested that underfinanced programmes could also be funded by expanding the donor base and encouraging Member States to make unearmarked voluntary contributions. Universal health coverage was a priority, and Member States needed support to build the core capacities required to implement the International Health Regulations (2005) and prevent and control noncommunicable diseases. In the face of increasing antimicrobial resistance, the needs of all countries had to be taken into account when prioritizing global action, in particular in terms of affordable access to health products, as recommended by the High-level Panel on Access to Medicines convened by the United Nations Secretary-General. The Member States of the Region required support to manufacture essential medicines locally, making full use of the flexibilities set out in the 2001 Doha Declaration on the TRIPS Agreement and Public Health.

Noting that the African Region was particularly vulnerable to environmental risk factors, he called for a coordinated global response on health, the environment and climate change comprising appropriate political action and sufficient financial investment. WHO reform should be implemented more rapidly and in a sustained manner, so as to enable the Organization to become more effective, dynamic and transparent, to improve the alignment of governance at all three levels, and to meet Member States' needs more effectively.

The representative of the RUSSIAN FEDERATION said that her country welcomed efforts to increase the effectiveness of WHO, identify new approaches to improve public health, put health before politics and strengthen health systems. The Russian Federation had achieved Goals 4 and 5 of the Millennium Development Goals and had made considerable progress in reducing the burden of noncommunicable diseases. It continued to support work on noncommunicable diseases at the global level and hosted the geographically dispersed office on noncommunicable diseases in Moscow.

The Russian Federation welcomed the Framework of Engagement with Non-State Actors. It attached importance to removing language barriers for the sharing of knowledge and experience, and supported WHO efforts with respect to Russian translation. She noted the important role played by WHO in saving lives in emergency situations, and said that her country was one of many to have proposed the establishment of a special emergency fund and programme. It had, for many years, provided human, technical and material resources, including vaccines, for WHO missions. She concluded by drawing attention to the Global Ministerial Conference on Tuberculosis, to be held in Moscow in November 2017.

The representative of CHINA said that the Ninth Global Conference on Health Promotion, held in Shanghai in November 2016, had adopted two outcome documents: the Shanghai Declaration on Health Promotion and the Shanghai Consensus on Healthy Cities. During his recent visit to WHO headquarters, the Chinese President had signed a Memorandum of Understanding with WHO on health sector cooperation under the One Belt, One Road initiative, which would help to foster implementation of the health-related Sustainable Development Goals. Her Government was taking the requisite measures under the International Health Regulations (2005) in responding to the recent case

of human infection with avian influenza A(H7N9) virus, and would continue to strengthen its communication with WHO.

The representative of SWEDEN said that her country looked forward to the establishment of the ad hoc inter-agency coordination group as an outcome of the 2016 high-level meeting of the United Nations General Assembly on antimicrobial resistance. The Swedish Minister of Health had written that morning to the United Nations Secretary-General and the WHO Director-General, on behalf of the Alliance of Champions against antimicrobial resistance, stressing the need for urgent action on the issue. While Sweden noted the work undertaken by the Secretariat to increase gender representation and equality at WHO, there was room for improvement. All Executive Board members were invited to join the call to action, to be launched on 24 January 2017, for equal gender representation within WHO, in delegations to the Executive Board and in the incoming leadership of WHO.

The representative of TURKEY expressed appreciation for the Director-General's professionalism, dedication, enthusiasm and common sense, and thanked her for having contributed so much to WHO during her terms of office.

The representative of the PHILIPPINES said that the Director-General's pledge 10 years earlier, to work tirelessly with Member States to make the world a healthier place, was on the path to fulfilment. Health had been incorporated as a central element of numerous international agreements, including the 2030 Agenda for Sustainable Development. The next step would be to ensure that the principles enshrined in those agreements were embedded in regional and national policies and implemented at the local level. WHO would remain Member States' partner throughout that process.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO expressed special appreciation for the Director-General's support during the recent outbreaks of yellow fever and Ebola virus disease in his country. The Director-General's report showed that huge advances had been made, but much remained to be done. Member States had to work together to create complementarities in terms of resource mobilization. He expressed support for all means of ensuring adequate funding, including an increase in assessed contributions.

The representative of NEPAL said that recently introduced restrictions on the sale of tobacco products in his country had prompted an outcry among the finance and trade authorities, industry and private sector entities, which believed that those restrictions would harm the economy. Plans to tax sugar-sweetened beverages and improve air quality were also expected to give rise to opposition, on the same grounds. More studies and evidence were needed to bolster the Government's case that such measures would have not only public health, but also economic, benefits. A platform was needed allowing people from different departments and sectors to share their views and move ahead in the same direction.

The representative of CANADA said that Member States had a collective responsibility to work together to achieve improved health outcomes for all citizens. Regardless of the health issue at hand, what was needed was evidence-based policy, innovation, broad engagement, a focus on the most vulnerable people and on addressing health inequities – and ultimately, securing political will. Achievement of the Sustainable Development Goals depended on the ability to mainstream health throughout all ministries.

The representative of LIBYA said that attempts should be made to find ways to ensure minimum levels of health in those countries of the Eastern Mediterranean Region where armed conflict had undermined health systems and the provision of basic health services.

The representative of KAZAKHSTAN said that, as a result of the Director-General's leadership over the previous 10 years, important health topics that constituted obstacles to development, such as noncommunicable diseases and antimicrobial resistance, had been addressed by the United Nations and political commitment had been mobilized to tackle them. Equity in health had been put on the world development agenda, and health had become a cross-cutting issue for the achievement of the Sustainable Development Goals. The Director-General's focus on working with Member States had ensured that WHO did not simply issue norms and standards but also helped countries to implement them.

The representative of PAKISTAN said that his country attached particular importance to tackling noncommunicable diseases; issues of particular concern included tobacco use, lifestyle changes, nutritional interventions and the scale of management required. The recent outbreak of Ebola virus disease had highlighted the limitations and determination of the international community in responding to emerging infectious diseases and the importance of an effective system for the implementation of the International Health Regulations (2005). His country would be pleased to share its experience in piloting a joint external evaluation tool with respect to the International Health Regulations (2005) and the Global Health Security Agenda.

The representative of INDIA<sup>1</sup> said that maintaining WHO's role as the international leader in global public health policy-making must remain a priority. With regard to the Director-General's appeal to increase assessed contributions, he said that the programme budget should be better aligned with the Sustainable Development Goals, and the needs and priorities of developing countries should be placed at the centre of implementation efforts. Greater attention should be given to research and development in health and access to medical innovation, and he hoped that the Coalition for Epidemic Preparedness Innovations, which India had recently joined, would serve as a platform to accelerate the development of vaccines for emerging infectious diseases.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA<sup>1</sup> said that the lessons learned from the Ebola virus disease outbreak had been key in the development of an emergency response programme, which should be regularly reviewed. He welcomed the progress made in tobacco control and commended the key role of WHO in encouraging countries to continue their tobacco control efforts. He called for further collaboration with pharmaceutical companies in the research and development of new vaccines and for ongoing efforts to strengthen coordination at all three levels of the Organization.

The representative of SPAIN<sup>1</sup> said that she recognized the importance of health systems strengthening in order to consolidate progress, work towards achieving the Sustainable Development Goals and be able to respond to emerging risks. She noted with satisfaction the progress made in implementing the Global Strategy for the Prevention and Control of Noncommunicable Diseases, and stressed the need to reorient health systems to cope with an ageing population. She welcomed the establishment of the WHO Health Emergencies Programme, noting that her country was preparing to collaborate actively in the global health emergency workforce. Spain called for a multidisciplinary and intersectoral approach in tackling the important issue of antimicrobial resistance. Her country supported the global vaccine action plan and called on all countries to work towards eradicating poliomyelitis and contain poliovirus. WHO must retain its leadership and coordination role in the global health arena and continue its process of reform.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of BRAZIL<sup>1</sup> said that the Director-General was to be commended for her interaction with Member States and prompt and innovative responses to global issues of public health concern, including the outbreaks of severe acute respiratory syndrome, Ebola virus disease and Zika virus disease. The WHO Framework Convention on Tobacco Control should to be strengthened, and the Director-General's call for action on noncommunicable diseases should be heeded. Continued efforts should be made to combat HIV/AIDS, malaria and tuberculosis and promote access to affordable medicines for all.

The representative of JAPAN<sup>1</sup> said that his country greatly appreciated the Director-General's efforts in transforming the global health architecture, including in establishing the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies and in ensuring coordination with key players in the health emergency and humanitarian fields. Japan trusted that WHO would continue to play a leading role in addressing such important issues as strengthening the global health architecture, attaining universal health coverage, promoting health throughout the life course, combating antimicrobial resistance and promoting relevant research and development. The incoming Director-General should further advance the reform agenda.

The representative of FINLAND<sup>1</sup> said that the incoming Director-General should share the present Director-General's unwavering commitment to reform and emphasized the importance of keeping WHO relevant within the global health architecture and in the context of the 2030 Agenda for Sustainable Development. While the WHO Health Emergencies Programme had demonstrated the Organization's ability to adapt to new circumstances, a new focus on emergency response should not come at the expense of improving preparedness and fully implementing the International Health Regulations (2005). The Framework of Engagement with Non-State Actors would greatly facilitate the establishment of new partnerships for development.

The representative of DENMARK<sup>1</sup> said that he recognized the efforts made to align priorities in the draft proposed programme budget 2018–2019 with the health-related Sustainable Development Goals, and looked forward to the establishment of greater linkages with the 2030 Agenda for Sustainable Development. His country was concerned about a shortfall in funding and called for sustainable solutions to ensure that the programme budget was realistic and fully funded. He called on all countries to accelerate reforms with a view to achieving universal health coverage and emphasized the importance of sexual and reproductive health and rights for all.

The representative of ITALY,<sup>1</sup> noting the progress made in the area of reform, expressed support for WHO's leadership on the global health agenda and welcomed the alignment of the work of several United Nations agencies around the vital issue of health. He called for further efforts in tackling noncommunicable diseases. Issues such as migrants' health and climate change would influence health issues in the decades to come.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that health was a crucial component of any effective response to global emergencies and could also in itself be the cause of an emergency, as the recent Ebola virus disease and Zika virus disease outbreaks and other outbreaks had shown. He expressed appreciation for the Director-General's efforts in reforming emergency health programmes, and for the Organization's engagement in difficult and dangerous situations where others had failed. A strong WHO was crucial

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

to an effective response to health needs in fragile settings and to extending health coverage to those hardest to reach.

The DIRECTOR-GENERAL, expressing appreciation for the positive comments made, said that WHO was owned by its Member States; the Secretariat would act on their guidance to ensure that WHO was relevant and fit for purpose.

**6. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD:** Item 5 of the agenda (document EB140/5)

The representative of THAILAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had noted the report of the Independent Expert Oversight Advisory Committee, the decrease in the number of outstanding audit recommendations and the fact that the Secretariat was paying greater attention to the recommendations. The Secretariat had been advised to continue to make progress in that regard. The Committee had endorsed the Advisory Committee's request for a summary of the significant audit recommendations for 2016 and management responses. It had also endorsed the Advisory Committee's proposal for reporting on special audits. The importance of follow-up of audit recommendations and risk management at all levels of the Organization had been highlighted, as had the need to apply the lessons learned. Further information about the implementation of the procurement strategy had been sought. Concerns had been expressed, including in respect of the shortfall in funding of the Organization's work, the overdependence on voluntary contributions and the small size of the donor base.

The Committee had also noted the report by the Secretariat on information management and technology. The digital transformation of WHO was welcomed. It was emphasized that the integrated digital platform should be: started in 2017; used throughout the Organization, especially by the WHO Health Emergencies Programme; and used to ensure the wide distribution of high-quality information to countries.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that he welcomed the progress concerning WHO reform outlined in the document. He supported the proposed increase in assessed contributions for the biennium 2018–2019, but suggested that other funding sources should be identified, as the increase alone would not be sufficient to cover the shortfall in funding. The Secretariat should use available resources efficiently and strengthen resource mobilization mechanisms, including in the regional offices.

The representative of THAILAND expressed support for the proposed 10% increase in assessed contributions. In the absence of an agreement, his Government would nevertheless endeavour to make available the same amount in the form of a regular, unearmarked voluntary contribution.

The representative of SWEDEN said that the Committee's discussions had been fruitful and constructive and highlighted complex and challenging issues to be addressed. However, a distinction must be drawn in the report between Member States that were members of the Committee and those that were not.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that every effort must be made to mobilize the financial resources needed. While assessed contributions were important, other options should also be explored.

The representative of PAKISTAN said that it would not be prudent, at the present juncture, to divert polio-specific funding to programmes on noncommunicable diseases.

The representative of TURKEY expressed appreciation for the valuable work and recommendations of the Programme, Budget and Administration Committee.

The representative of NEW ZEALAND said that a smoother procedure must be developed for the finalization of the report.

The representative of the UNITED STATES OF AMERICA said that the Secretariat should review the procedures for developing the report and the level of detail required. A common approach should be developed to refer to members and non-members of the Committee.

The representative of GERMANY,<sup>1</sup> supported by the representative of NORWAY,<sup>1</sup> said that the meeting had been constructive. However, members should, in future, refrain from renegotiating issues when discussing the report.

The representative of BRAZIL<sup>1</sup> recalled that, while the meeting had been fruitful, it had been difficult to agree on the report, which had been prepared by the Secretariat, rather than negotiated by the Committee. It had therefore been necessary to introduce some changes during its consideration. The document before the Board provided a basis for decision-making and for establishing a process to discuss issues of concern in an interlinked manner, including the challenges relating to the financial sustainability of the Organization.

**The meeting rose at 12:25.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.