

**PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING**

**WHO headquarters, Geneva  
Monday, 22 January 2018, scheduled at 09:30**

**Chairman: Dr A. HAFEEZ (Pakistan)**

**CONTENTS**

	<b>Page</b>
<b>1. Opening of the session and adoption of the agenda .....</b>	<b>2</b>
<b>2. Dialogue with the Director-General .....</b>	<b>4</b>

## **FIRST MEETING**

**Monday, 22 January 2018, at 09:40**

**Chairman:** Dr A. HAFEEZ (Pakistan)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional agenda (documents EB142/1 and EB142/1 (annotated))

### **Opening of the session**

The CHAIRMAN declared open the 142nd session of the Executive Board and welcomed all participants.

### **Organization of work**

The representative of MALTA, speaking on behalf of the European Union and its Member States, recalled that, as agreed in 2000 in an exchange of letters between WHO and the European Commission, the European Union attended sessions of the Executive Board as an observer. He 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 or other subdivisions dealing with matters falling within the competence of the European Union.

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

**It was so agreed.**

### **Adoption of the agenda**

The CHAIRMAN said that the content of document EB142/4 (WHO reform) had been incorporated into document EB142/3 (Draft thirteenth general programme of work 2019–2023). He drew attention to the suggestion by the Secretariat to delete the words “than other models of care, for example obstetric-led care” from the last paragraph of document EB142/19 (Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): early childhood development), and to amend the last sentence of document EB142/35 (Global vaccine action plan) so that it read: “The Board is invited to take note of the report.”

**It was so agreed.**

The representative of MALTA, speaking on behalf of the European Union and its Member States, stressed that the Board’s ability to discuss agenda items constructively relied heavily on the timely issuance of the relevant documents. The late publication of documents represented a serious governance issue and should therefore be further discussed under provisional agenda item 3.2 (WHO reform).

The representative of JAPAN, supported by the representative of the DOMINICAN REPUBLIC, requested that, given its relevance to the items under consideration, provisional agenda

item 5.2 (Report of the Programme, Budget and Administration Committee of the Executive Board) should be discussed earlier in the session.

The representative of TURKEY said that it would be beneficial to introduce the new assistant directors-general and other WHO senior staff to Board members at the current session.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, requested that provisional agenda item 6.4 (Eradication of poliomyelitis) should be discussed together with provisional agenda item 3.4 (Polio transition planning).

The CHAIRMAN said that provisional agenda items 3.4 and 6.4 focused on two distinct issues and had therefore been placed under different items of the agenda.

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

#### **Preliminary timetable**

The CHAIRMAN suggested that, in the light of the late issuance of document EB142/5 (WHO reform: Governance), the Board should defer its consideration of the matters covered by documents EB142/5 and EB142/6 (WHO reform: Prioritization of proposals for additional items on the provisional agenda of the Executive Board) to a subsequent session. He further suggested that the Secretariat should convene separate informal consultations during the intersessional period so that Member States had sufficient time to consider the important and complex information contained in those reports. The outcome of the consultations should subsequently be transmitted to the Executive Board for consideration at its 144th session. The revised tool for the prioritization of proposals for additional agenda items should be piloted for the preparation of the provisional agenda of the 143rd session of the Executive Board, to allow for an evaluation of its efficacy at the 144th session of the Executive Board.

The representative of FIJI said that the revised tool to prioritize additional items for inclusion on the provisional agenda of the Executive Board should be piloted at the 143rd and 144th sessions of the Executive Board. That would allow for further refinement of the tool and would enable the Board to evaluate its effectiveness in a comprehensive manner.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, requested further explanation of the criteria used to select additional items for inclusion on the provisional agenda of the Executive Board and the measures in place to prevent any form of bias in the prioritization of items.

The representative of NEW ZEALAND said that all Member States should have equal opportunity to contribute to the development, testing and refinement of the tool to prioritize additional agenda items. While acknowledging the importance of piloting the instrument, he warned against deferring consideration of the matter to the 144th session of the Executive Board, particularly given that smaller countries might struggle to ensure full representation at the proposed intersessional consultations.

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<sup>1</sup> Document EB142/1 Rev.1.

The representative of ALGERIA suggested that the 144th session of the Executive Board should be held in February 2019 to allow more time for the preparation and timely issuance of the relevant documents.

The representative of BRAZIL said that she had no objection to the suggestion to pilot the revised tool for the prioritization of proposals for additional agenda items, but cautioned against testing new initiatives without full consultation with Member States.

The representative of MALTA, supported by the representatives of the NETHERLANDS, THAILAND, CANADA, IRAQ, BAHRAIN, the PHILIPPINES and the CONGO, proposed that the matters contained in documents EB142/5 and EB142/6 should be considered at the 143rd session of the Executive Board, to enable the performance of the tool to be evaluated at an earlier opportunity and ensure that discussion of WHO reform was not further delayed.

The CHAIRMAN took it that the Board wished to defer consideration of the matters covered by documents EB142/5 and EB142/6 to its 143rd session in May 2018.

**It was so agreed.**

**2. DIALOGUE WITH THE DIRECTOR-GENERAL:** Item 2 of the agenda (document EB142/2)

The DIRECTOR-GENERAL said that, with regard to the format of the discussion, he would continue to report to Member States as usual, through the governing bodies. The proposed change was that the discussion should take the form of an interactive dialogue with Member States, rather than a monologue.

He had been deeply saddened by the recent killing of two polio workers, a mother and daughter, in Pakistan. Such outrageous incidents would not derail WHO from eradicating polio, but would instead strengthen the Organization's resolve.

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

The DIRECTOR-GENERAL said that 2018 was a year of opportunities. It would mark the seventieth anniversary of the establishment of WHO and the fortieth anniversary of the Alma-Ata Declaration on primary health care, giving WHO the opportunity to reflect on past successes, rethink its future and reaffirm people-centred primary care as the foundation of universal health coverage. As the year that marked the one hundredth anniversary of the Spanish influenza pandemic, 2018 would provide an opportunity to remember the devastating potential of outbreaks and the importance of preparedness. The Director-General and his team had been working tirelessly to strengthen the interconnected foundations of WHO, including developing the draft thirteenth general programme of work 2019–2023; developing a plan to transform WHO; improving resource mobilization; and building strong leadership. Gender parity had been achieved among WHO's senior staff, as well as greater geographical diversity. The Director-General and his team had built strong political momentum regarding noncommunicable diseases and tuberculosis. To that end, a High-level Commission on Noncommunicable Diseases had been established, a new initiative to combat the health effects of climate change in small island developing States had been launched and engagement with civil society organizations had been enhanced.

Universal health coverage remained an achievable goal. His recent visit to Africa had shown that countries were making tangible progress towards that goal and were committed to its achievement. In 2018, universal health coverage would be the theme for both World Health Day and the Seventy-first World Health Assembly. He called on all countries to take at least three concrete steps towards universal health coverage in 2018. He would issue that same challenge to all heads of State, who should support their governments in that endeavour.

Universal health coverage and health security were two sides of the same coin. Over the past six months, WHO had responded to 50 emergencies in 48 countries, including nine Grade 3 emergencies. A “health security council” had been established, which met fortnightly to review all emergencies in detail, and a dashboard had been developed to provide near real-time data on emergencies. He also received a daily briefing note summarizing all ongoing emergencies.

The Government of Madagascar, with the support of WHO, had recently brought an outbreak of pneumonic plague under control in challenging circumstances. Nevertheless, it was important to remain vigilant and place greater emphasis on prevention, rather than response. He was therefore encouraged that the Government of Madagascar had agreed to allocate funding to prevent another potential outbreak.

Preparedness was essential when outbreaks did strike. The Organization therefore aimed to establish a global health reserve workforce that could be deployed rapidly in the event of an emergency. The Secretariat was currently mapping country capacities in that regard. It was important to strengthen the capacity of countries to prepare for and respond to emergencies. That task would involve strengthening WHO country offices by providing them with the resources, tools and authority to do their jobs to the best of their ability. Country offices must also be held to high standards of performance and accountability.

To achieve those objectives, WHO must change. He had prioritized the development of a plan to transform WHO into a modern organization that worked seamlessly to make a measureable difference to people’s health at the country level. That goal required a shared vision, mission and strategy. It also required the Organization’s core business processes to deliver more rapidly and predictably, as well as a change of culture and mindset. A recent survey among WHO staff had highlighted the following areas that required improvement: enhancing communication of WHO’s vision and strategy throughout the Organization and involving staff in setting goals; increasing accountability for performance; increasing motivation among staff through ownership, training and career development; and creating a culture of transparency and collaboration that empowered staff members. He would take action on the findings of the survey and would strengthen WHO’s performance management by setting expectations for staff.

Successful implementation of the draft programme of work was dependent on a thriving Organization. The draft programme of work must therefore go hand in hand with the WHO transformation plan and both would only be achieved by continually, rigorously and transparently monitoring progress. A holistic approach was needed. WHO had an intensive 18 months of change ahead of it. The transformation process would be targeted and time-limited; the team responsible would later become a unit designed to drive continuous improvement within WHO. Member States should provide flexible, unearmarked funding to help to effect that change.

The draft programme of work was fundamentally about implementing a vision that all stakeholders must work together to achieve. His recent visit to Africa had reminded him why he had campaigned for his role in the first place: people. The people of the world deserved the best efforts of WHO to promote health, keep the world safe and serve the vulnerable. People, such as the mother and daughter polio workers who had sacrificed their lives for others in Pakistan, were a reminder of the greater purpose of WHO.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey and Montenegro, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as the Republic of

Moldova, aligned themselves with his statement. The Director-General's vision of a world in which everyone could live a healthy, productive life, regardless of their circumstances, entailed an enormous amount of work and responsibility for the Secretariat, Member States and all stakeholders. Delivering genuine improvements to people's health through the 2030 Agenda for Sustainable Development was both an opportunity and a challenge, and action to achieve the Sustainable Development Goals must be taken immediately. Emphasis must be placed on giving people the opportunity to live not just long, but healthy, lives through a multisectoral approach that comprised health promotion, disease prevention, measures to address the broader determinants of health and respect for human rights.

Within the framework of the draft thirteenth general programme of work, WHO should take a more proactive leadership role in international health efforts, working in coordination with the United Nations system and all partners, and should provide opportunities for relevant stakeholders to come together. When advocating for health at the highest political level, WHO must always defend evidence-based knowledge and refrain from allowing its normative function to become politicized. Since a stronger leadership role would require increased political trust, the Director-General should outline the actions foreseen to strengthen WHO's accountability and evaluation functions. He sought clarification of how organizational changes, including staff appointments, would be based on a more open, transparent and competitive process, and asked for further information on the proposed strengthening of country offices.

The representative of SRI LANKA said that WHO engagement at the country level should evolve into a more catalytic and upstream response, with highly competent human resources and a budget envelope that was not dictated by the burden of disease alone. The Director-General should sustain strong political advocacy for universal health care at the global level and consider creating a binding international convention on improving health coverage, access, financial protection and quality of care. He encouraged the Director-General to draw on the experience of the South-East Asia Region in relation to human resources and access to medicines, noting that the South-East Asia Regional Health Emergency Fund could serve as a model for other regions as part of efforts to strengthen emergency preparedness and response. In that regard, the Secretariat should consider developing a learning exchange platform for the Region. The Secretariat should continue to support States Parties in implementing the International Health Regulations (2005) and to mobilize resources for the WHO Health Emergencies Programme.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, praised the Director-General's clarity of vision for the future of WHO and said that he was confident that the draft thirteenth general programme of work would provide an adequate response to the greatest challenges in global health. Continued support should be provided to States Parties to the International Health Regulations (2005) to help them to build their core capacities and enable them to fully implement the Regulations. Efforts to improve impact at the country level must be accompanied by capacity strengthening of country offices and national health systems. He welcomed the inclusion on the agenda of new items, such as improving access to assistive technology, physical activity for health and mHealth. The Member States of the African Region shared the Director-General's determination to achieve the health-related Sustainable Development Goals.

The representative of TURKEY said that it was important to have a goal and a plan. The Director-General had both, as well as a dedicated team of experts and advisors. Moreover, his field visits, which were a demonstration of wise leadership, deserved credit and support.

The representative of FRANCE said that his Government supported the priorities set out in the draft thirteenth general programme of work and reaffirmed its commitment to their alignment with the Sustainable Development Goals and to a human rights-based approach to achieving universal health coverage. WHO should endeavour to promote sexual and reproductive health and rights, in

cooperation with other United Nations bodies, and partners. With regard to the Organization's change in leadership, WHO's partners and Member States expected accountability and transparency. Further details on the renewed management structure and redistribution of roles and tasks among the Director-General's new team would therefore be welcome.

The representative of SWEDEN said that she welcomed the Director-General's emphasis on security and respect for health care workers, and on universal health coverage. Universal health coverage should include measures to promote and uphold sexual and reproductive health and rights for all, including by providing safe and legal abortions, modern methods of contraception, and comprehensive sexuality education and counselling services. The increased focus on work at the country level was positive; WHO's country support should be decentralized. Aligning the Organization's work with the 2030 Agenda for Sustainable Development was also essential. Every effort should be made to maintain the momentum for progress on antimicrobial resistance. To that end, it was important to ensure that the commitments undertaken at the High-level meeting of the United Nations General Assembly on antimicrobial resistance would result in comprehensive, long-term and concrete actions across the United Nations system and beyond.

The representative of the DOMINICAN REPUBLIC said that the Director-General's visits to the field were welcome and a promising sign that WHO was prioritizing primary health care. The further development of primary health care models was essential to achieve universal health coverage and meet the Sustainable Development Goals. An assessment of the primary health care situation, conducted at the regional level, would be welcome. Approaches to primary health care in the European Region had yielded positive results and could serve as an example to others.

The representative of CANADA said that the Director-General's efforts to foster interaction and a meaningful exchange of views with Member States would result in better guidance for the Organization. While his vision for reform was welcome, real transformation would require a concerted effort by all parties. With regard to governance, lessons should not only be learned but also applied; key Executive Board reports had, once again, been released late, and some only in English. Although there would be no opportunity to make governance changes before the Seventy-first World Health Assembly, the documentation for that Assembly must at least be in line with the current rules. With regard to country-level impact, she wished to know how the Director-General would assess the unique value added by WHO in any given country. She asked the Director-General to explain how he saw his role in terms of implementing United Nations Security Council resolution 2286 (2016) with regard to the protection of health care workers in conflict zones.

The representative of the NETHERLANDS said that the Director-General's ambition to accelerate progress on the 2030 Agenda for Sustainable Development was particularly welcome. With regard to transforming WHO, enhancing the Organization's normative work and increasing cooperation with other United Nations partners were particularly important. Although WHO was doing excellent normative work in the area of preparedness and response, work on the implementation of the International Health Regulations (2005) remained to be done in many Member States. While work in countries should be strengthened, it should never be at the expense of global normative work.

The representative of the PHILIPPINES said that, while putting countries at the centre of WHO's work meant strengthening country offices, all levels of the Organization must be equipped with the appropriate expertise and funding to enable them to fulfil their mandates. Initiatives at every level should be carried out in line with national priorities, in accordance with Article 2 of the Organization's Constitution. On emergencies, emphasis should be shifted from response and containment to prevention and disaster risk reduction. Strong health systems were crucial in that regard. WHO should continue to strengthen its readiness for and response to health emergencies

arising from conflict, climate change and natural disasters. He supported the proposal for a global health reserve workforce and requested further discussion on the matter.

The representative of GEORGIA said that universal health coverage was not a luxury, but rather a direct investment in economic development and global security. It was an essential right for all, and should be promoted on all occasions, from all platforms.

The representative of IRAQ said that it was essential to meet Sustainable Development Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels). WHO should strengthen its capacity at the country level and work in cooperation with Member States, taking into account their epidemiological and demographic specificities. The Director-General's planned reforms, and in particular the "triple billion" goal set out in the draft thirteenth general programme of work, were welcome.

The representative of JAMAICA said that, for WHO to have a sustained impact on the health and well-being of its Member States, it must support the development of the next generation of young health professionals. Despite the key contributions made by young people during their tenure at WHO, evidence had revealed that the WHO internship programme was falling short of its objective to build future leaders in public health. Plans to reform the programme were therefore welcome; his delegation had been involved in consultations with others from all regions to develop a set of proposals in that regard, and a draft resolution for submission to the Executive Board at its 143rd session and subsequent adoption at the Seventy-second World Health Assembly.

The representative of BRAZIL asked what measures would be taken to ensure that an emphasis on a more operational WHO with countries at its centre would not result in a less coherent Organization or more fragmented resource allocation. On emergencies, it would be useful to know how WHO could help to mainstream the social determinants of health into initiatives linked to response and prevention, and how the root causes of emergencies would be tackled. How could truly universal health coverage be reconciled with the financial hardship facing people in all countries trying to cope with the rising prices of medicines? On the transformation of WHO, she asked what mechanisms could be put in place to better align funding and priorities, given that voluntary contributions accounted for 80% of the Organization's budget.

The representative of BHUTAN supported the proposal to create a global health reserve workforce that could be deployed rapidly to respond to emergencies.

The representative of COLOMBIA said that the specific characteristics, needs and interests of each region should be taken into account in the allocation of resources, planning and programming design of the Organization. Emphasis should be placed on learning and the exchange of experience, and on enhancing the visibility of WHO's processes at the regional level to identify best practices and collaboration opportunities. Equity, equality and merit should continue to be promoted as criteria for the selection of WHO staff, while ensuring balanced geographical representation. WHO should strengthen its communication, coordination and cooperation with other United Nations agencies, international bodies and initiatives, to facilitate mainstreaming, avoid duplication and effectively address global health challenges. Security and respect for health workers and health facilities must be promoted as a matter of priority.

The representative of MEXICO said that decentralization and strengthening of the Organization's country presence were key to putting countries at the centre of WHO's work. A



strategy for communication among the three levels of the Organization was required to address challenges relating to human, technical and financial resources, and to ensure that the work of country offices was aligned with national health priorities. Further information on WHO's decentralization strategy would be welcome. WHO staff training should be promoted and efforts made to ensure high standards and equitable geographical representation in recruitment. The negotiations on repositioning the United Nations development system and the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth should be taken into account.

On health emergencies, the prevention of epidemics, not just their management, should be prioritized. Further information would be welcome on plans to strengthen preventive action, improve communication on risks and build capacities with regard to emergency preparedness, surveillance and response. Implementation of the International Health Regulations (2005) was vital, and core capacities should be developed in all States parties. It would be useful to know what specific action WHO would take to build national capacities for universal health coverage. Further information on the accountability framework would be appreciated.

The representative of KAZAKHSTAN highlighted the important role of WHO country offices and said that they made a significant contribution to public health at the national level. Heads of country offices should have a rich knowledge of public health and the international health system, as well as work experience at both the global and regional levels. Officials at the country office in Kazakhstan would benefit from training and an exchange of experience with other offices.

Universal health coverage must have primary health care at its heart. The year 2018 marked the fortieth anniversary of the adoption of the Alma-Ata Declaration on primary health care, an area that had undergone significant change during the past four decades, particularly as a result of technological and scientific developments. Representatives of all regions were invited to attend a conference in Almaty in October 2018, to mark the anniversary, share their experiences with regard to primary care and contribute to the drafting of a conference declaration. The Director-General's intention to strengthen and improve WHO's response to health emergencies, which had been notoriously weak in the past, was especially welcome.

The representative of NEW ZEALAND said that he supported the statement delivered by the representative of Malta on behalf of the European Union and its Member States. To ensure that the objectives of organizational reform and the draft thirteenth general programme of work were effectively met, the roles and functions of the governing bodies needed to be reviewed. Such a process would ideally be led by Member States, with the aim of determining the purpose of each governing body and organizing discussions on the best way to deliver on that purpose. The desired result would be modernized governing bodies that reflected the reformed WHO.

The representative of PAKISTAN thanked WHO and its Member States for their expressions of solidarity regarding the recent killing of two female polio workers in his country. Implementation of the 2030 Agenda for Sustainable Development must be enhanced by putting countries at the centre of WHO's work and building their capacity to achieve universal health coverage through strengthened primary health care. Adequate resources must therefore be provided at the country level, and closer collaboration between all stakeholders was essential to avoid duplication of efforts and waste of resources.

The representative of JAPAN said that, while his Government agreed that WHO's country focus should be strengthened, care must be taken to ensure that additional resources at the country level were allocated strategically. With reference to health emergencies, stronger links must be made to universal health coverage and sustainability. The direct provision of services should give countries time to become self-supporting. WHO's conditions of engagement should be clearly defined. On

transformation, he urged the Director-General to be bold yet vigilant; unexpected consequences of reform might do more harm than good.

The representative of FIJI said that not all Member States benefited from the same level of assistance from their country offices, particularly with regard to health systems strengthening. Significant change was therefore needed to improve WHO's work at the country level, including by: placing more senior staff with international expertise in WHO country offices; decentralizing WHO's support to countries; improving the management of staff performance; changing the approach to accountability; and investing in management and leadership.

The representative of THAILAND said that, although she strongly supported the potential establishment of a roster of disease control experts, clarification was needed as to who would be responsible for their travel and safety. National IHR Focal Points and WHO representatives should collaborate beyond the vertical WHO regional structure. Greater emphasis should be placed on human resources for health, particularly with regard to mobilizing the existing social and intellectual capital of WHO and its network of health champions. To that end, awards could be established at the country, regional and global levels to recognize health care workers' achievements and inspire others.

The representative of SWAZILAND said that, although Africa was affected by a high disease burden and frequent health emergencies, it had the potential to improve its health systems and performance. To turn that potential into reality, WHO's support would be crucial. With that in mind, he wished to know how WHO would support the African Region.

The representative of LIBYA said that the prioritization of emergency preparedness and response in the draft thirteenth general programme of work was welcome. Universal health coverage was crucial, and access to affordable medicines was particularly important in that regard. He asked what would be done to ensure the protection and security of health workers following the recent killing of two female polio workers in Pakistan. Regarding the proposed reforms, transparency was essential and a special session of the Executive Board might need to be convened to allow for further discussion.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that, with regard to health emergencies, investment in preparedness would be considerably less costly than emergency response, and should therefore be prioritized. WHO should promote initiatives to increase access to health care that involved reducing costs and increasing choice. In many countries, universal health coverage could not be achieved without the involvement of the private sector. Private sector partnerships should therefore be included in public health policy discussions. All advocacy work undertaken by WHO must fall within its core mandate and be informed by evidence. WHO should improve the process of obtaining external technical expertise by widening its pool of experts, improving transparency and maintaining a neutral standpoint.

The representative of KENYA<sup>1</sup> said that WHO should work more closely with national health ministries. Support for country offices should be increased through the provision of further financial and human resources.

The representative of DENMARK<sup>1</sup> requested further information on how WHO planned to disseminate best practices in the area of primary health care to achieve universal health coverage. He

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

wished to know the Director-General's thoughts on the fortieth anniversary of the adoption of the Alma-Ata Declaration on primary health care and his expectations for the outcome of the forthcoming meeting in Almaty to mark that occasion.

The representative of ARGENTINA<sup>1</sup> said that, during its presidency of the G20, his Government would emphasize the importance of health systems strengthening, combating antimicrobial resistance and addressing malnutrition, especially childhood obesity. Although health coverage in Argentina was universal in theory, socioeconomic disparities undermined access to health care in practice.

The representative of MYANMAR<sup>1</sup> said that the WHO country office in Myanmar should do more to support the Government's national plan to achieve universal health coverage.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that he welcomed the draft thirteenth general programme of work, and commended its emphasis on emergency preparedness and universal health coverage. The change in WHO's strategic focus, however, should not increase the financial burden on Member States.

The representative of PORTUGAL<sup>1</sup> requested information on how WHO planned to strengthen its human rights-based approach to health care as a means of combating discrimination, and how it would promote human rights in its approach to mental health and protect the rights of persons with mental health conditions.

The representative of SWITZERLAND<sup>1</sup> welcomed the planned reforms, which were in line with the reform of the United Nations development system. She would be particularly interested to know how WHO planned to develop its response to fragile post-emergency situations and collaborate with other actors responding to emergencies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> expressed support for the statements made by the representatives of Sweden, the Netherlands and Brazil. While the country focus was appreciated, the expertise and the convening role of WHO's regional offices must be maintained. WHO should align itself with the One United Nations initiative and co-locate country offices with other United Nations agencies. The prioritization of emergency preparedness and response was welcome; however, the continued lack of stable funding for the WHO Health Emergencies Programme was disappointing. Member States should take action to rectify the situation. She requested further details on how the transformation agenda would be implemented and how decisions that were potentially difficult but nevertheless necessary for the good of the Organization, would be handled.

**The meeting rose at 12:30.**

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