



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

145TH SESSION

GENEVA, 29–30 MAY 2019

**RESOLUTION AND DECISIONS
ANNEXES**

SUMMARY RECORDS

GENEVA
2019

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 145th session of the Executive Board was held at WHO headquarters, Geneva, on 29 May 2019.¹

The Seventy-second World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board² in place of those whose term of office had expired,³ giving the following new composition of the Board:

Designating country	Unexpired term of office⁴	Designating country	Unexpired term of office⁴
Argentina	3 years	Indonesia	2 years
Australia	2 years	Iraq	1 year
Austria	3 years	Israel	2 years
Bangladesh	3 years	Italy	1 year
Benin	1 year	Japan	1 year
Brazil	1 year	Kenya	3 years
Burkina Faso	3 years	Romania	2 years
Chile	2 years	Singapore	3 years
China	2 years	Sri Lanka	1 year
Djibouti.....	2 years	Sudan	2 years
Eswatini	1 year	Tajikistan	3 years
Finland	2 years	Tonga	3 years
Gabon	2 years	Tunisia	3 years
Georgia	1 year	United Arab Emirates	3 years
Germany	2 years	United Republic of Tanzania	1 year
Grenada	3 years	United States of America	2 years
Guyana	3 years	Zambia	1 year

The list of members and other participants is contained in document EB145/DIV./1 Rev.1.

¹ Decision EB144(8) (2019).

² Decision WHA72(7) (2019).

³ The retiring members had been designated by Algeria, Bahrain, Bhutan, Burundi, Colombia, Fiji, Jamaica, Libya, Mexico, Netherlands, Turkey and Viet Nam (see decision WHA69(7) (2016)).

⁴ At the time of the closure of the Seventy-second World Health Assembly.

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 - 7.2 Amendments to the Staff Regulations and Staff Rules

¹ As adopted by the Board at its first meeting (29 May 2019).

8. Matters for information
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 9. Future sessions of the Executive Board and the Health Assembly
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LIST OF DOCUMENTS

EB145/1 Rev.1	Agenda ¹
EB145/1 (annotated)	Provisional agenda (annotated)
EB145/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB145/3	Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices
EB145/4	WHO governance reform processes Involvement of non-State actors
EB145/5	WHO governance reform processes Written statements for the Executive Board and Health Assembly: guidelines for Member States
EB145/6	Evaluation: annual report
EB145/7	Report on hosted partnerships
EB145/8	Review of hosted partnerships Review of the European Observatory on Health Systems and Policies
EB145/9 and EB145/9 Add.1	Committees of the Executive Board: filling of vacancies
EB145/10	Report on meetings of expert committees and study groups
EB145/11	Future sessions of the Executive Board and the Health Assembly
EB145/12	Membership of the Independent Expert Oversight Advisory Committee
EB145/13	Amendments to the Staff Regulations and Staff Rules ²
EB145/13 Add.1 Rev.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board ³

¹ See page vii.

² See Annex 1.

³ See Annex 2.

Information document

EB145/INF./1 Statement by the representative of the WHO Staff Associations

Diverse documents

EB145/DIV./1 Rev.1 List of members and other participants

EB145/DIV./2 List of decisions and resolutions

EB145/DIV./3 List of documents

COMMITTEES¹

Programme, Budget and Administration Committee²

Professor Mohamed L'Hadj (Algeria), Mrs Maria Nazareth Farani Azevêdo (Brazil, member ex officio), Mr Nilo Dytz Filho (Brazil), Ms Zhang Yang (China), Mr Björn Kümmel (Germany), Professor Dr Nila Farid Moeloek (Indonesia), Dr Hiroki Nakatani (Japan), Dr Omar Bashir Al-Taher Mohammed (Libya), Dr A. Svarch (Mexico), Mr Herbert Barnard (Netherlands), Dr A. Ludowyke (Sri Lanka), Dr Rajitha Senaratne (Sri Lanka, member ex officio), Professor B.G. Kabillo (Sudan) and Dr Kennedy Malama (Zambia).

Thirtieth meeting, 15–17 May 2019:³ Professor Mohamed L'Hadj (Algeria), Mr Nilo Dytz Filho (Brazil), Mr Qi Dahai (China, alternate to Ms Zhang Yang), Mr Björn Kümmel (Germany), Professor Dr Nila Farid Moeloek (Indonesia), Dr Hiroki Nakatani (Japan), Dr Omar Bashir Al-Taher Mohammed (Libya), Ms S. Flores Liera (Mexico, alternate to Dr A. Svarch), Mrs N. Olijslager (Netherlands, alternate to Mr Herbert Bernard), Dr A. Ludowyke (Sri Lanka), Dr Sara Mohammed Osman (Sudan, alternate to Professor B.G. Kabillo), Dr Kennedy Malama (Zambia, Chairman).

¹ Showing current membership and the names of those who attended the meeting to which reference is made.

² Showing the membership as determined by the Executive Board in decision EB143(1) (2018), with changes of representatives for Mexico, Sri Lanka, Sudan and Zambia.

³ See document EBPBAC30/DIV/1.

PART I
RESOLUTION AND DECISIONS
ANNEXES

RESOLUTION

EB145.R1 Confirmation of amendments to the Staff Rules¹

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules;²

Having also noted the report of the Programme, Budget and Administration Committee of the Executive Board,³

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 July 2019 concerning: the effective date of amendments to the Staff Rules; definitions; payments and deductions; annual leave; and retirement.⁴

(Second meeting, 29 May 2019)

¹ See Annex 2 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

² Document EB145/13.

³ Document EB145/2.

⁴ See Annex 1.

DECISIONS

EB145(1) Appointment of representatives of the Executive Board at the Seventy-third World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7 (1977), appointed its Chairman, Dr Hiroki Nakatani (Japan) and its first three Vice-Chairmen, Dr Rajitha Senaratne (Sri Lanka), Dr Hussain Alrand (United Arab Emirates) and Dr Päivi Sillanaukee (Finland), to represent the Executive Board at the Seventy-third World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr Codjo Didier Agossadou (Benin) and the Rapporteur, Mr Peter Schmeissner (United States of America), could be asked to represent the Board.

(Second meeting, 29 May 2019)

EB145(2) Membership of the Programme, Budget and Administration Committee

The Executive Board appointed as members of the Programme, Budget and Administration Committee Mr Martin Essono Ndoutoumou (Gabon), Dr Kennedy Malama (Zambia), Mr Patricio Herrera (Chile), Mr Zahid Maleque (Bangladesh), Professor Itamar Grotto (Israel), Dr Sonia Ben Cheikh (Tunisia) and Ms Glenys Beauchamp (Australia) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Mr Nilo Dytz Filho (Brazil), Professor Dr Nila Farid Moeloek (Indonesia), Mr Björn Kümmel (Germany), Dr Sara Mohammed Osman (Sudan) and Ms Zhang Yang (China), who were already members of the Committee. Dr Hiroki Nakatani, Chairman of the Board, and Dr Rajitha Senaratne (Sri Lanka), Vice-Chairman of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(Second meeting, 29 May 2019)

EB145(3) Membership of the Sasakawa Health Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Sasakawa Health Prize, appointed Dr Lam Pin Min (Singapore) as a member of the Sasakawa Health Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board, member ex officio. It was understood that if Dr Lam Pin Min were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Selection Panel.

(Second meeting, 29 May 2019)

EB145(4) Membership of the United Arab Emirates Health Foundation Selection Panel

The Executive Board, in accordance with the Statutes of the United Arab Emirates Health Foundation appointed Dr Sonia Ben Cheikh (Tunisia) as a member of the United Arab Emirates Health Foundation Selection Panel for the duration of her term of office on the Executive Board, in addition to the Chairman of the Board, member ex officio. It was understood that if Dr Ben Cheikh were unable to attend, her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Selection Panel.

(Second meeting, 29 May 2019)

EB145(5) Membership of the Dr LEE Jong-wook Memorial Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Dr LEE Jong-wook Memorial Prize for Public Health, appointed Dr Saia Ma'u Piukala (Tonga) as a member of the Dr LEE Jong-wook Memorial Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair of the Board, member ex officio. It was understood that if Dr Ma'u Piukala were unable to attend, his successor or the alternate member of the Board designated by the government concerned would participate in the work of the Prize Selection Panel, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization.

(Second meeting, 29 May 2019)

EB145(6) Place, date and duration of the 146th session of the Executive Board and the thirty-first meeting of the Programme Budget and Administration Committee of the Executive Board

The Executive Board decided that its 146th session should be convened on Monday, 3 February 2020, at WHO headquarters, Geneva, and should close no later than Saturday, 8 February 2020. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-first meeting from Wednesday, 29 January to Friday, 31 January 2020, at WHO headquarters.

(Second meeting, 29 May 2019)

EB145(7) Place, date and duration of the Seventy-third World Health Assembly and the thirty-second meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that the Seventy-third World Health Assembly should be held at the Palais des Nations and the International Conference Centre in Geneva, opening on the afternoon of Sunday, 17 May 2020, and should close no later than Thursday, 21 May 2020. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-second meeting on Wednesday, 13 May to Friday, 15 May 2020, at WHO headquarters, Geneva.

(Second meeting, 29 May 2019)

ANNEX 1

Confirmation of amendments to the Staff Rules

[EB145/13 – 14 May 2019]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.¹
2. The amendments described in the present document have been made in the light of experience and in the interest of good human resources management.
3. The amendments to the Staff Rules considered necessary are set out in [Appendix 1] to the present document and are described below.

Effective date

4. Staff Rule 040 has been amended to indicate that the effective date of the Staff Rules is 1 July 2019.

Definitions

5. Staff Rule 310.7 has been amended to align the definition of “single parent” in the Staff Rules with the definition of “single parent” in WHO eManual; the definition in the eManual is itself based on the United Nations Secretariat administrative instruction ST/AI/2016/08.

Payments and deductions

6. Staff Rule 380.5.1 has been amended to cover the mandatory deduction from a staff member’s salary for accident and illness insurance contributions.

Annual leave

7. Staff Rule 630.7 has been amended to align with the United Nations Staff Rules to enable staff members who are ill or hospitalized while on annual leave, including home leave, to claim certified sick leave only when a substantial portion – of at least five working days in any seven-day period – of their annual leave, including home leave, is impacted. This amendment better reflects the intent of Staff Rule 740 (on sick leave) and reduces administrative burden.

¹ The Staff Regulations and Staff Rules are available at <http://www.who.int/careers/what-we-offer/en/> (accessed 25 April 2019).

Retirement

8. Staff Rule 1020.1.4 has been amended to align WHO provisions with those in effect in the United Nations Secretariat and other United Nations organizations.

ACTION BY THE EXECUTIVE BOARD

9. [This paragraph contained a draft resolution, which was adopted as resolution EB145.R1.]

Appendix 1

TEXT OF AMENDED STAFF RULES

040. EFFECTIVE DATE

040. These Staff Rules are effective as from 1 July 2019 and supersede all Staff Rules in force before that date.

.....

310. DEFINITIONS

...

310.7 A “single parent” is a staff member who meets the criteria established by the Director-General.

.....

380. PAYMENTS AND DEDUCTIONS

...

380.5 Deductions, from salaries, wages and other emoluments, including terminal entitlements, may be made only in the following cases:

380.5.1 for the staff member’s contributions to the Staff Pension Fund and for health insurance and accident and illness insurance;

.....

630. ANNUAL LEAVE

...

630.7 A staff member who is ill or hospitalized for five working days or more in any seven-day period during annual leave including home leave, may, subject to the provisions of Staff Rule 740, have the absence approved as sick leave upon presentation of a satisfactory medical report and approval by the Staff Physician.

.....

1020. RETIREMENT

...

1020.1.4 In exceptional circumstances the Director-General may, in the interests of the Organization, extend a staff member’s appointment beyond the age of 65, provided that such extensions shall not be granted for more than one year at a time and not beyond the staff member’s sixty-eighth birthday. These limitations shall not apply to incumbents of posts at the Ungraded levels.

ANNEX 2

Financial and administrative implications for the Secretariat of resolution and decisions adopted by the Executive Board

Resolution EB145.R1	Confirmation of amendments to the Staff Rules
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this resolution would contribute if adopted	6.4.2. Effective and efficient human resources management and coordination in place
2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:	Not applicable.
3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	The related amendments to the Staff Rules will enter into force with effect from 1 July 2019. There is no defined end date for implementation.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	Resource requirements are already included within what is planned under the Programme budget 2018–2019. The proposed amendments to the Staff Rules are not expected to have any specific financial impact. Payroll costs are always subject to some variability due to staff appointments or other staff movements so additional costs, if any, would be absorbed within the overall post cost averages.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:	See response to B.1.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:	Not applicable.
3. Estimated resource requirements in the Proposed programme budget 2020–2021, in US\$ millions:	Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	Not applicable.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions**– Resources available to fund the resolution in the current biennium:**

Not applicable.

– Remaining financing gap in the current biennium:

Not applicable.

– Estimated resources, but not yet available, which would help to close the financing gap in the current biennium:Not applicable.

PART II

SUMMARY RECORDS

SUMMARY RECORDS

FIRST MEETING

Wednesday, 29 May 2019, at 09:40

Chairperson: Ms M.N. FARANI AZEVÊDO (Brazil)

later: Dr H. NAKATANI (Japan)

1. ELECTION OF CHAIRPERSON, VICE-CHAIRPERSONS AND RAPPORTEUR: Item 1 of the provisional agenda

The CHAIRPERSON drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of rotation among WHO regions, Dr Hiroki Nakatani (Japan) had been nominated for the office of Chairperson of the Executive Board.

Dr Nakatani (Japan) was elected Chairperson.

Dr Nakatani took the Chair.

The CHAIRPERSON thanked the Board for electing him and paid tribute to his predecessor. Referring to Rule 12 of the Rules of Procedure of the Executive Board, he said that, following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairpersons: Dr Codjo Didier Agossadou (Benin), Dr Hussain Al Rand (United Arab Emirates), Dr Päivi Sillanaukee (Finland) and Dr Rajitha Senaratne (Sri Lanka).

Dr Agossadou (Benin), Dr Al Rand (United Arab Emirates), Dr Sillanaukee (Finland) and Dr Senaratne (Sri Lanka) were elected Vice-Chairpersons.

The CHAIRPERSON said that, under Rule 15 of the Rules of Procedure, if the Chairperson were unable to act between sessions, one of the Vice-Chairpersons would act in his or her place; the order in which the Vice-Chairpersons would be requested to serve should be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairpersons would serve in the following order: Dr Senaratne (Sri Lanka), Dr Al Rand (United Arab Emirates), Dr Sillanaukee (Finland), Dr Agossadou (Benin).

The CHAIRPERSON said that, pursuant to Rule 12 of the Rules of Procedure and in accordance with the principle of rotation among geographical regions, Mr Peter Schmeissner (United States of America) had been nominated Rapporteur.

Mr Schmeissner (United States of America) was elected Rapporteur.

2. **OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB145/1 and EB145/1 (annotated))

Opening of the session

The CHAIRPERSON declared open the 145th session of the Executive Board.

The DIRECTOR-GENERAL congratulated Dr Nakatani on his election as Chairperson and thanked his predecessor for her excellent leadership. Welcoming all participants, he said that the Seventy-second World Health Assembly had been one of the most productive and that he looked forward to working with Board members in the same spirit of constructive collaboration. The Board would be required to undertake highly important work over the coming year, and, although the provisional agenda for its current session was relatively short, the issues it contained were of great moment.

The provisional agenda included consideration of a new approach to the standardization of medical devices nomenclature, the current lack of which created confusion and risked patient safety. That item was a perfect example of WHO standard-setting work. The Board would also be considering improvements to WHO governance, including measures to ensure the more meaningful engagement of non-State actors and guidelines for the submission of written statements by Member States to the Health Assembly and the Executive Board. He looked forward to working with the members of the Board to promote health, keep the world safe and serve the vulnerable.

Adoption of the agenda

The representative of ROMANIA, 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 on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 145th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

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

It was so agreed.

The agenda was adopted.¹

Organization of work

The CHAIRPERSON suggested that the Board should proceed in accordance with Rule 28 of the Rules of Procedure relating to time limits.

The representatives of GERMANY and BRAZIL endorsed that suggestion.

It was so agreed.

¹ See page vii.

The CHAIRPERSON suggested that the Board should take up its agenda items in numerical order and that it should follow the proposed timetable. Under item 9 of the agenda, on future sessions of the Executive Board and the Health Assembly, the Board would consider a request from observers to attend the Programme, Budget and Administration Committee of the Executive Board in that capacity.

It was so agreed.

3. OUTCOME OF THE SEVENTY-SECOND WORLD HEALTH ASSEMBLY: Item 3 of the agenda

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the attention given at the Health Assembly to the management of public health emergencies, the eradication of poliomyelitis, universal health coverage, access to medicines and vaccines, the health of migrants and refugees, and the follow-up to the high-level meetings of the United Nations General Assembly on antimicrobial resistance, prevention and control of noncommunicable diseases, and ending tuberculosis. The Member States of the Region requested support for implementing the resolutions and decisions approved at the Health Assembly. Welcoming the adoption of the Programme budget 2020–2021, he encouraged the Director-General to continue to mobilize flexible funding in order to increase the budget allocations for combating noncommunicable diseases. Lastly, he recommended that WHO's public health prizes should be extended to all categories of health workers.

The representative of BRAZIL applauded the positive atmosphere of engagement and dialogue at the Health Assembly. Strictly enforced limits on speaking times and a well-managed agenda had allowed for efficient meetings. The road map for access to medicines, vaccines and other health products, 2019–2023, and resolution WHA72.8, on improving the transparency of markets for medicines, vaccines and other health products, were ground-breaking initiatives. Her Government hoped to work together with other Member States, the Secretariat and stakeholders to make the celebration of World Chagas Disease Day a game changer for the future of people with the disease.

The representative of KENYA, welcoming the efficiency of the Health Assembly, said that he was looking forward to working with all Member States and the Secretariat to champion causes that were of strategic importance to his country and to the Member States of the African Region, such as universal health coverage, access to medicines and essential technologies, and strengthening disease surveillance, preparedness and outbreak management. Referring to the deliberations on access to medicines and vaccines, he said that, although it was true that agenda items could be introduced by Member States during the Health Assembly, adherence to the Rules of Procedure should be encouraged to foster consensus.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, congratulated the Secretariat for the successful outcome of the Health Assembly, in particular the adoption of resolutions WHA72.6, on global action on patient safety, and WHA72.8 on improving the transparency of markets for medicines, vaccines and other health products. The Member States of the Region had appreciated the opportunity to propose an amendment to decision WHA72(11), on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

The representative of GERMANY expressed appreciation to the Secretariat for the successful outcome of the Health Assembly, welcoming in particular the consensus achieved regarding the Programme budget 2020–2021. Given that much of the funding for the Programme budget would depend on contributions not only from Member States but also from non-State actors, mechanisms to

allow for further exchanges with non-State actors should be explored in order to understand their key interests in terms of areas of funding, which would also help to address potential risks. In addition, there was a need to reflect on why some Member States had dissociated themselves from certain discussions (partly for procedural reasons but also owing to their unease during the negotiations and concern about negative external media campaigns).

The representative of the UNITED STATES OF AMERICA expressed concern at the all-time low level of governing body staffing, especially in the light of the complexity and volume of the governing body agendas and related meetings. With regard to the procedural concerns relating to resolution WHA72.8 on improving the transparency of markets for medicines, vaccines and other health products and the late publication of several key reports, the Secretariat should undertake an internal review to identify areas for improvement. He urged Member States to submit draft resolutions on complex multiagency and multisectoral topics to the Board for consideration before the Health Assembly. He encouraged the Secretariat to provide more support for the governing bodies' critical enabling function. Although non-State actors had a valuable role to play in governing body discussions, they must respect the Organization's processes. His Government strongly denounced the actions of some non-State actors to intimidate Member States during the negotiations on improving the transparency of markets for medicines, vaccines and other health products. The Secretariat should remind non-State actors in official relations with WHO of the privileges and responsibilities that their status entailed.

The representative of MONACO¹ said that the aim of negotiations was to reach consensus, but that events during the Health Assembly had impeded discussions among Member States. It was imperative to ensure discussions remained confidential and unacceptable for Member States to be pressured, targeted or attacked on social media.

The representative of SWITZERLAND¹ said that the manner in which resolution WHA72.8 had been deliberated was regrettable. The resolution had not been unanimously adopted, which did not reflect the culture of collaboration for which the Organization was known. She underscored the importance of the Executive Board's work, which allowed Member States to prepare for and actively participate in discussions and arrive at constructive solutions by consensus for subsequent consideration by the Health Assembly.

The CHAIRPERSON took it that the Board wished to conclude its discussion of the item.

It was so agreed.

4. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB145/2)

The representative of ZAMBIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had raised concerns about the volume of overdue donor reports, an issue mentioned in the report of the Independent Expert Oversight Advisory Committee. In reply, the Secretariat had confirmed that the number of outstanding reports had been reduced to 10% of all reports due. The Committee had endorsed the Independent Expert Oversight Advisory Committee's intention to take into account the conclusions of the United Nations-wide review of independent oversight bodies carried out by the Joint Inspection Unit in 2019. It had welcomed the work undertaken on compliance, risk management and ethics, and stressed the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

critical nature of a strong ethical basis for the work of the Organization. Adequate resources should be allocated to advance the work of that function, with particular attention paid to preventing sexual exploitation and abuse and sexual harassment.

The Committee had also conveyed its support for the work of the Joint Inspection Unit and had requested the Secretariat to ensure full and quick implementation of key recommendations, including those on legislative bodies and whistle-blowing policies. It had welcomed efforts to promote organizational learning from completed evaluations and participation in joint evaluations, along with the work of the hosted partnerships. It had further emphasized the importance of the reviews of such partnerships, which should continue.

The representative of GERMANY expressed concern about the late issuance of documents, which had made it difficult for members of the Programme, Budget and Administration Committee to prepare for the related meetings. Discussions on programmatic and financial matters should encompass donors in order to enhance understanding of who was contributing to the Organization, how much and why, and whether they would continue to do so.

The representative of SRI LANKA stressed the size of the gap between funding and WHO's priorities, particularly the lack of funding for noncommunicable diseases. He congratulated the Director-General on the WHO reform processes, including the transformation agenda and ensuring gender parity at senior management level.

The representative of BANGLADESH expressed appreciation for the work of the Programme, Budget and Administration Committee and supported the implementation of its recommendations.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, welcomed the development of risk and ethics training materials, and said that the emphasis should be on face-to-face training. She urged the Secretariat to provide adequate financial, human, technical and material resources for the compliance, risk management and ethics functions. Mandatory training for all staff on prevention of sexual harassment and sexual exploitation and abuse should be coupled with periodic capacity-building activities, such as workshops featuring concrete examples of types of harassment and ways to report them. To enable timely decision-making, information should be provided as soon as possible on the action that would be taken by the Secretariat in relation to the Joint Inspection Unit's recommendations, including the time frame for such action. She endorsed the Committee's recommendation to adopt the draft resolution contained in document EB145/13 on amendments to the Staff Regulations and Staff Rules.

The Board noted the report.

5. TECHNICAL AND HEALTH MATTERS: Item 5 of the agenda

Standardization of medical devices nomenclature: Item 5.1 of the agenda (document EB145/3)

The representative of INDONESIA urged the Secretariat to use transparent methods in developing terms, classifications, definitions and hierarchies for the proposed nomenclature system. He supported the development of an international classification, coding and nomenclature system for medical devices, which should take into consideration Member States' various regulatory readiness and medical device manufacturers.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that strengthening the regulation of health products, including medical

devices, was of utmost importance, particularly for low- and middle-income countries. In addition, the Organization's technical support was urgently needed for the development of a comprehensive model list of basic and essential devices, with a focus on nomenclature. Support was also needed to strengthen national capacity.

The representative of FINLAND said that international standardization of nomenclature would help to ensure patient safety, improve the availability of medical devices and enhance health service quality. A common coding system would also have financial benefits, as it would harmonize procurement and supply systems across the United Nations system. She welcomed the cooperation between the European Commission and WHO with a view to setting up a regional database. Her Government supported the proposed establishment of an expert group to further explore options related to the classification, coding and nomenclature of medical devices.

The representative of SRI LANKA said that it was crucial to develop a standardized nomenclature and coding system, particularly given the increasing use of electronic data for sharing and storing patient information. Such a system needed to have clear, unambiguous terminology; accurate and informative descriptions; comprehensive coverage to encompass new and innovative devices; a structure with appropriate hierarchies and flexibility; a suitable level of granularity and specificity; and interoperability with other systems used by health care providers and stakeholders.

The representative of JAPAN said that without a universal classification and nomenclature system it was difficult to measure and compare the availability and use of medical devices at the global level and to share information on adverse events. When developing a new system, it was important to keep in mind that many Member States and other international organizations used existing nomenclature systems, such as the Global Medical Device Nomenclature. The Secretariat was therefore encouraged to adopt an open, transparent and inclusive approach to promoting harmonization in order to avoid creating confusion or placing an additional burden on Member States and the private sector.

The representative of CHINA, welcoming the work on establishing a standardized classification and nomenclature system, requested the Secretariat to collect further relevant data, including on the financial implications of a new system, and to conduct a systematic review and comparative study of existing systems to inform decision-making. His Government was willing to participate in that undertaking.

The representative of ITALY said that the medical devices sector was complex and fragmented; a common nomenclature would therefore improve patient safety and health system quality by facilitating the global sharing of information. The international system should be developed on the basis of broad participation and cooperation and be made freely available. The Italian medical devices classification system had been adopted by the European Commission as the standard for the European Union; his Government was currently working with the Commission to update the system and map other existing nomenclature systems. He encouraged cooperation on a standardized international classification system for medical devices.

The representative of CHILE said that the lack of a common nomenclature for medical devices hindered the development, authorization and classification of health technologies. The proposed international classification, coding and nomenclature system was crucial to ensuring patient safety, effective monitoring, market authorization, price comparisons, information-gathering and quality. Her Government looked forward to collaborating in the development of such a system.

The representative of SINGAPORE said that a harmonized system to facilitate tracking and traceability of medical devices would enhance patient safety. In order to keep pace with rapidly evolving technology, the Secretariat should ensure that the proposed standardized nomenclature system was

designed and developed to be sustainable and accessible, and that it took into consideration existing classification systems. The proposed system should be easy to use and minimize the administrative burden for health care professionals and administrators.

The representative of BRAZIL said that the absence of a universal classification and nomenclature system gave rise to various challenges, including supply-chain management difficulties. Several standardized nomenclature systems were currently in operation, including the Global Medical Device Nomenclature, which was used in Brazil and a number of other countries. It would be appropriate to offer Member States a comprehensive range of options on which to base an informed decision. In that context, it was important to examine potential platforms for dialogue among the different systems, such as correlation tables, without prejudice to an assessment of whether, or in what conditions, developing and updating a universal nomenclature system would be the most cost-effective response. His Government looked forward to participating in the follow-up to the discussion.

The representative of the UNITED STATES OF AMERICA said that his Government did not support the development of an international classification and nomenclature system, as it was not harmonized with the existing Global Medical Device Nomenclature, currently used by a number of major regulatory authorities, including in his country. As of March 2019, Global Medical Device Nomenclature codes had been freely available to stakeholders. There was therefore no need for WHO to create another nomenclature system, which would only confuse and complicate matters, and would ultimately hinder patient access and increase costs. He encouraged the Organization to participate in the International Medical Device Regulators Forum in order to develop a harmonized approach to the nomenclature of medical devices.

The representative of TUNISIA said that it was important to cooperate on developing a common nomenclature, harmonized with other existing systems, which would facilitate monitoring of medical devices and enhance patient safety. It would also improve the management and quality control of internationally available medical devices and facilitate follow-up.

The representative of SUDAN, expressing support for the development of standardized medical devices nomenclature, said that a freely accessible database of available medical technology should be created and used to develop guidelines for the use of medical devices. Given the wide range of devices available, lists and databases of medical devices should be regularly updated. She requested the Secretariat to develop guidance for Member States, for example in the form of a handbook. Her Government was willing to participate in such an endeavour.

The representative of AUSTRALIA expressed concern that the proposed nomenclature system did not include cooperation with established nomenclature providers or a comprehensive analysis of existing systems, such as the Global Medical Device Nomenclature. In that regard, the Secretariat should engage with those members of the International Medical Device Regulators Forum that had an established nomenclature system. It would be useful to know whether the Secretariat had undertaken a risk–benefit analysis to evaluate the proposed system and alternatives, such as bringing together existing data sets in a single system. Without such work, there was a risk of creating further inconsistency and confusion in the identification of medical devices across jurisdictions and undermining global harmonization and standardization efforts.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that, although progress had been made in ensuring affordable, safe and quality-assured essential medical devices, much remained to be done, especially in view of the rapid technological advances in that field. Existing international classification systems provided an opportunity to fast-track the standardization of medical devices nomenclature. The Member States of the African Region commended the work of WHO in developing a model list of medical devices for Ebola virus disease,

cancer, and maternal and child health, and its efforts to draw up a list of health products for primary health care. The challenges faced by some Member States in the Region – relating to procurement, unreasonably high costs, lack of standardized nomenclature and poor quality assurance – hindered access to essential medical services and adversely affected efforts to achieve universal health coverage. Given the complexity of the task ahead, he called for the promotion of interagency and regional collaboration. The Secretariat should expedite the formation of a reference group of editorial experts and undertake comprehensive consultations to ensure maximum participation. It should also provide financial and technical support, and a time frame to finalize the work.

The representative of ARGENTINA supported the establishment of regional and subregional networks of regulatory bodies and the establishment by the Secretariat of a group of editorial experts in order to effectively govern the international classification, codification and nomenclature of medical devices.

The representative of the UNITED ARAB EMIRATES fully supported the standardization of medical devices nomenclature, which would help to improve the recording system currently in place in his country.

The representative of the UNITED REPUBLIC OF TANZANIA highlighted the complexity of ensuring global standardization of the multiple systems already in place. She therefore agreed that WHO should spearhead the development of an international classification and nomenclature of medical devices. A phased approach should be used, whereby existing essential devices were the first to be attributed common standard names, coding and classification. Furthermore, she preferred the term “essential medical devices” over “priority medical devices”, which was too subjective. All countries, both developed and developing, should be actively consulted during the standardization process, as the nomenclature should be applicable in all health systems, irrespective of economic status. WHO country offices should facilitate Member States’ engagement, where applicable.

The representative of BANGLADESH said that the continuous invention of new medical devices and improvement of existing ones represented a challenge to their successful standardization and called for a dynamic nomenclature system that was constantly updated. He requested the Secretariat to strengthen the system for the prequalification of medical devices, as it had the system for the prequalification of medicines.

The representative of AUSTRIA, welcoming efforts to standardize medical devices nomenclature, strongly encouraged the Secretariat to take into consideration the National Classification of Medical Devices nomenclature system established in the European Union. Cooperation with the International Medical Device Regulators Forum and engagement with various stakeholders was essential for the successful development of a global harmonized nomenclature.

The representative of KENYA urged the Secretariat to adopt an international classification system for the standardization of medical devices nomenclature, incorporating the existing WHO lists of essential diagnostics and medical devices. The lack of a global standardized nomenclature hindered the provision of essential medical devices and opened the door to substandard and falsified medical products and technology waste dumping, particularly in the African Region. The process of adopting the system must be flexible and transparent, as it would entail close interaction with numerous non-State actors and entities.

The representative of TAJIKISTAN noted the importance of a standardized nomenclature system. Without such a system, the relevant national authorities would find it a challenge to register medical devices, which might in turn allow for the production and use of falsified medical products in health systems. He requested an editorial change in the Russian language version of document EB145/3.

The representative of TONGA supported the proposal to develop an international classification and nomenclature of medical devices that encompassed work already accomplished in that area. The challenge presented by the issue was magnified for small and resource-challenged countries like Tonga and other Pacific island countries. Without a standardized classification system, his country struggled to stay abreast of the diversity of equipment available, particularly where biomedical engineering capacity was limited or non-existent.

The representative of COSTA RICA¹ recognized the importance of a nomenclature that would allow countries to take stock of the biomedical equipment available within their own health systems. Such a nomenclature would enable the international health system to respond more quickly to health emergencies and natural disasters and ensure that countries benefiting from international cooperation received exactly what they needed, while simultaneously avoiding technology dumping.

The representative of CANADA¹ supported WHO's overarching objectives in working towards greater alignment of the international classification of medical devices. However, the report did not provide a full picture of the current landscape of medical devices nomenclature. His Government used the Global Medical Device Nomenclature, which was well established, effective and in alignment with several key regulators. He requested additional details and an analysis of options, including on how the proposed approach would recognize and build on existing systems already in use and avoid placing an undue burden on those using them.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ expressed support for WHO's work on international standardization of medical devices nomenclature. In view of the complexity of the medical devices market and the range of uses for a harmonized international medical devices nomenclature, further analysis to fully understand the current and future needs of the various users of that nomenclature would be beneficial. Her Government was keen to make better use of data in order to strengthen understanding of the patient safety impact of medical devices and was willing to collaborate in such research. Cooperation with regulators of medical devices was essential in the development and use of medical devices nomenclature.

The representative of the EUROPEAN UNION said that the European Commission, with significant support and resources from the Government of Italy, had established a harmonized, open-access system that levied no cost for registering devices and was compatible with WHO's existing international classifications, driven by regulator rather than industry needs, and governed by regulators rather than the private sector. The system had proven useful, and the European Union and its Member States would be willing to make it available to WHO. They also intended to provide a document comparing that system with others, including the Global Medical Device Nomenclature, for reference.

The ASSISTANT DIRECTOR-GENERAL (Prequalification and Technology Assessment) highlighted the complexity of global standardization owing to the breadth and variety of medical devices available and the multitude of existing systems. The Secretariat would continue to assess existing systems and strengthen coordination with them. The overarching aim was to support the procurement of quality-assured products and to involve all relevant parties in a transparent and inclusive process towards global convergence and harmonization. Addressing the needs of countries that currently had no system in place was of particular importance.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The Chairman, taking into account the discussions, proposed that the Board request the Secretariat to undertake further work, including consultations with Member States, and if necessary resubmit the item to the Executive Board.

It was so agreed.

6. MANAGERIAL, ADMINISTRATIVE AND FINANCIAL MATTERS: Item 6 of the agenda

WHO governance reform processes: Item 6.1 of the agenda

- **Involvement of non-State actors** (document EB145/4)

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries 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 his statement. He expressed support for enhanced, more meaningful engagement of non-State actors with WHO, in accordance with the Framework of Engagement with Non-State Actors. Grouping non-State actors into constituencies might encourage them to consolidate their positions and make a more effective contribution to the debate. The idea of a world health forum required further discussion based on an analysis of the financial and governance implications. He welcomed the efforts to improve engagement through a joint working group and the WHO-Civil Society Task Team and requested further information on the recommendations generated by those efforts, including the establishment of an advisory committee on WHO-civil society organization engagement. He would welcome a discussion on those recommendations in the sessions of the governing bodies.

The representative of SINGAPORE said that interactions with non-State actors should be useful to all parties and need not be confined to governing body sessions. A world health forum could provide a way for non-State actors to participate meaningfully without the procedural limitations of governing body sessions but would require a structure that yielded value for all parties and drove consensus between the Secretariat, Member States and non-State actors. He asked whether and how non-State actors' participation in such a forum would contribute towards the fulfilment of WHO's constitutional mandate with respect to non-State actor engagement.

The representative of CHINA said that non-State actors could make a positive contribution to global health governance, but their engagement needed to respect WHO's intergovernmental nature and comply with all established rules of the Organization. The Secretariat should assess the necessity, effectiveness and financial implications for the Organization of the measures proposed in the report, such as the creation of a world health forum. His Government endorsed the proposed organization of a web consultation with non-State actors, with a view to drawing up a proposal for consideration by the Board at its 146th session.

The representative of BRAZIL noted the importance of meaningful exchange with non-State actors but said that the report went beyond the request set out in decision EB144(3), namely to draw up recommendations on an informal meeting or forum to bring together Member States and non-State actors in official relations. Such a forum would be valuable, but the lack of information on its potential format, participants, timing and duration or on how its results would be presented to the governing bodies was regrettable. The forum could take place annually and be an additional tool to enhance implementation of the outcomes of governing body meetings, but it should not interfere with WHO's intergovernmental decision-making process. His Government did not favour linking the forum with the WHO's Partners'

Forum, which had different purposes and objectives. With regard to the timing of the proposed forum, a one- or two-day meeting before a governing body session would enable Member States and non-State actors to come together to debate the main agenda items. There should be a transparent and inclusive process for non-State actors to express their views on how to improve their participation. Consultations should be held with Member States in Geneva before further consideration of the matter by the Board.

The representative of BANGLADESH said that, given the already numerous contributions from Member States and existing time management issues, it was not practical for all non-State actors to speak at governing body meetings. Although his Government was in favour of encouraging the involvement of non-State actors, their engagement must not violate the Constitution, rules, norms or ethics of WHO. His Government did not currently endorse the organization of an annual conference for non-State actors.

The representative of the UNITED STATES OF AMERICA welcomed measures to stimulate participation of non-State actors. The previous weeks and months had revealed a deeply flawed process. It was therefore urgent to find ways for non-State actors to participate meaningfully, respectfully and appropriately in WHO's governing bodies and provide timely input for Members States' consideration. He encouraged Member States to replicate his Government's practice of organizing listening sessions for all interested stakeholders ahead of the Health Assembly. Ultimately, Member States retained the prerogative of governance and setting policy for the Organization. He asked the Secretariat for information on the timing, cost, nature and focus of the proposed informal meeting or forum, whether it would be limited to a specific theme or cover all the topics considered by the Health Assembly, and how the Secretariat would ensure that the governing bodies took account of the outcome.

The representative of ARGENTINA said that the participation of non-State actors should be improved, while respecting WHO's intergovernmental nature. In principle, her Government supported the proposals for individual non-State actors to continue posting their statements on a dedicated website two weeks before governing body sessions, and for non-State actors to meet before or during those sessions to decide on which agenda items they would deliver statements. Her Government had no initial objections to the proposals set out in the report but required further information to conduct a proper analysis.

The representative of INDONESIA said that the engagement of non-State actors should advance public health, respect WHO's intergovernmental nature and maintain WHO's integrity, credibility, independence and reputation. Member States should play a key role in monitoring and evaluating non-State actors' engagement through consultations organized by the Secretariat. WHO's decision-making process must remain intergovernmental.

The representative of AUSTRALIA highlighted the need to respect both the diversity of non-State actors and WHO's intergovernmental nature and strongly agreed with the objectives set out in the report. In refining the proposals for further discussion, the Secretariat should consider the efficiency and cost-effectiveness of the proposed measures, in particular the world health forum. The focus should be on enhancing participation of non-State actors in governing body meetings. Before further steps were taken, input should be sought from a diverse range of non-State actors. She therefore welcomed the proposed web consultation.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that the participation of non-State actors should be consistent with WHO's Constitution. WHO's intergovernmental nature and the diversity of non-State actors must be respected. Given the limited time allocated to Member States, the existing practice should be continued, with non-State actors making their statements after Member States. She encouraged the delivery of group statements on each agenda item, the posting of statements two weeks before governing

body sessions, and the establishment of constituencies, although thorough consideration should be given to how they would be formed. Further work was needed to show the added value of a world health forum, consultations at the national level with non-State actors before governing body sessions, and the inclusion of civil society and youth representatives in delegations. More proposals from non-State actors on how to improve their engagement without compromising the principles governing WHO meetings would be welcome.

The representative of IRAQ endorsed the need for engagement between WHO and non-State actors. However, to make the involvement of non-State actors more productive, their interventions should be more focused, directly relevant to the agenda item and informed by evidence. Interventions not directly relevant to agenda items could be posted online to avoid taking up time during deliberations. The proposed organization of an annual stand-alone world health forum in November was not practical for many Member States in the light of global and regional commitments, country capacity and financial implications. He encouraged the Secretariat to explore options for hosting the forum immediately after other relevant events but cautioned against the fragmentation of issues.

The representative of JAPAN said that collaboration with non-State actors was important, but their engagement in governing body sessions could be improved. Good communication with non-State actors was needed in order to limit their interventions during governing body sessions. He therefore endorsed the proposal to organize a web consultation before the next sessions of the regional committees. All governing body documents should be issued at least six weeks before meetings to enable non-State actors to provide their comments two weeks prior to the session. He asked how the output of the proposed world health forum would feed into governing body sessions.

The representative of KENYA encouraged the Secretariat to continue to engage and promote dialogue with non-State actors at all levels through established channels. She endorsed the proposal for non-State actors to publish their statements in advance, to allow Member States to take their comments into consideration ahead of governing body sessions. Her Government welcomed the proposal for non-State actors to form constituencies and requested that they should be well balanced and ensure global representation. The proposed world health forum warranted further analysis; such a forum should not be held in parallel with or close to major governing body sessions, given the risk of reduced Member State participation.

The representative of GERMANY highlighted the need for non-State actors to engage responsibly. From a timing perspective, the current participation model for non-State actors was not meaningful, since Member States were only informed of non-State actors' viewpoints after their own discussion. The focus must be on the relevance of non-State actors' statements. He expressed interest in the proposal to set up a world health forum but said that its focus should be on information-sharing, not decision-making. At governing body sessions, non-State actors should work together to produce a statement to be shared with Member States and delivered before the relevant agenda item was opened. Since some governments were already consulting with non-State actors, he questioned the need for Member States to attend the proposed forum, which was a step in the right direction but required further work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ recognized the important contribution made by non-State actors and the need for improved engagement. Her Government engaged regularly with partners in advance of governing body meetings so as to inform its decisions. She expressed interest in the proposal for non-State actors to coordinate statements among constituencies but noted the need for guaranteed time limits. Her Government

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

strongly encouraged the Secretariat to ensure that the proposal to organize a world health forum was developed in full consultation with non-State actors, and to address the potential disconnect between non-State actors' input and governing body sessions.

The representative of CANADA¹ said that his Government engaged with civil society organizations and other stakeholders when preparing for sessions of the Executive Board and the Health Assembly to develop its positions. He welcomed measures for more meaningful dialogue with non-State actors and supported the inclusion of non-State actors in discussions on their engagement with WHO. Enhanced dialogue with non-State actors should be as inclusive as possible and not in lieu of their participation at the Health Assembly. He suggested exploring opportunities for enhanced engagement of non-State actors on the margins of governing body sessions, in order to avoid the creation of parallel forums for discussion. Although the forum was an interesting idea for engagement, Canada was concerned about timely alignment with issues being discussed on the agendas of the governing bodies must be ensured.

The representative of MONACO¹ said that current engagement with non-State actors and civil society could be improved; most interventions by non-State actors were made after Member States, thus limiting the opportunity for constructive dialogue. The proposals for group statements by non-State actors and more in-depth dialogue between the Secretariat and non-State actors throughout the year were interesting. The proposed forum could be held with the WHO Partners' Forum or could take the form of a world forum festival, bringing together the many side events that were held concurrently with the Health Assembly. She supported the proposed web consultation with non-State actors, with a view to drawing up a proposal for consideration by the Board.

The representative of SPAIN¹ said that the proposed forum could be held in March or April, so as to take account of the Executive Board's deliberations and prepare for the Health Assembly.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRPERSON, said that WHO needed strong, vocal and meaningful engagement from civil society. He welcomed the report by the Secretariat but had certain questions and reservations. His organization looked forward to subsequent consultations with civil society on the issue and stood ready to discuss concrete proposals from the Secretariat and Member States.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRPERSON, said that partnerships with organizations that threatened health through harmful marketing led to misplaced trust and weaker governing body resolutions. Non-State actors in official relations with WHO must be free from concerns that were primarily of a commercial or for-profit nature. The risks of the Framework of Engagement with Non-State Actors had to be evaluated and addressed before further discussions on a possible global health forum could take place, and the Framework's definition of conflict of interest must be corrected. Using the same definition and same coloured badges for all non-State actors, whether they were corporations or civil society organizations, was dangerous. WHO's independence and role as the coordinating authority in global health was at stake.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRPERSON, said that non-State actors should be differentiated as public or private interest groups and that regular national civil society consultations should be held with Member States ahead of governing body sessions. Although it would be seriously challenging to group civil society

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

interventions, her organization was willing to help to find effective channels to do so, with a view to facilitating meaningful engagement. Transparent consultations ahead of governing body sessions should be a recognized mechanism involving maximum engagement by the Secretariat and Member States.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIRPERSON, recommended allocating dedicated seats for civil society organization constituencies, with voting rights, at the Executive Board and the Health Assembly as the most effective way of ensuring meaningful engagement. The Secretariat should invite a wide range of civil society organizations to participate in the Health Assembly and the regional committee sessions and should develop technological means of gathering their input for those meetings. It should also help civil society organizations organize themselves into constituencies by geographical region, thematic area or representation, and invite input from each constituency through an elected representative.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRPERSON, said that the current statement model and full agendas of the governing bodies did not facilitate meaningful engagement of non-State actors with WHO. Her organization considered that the measures proposed were not sufficient and could undermine the ability of civil society organizations to support WHO's work. She encouraged the Secretariat to consider new opportunities and leverage new technologies to facilitate the engagement of civil society organizations through timely and open consultations; statements should not be grouped by constituency, given the diverse topics under discussion and the large number of civil society organizations. Earlier involvement of civil society organizations through open consultations could reduce the demand for statements at governing body sessions.

The meeting rose at 12:30.

SECOND MEETING

Tuesday, 29 May 2019, at 14:30

Chairperson: Dr H. NAKATANI (Japan)

1. MANAGERIAL, ADMINISTRATIVE AND FINANCIAL MATTERS: Item 6 of the agenda (continued)

WHO governance reform processes: Item 6.1 of the agenda (continued)

• **Involvement of non-State actors** (document EB145/4) (continued)

The EXECUTIVE DIRECTOR (External Relations and Governance) welcomed the rich discussion on the involvement of non-State actors in governing body sessions and noted the apparent consensus that the status quo was unsatisfactory and that improvements were needed, and that Member States expected meaningful, relevant and efficient interaction with non-State actors. She welcomed the information provided about preparations for the participation of non-State actors in regional and subregional governing body meetings and acknowledged the possible need for a more sophisticated position on non-State actor participation, given the diversity of actors and the different ways in which they interacted with WHO.

She reassured the Board that the management and procedures of governing body sessions were regularly reviewed. The review of the Seventy-second World Health Assembly would have a governance strand and would take into account the concerns expressed during the current session of the Board under item 3 of the agenda. Member States would be invited to make further comments at a later stage during the review process. The Secretariat would heed the request that governance initiatives should remain within the governance reform process. The challenges faced by smaller delegations in attending multiple parallel events would be borne in mind. The comments and proposals made, including those put forward by non-State actors themselves, would be used to update the report, which would then be submitted to the Executive Board at its 146th session.

The DIRECTOR-GENERAL said that WHO's relationship with non-State actors was growing and evolving over time. The Organization benefited from such partnerships when working to fulfil its mandate. In addition to collaborating collectively with non-State actors in determined areas of interest, WHO had also started partnering with individual nongovernmental organizations through working groups that focused on specific diseases, areas of interest or expertise. Partnerships with non-State actors and private sector entities would be central to the delivery of the Sustainable Development Goals, but the checks and balances required to regulate such partnerships remained vital. The Secretariat would consider all the recommendations made, including those concerning the establishment of a world health forum.

The representative of BRAZIL said that clarity was needed on what would be covered during the proposed web consultations with non-State actors in official relations with WHO. Regarding the discussion of the involvement of non-State actors at the next session of each of the regional committees, he asked the Secretariat to organize an additional round of consultations in Geneva for Member States, before the 146th session of the Executive Board. He encouraged all Board members to participate.

The CHAIRPERSON took it that the Board wished to note the report and approve the proposal for the Secretariat to refine the recommendations by conducting a web consultation with non-State actors.

It was so agreed.

- **Written statements for the Executive Board and Health Assembly: guidelines for Member States** (document EB145/5)

The CHAIRPERSON drew the Board's attention to the draft guidelines for written statements relating to meetings of WHO's governing bodies to be posted on the dedicated WHO webpage and contained in the annex to document EB145/5.

The representative of SUDAN, speaking on behalf of the SYRIAN ARAB REPUBLIC¹ and the ISLAMIC REPUBLIC OF IRAN,¹ welcomed the draft guidelines. Referring to paragraph 2 thereof, she proposed extending the deadline for the submission of written statements to two weeks after the end of the Health Assembly so that smaller delegations would not be at a disadvantage. In relation to paragraph 3, she said that there should be no limit on the number of words in each written statement, particularly as delegations were already constrained by the limit of two minutes imposed on their oral interventions. The reference in paragraph 8 to avoiding unrelated politically controversial subject matter should be deleted to allow representatives to address any health-related issue, including those that might be politically sensitive or controversial.

The representative of FINLAND said that there was still room for improvement in practices relating to the functioning of the governing bodies. Noting that there were no terms of reference for the Officers of the Board, she said that their role in the planning and management of Board sessions could be strengthened. She requested the Secretariat to develop the template, agreed at the Board's 144th session, to facilitate analysis of proposed agenda items. Concerning the draft guidelines, she asked how they compared to United Nations General Assembly practice and whether any common practices were in place throughout the United Nations system. Finally, she said that the publication of written statements solely in the original language would present practical challenges, as would enforcing the proposed deadline for exercising a right of reply.

The representative of the UNITED STATES OF AMERICA said that the draft guidelines would be strengthened by moving the reason for submitting written statements, contained in paragraph 7, to the beginning of the document. Unofficial translations provided by a Member State should be clearly marked as such. Although the right of reply would be unnecessary if the guidelines were adhered to, he expressed concern that two working days after the closure of the session might not be sufficient time should a reply be justified. As the guidelines failed to mention how early written statements would be published, he proposed that they should be published either at the start of consideration of the agenda item or at the opening of the governing body session. He requested the Secretariat to consider implementing a review period of one year in order to assess whether the guidelines and the practice of posting written statements were enhancing WHO's governance without placing an undue burden on the Secretariat.

The representative of ARGENTINA said that the word limits for national and regional statements should be extended. She fully supported the practice of publishing written statements, since it allowed everyone, including smaller delegations, to have a voice in the WHO's governing bodies.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, endorsed the draft guidelines, which would enable Member States to expand on their oral interventions. He reiterated that the written statements must not be used for any other purpose.

The representative of KENYA endorsed the draft guidelines, provided that the submission of written statements was without prejudice to the right to make oral interventions and that published written statements were not a part of official governing body records. The draft guidelines should include measures to ensure that written statements were only submitted by authorized members of delegations. She asked what mechanism the Secretariat planned to use to ensure that statements conformed to the guidelines.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the draft guidelines but proposed that regional statements contain between 750 and 1100 words. The draft guidelines should stipulate the period during which written statements would remain posted on the website and the procedure for submitting statements following the closure of a session, including when exercising the right of reply. Assuming that all written statements had also been delivered orally during the governing body session, he proposed that the guidelines should also include a procedure for an oral right of reply to a written statement.

The representative of BRAZIL said that he supported the practice of publishing written statements on a dedicated website. However, written statements should not replace oral interventions or constitute part of the official records. Moreover, they should be strictly related to the content of oral interventions delivered during the corresponding governing body session. Having the right to reply in writing would ideally increase Member States' confidence, but it might instead reduce predictability and trust in the system and prove burdensome. The draft guidelines did not clarify whether the right of reply could also be exercised in relation to statements delivered by non-State actors. The comments put forward merited further discussion. He asked for an update on progress made by the Secretariat to align the length of time written statements by Member States remained posted with that of non-State actors.

The representative of BANGLADESH, referring to paragraph 3 of the draft guidelines, said that the maximum length of written statements submitted on behalf of groups of Member States or WHO regions should be increased from 550 to 700 words. Allowing Member States to formulate more group statements would ultimately help to decrease the number and volume of statements, and he requested the Secretariat to provide computing facilities to enable that practice. He urged the Secretariat to find other ways of encouraging Member States to combine their country statements wherever possible.

The representative of GERMANY recognized the complex nature of the discussion. He agreed with the proposal to move the rationale for publishing written statements contained in paragraph 7 of the draft guidelines to the start of the document. He said that the mention of specific countries should be avoided, as the right of reply would thus be unavoidable. Concerning paragraph 8, he asked what oversight mechanism would be established to ensure that written statements did not include unrelated or controversial subjects or offensive language; as the statements were the responsibility of Member States, it seemed unfeasible to place that burden on the Secretariat. He encouraged the Secretariat to consider the practices of other organizations of the United Nations system.

The representative of TUNISIA said that small delegations would require more time to submit a written statement or to exercise their right of reply. He agreed that written statements should not be too long, but the proposed length should be extended to allow Member States to share opinions and experiences that might enrich the debate.

The representative of the SYRIAN ARAB REPUBLIC¹ said that the Secretariat should not have any influence on the content of written statements posted on the website. She regretted that Member States were unable to submit written statements for publication on the website during the current session of the Board and requested that the practice be reintroduced. In finalizing the draft guidelines, the Secretariat should refer to practices followed in other organizations of the United Nations system so as to reflect fair and equitable working practices. The online publication of written statements would allow Member States to provide additional information and might ease the burden on the Health Assembly.

The representative of MOROCCO¹ welcomed the draft guidelines and asked how long statements would remain on the website and how written statements would be archived for future use.

The CHAIRPERSON took it that the Board wished to request the Secretariat to update the draft guidelines in line with the concerns and comments expressed by Member States, before the 146th session of the Executive Board, in order to allow time for consideration and discussion. Moreover, he suggested that the Secretariat should consider introducing a trial period for implementation of the guidelines, once they had been adopted.

It was so agreed.

Evaluation: annual report: Item 6.2 of the agenda (document EB145/6)

The representative of BANGLADESH said that he looked forward to seeing the results of the Organization-wide evaluations, particularly the evaluation of the utilization of National Professional Officers and the review of 40 years of primary health care implementation at country level. He welcomed the exhaustive list of decentralized evaluations. Organizational learning should remain central to WHO's reform process.

The representative of AUSTRALIA asked when the delayed mid-point evaluation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 would be undertaken. That evaluation was of particular importance as the global action plan had been extended. She supported the proposed approach for the initial evaluation of the implementation of the Framework of Engagement with Non-State Actors, particularly regarding the inclusion of all stakeholders in consultations. Promoting multistakeholder collaboration was key to fulfilling WHO's mandate, and she looked forward to deliberating the evaluation outcomes at future sessions of the governing bodies.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the evaluations of the Programme Management Officer mechanism and the structures supporting the Expanded Special Project for Elimination of Neglected Tropical Diseases in the Region. Identifying the lessons learned from corporate and decentralized evaluations might encourage participation in joint evaluations. He encouraged the Secretariat to conduct the mid-term evaluation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and to ensure that evaluations were conducted in such a way that they led to the development of appropriate policies. He agreed with the proposed terms of reference and approach for the evaluation of the Framework of Engagement with Non-State Actors but stressed WHO's intergovernmental nature.

The representative of IRAQ said that the evaluation function should be strengthened and expanded. It should include a more structured and comprehensive review of country offices. WHO should provide more focused technical support to address existing and emerging challenges in line with the lessons learned from the evaluation of the Eastern Mediterranean Regional Centre for Environmental Health Action. She looked forward to the findings of the evaluation of the use of National Professional Officers at country level, as they would have a direct impact on work at that level. The evaluation of the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 should be a priority and the results should be available for discussion at the 146th session of the Executive Board. She requested additional information from the Secretariat on the criteria that would be used to select the representative group of stakeholders that would conduct that evaluation.

The representative of the UNITED REPUBLIC OF TANZANIA said that he looked forward to the report on the review of 40 years of primary health care implementation at country level and that the evaluation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 should be conducted before the 146th session of the Board. He welcomed the proposed terms of reference and approach for the evaluation of the Framework of Engagement with Non-State Actors; key interviews should be conducted during regional committee sessions to ensure the participation of appropriate sources. The evaluation should include discussions on the modalities of engagement with non-State actors in the governing bodies.

The representative of CHINA welcomed evaluations of country offices and hoped that the resulting findings would inform WHO's strategies to build capacity at the country level. Noting that some approved evaluations had been delayed owing to financial constraints, he said that the Secretariat should adopt clear criteria to prioritize the use of funds for the evaluation function to enable those evaluations to take place. The initial evaluation of the Framework of Engagement with Non-State Actors was very important, and he asked how the external independent evaluation team would ensure that there was no conflict of interest. His Government was committed to participating in that evaluation through interviews or online surveys.

The representative of AUSTRIA said that his Government could share its experience in implementing novel and innovative measures and actions as part of the review of primary health care implementation.

The representative of the UNITED STATES OF AMERICA expressed support for the terms of reference and approach for the initial evaluation of the Framework of Engagement with Non-State Actors, which should include input from WHO staff members and representatives of non-State actors. That evaluation should improve the Framework's execution and standardize its implementation across the Organization's technical areas, rather than lead to any amendment to the Framework itself. The Secretariat should continue to emphasize organizational learning, disseminating the complete findings of evaluations and tracking the implementation of evaluation recommendations. He noted that the Secretariat continued to strengthen its evaluation function, despite an increasing workload. He commended WHO for applying the findings from the Multilateral Organization Performance Assessment Network assessment.

The representative of FINLAND said that the quality and independence of corporate evaluation functions would be increasingly important in the light of the Thirteenth General Programme of Work, 2019–2023, the transformation agenda and the Programme budget 2020–2021. She welcomed the positive outcome of the evaluation conducted by the Multilateral Organization Performance Assessment Network but said that the Secretariat must manage the potential risks arising from the transformation agenda. She expressed concern that the time allocated to conduct the initial review of the implementation of the Framework of Engagement with Non-State Actors was too short and asked the Secretariat whether that time frame would be feasible. The Secretariat should continue to implement the Framework during the evaluation.

The representative of SPAIN¹ said that, just as the budget allocation for country offices had increased under the Programme budget 2020–2021, so the allocation for evaluation activities should

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

also reflect that priority. Moreover, evaluations should be results-based and focus on whether activities were cost-effective from the point of view of public health.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) agreed that organizational learning was a key part of the evaluation function. He noted Members' requests to ensure that a broad range of stakeholders contributed to the evaluation of the Framework of Engagement with Non-State Actors and said that the Secretariat would work to avoid any conflict of interest when selecting the members of the external independent evaluation team. The proposed time frame for that evaluation was realistic and achievable. The number of country office evaluations had already increased, and he agreed that more such evaluations would be conducted in the light of the priorities of the Thirteenth General Programme of Work. That would allow the Secretariat to have a better understanding of the impact of WHO's work at the country level.

He said that the delayed mid-point evaluation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, which was one of the planned decentralized evaluations, would be conducted in the third quarter of 2019 and that a representative group of stakeholders would be convened in June 2019. As the global action plan had been extended to 2030, the fact that the mid-term evaluation had been delayed would not have a negative impact on implementation. The lessons learned from that evaluation would provide guidance for future work. The evaluation of the Eastern Mediterranean Regional Centre for Environmental Health Action had been completed, and the Regional Director for the Eastern Mediterranean would share the findings with Member States during the next session of the Regional Committee. The evaluation of the utilization of National Professional Officers at the country level would be completed within the following month and the results shared with Member States. The Secretariat had received contributions from 94 Member States to the review of 40 years of primary health care implementation, it had begun the desk review of relevant documentation, and it would be sending out online surveys to Member State focal points the following week.

The Board noted the report.

Membership of the Independent Expert Oversight Advisory Committee: Item 6.3 of the agenda (document EB145/12)

The CHAIRPERSON invited the Board to note the report and consider the proposal contained in document EB145/12 to extend the terms of office of two members of the Independent Expert Oversight Advisory Committee.

The representative of GERMANY, supported by the representatives of FINLAND, the UNITED STATES OF AMERICA and ARGENTINA, said that the report had been submitted to the Board exceptionally late; he was therefore not in a position to agree to the proposal to extend the term of office of two of the Committee's current members, Mr Pereira and Dr Wilson.

The representative of BRAZIL asked the Secretariat what the implications would be for the Committee's work if the Board did not make a decision during its current session and whether the Committee would legally be able to continue performing its duties. To facilitate the Board's decision-making on the matter, he also asked the Secretariat to explain why the report had been issued so late.

The DIRECTOR-GENERAL said that the extension of the term of office of the two members of the Committee would ensure continuity in the ongoing investigation into the anonymous email that he had received expressing concerns about discrimination, lack of diversity and allegations of misconduct by WHO personnel.

The representative of FINLAND asked how long the investigation was expected to last, given that the term of office of the two members in question would not expire until April 2020.

The CHAIRPERSON, noting the Board's reluctance to approve the extension, asked the Legal Counsel whether the Executive Board could delay its decision until its 146th session in January 2020.

The LEGAL COUNSEL said that the Secretariat had not been able to publish the report earlier owing to the Committee's internal procedures and the timing of its meetings. The Committee had issued its report containing the proposal to extend the terms of office of two of its members on 13 May 2019, and the Secretariat had published its report one week later.

Should the Board decide not to approve the extension at its current session, it had two options: it could either delay the decision until its next session or commence the process of selecting two new members immediately. If the Board chose to delay its decision, but the extension was not then approved at the 146th session of the Board in January 2020, there would not be sufficient time to complete the candidate selection process and obtain the Board's approval of the candidates before the term of office of the current members expired on 30 April 2020. That would result in the Committee's membership being reduced from five to three until the appointment of two new members could be approved by the Board at its 147th session in May 2020. If all three of those members were present, the Committee would still have a quorum and would legally be able to perform its duties.

It would be possible to conduct the selection process before the 146th session of the Board in January 2020 and then decide at that time whether to appoint the new members or extend the term of office of the current members. However, that would not be fair to the potential candidates and would not constitute good governance practice.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the work of the Committee, in particular Mr Pereira and Dr Wilson, and emphasized the need for the Committee to retain a balance of expertise. Although exceptions had been granted in the past, it was not normal practice to extend the term of office of members of oversight committees, and the justification for granting an exception remained unclear in the current case.

The representative of GERMANY said that the Board had established terms of reference for the Committee, which clearly stated that the term of office for each member of the Committee would be two years. Terms of office should only be extended in exceptional circumstances. If extensions were to become a regular occurrence, the Committee's terms of reference would have to be amended. Moreover, none of the members of the Programme, Budget and Administration Committee of the Executive Board, to which the Committee reported directly, had expressed support for the proposed extension at its most recent meeting.

The representative of BRAZIL said that the Executive Board had the authority to decide whether to extend the term of office of the Independent Expert Oversight Advisory Committee members, regardless of the recommendation of the Programme, Budget and Administration Committee.

The representative of ESWATINI asked what action the Secretariat would have to take if the Executive Board decided not to extend the terms of office of the two Committee members under discussion.

The CHAIRPERSON explained that if the Executive Board did not make a decision during the current session, then it would have to make a decision at its session in January 2020. At that point, if the terms of office of those Committee members were not extended, the selection process to find two new members would begin; those members would be appointed by the Board at its 146th or 147th sessions. In the interim period, the Committee could continue to run with only three members, as that was the quorum for meetings.

The representative of the UNITED STATES OF AMERICA said that the decision should be made at the current meeting. In her view, there was no justification for extending the terms of office. The

Secretariat should seek to recruit two new Committee members with the appropriate skills, as it was best for the Committee to have the full number of members at all times.

The CHAIRPERSON, observing that a consensus was emerging that the term of office of the two Committee members under discussion should not be extended, suggested that the Secretariat should start the selection process to find two new members.

The representative of FINLAND expressed support for the Chairperson's suggestion, as it was in line with the Committee's terms of reference.

The representative of BRAZIL asked the Secretariat to provide details regarding the recruitment process and to clarify whether the Board needed to adopt a decision in order to initiate that process.

The LEGAL COUNSEL explained that no formal decision was needed to launch the recruitment process, as it would be initiated automatically if the Executive Board did not approve the proposed extension. Concerning the process, he said that the Secretariat would advertise the posts in appropriate periodicals, send a request for proposals to the Permanent Missions in Geneva, and identify potential applicants from a roster of highly qualified candidates previously considered for the role or recommended by the existing Committee members. The candidates would be evaluated by an external consultant and an initial round of interviews would be conducted by the consultant and the Committee's Secretary, who would then draw up a short list. Following a second round of interviews, the Director-General would then propose a list of three candidates, and the Board would be asked to appoint two of those three candidates.

The CHAIRPERSON took it that the Board wished to note the report but did not wish to extend the term of office of two of the current members of the Committee, Mr Pereira and Dr Wilson, to 31 December 2020.

It was so agreed.

Hosted partnerships: Item 6.4 of the agenda

- **Report on hosted partnerships** (document EB145/7)
- **Review of hosted partnerships: review of the European Observatory on Health Systems and Policies** (document EB145/8)

The representative of AUSTRIA said that evidence-based analysis was vital to sound policy-making. Although the European Observatory on Health Systems and Policies was an excellent example of best practice in that respect, improvements could be made to the support it received from WHO. First, WHO needed to provide more rapid and innovative support, in keeping with the digital era. Secondly, the capacity of the European Observatory to work with top academic institutions was hindered by certain WHO regulations, which should be reviewed to allow greater flexibility. Thirdly, it was important to find a way for the World Bank to resume its partnership with the Observatory. He encouraged wider membership of the European Observatory.

The representative of INDONESIA welcomed the information that the partnerships were running successfully; that momentum should be maintained. However, in line with resolution WHA63.10 (2010) on partnerships, it was vital to ensure that the overall terms of reference of hosted partnerships were consistent with WHO's constitutional mandate and principles and did not place additional burdens on the Organization. They should minimize transaction costs for WHO, add value to WHO's work and adhere to WHO's accountability framework.

The representative of KENYA, speaking on behalf of the Member States of the African Region, welcomed the progress made through the WHO-hosted partnerships. Noting that the Alliance for Health Policy and Systems Research was coordinating the WHO-wide country-led implementation research initiative for universal health coverage, she encouraged it to consider supporting more Member States with capacity-building in research and development. She commended the work of the European Observatory to support Member States in the European Region. In view of the contribution of the Partnership for Maternal, Newborn and Child Health to progress towards the Sustainable Development Goals, implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2023) and coordination of the Unified Accountability Framework, she urged the Partnership to continue to work with all stakeholders, particularly at the national level. The efforts of Unitaid to increase investment and broaden its health portfolio should be commended. She requested the Secretariat to continue providing regular reports on the partnerships.

The representative of the UNITED REPUBLIC OF TANZANIA emphasized the importance of ensuring that partners were aligned with WHO's vision as the Organization embarked on implementation of the Thirteenth General Programme of Work, 2019–2023. The work achieved by the partners covered in the report was impressive and touched on many priority areas for the African Region, notably in relation to the Sustainable Development Goals. Noting that the review of the European Observatory had found that collaboration with WHO had boosted activities on health systems strengthening, he encouraged the performance of similar reviews of the other partners.

The representative of ZAMBIA said that it was encouraging to note that the partnership with the European Observatory had delivered on its objectives. It was clear that the work of the Observatory benefited not only the European Region but also the wider membership; the current project to support evidence transfer and promote evidence-informed policy-making in the African Region was of special interest. The Observatory should be further commended for mobilizing its own resources, particularly by securing core funding from partnership contributions. He urged the Secretariat to ensure that all hosted partnerships were the subject of periodic internal and external reviews, with the results disseminated to stakeholders. In addition, the Secretariat should share examples of best practice, as demonstrated by the Observatory, with all regions and stakeholders.

The representative of FINLAND said that her Government attached great value to the partnership with the European Observatory, which had provided support for the development of several national policies. The European Observatory had a unique approach to benchmarking and its work was based on carefully tailored, well-founded expert statements. Other regions could benefit from similar support, and she therefore welcomed the initial discussions with the Regional Office for Africa in that regard.

The representative of BRAZIL noted that the Secretariat had reported good cooperation between Unitaid and WHO. An example was Unitaid's collaboration with 11 other agencies on the proposed global action plan for healthy lives and well-being for all.

The representative of SWITZERLAND¹ said that the European Observatory produced high-quality research and publications that were indispensable for reviewing health systems' progress towards achieving universal health coverage. In an interconnected world, the Observatory required a website that met up-to-date standards and provided free, convenient access to all publications. She therefore echoed the request for the Secretariat to provide better technical support to the Observatory.

The REGIONAL DIRECTOR FOR EUROPE said that the Regional Office for Europe worked closely with the European Observatory. The Regional Office was currently developing the Observatory's five-year workplan to ensure that it was fully aligned with the Thirteenth General Programme of Work and supported WHO's activities in the Region. In response to members' questions,

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

she said that work was underway to strengthen the Observatory's digital platform and website. The Observatory's collaboration with other institutions was fully in accordance with WHO's rules and regulations.

The Board noted the reports.

Committees of the Executive Board: filling of vacancies: Item 6.5 of the agenda (documents EB145/9 and EB145/9 Add.1)

The CHAIRPERSON said that there were seven vacancies to be filled on the Programme, Budget and Administration Committee of the Executive Board, which was composed of 14 members: two members from each region, selected from among the members of the Board, plus the Chairperson and a Vice-Chairperson of the Board, as ex officio members. He asked whether the Board approved the proposals contained in paragraph 2 of document EB145/9 Add.1.

It was so decided.¹

The CHAIRPERSON said that there were three vacancies to be filled on the Foundation Committees. Regarding the fourth vacancy related to the Nelson Mandela Prize for Health Promotion, he reminded the Board that the award had been established during the previous session with the intention of awarding the first prize at the Seventy-second World Health Assembly. However, as it had not been possible to complete the necessary steps in time, and as some Member States and other relevant parties had suggested that the mechanism for awarding the prize would benefit from further consideration, it had been decided to wait until 2020. The Secretariat would report back to the Board with a view to revising the award's statutes, as appropriate. He asked whether the Board agreed with that proposal, and approved the proposals contained in paragraph 2 of document EB145/9 Add.1.

It was so decided.²

The CHAIRPERSON proposed that the Board should be represented at the Seventy-third World Health Assembly by the Chairperson and the first three Vice-Chairpersons. If any of them were not able to attend the Health Assembly, the other Vice-Chairperson and the Rapporteur could be asked to represent the Board. In the absence of any objections, he took it that the Board wished to approve that proposal.

It was so decided.³

2. STAFFING MATTERS: Item 7 of the agenda

Amendments to the Staff Regulations and Staff Rules: Item 7.2 of the agenda (documents EB145/13 and EB145/13 Add.1 Rev.1)

The CHAIRPERSON drew attention to document EB145/13, which contained a draft resolution on amendments to the WHO Staff Rules. The financial and administrative implications of adopting that resolution could be found in document EB145/13 Add.1 Rev.1. The draft resolution had been reviewed

¹ Decision EB145(2).

² Decisions EB145(3), EB145(4) and EB145(5).

³ Decision EB145(1).

by the Programme, Budget and Administration Committee of the Executive Board, which recommended that the Executive Board should adopt it.

The resolution was adopted.¹

Statement by the representative of the WHO staff associations: Item 7.1 of the agenda (document EB145/INF./1)

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC, said that the staff associations supported the Director-General's calls for unearmarked funding, as an overreliance on earmarked voluntary contributions was distorting WHO's functions, policies and staffing, and undermining its independence. Restrictions on using voluntary contributions for staffing had led to recruitment freezes and changed the profile of WHO's workforce: the relative number of general services staff had decreased, while the number of consultants and temporary staff had increased, leading to larger workloads and reduced stability. The four-fold increase in consultants since 2013 was directly due to earmarked voluntary contributions. Although consultants performed staff functions, their contracts did not meet the conditions of decent work. The current situation was unacceptable, and she called on the Board to fund more staff positions and end the misuse of consultant and temporary staff contracts.

Regarding the transformation agenda, she welcomed changes that would contribute to achieving the "triple billion" goals. Any changes should lead to greater support and investment in the WHO workforce. However, she cautioned against unilateral, widespread change. Noting that the Organization had well-established, effective governance mechanisms, she said that all proposals should be reviewed by the Global Staff/Management Council. As for staff mobility, its costs and benefits remained vague. If implemented without care, mandatory mobility policies could undermine the quality and effectiveness of WHO's work and unnecessarily disrupt the lives of staff members and their families. She therefore urged management to revisit the internal evaluations from the initial phase and the recommendations issued by the Global Staff/Management Council in October 2018. Policies on the implementation of mobility should be subject to internal governance mechanisms.

Noting that the proposed amendments to the Staff Rules had not been announced at the time of drafting of the statement contained in document EB145/INF./1, she expressed concern about two of those amendments. The changed definition of "single parent" in Staff Rule 310.7 was probably unnecessary and would be less transparent. Regarding the introduction of new restrictions on the use of sick leave during annual leave in Staff Rule 630.7, the existing procedures were effective, and there was no evidence to suggest significant problems. The growing number of disadvantageous changes in working conditions over the past five years was a well-documented trend that risked eroding staff morale and trust.

The representative of AUSTRIA expressed admiration for the achievements of WHO's staff. While acknowledging that transformation could lead to uncertainty and anxiety, he noted that work to that end was well underway and that the Organization could soon return to focusing fully on important global health issues. It was not the Board's role to micromanage staff matters, but Board members should nonetheless pay closer attention to work-life balance, teleworking and career development to ensure that WHO was a modern workplace. He was deeply concerned by the increase in consultant contracts. While the culture at headquarters seemed to be improving overall, thanks to the Director-General's policies and overall approach, he urged the Secretariat to address the important issues raised by the representative of the WHO staff associations.

The representative of AUSTRALIA, focusing on the statement contained in document EB145/INF./1, urged the Secretariat to consider the staff associations' recommendations and requests on strengthening harassment and discrimination policies. Investigations were taking too long, and the

¹ Resolution EB145.R1.

Secretariat should therefore adopt targets for the timely conclusion of harassment cases. WHO should also be more proactive within the United Nations system to ensure that policies and standards on the burden of proof in harassment cases were fit for purpose. It was worrisome that flexible working arrangements had not yet been implemented; WHO must embrace such arrangements in line with modern organizational practice. She expressed support for the Organization's mobility programme but said that it must be fair and ethical and develop workers' skills, which would require transparent decision-making. The mobility programme road map and implementation plan should therefore be circulated as soon as possible, along with clear guidance on mandatory mobility.

The representative of the UNITED STATES OF AMERICA thanked staff for their hard work over the past year. He noted the range of issues that had been raised by the staff associations, including flexible working arrangements to maximize staff and organizational effectiveness. Staff members at all three levels of the Organization played critical roles in protecting and promoting health. He commended the tireless dedication of those responding to the outbreak of Ebola virus disease in the Democratic Republic of the Congo.

The representative of GERMANY said that the standing item on the concerns of the staff associations was an example of best practice for the Board and welcomed the commitment of senior management to regular communication with the staff associations. While he shared the concerns that had been raised about staff mobility, he understood that senior management would take those concerns into account and make mobility a real win-win situation. With regard to the transformation agenda, he recalled that the Director-General had been asked to shake up the Organization with bold new ideas, but recognized that staff needed clarity on the implications and a level of stability. To make WHO a modern, respectful and family-friendly workplace, measures introduced by senior management should include teleworking.

The representative of FINLAND, welcoming the ambitious transformation agenda, said that it would require new working methods at all levels of the Organization. A results-based approach meant that staff needed to be made fully aware of expected outputs. She expressed concern about the impact of the transformation process on staff; clear processes to involve staff representatives were needed, along with a transparent timetable with a clear endpoint and goal. The Organization must take care of its staff, its most important asset. Member States expected the Secretariat to set a high standard in the development and implementation of policies guaranteeing a peaceful working environment. Any kind of abuse or harassment was unacceptable and avenues for redress must be available and known to all staff. WHO should also become a leader in facilitating a better work-life balance through the use of technology and by offering flexible working arrangements and teleworking.

The representative of the NETHERLANDS¹ noted that it was not surprising that staff found the transformation process turbulent and urged the Secretariat to continue improving communication on the topic. He appreciated the collaborative approach to revising policies on sexual harassment and supported the call for a similar process with regard to workplace harassment. While new policies should be developed by a limited group, it was important to foster dialogue with all staff on the subject. With regard to human resources management reform, frequent and constructive performance feedback – including for senior management – prevented surprises and managed expectations. A sound culture of feedback also paved the way for teleworking, which could increase productivity and encourage a better work-life balance. He requested more information from the Secretariat with regard to staff mobility and asked that the points raised by the staff associations be taken into account when developing the mobility policy.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ expressed concern that the recommendations for policies on sexual and workplace

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

harassment, sexual exploitation and abuse of power and related issues were being lost amid a focus on whether to develop policies in-house or to wait for the United Nations model policy. The development of those policies should involve meaningful consultation with staff representatives. She hoped that the forthcoming transformation plan would address staff concerns about the transformation process and the need for more clarity on the staff mobility policy and its links to corporate strategy. She supported the comments made about the development of a flexible working policy, which was crucial to demonstrating that WHO was a modern organization able to help its staff to be as effective as possible and foster gender equality.

The representative of FRANCE¹ expressed regret that the movement of agenda items meant that the comments made by the representative of the staff associations about the amendments to the Staff Rules would not be taken into account as they should. The questions raised with regard to the criteria for defining a single parent were of particular concern, since her delegation had raised a similar issue before.

The CHEF DE CABINET confirmed that the Organization had zero tolerance for any kind of harassment and recognized that, despite increased capacity, the investigatory system was under stress due to the volume of new cases. A thorough review of the system was needed to create a modern, best-in-class investigatory function. A bidding process for support had already been undertaken and the bids were under review. A decision would hopefully be taken soon, which would enable significant progress to be made before the end of the year.

The DIRECTOR-GENERAL agreed that its staff members were WHO's best asset. New initiatives for staff engagement included a monthly meeting with the staff associations, which he chaired as Director-General; 10 issues had been raised at the first monthly meeting and agreement had been reached on nine of them. The outstanding issue was teleworking. He had also introduced the practice of all members of senior management holding an open hour during which they were available to talk to staff members about their concerns and ideas. The staff association representatives were also able to contribute as members of all five of the Organization's taskforces, including the taskforce on mobility.

He agreed that staff needed increased opportunities for teleworking. However, teleworking required the setting of clear expectations and could not be introduced on a large scale until properly functioning teams had been established, following the transformation process. One of the taskforces dealt with the issue of career progression, which was key to staff motivation and morale, and an area where significant changes would be made. With regard to consultant and short-term contracts, he echoed the comments made by the representative of the staff associations, that a root cause of the problem was the financing of the Organization largely through voluntary contributions. Voluntary contributions were not predictable or long-term, but they were made regularly, which led to situations in which an individual could be employed as a consultant over many years. He would tackle the internal problems as far as possible but urged Member States to do their part and commit to addressing the issue of predictable financing.

When members of staff were deployed under the mobility policy, there had to be a link between the vacancy and their skill set and competencies. While staff members had different views on mobility, they were increasingly open to the idea and were requesting clear guidelines and openness and fairness in its implementation. There was growing acceptance that members of staff needed to move to wherever they could best serve the Organization. A candid discussion about the issue would help to maintain the balance between properly serving the Organization's constituents and addressing staffing issues. WHO could learn from other organizations that had already addressed the issue of staff mobility.

The Organization was moving towards a 360-degree feedback approach to performance review that would involve monthly appraisals. While accountability was important, appraisals should be viewed primarily as an opportunity to build people up. Changing the system was not easy, but it was feasible.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The CHAIRPERSON took it that the Board wished to conclude its discussion of the agenda item.

It was so agreed.

3. MATTERS FOR INFORMATION: Item 8 of the agenda

Report on meetings of expert committees and study groups: Item 8.1 of the agenda (document EB145/10)

The representative of ZAMBIA, referring to the sixty-ninth report of the Expert Committee on Biological Standardization, commended efforts to standardize guidelines and appealed for increased technical support at the country level to enhance the capacities of local scientists and ensure adherence to the new recommendations. As her country remained at risk of polio outbreaks, she particularly welcomed the revised guidelines on containment and vaccine production and urged all stakeholders to work with the Secretariat to ensure adherence thereto. Turning to the forty-first report of the Expert Committee on Drug Dependence, she welcomed the recommendations on cannabis and cannabis-related substances and expressed the hope that new guidelines on the topic would help countries to make progress towards a consensus on that issue.

The representative of the UNITED STATES OF AMERICA said that the recommendations by the Expert Committee on Drug Dependence related to cannabis and cannabis-related substances were technical and complex. Member States would need further information before developing informed voting positions for the Commission on Narcotic Drugs. He appreciated the efforts made by WHO, UNODC and the International Narcotics Control Board to hold consultations with a view to helping Member States to better understand the intent and impact of the recommendations. He expressed the hope that there would be an opportunity to engage in further consultations, if required.

The representative of SINGAPORE expressed support for the recommendations on placing new psychoactive substances under international control and continuing surveillance for tramadol and pregabalin. He expressed concern, however, that the recommendations on cannabis and cannabis-related substances would have the effect of loosening international controls and increasing access to those substances. Easy access to cannabis would have serious public health and social implications. While his Government supported measures to ensure the availability of and access to controlled substances for medical and scientific use, a clear distinction must be drawn between cannabis-related pharmaceutical products that had demonstrated therapeutic efficacy, and raw cannabis and non-pharmaceutical cannabinoids with no therapeutic uses. His Government looked forward to working with the Secretariat and the Expert Committee on Drug Dependence to correct misconceptions in that regard. He did not support the recommendations related to cannabis. Retaining the current scheduling of cannabis and cannabis-related substances would not prevent their use in medical and scientific research, or access to pharmaceutical cannabinoids that had been rigorously evaluated for safety and clinical efficacy.

The representative of JAPAN said that he shared the concerns raised by the representative of Singapore.

The ASSISTANT DIRECTOR-GENERAL (Prequalification and Technology Assessment) said that several information sessions on the recommendations of the Expert Committee on Drug Dependence had been held in Geneva, Vienna and Brussels, and the Commission on Narcotic Drugs would hold a vote on the recommendations in either December 2019 or March 2020. Under the recommendations, which were based on scientific evidence, cannabis and cannabis-related substances would still be strictly controlled. The aim was not to loosen regulation or legalize cannabis, but rather to allow its medical use, where needed, and facilitate medical research and development. It was for the

Commission on Narcotic Drugs to decide whether it accepted the recommendations of the Expert Committee on Drug Dependence.

The CHAIRPERSON took it that the Board wished to conclude its discussion of the item.

It was so agreed.

4. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:
Item 9 of the agenda (document EB145/11)

146th session of the Executive Board

The CHAIRPERSON drew attention to the first draft decision contained in document EB145/11.

The DIRECTOR (Governing Bodies) said that Member States would receive a draft provisional agenda for the 146th session of the Executive Board within one month of the closure of the current session.

The representative of CHINA, supported by the representative of SINGAPORE, said that respect for cultural diversity was a key principle of WHO. He therefore proposed that the 146th session of the Executive Board should be convened on Thursday, 16 January 2020, in order to avoid meeting on 24 and 25 January 2020, which would be major public holidays in his and other Asian countries. The related meeting of the Programme, Budget and Administration Committee of the Executive Board could be held from 13 to 15 January 2020.

The representative of the UNITED STATES OF AMERICA said that, while she appreciated that the public holiday in question was important, she would like to know what effect holding a meeting of the Programme, Budget and Administration Committee so early in the year might have on the availability of documentation for that meeting.

The representative of BRAZIL asked whether it might be possible to convene the Executive Board after 25 January 2020. In some parts of the world, government agencies would be closed at the end of the calendar year, which would make it difficult to prepare for an earlier session of the Executive Board.

The DIRECTOR (Governing Bodies), noting that the timing of the annual World Economic Forum should also be taken into consideration, suggested that the next meeting of the Programme, Budget and Administration Committee should take place from 29 to 31 January 2020, and the 146th session of the Executive Board should be convened from 3 to 8 February 2020.

The representatives of CHINA, SINGAPORE, the UNITED STATES OF AMERICA and BRAZIL agreed to those dates.

The representative of JAPAN expressed concern that holding the Executive Board session two weeks later than originally planned would limit preparation time for the Seventy-third World Health Assembly.

The DIRECTOR (Governing Bodies) acknowledged that deferral of the session by two weeks would limit the time available to all, including Member States, to prepare for the Seventy-third World Health Assembly. That fact would have to be taken into account in any proposals for intersessional work following the 146th session of the Executive Board. On the other hand, holding the January meetings of

the Programme, Budget and Administration Committee and the Executive Board earlier than usual would reduce the time available for preparation for those meetings.

The LEGAL COUNSEL said that at its 146th session the Executive Board was scheduled to hold elections for two regional directors, whose terms of office would expire on 31 January 2020. Were the 146th session to be deferred, those positions would be filled by acting regional directors, appointed by the Director-General, until the Board finalized the election of the new directors.

The CHAIRPERSON took it that the Board wished to adopt the first draft decision, as amended by the Director (Governing Bodies).

The decision, as amended, was adopted.¹

Seventy-third World Health Assembly

The CHAIRPERSON invited the Board to discuss the second draft decision contained in document EB145/11.

The representative of CHINA asked which meetings of the Seventy-third World Health Assembly would be held at the Palais des Nations and which at the International Conference Centre Geneva. The relevant meeting guidelines should be implemented to ensure the smooth running of the Health Assembly.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Organization of Islamic Cooperation and supported by the representatives of SUDAN, TAJIKISTAN, DJIBOUTI, TUNISIA, BANGLADESH, INDONESIA, IRAQ and SINGAPORE, proposed that the Seventy-third World Health Assembly should be postponed by 10 days in order to prevent it from coinciding with Eid al-Fitr, which marked the end of Ramadan and was an official United Nations holiday.

The DIRECTOR (Governing Bodies) said that there was almost no flexibility regarding dates and room bookings for the Health Assembly. The Secretariat would look into the possibility of bringing the dates forward by one day or shortening the Health Assembly in order to finish on 22 May 2020, in time for the Eid al-Fitr holiday. Other options included videoconferencing and holding the Executive Board session at a later date, rather than immediately following the Health Assembly.

The representative of SUDAN, supported by the representatives of the UNITED ARAB EMIRATES and BANGLADESH, said that, if the Seventy-third World Health Assembly could not be postponed as suggested, it should finish no later than Thursday, 21 May 2020, to avoid the session coinciding with the public holiday for Eid al-Fitr.

The CHAIRPERSON took it that the Board wished to suspend discussion of the second draft decision, pending further consultation.

It was so agreed.

¹ Decision EB145(6).

Attendance as an observer at the Programme, Budget and Administration Committee of the Executive Board

The CHAIRPERSON invited the Board to consider a request for Palestine to attend future meetings of the Programme, Budget and Administration Committee of the Executive Board as an observer.

The LEGAL COUNSEL recalled that the Health Assembly had previously decided to make arrangements to allow Palestine to attend WHO meetings as an observer and had conferred additional rights and privileges on Palestine that were not enjoyed by other observers. Palestine was therefore routinely invited to attend the Health Assembly and the Executive Board as an observer. However, the Rules of Procedure of the Executive Board did not provide for observers other than intergovernmental organizations to attend meetings of its Programme, Budget and Administration Committee, and only in limited circumstances. The practice had been not to invite Palestine to observe meetings of the Programme, Budget and Administration Committee, and any change in that practice should be decided by the Board. There were two possible ways forward: first, make the decision at the current session to invite Palestine to attend the Programme, Budget and Administration Committee as an observer as requested; or secondly, review the attendance of observers at the Committee in general. The latter option would raise several practical and procedural issues that could be set out in a report by the Director-General for consideration at the 146th session of the Board in January 2020.

The representatives of BANGLADESH, SUDAN, IRAQ, the UNITED ARAB EMIRATES, ARGENTINA, DJIBOUTI, SRI LANKA, the ISLAMIC REPUBLIC OF IRAN¹ and TURKEY¹ supported the first option of inviting Palestine to attend meetings of the Programme, Budget and Administration Committee as an observer.

The representative of TUNISIA noted that, in view of resolution WHA53.13 (2000), Palestine should be invited to observe the meetings of the Programme, Budget and Administration Committee.

The representative of AUSTRALIA said that the Board did not have sufficient information to make a decision. The Secretariat should provide the Board with a proper analysis of the implications of the request, how the request might affect various observers across the governing bodies of WHO, and what steps would need to be taken to facilitate the request.

The representative of ESWATINI agreed with the representative of Australia and asked whether the issue was considered a technical or a political matter.

The representative of BRAZIL said that greater clarity was needed on the implications of allowing Palestine to participate as an observer, and the intersection between the decision-making powers of the Executive Board and the Health Assembly, particularly in view of resolution WHA53.13 (2000). The Secretariat should prepare a comprehensive analysis of the matter, which should be discussed in January 2020.

The representative of the UNITED STATES OF AMERICA agreed with the comments made by the representatives of Australia, Brazil and Eswatini. Given the complexity of the issue, she favoured the second option, which would allow the discussion to take place once the relevant information had been provided.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ISRAEL said that Board members should have time to study a report by the Director-General on the matter before making a decision, particularly in view of the late stage at which the request had been received. He supported the second option.

The representative of ITALY said that he had no objection, in principle, to approving the request by Palestine, but favoured the second option in order to consider the issue in general and reach a decision by consensus.

The representative of SUDAN said that Palestine should be welcomed as an observer in all WHO meetings in the same way as the European Union.

The representative of the SYRIAN ARAB REPUBLIC¹ supported the request by Palestine. The Board should uphold resolution WHA53.13 (2000).

The representative of ALGERIA,¹ agreeing with the comment by the representative of Sudan, supported the participation of Palestine in Programme, Budget and Administration Committee meetings as an observer.

The observer of PALESTINE invited Board members to review the past comments by Palestine during WHO meetings, which were constructive and technical contributions to health-related discussions.

The CHAIRPERSON said that, since the issue was considered both a technical and a political matter, deliberations would need to address both of those elements. In the light of the importance of achieving a consensus on the decision, he suggested that the Board should request the Director-General to prepare a report on the matter so that an informed decision could be made at its 146th session.

The representatives of TUNISIA and FINLAND expressed support for that suggestion.

It was so agreed.

Seventy-third World Health Assembly (resumed)

The CHAIRPERSON invited the Board to resume its consideration of the second draft decision contained in document EB145/11.

The DIRECTOR-GENERAL proposed that the Seventy-third World Health Assembly should start with the high-level segment on the afternoon of Sunday, 17 May 2020, with the Committee meetings taking place from the morning of Monday, 18 May 2020 to the evening of Thursday, 21 May 2020. That would allow four and a half days, which should be sufficient time for deliberations on agenda items. The Secretariat would be prepared to accommodate afternoon meetings that continued until 18:30.

The representative of the UNITED ARAB EMIRATES thanked the Director-General for taking into consideration the needs of Islamic countries.

The CHAIRPERSON took it that the Board wished to adopt the second draft decision, as amended in line with the proposal by the Director-General.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The decision, as amended, was adopted.¹

5. CLOSURE OF THE SESSION: Item 10 of the agenda

The DIRECTOR-GENERAL thanked all Member States for their input and guidance during the 145th session of the Executive Board.

After the customary exchange of courtesies, the CHAIRPERSON declared the 145th session of the Executive Board closed.

The meeting rose at 19:05.

¹ Decision EB145(7).