



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

153rd SESSION

GENEVA, 31 MAY 2023

DECISIONS

ANNEXES

SUMMARY RECORDS

GENEVA

2023

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDP	– United Nations Development Programme
IAEA	– International Atomic Energy Agency	UNEP	– United Nations Environment Programme
IARC	– International Agency for Research on Cancer	UNESCO	– United Nations Educational, Scientific and Cultural Organization
ICAO	– International Civil Aviation Organization	UNFPA	– United Nations Population Fund
IFAD	– International Fund for Agricultural Development	UNHCR	– Office of the United Nations High Commissioner for Refugees
ILO	– International Labour Organization (Office)	UNICEF	– United Nations Children’s Fund
IMF	– International Monetary Fund	UNIDO	– United Nations Industrial Development Organization
IMO	– International Maritime Organization	UNODC	– United Nations Office on Drugs and Crime
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
IOM	– International Organization for Migration	WFP	– World Food Programme
ITU	– International Telecommunication Union	WIPO	– World Intellectual Property Organization
OECD	– Organisation for Economic Co-operation and Development	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WOAH	– World Organisation for Animal Health
UNAIDS	– Joint United Nations Programme on HIV/AIDS	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 153rd session of the Executive Board was held at WHO headquarters, Geneva, on 31 May 2023.¹

The Seventy-sixth World Health Assembly elected 10 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 office ⁴	Designating country	Unexpired term of office ⁴
Afghanistan	1 year	Micronesia (Federated States of)	2 years
Australia	3 years	Morocco	2 years
Barbados	3 years	Paraguay	1 year
Belarus	1 year	Peru	1 year
Brazil	2 years	Qatar	3 years
Cameroon	3 years	Republic of Moldova	2 years
Canada	2 years	Rwanda	1 year
China	2 years	Senegal	2 years
Comoros	3 years	Slovakia	2 years
Democratic People's Republic of Korea	3 years	Slovenia	1 year
Denmark	1 year	Switzerland	3 years
Ethiopia	2 years	Syrian Arab Republic	1 year
France	1 year	Timor-Leste	1 year
Japan	1 year	Togo	3 years
Lesotho	3 years	Ukraine	3 years
Malaysia	1 year	United States of America	2 years
Maldives	2 years	Yemen	2 years

The list of members and other participants is contained in document EB153/DIV./1.

¹ Decision EB152(21) (2023).

² Decision WHA76(7) (2023).

³ The retiring members had been designated by Botswana, Colombia, Ghana, Guinea-Bissau, India, Madagascar, Oman, the Republic of Korea, the Russian Federation, and the United Kingdom of Great Britain and Northern Ireland (see decision WHA73(5) (2020)).

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



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2. Opening of the session and adoption of the agenda
3. Outcome of the Seventy-sixth World Health Assembly
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response

Pillar 4: More effective and efficient WHO providing better support to countries

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7. Staffing matters
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 - 7.3 Appointment of the Internal Auditor

¹ As adopted by the Board at its first meeting (31 May 2023).

8. Matters for information: report on meetings of expert committees and study groups
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LIST OF DOCUMENTS

EB153/1 Rev.1	Agenda ¹
EB153/1 (annotated)	Provisional agenda (annotated)
EB153/2	Report of the Programme, Budget and Administration Committee of the Executive Board ²
EB153/3	Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response
EB153/4	Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance ³
EB153/4 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ⁴
EB153/5	Implications of decision EB152(29) (2023)
EB153/6	Evaluation: annual report
EB153/7	Report on hosted partnerships
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¹ See page vii.

² See Annex 1.

³ See Annex 2.

⁴ See Annex 3.

Information document

EB153/INF./1 Rev.1 Statement by the representative of the WHO staff associations

Diverse documents

EB153/DIV./1 List of members and other participants

EB153/DIV./2 List of decisions

EB153/DIV./3 List of documents

COMMITTEES¹

Programme, Budget and Administration Committee²

Ms Zhang Yang (China), Dr Lia Tadesse Gebremedhin (Ethiopia), Dr Hiroki Nakatani (Japan), Professor Zely Arivelo Randriamanantany (Madagascar), Mr Khairy Jamaluddin (Malaysia, member ex officio), Dr Aishath Rishmee (Maldives), Dr Abdelkrim Meziane Bellefquih (Morocco), Dr Ahmed Mohammed Al Saidi (Oman), Dr Jorge Antonio López Peña (Peru), Professor Jozef Šuvada (Slovakia), Dr Kerstin Vesna Petrič (Slovenia, member ex officio), Mr Narciso Fernandes (Timor-Leste), Professor Chris Whitty (United Kingdom of Great Britain and Northern Ireland), and Ms Barbara Divosajoy (United States of America).

Thirty-eighth meeting, 17–19 May 2023:³ Dr A. Rishmee (Maldives, Chair), Mr Yong Feng (China, alternate to Ms Zhang Yang), Dr L.T. Gebremedhin (Ethiopia), Dr E. Hinoshita (Japan, alternate to Dr Y. Suzuki), Professor F.M. Randriatsarafara (Madagascar, alternate to Professor Z.A. Randriamanantany), Mr O. Zniber (Morocco, alternate to Dr A.M. Bellefquih), Dr Q. Al Salmi (Oman, alternate to Dr H.A.H. Al Sabti), Mr B. Roca-Rey Ros (Peru, alternate to Dr R.G. Palomino), Professor J. Šuvada (Slovakia), Dr K. V. Petrič (Slovenia, member ex officio), Mr N. Fernandes (Timor-Leste), Ms N. Smith (United Kingdom of Great Britain and Northern Ireland, alternate to Professeur C. Whitty), and Ms B. De Rosa-Joynt (United States of America).

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 EB151(3) (2022), with changes of representatives for Japan, Oman, Peru and the United States of America.

³ See document EBPBAC38/DIV./1.

PART I
DECISIONS
ANNEXES

DECISIONS

EB153(1) Office of Internal Oversight Services

The Executive Board, having considered the report of the Programme, Budget and Administration Committee,¹

Decided:

(1) to request the former co-facilitators of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance to hold informal consultations with Member States on the process of handling and investigating potential allegations against WHO Directors-General, building on the revised proposal and flowchart contained in Annex A of document EBPBAC38/2,² and to report on the outcome of those consultations to the Executive Board at its 154th session, through the thirty-ninth meeting of the Programme, Budget and Administration Committee;

(2) to request the Independent Expert Oversight Advisory Committee to continue to work with the Secretariat to elaborate on the existing provisions of the charter of the WHO Office of Internal Oversight Services governing the process for investigating Directors of the Office for potential allegations of misconduct, as necessary to describe a full and appropriate end-to-end process to be followed in such cases.

(First meeting, 31 May 2023)

EB153(2) Template and recommended timeline for proposing resolutions and decisions³

The Executive Board, having considered the report on matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance;⁴ having established, through decision EB151(1) (2022), an Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, to analyse challenges in governance for transparency, efficiency, accountability and compliance, and to devise recommendations; recognizing the need to address the significant preparatory work by Member States and the Secretariat in the weeks leading up to governing bodies meetings, and that deadlines for the proposal of new resolutions and decisions to the Executive Board in the current Rules of Procedure can exacerbate demands on Member States and the Secretariat during this period; and noting its decision EB152(15) (2023) to request the Director-General to give effect to those recommendations of

¹ Document EB153/2.

² See Annex 1.

³ See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

⁴ Document EB153/4.

the Task Group where actions are proposed ahead of their consideration by the Seventy-sixth World Health Assembly,

Decided:

(1) to note that Member States agreed, in developing proposed Health Assembly resolutions and decisions for consideration by the Executive Board at its 154th or 156th session, without prejudice to existing Rules of Procedure, which this decision does not change:

(a) to demonstrate their commitment to better governance practices in the lead-up to governing bodies meetings, by developing any such proposals, in accordance with the timeline set out in the Appendix to Annex 2 of document EB153/4 and the deadlines therein;¹

(b) that, if such proposals miss the deadlines set out in that timeline, the proposing Member State will share the rationale with all Member States via email regarding the urgency of having the proposal considered in the current cycle and the consequences of delaying its consideration until the following governing bodies cycle;

(c) to be guided by a template, to be prepared by the Secretariat, in preparing the zero draft of such proposals for the Health Assembly;

(2) to request the Director-General:

(a) in preparation for the 154th and 156th sessions of the Executive Board, by the end of September 2023 and September 2024, respectively:

(i) to organize the Secretariat's planning and support for Member States, in the development and consideration by Member States of proposed resolutions and/or decisions, in accordance with the timeline set out in the Appendix to Annex 2 of document EB153/4;

(ii) to prepare a template to guide Member States in their preparation of Health Assembly resolutions and/or decisions and circulate this to Member States in accordance with the timeline set out in the Appendix to Annex 2 of document EB153/4;

(iii) to develop and maintain a checklist to guide Member States in their preparation of resolutions and/or decisions (in order, inter alia, to address duplication and/or synergies with other resolutions or decisions, together with the applicability of sunset clauses), and to circulate this in accordance with the timeline set out in the Appendix to Annex 2 of document EB153/4;

(b) following the 154th session of the Executive Board, and again following the 156th session of the Executive Board, to invite Member States to respond to a written questionnaire assessing their experiences with the use of the aforementioned templates, timeline and checklist;

¹ See Annex 2.

- (c) by the end of March 2024, to submit the questionnaire results with respect to the 154th session of the Executive Board to Member States for information;
- (d) to prepare a report for consideration by the Executive Board at its 157th session that includes the questionnaire results with respect to the 154th and 156th sessions of the Executive Board, and to prepare a report for consideration by the Executive Board at its 158th session with guidance on the steps required (such as, potentially, changes to the Rules of Procedure) to advance the preparation of Member State draft resolutions and/or draft decisions for consideration by the Executive Board and recommendation to the Health Assembly;
- (e) when addressing the Task Group's recommendations, to develop a project plan, with associated costs for the implementation of digital solutions for governing bodies services' interactions with Member States, including an option for a searchable online database of WHO resolutions and decisions.

(First meeting, 31 May 2023)

EB153(3) Future work to reform the Executive Board and the Programme, Budget and Administration Committee¹

The Executive Board, having considered the report on matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance;² acknowledging decision EB152(15) (2023), in particular the request to the Director-General in paragraphs 1(a) through 1(i); and looking forward to receiving the relevant reports at the 154th session of the Executive Board through the thirty-ninth meeting of the Programme, Budget and Administration Committee,

Decided:

- (1) to welcome the proposals relating to the identification of a financial threshold for additional scrutiny of new initiatives and programmes, as well as the reform of the Executive Board and the Programme, Budget and Administration Committee;
- (2) to note the need for informal consultations with Member States to finalize the proposals identified under paragraph 1, as well as those requested in paragraph 2(a) of decision EB152(15) for a draft decision to decide on a contemporary acceptable lead time for publication of reports in all official languages ahead of meetings of the governing bodies;
- (3) to request the former co-facilitators of the Task Group, as appropriate and where available, to continue the informal consultations with Member States referred to in paragraphs 1 and 2 of the present decision and to provide a report to the Executive Board at its 154th session through the thirty-ninth meeting of the Programme, Budget and Administration Committee.

(First meeting, 31 May 2023)

¹ See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

² Document EB153/4.

EB153(4) Election of the Officers of the Board during the intersessional period

The Executive Board, having considered Rules 13 and 17 of the Rules of Procedure of the Executive Board of the World Health Organization (hereafter the Rules of Procedure) on the election of the Officers of the Board by the Executive Board and the replacement of the Chair of the Board when he or she for any reason is unable to complete her or his term of office; noting that Rule 17 of the Rules of Procedure does not prescribe a mechanism to elect, during the intersessional period of the Executive Board, the Vice-Chairs and Rapporteur of the Board when they are unable to complete their term of office; and recognizing that there is a need to define an intersessional process that provides for an expedient mechanism for the Executive Board to elect a Vice-Chair or Rapporteur that respects each WHO region's independence to define its own procedure to select a Vice-Chair or Rapporteur of the Board,

Decided to adopt the written silence procedure to elect a Vice-Chair or Rapporteur during the intersessional period of the Executive Board set out in the Annex to this decision.

ANNEX**WRITTEN SILENCE PROCEDURE**

1. The Member State concerned will notify the Director-General and the relevant regional office that a Vice-Chair or Rapporteur is unable to complete her or his term of office.
2. The Director-General and the relevant regional office will send a confirmation to the Member State concerned that they have received the notification.
3. The relevant WHO regional office, using any processes or arrangements applicable in that given region, will identify – ideally within 30 days of, but at the latest, no more than 45 days from, receipt of the information under paragraph 1 – a new candidate for Vice-Chair or Rapporteur of the Board, and will communicate the name of the proposed candidate as the Vice-Chair or Rapporteur of the Board to the Director-General.
4. Within 14 days from receipt of the information regarding the person identified by the relevant region as Vice-Chair or Rapporteur, the Director-General, in consultation with the Chair of the Executive Board, will transmit the name of the proposed candidate for Vice-Chair or Rapporteur of the Board to the other members of the Executive Board, to be considered for election under a written silence procedure. That communication will also set a date for the receipt of any objections. Any such objection is to be conveyed in writing and addressed to the Director-General. The date for receipt of any objections will be 14 days from the date of dispatch of the communication.
5. In the absence of receipt by the set date of any written objection from a member of the Executive Board, the proposed candidate will be considered as having been elected as Vice-Chair or Rapporteur of the Board.
6. In the event of receipt by the set date of one or more written objections from a member of the Executive Board, the candidate will not be considered as the new Vice-Chair or Rapporteur of the Board during the intersessional period, and the election shall be deferred to the next session of the Executive Board.

7. The Director-General will communicate the outcome of the written silence procedure to all Member States as soon as possible after the set date for receipt of objections referred to in paragraph 4.

(First meeting, 31 May 2023)

EB153(5) Membership of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board, having considered the reports on committees of the Executive Board: filling of vacancies,¹ appointed as members of the Programme, Budget and Administration Committee Dr Marie Khémesse Ngom Ndiaye (Senegal), Dr Pak Jong Min (Democratic People's Republic of Korea), Dr Ala Nemerenco (Republic of Moldova), Dr Salih Ali Al-Marri (Qatar) and Mr Blair Exell (Australia) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Dr Lia Tadesse Gebremedhin (Ethiopia), Dr Rosa Gutiérrez Palomino (Peru), Ms Barbara De Rosa-Joynt (United States of America), Ms Aishath Rishmee (Maldives), Professor Jozef Šuvada (Slovakia), Dr Abdelkrim Meziane Bellefquih (Morocco) and Ms Yang Zhang (China), who were already members of the Committee. Dr Hanan Mohamed Al Kuwari (Qatar), Chair of the Board, and Dr Sabin Nsanzimana (Rwanda), Vice-Chair 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, her or 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 Committee.

(Second meeting, 31 May 2023)

EB153(6) Membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response

The Executive Board, having considered the reports on committees of the Executive Board: filling of vacancies,¹ appointed as members of the Standing Committee on Health Emergency Prevention, Preparedness and Response Mr Selibe Mochoboroane (Lesotho) and Mr Ahmed Naseem (Maldives).

(Second meeting, 31 May 2023)

EB153(7) 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 Abdelkrim Meziane Bellefquih (Morocco) as a member of the United Arab Emirates Health Foundation 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 Bellefquih 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 Foundation Selection Panel.

(Second meeting, 31 May 2023)

¹ Documents EB153/9 and EB153/9 Add.1.

EB153(8) Appointment of representatives of the Executive Board at the Seventy-seventh World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7 (1977), appointed its Chair, Dr Hanan Mohamed Al Kuwari (Qatar) and its first three Vice-Chairs, Dr Sabin Nsanzimana (Rwanda), Dr Yasuhiro Suzuki (Japan) and Dr Odete Maria Freitas Belo (Timor-Leste), to represent the Executive Board at the Seventy-seventh World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chair, Dr Julio César Borba Vargas (Paraguay) and the Rapporteur, Dr Kerstin Vesna Petrič (Slovenia), could be asked to represent the Board.

(Second meeting, 31 May 2023)

EB153(9) Place, date and duration of the 154th session of the Executive Board and of relevant committees of the Executive Board

The Executive Board decided that its 154th session should be convened on Monday, 22 January 2024, at WHO headquarters, Geneva, and should close no later than Saturday, 27 January 2024. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-ninth meeting from Tuesday, 16 January to Friday, 19 January 2024, at WHO headquarters, Geneva. Should any limitations to physical meetings preclude the holding of these meetings in person, adjustments to the modalities should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General. The Board further decided that the Standing Committee on Health Emergency Prevention, Preparedness and Response should hold its third meeting on Wednesday, 13 September and Thursday, 14 September 2023, and its fourth meeting on Wednesday, 17 April and Thursday, 18 April 2024, both at WHO headquarters, Geneva.

(Second meeting, 31 May 2023)

EB153(10) Place, date and duration of the Seventy-seventh World Health Assembly and the fortieth meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that the Seventy-seventh World Health Assembly should be held in Geneva, opening on Monday, 27 May 2024, and should close no later than Saturday, 1 June 2024. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its fortieth meeting from Wednesday, 22 May to Friday, 24 May 2024, at WHO headquarters, Geneva. Should any limitations to physical meetings preclude the holding of these meetings in person, adjustments to the modalities should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Second meeting, 31 May 2023)

ANNEX 1

PROCESS OF HANDLING AND INVESTIGATING POTENTIAL ALLEGATIONS AGAINST THE DIRECTOR-GENERAL¹

[EBPBAC38/2, Annex A – 3 May 2023]

A. Current WHO legal framework

1. The current WHO process for handling allegations against its Director-General relies mainly on the conditions and provisions set out in the Director-General's contract. Paragraph 7 of the contract provides that "The Health Assembly shall have the right, on the proposal of the Board and after hearing the Director-General and subject to at least six months' notice in writing, to terminate this Contract for reasons of exceptional gravity likely to prejudice the interests of the Organization."

2. Thus, the World Health Assembly (WHA) has the authority to terminate the Director-General's contract based on the single criterion set out in the contract, i.e., for reasons of exceptional gravity likely to prejudice the interests of the Organization.

3. While the contract does not set out a process for arriving at such a decision, the Director-General is the chief administrative and technical officer of WHO and also a staff member. S/he is subject to the Staff Regulations insofar as they may be applicable to him/her. In this regard, relevant jurisprudence (Administrative Tribunal of the International Labour Organization (ILOAT)) establishes that the right to due process extends to executive heads of organizations "following a procedure enabling the individual concerned to defend his or her case effectively before an independent and impartial body" (ILOAT Judgment 2232). In practice this means that in accordance with the WHO staff rules the executive head has a right to be informed of the charges against him/her and be provided with the opportunity to reply to the charges; it also means that any decision to terminate the contract must be taken on valid grounds.

4. The Secretariat will take best measures to ensure that it manages possible conflicts of interest involving the roles of any involved office or person that supports the process, including as concerns the Director-General. Moreover, pursuant to the Independent Expert Oversight and Advisory Committee (IEOAC) Terms of Reference (ToRs), its role is to provide independent advice and oversight.

B. Proposed process

STEP 1: Receipt of allegations, intake

5. Allegations of potential misconduct concerning the Director-General can be reported by anyone through a number of channels, including but not limited to those internal to WHO (e.g., integrity hotline, IOS, Ethics Office, etc.) or directly to the Chairs of the IEOAC/Executive Board. All allegations will be

¹ See decision EB153(1).

communicated to the WHO Office of Internal Oversight Services (IOS) for their initial intake review. Similarly, IOS will immediately communicate all allegations it receives to the IEOAC Chair.

6. Intake phase: IOS will conduct a prima facie review of all allegations to determine whether, if substantiated, they would constitute a violation of any WHO Staff Regulations and Staff Rules and Code of Conduct, and whether there was sufficient information to consider the allegation credible. IOS will communicate all results of the initial intake to the IEOAC Chair including a description of the rationale.

STEP 2: Review and determination of preliminary review, if needed

7. The IEOAC Chair will consult with the Committee to determine whether:

(a) to close the case (e.g., due to the frivolous nature of an allegation); or,

(b) to forward the case to the Executive Board Bureau (Chair, Vice-Chairs and the Rapporteur) for consideration, where, based on the intake prima facie review, initial evidence of an allegation was credible and a serious concern, and if substantiated¹ would potentially violate WHO Staff Regulations and Staff Rules/Code of Conduct. The Executive Board Bureau would determine, taking into account the advice of the IEOAC, whether to conduct a preliminary review if more work is required to fully assess the significance and completeness of information and appropriateness to WHO.

8. For all allegations closed, the IEOAC Chair will provide an informal periodic summary report to the Executive Board Chair, which will be included in IEOAC reports to the PBAC.

9. Should the Executive Board Bureau determine a preliminary review is needed, the Executive Board Chair will request the IEOAC to draw upon an external roster of independent investigators/investigation entities (henceforth referred to as the “investigators”) (with basic support provided by the Secretariat for use by the IEOAC) and request the Secretariat to process the procurement contract. The investigators will collect information and recommend whether an investigation is warranted. Investigators will report their findings directly to the IEOAC Chair for quality control, and the IEOAC Chair will transmit the report of the preliminary review to the Executive Board Bureau.

10. Investigators that conduct preliminary reviews will not be allowed to conduct any subsequent formal full investigation.

STEP 3: Proceed to full independent investigation²

11. The IEOAC Chair will present the findings of the intake and his/her advice to the Executive Board Bureau regarding whether (i) to proceed directly to an independent investigation (per paragraph 7),³ or (ii) any advice on the results of a preliminary review, if conducted as requested by the Bureau (paragraph 9).

(a) Step 3A. Should the Executive Board Bureau determine not to proceed to an investigation (e.g., politically motivated allegations lacking substance, allegations that, if substantiated, would not constitute reasons of exceptional gravity likely to prejudice the interests

¹ ILOAT standard of proof is used (“beyond reasonable doubt”).

² Strict confidentiality provisions would need to apply for this process in order to avoid compromising the investigation.

³ Throughout the process, a small team (HRT/HPJ, Legal Office, Ethics), on call and seconded as needed to the IEOAC, who will synthesize any advice and provide it to the EB, would provide procedural support.

of the Organization, not enough elements for investigation, allegations outside the mandate of the Organization), the case would be closed, and the IEOAC would thereupon be informed.

(b) Step 3B. Should the Executive Board Bureau determine an investigation is warranted,¹ they would present relevant information to the full Executive Board for their decision. The full Executive Board may equally determine not to proceed with an investigation, whereupon the case would be closed.

12. The Executive Board Bureau, in consultation with the full Executive Board, will decide whether or not to apply interim measures, including placing the Director-General on administrative leave with or without pay or other actions, as considered relevant (using decision criteria for assessing risks should the Director-General continue to exercise his/her functions, such as:

- (a) to preserve the integrity of the investigation;
- (b) to protect staff, including the complainant or potential witnesses; or
- (c) if the continued exercise of functions would have a significant negative impact or pose a serious reputational risk to the Organization).

If such a decision is taken, the Executive Board Chair informs the President of the World Health Assembly. Where the Executive Board decides to place the Director-General on administrative leave, the Executive Board Chair would notify the Director-General of the pending investigation and action. Otherwise, the Director-General would be notified under the next step.

STEP 4: Requesting/commissioning an investigation

13. In cases where the Executive Board has decided that an investigation is warranted, on behalf of the Executive Board, the Executive Board Chair will inform the IEOAC, the WHO Secretariat, and the Director-General and request the IEOAC Chair to oversee the preparation of terms of reference for the investigation,² commissioning of independent external investigators and to exercise oversight of the investigation. The Executive Board Bureau will have an opportunity to review the ToRs for the investigation, and the Secretariat would be requested to solely conduct the bidding, execution and administrative oversight of any contract for external investigators, with IEOAC input and oversight.³ The Executive Board Chair would notify the Director-General of the pending investigation.

14. The investigators will report their findings and conclusions directly to the IEOAC Chair to ensure independence and reflect the IEOAC's oversight responsibility.

¹ Based on the IEOAC Chair's advice, reflecting either the intake review and/or any preliminary review, if conducted.

² Terms of Reference would be based on accepted professional practice for investigation, and generally include responsibility to gather evidence, analyse it and present findings and conclusions as to whether the allegations are substantiated or not (i.e., evidence to the required standard of proof), which are prepared in an investigation report.

³ Examples of tasks the Secretariat can conduct (with IEOAC input), include writing ToRs, circulating RFPs, conducting contract selection, negotiating fees, managing/overseeing implementation (including any required extensions), processing payment. The IEOAC will review and accept draft/final reports to satisfy final payment. The Secretariat can also support the IEOAC in creating a roster of pre-selected investigators/investigation entities.

STEP 5: Investigation report, Executive Board decisions, notification of charges

15. The IEOAC Chair informs the Executive Board Bureau of the investigation findings and transmits the investigation report, along with their comments and advice. Upon receipt of the investigation report, the Executive Board Chair, in consultation with the Executive Board Bureau, shall review the findings.

16. In cases where the investigation report determines that the evidence does not substantiate any of the allegations or that they may not constitute misconduct,¹ the Executive Board Chair, following consultation with the Executive Board Bureau, closes the case and informs the full Executive Board, the IEOAC, and the Director-General.

17. If the Executive Board Bureau agrees with the investigation findings that the allegations are substantiated, at least in part, the Executive Board Chair will initiate the disciplinary process (i.e., development of a charge letter) under Staff Rule 1130.² The Executive Board Chair (with support of the special WHO team, as needed) shall notify the Director-General of the charges and provide eight (8) calendar days for a written reply.

18. Following receipt of the reply to the charges when applicable, the Executive Board Chair will share the findings and the reply with the full Executive Board in a private session of the Board (either in ordinary session or in extra-ordinary session), no later than 30 days after receipt of the Director-General's reply to the charges. The IEOAC can provide advice to the Executive Board regarding the findings when requested. The Executive Board may also request the advice of other independent offices.

STEP 6: Health Assembly decision

19. The Executive Board, following receipt of the investigation report and Director-General's reply to the charges shall recommend to the WHA to either:

- (a) close the case with or without action, or
- (b) to consider applying disciplinary measures,³ which could include termination of contract.

20. At an ordinary or special session of the WHA, the Assembly will provide an opportunity for the Director-General to reply to the charges in person in a private session (in addition to any written reply previously provided), as early as possible.

21. Where the WHA decides to close the case, it will formally inform the Executive Board Chair, the IEOAC, and the Director-General, including if any specific actions/measures are needed. In cases of specific disciplinary measures, including termination of contract, the WHA will formally notify the Executive Board Chair, the IEOAC, the WHO Secretariat, and the Director-General.

¹ To the extent of constituting reasons of exceptional gravity likely to prejudice the interests of the Organization.

² Note: in cases involving the Director-General there is no review through the internal WHO Global Advisory Committee (GAC) (normal process within WHO), as it reports to the Director-General.

³ Pursuant to WHO Staff Regulations and Staff Rules.

22. Specific Provisions:

(a) **Reporting to Governing Bodies.** Two types of reporting are envisioned:

A. At the intake stage, IOS reports on all received allegations immediately to the IEOAC Chair.

B. The IEOAC, through each PBAC (twice a year), shall report summary statistics on the number of allegations received and actions taken.

(b) **Governing Bodies access to the investigation report¹**

Upon request, an appropriately redacted (to protect the confidentiality of all parties mentioned) report, in the English original only, will be available through confidential and secure means.

(c) **Executive Board and World Health Assembly voting or consensus procedures**

These procedures would follow existing Executive Board and WHA rules.

(d) **Protection of parties, including against retaliation**

Safeguards will be applied to protect the confidentiality of parties throughout the process (and according to anonymity in the investigation process itself where possible and required), inclusive of use of relevant WHO regulatory and policy frameworks. The latter includes the revised policy on protecting against retaliation.²

(e) **General time frame for the conduct of an investigation**

The IEOAC will provide status updates on the process, as requested. It is recognized that the process should be efficient whilst ensuring it is thorough and careful to respect the due process rights of those involved, and to arrive at a conclusion, and provide sufficient information for subsequent consideration and decisions by the Governing Bodies.

(f) **General dispositions**

All documents provided to the Executive Board and to the WHA to support their determinations are shared on a strictly confidential basis and shall be made available only in electronic form and in the English original only.

C. Standard operating procedures (implementation) (SOPs)

23. Following Member State endorsement of the process, it is expected that the Secretariat, working with the IEOAC, would develop more granular SOPs in accordance with WHO Staff Regulations and Staff Rules, Financial Rules and Regulations and relevant policies/procedures. These would include, inter alia:

¹ Note: the Director-General would only receive the report through the disciplinary process.

² Further clarification in applying the policy will be developed to avoid conflicts of interest and to define decision-making authority in cases involving the Director-General, given his/her role as a decision-maker.

- (a) Criteria for IOS prima facie/intake review and reasoned assessment; and the IEOAC considering preliminary advice (for the Executive Board Bureau) on whether there is a need for a preliminary review, as well as to determine what would constitute a frivolous allegation. i.e., SOPs/criteria for what would constitute a credible allegation and a “serious concern” in terms of potential violation(s) of WHO Staff Regulations and Staff Rules, and the Code of Conduct.
- (b) Basic templates for ToRs for a preliminary review and for a full investigation.
- (c) Indicative timeline ranges for conducting each phase.
- (d) Confidentiality provisions.
- (e) Processes and mechanisms for supporting the implementation of an investigation, for example, developing ToRs, creating a roster of independent external investigation entities and expert consultants to support the IEOAC (apart from conducting an investigation), and contracting investigation entities (per WHO’s regulations and rules).
- (f) Administrative leave provisions.

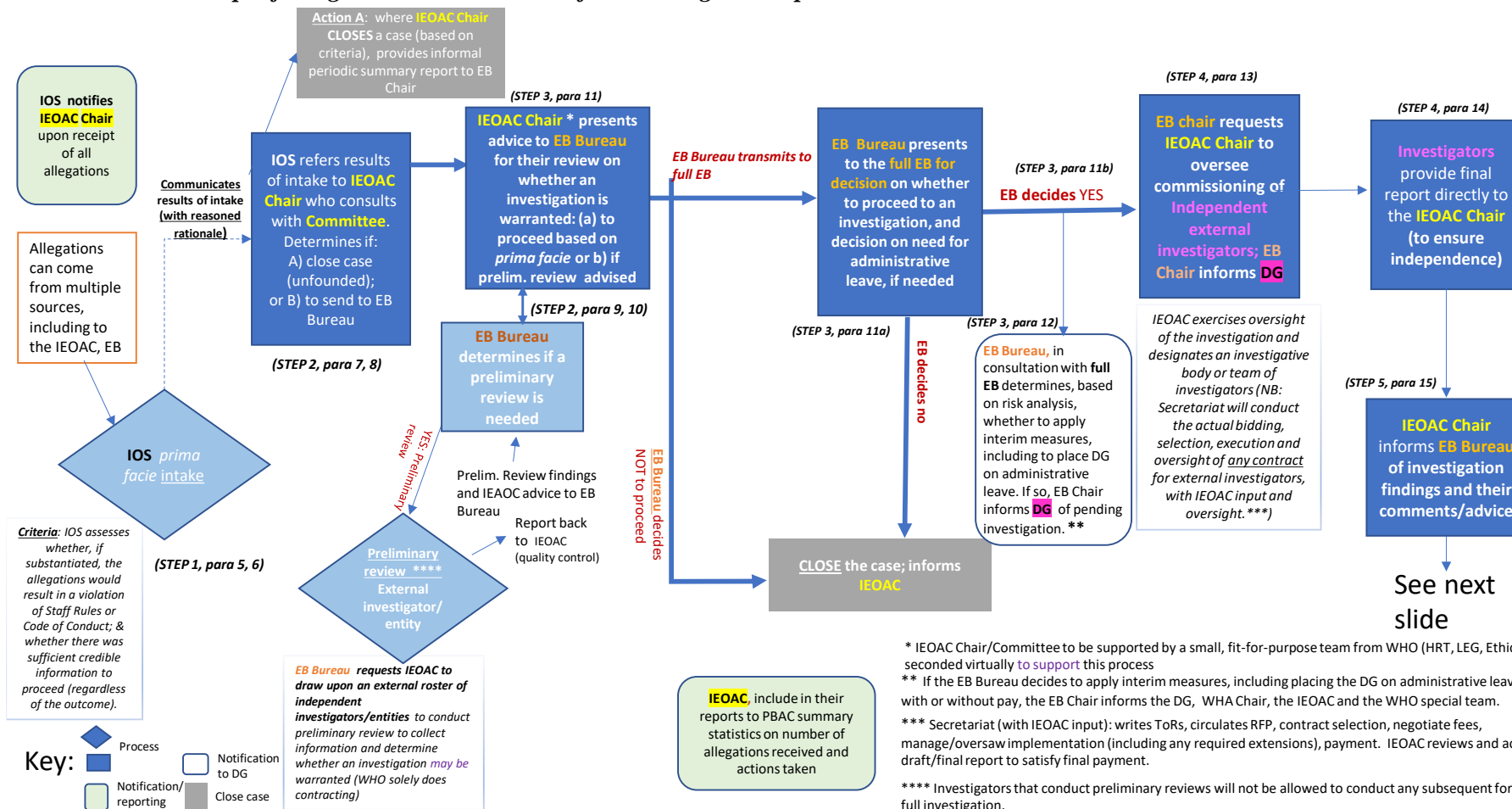
D. Flowchart

The following flowchart illustrates the key steps outlined in this Annex.

Process for handling and investigating significant potential allegations against the Head of the Organization

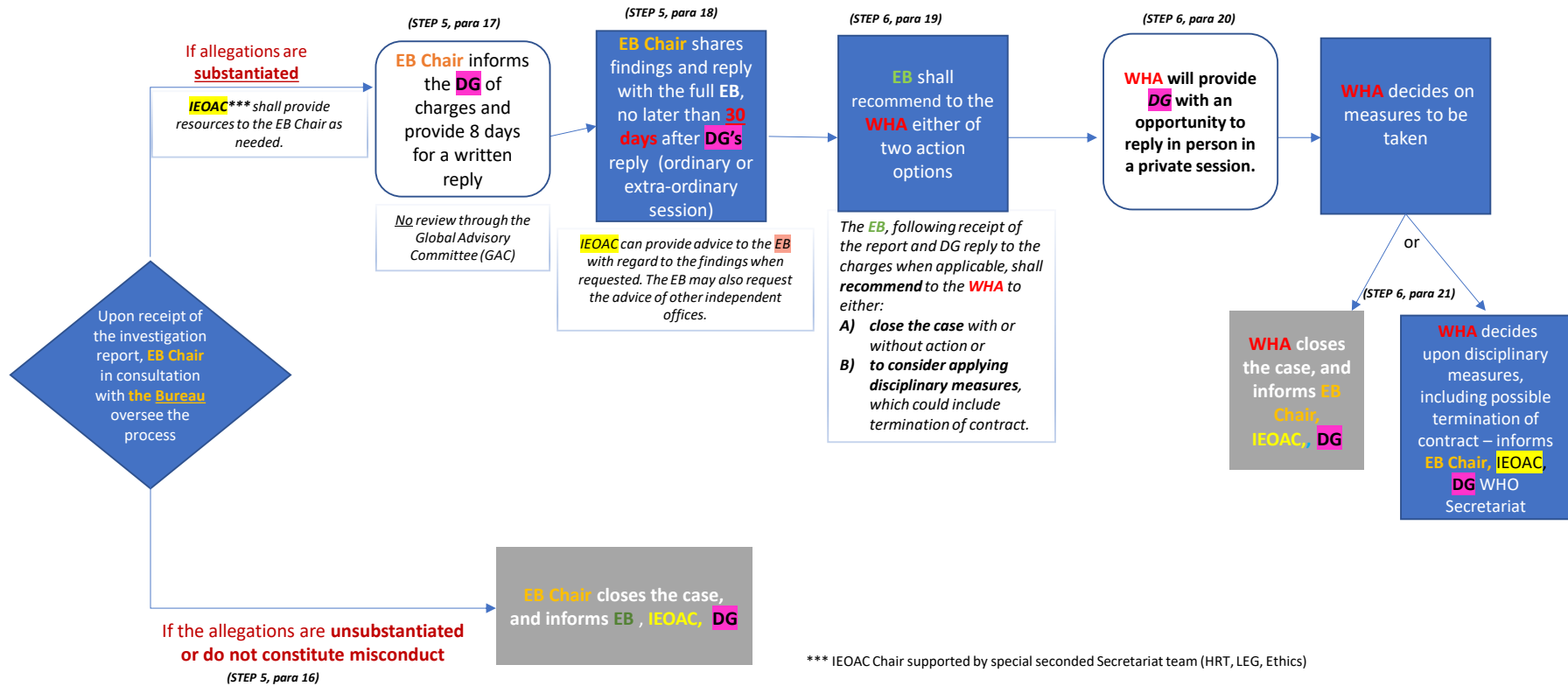
Part 1. From receipt of allegations to submission of an investigation report

31 March 2023



Process for handling and investigating significant potential allegations against the Head of the Organization
Part 2. From receipt of an investigation report to WHA decision

31 March 2023



*** IEOAC Chair supported by special seconded Secretariat team (HRT, LEG, Ethics)

ANNEX 2

TIMELINE FOR PROPOSING WORLD HEALTH ASSEMBLY RESOLUTIONS AND DECISIONS FOR CONSIDERATION BY THE 154TH AND 156TH SESSIONS OF THE EXECUTIVE BOARD¹

[EB153/4, Appendix to Annex 2 – 15 May 2023]

Actions	Typical/recommended timing	Deadline for completion
0. Preparatory guidance before Member State actions Secretariat circulates to Member States: timeline; guidance templates for resolutions and decisions; guidance checklist	To align with circulation of draft Executive Board provisional agenda	For 154th session: 1 October 2023 For 156th session: 1 October 2024
1. Initiation of the process (Member States can commence this at any stage, and as early as they deem necessary to accommodate, inter alia, any planned internal and/or stakeholder consultations) 1.1 Member State(s) decide to introduce a draft Health Assembly resolution or decision 1.2 Lead Member State sponsor to contact the Secretariat to discuss the process and the instrument 1.3 Lead sponsor to contact technical unit to discuss the content, including assessment of potential duplication/synergies	For 154th session: early October 2023 For 156th session: early October 2024	
2. Concept and zero draft proposal 2.1 Lead sponsor to develop a concept paper (including, inter alia: contribution to the relevant General Programme of Work; potential duplication and/or synergies; consideration of sunseting) and circulate to Member States (recommended ahead of preparation of zero draft) 2.2 Lead sponsor to prepare and submit zero draft text to Secretariat for initial costing estimates	For 154th session: October 2023 For 156th session: October 2024	Trigger deadline 1: For 154th session: 1 November 2023 For 156th session: 2 November 2024
3. Actions upon trigger deadline: Submission of zero draft text for costing (2.2) will trigger: 3.1 Secretariat to coordinate (with lead sponsors) scheduling, room reservations, technical/logistical support for consultations (Note: Lead sponsors who complete step 2 early may request scheduling etc. at an earlier stage) 3.2 Secretariat is expected to make available to Member States (and/or publish on a secure platform) a complete list of proposed resolutions and decisions meeting the trigger deadline. Similarly, texts meeting the deadline		

¹ See decision EB153(2).

Actions	Typical/recommended timing	Deadline for completion
will proceed to consultations and through to governing bodies for consideration		
<p>4. Consultations among Member States</p> <p>4.1 Secretariat to publish dates for informal consultations on the online informal list of intergovernmental meetings and provide connection details to lead sponsor</p> <p>4.2 Lead sponsor to circulate zero draft text, initial costing and meeting invitations to Member States</p> <p>4.3 Lead sponsor to conduct consultations, supported throughout by the Secretariat (including moderation, on-screen text editing, costing, technical advice and other support, as needed)</p> <p>4.4 Lead sponsor to achieve consensus text and finalize co-sponsors</p>	<p>Aim to complete consultations for 154th session by 8 December 2023</p> <p>Aim to complete consultations for 156th session by 6 December 2024</p>	
<p>5. Submission of text</p> <p>5.1 Lead sponsor (or, if non-Executive Board member, then Executive Board co-sponsor) to submit text to the Secretariat (by email to governanceunit@who.int)</p> <p>5.1.1. Co-sponsors to be confirmed by email to cosponsorship@who.int.</p> <p>Actions upon trigger deadline 2:</p> <p>Submission of consensus text to GBS (5.1) will trigger:</p> <p>5.2 Secretariat to produce a conference paper containing the proposal for consideration in all official languages, as well as the final version of the document, outlining the relevant financial and administrative implications</p>		<p>Trigger deadline 2:</p> <p>For 154th session: 12 January 2024</p> <p>For 156th session: 10 January 2025</p>
Later actions for information:		
<p>6. Consideration by governing bodies</p> <p>6.1 The Executive Board may decide whether to recommend the proposal for adoption to the World Health Assembly, or indicate that further consultations are required</p> <p>6.2 If adopted by the World Health Assembly, Secretariat to reflect financial impact of resolutions and decisions in subsequent update to the programme budget, where applicable</p>	Relevant scheduled governing body meeting	
<p>7. Evaluation and reporting</p> <p>Secretariat reports back to the governing bodies on the implementation (including evaluated performance) of the resolution or decision according to the mandate</p>	3 biennial reports over a 6-year period	

ANNEX 3

FINANCIAL AND ADMINISTRATIVE IMPLICATIONS FOR THE SECRETARIAT OF DECISIONS ADOPTED BY THE EXECUTIVE BOARD

[EB153/4 Add.1 – 30 May 2023]

Decision EB153(2):	Template and recommended timeline for proposing resolutions and decisions
Decision EB153(3):	Future work to reform the Executive Board and the Programme, Budget and Administration Committee
A. Link to the approved revised Programme budget 2022–2023	
1. Output(s) in the approved revised Programme budget 2022–2023 under which these decisions would be implemented:	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2. Short justification for considering the decisions, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:	Not applicable.
3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:	Not applicable.
4. Estimated time frame (in years or months) to implement the decisions:	<p>Seven months. This costing covers the period between the 153rd and 154th session of the Executive Board, when a further plan will be considered by Member States.</p> <p>It is important to note that the costing presented here only concerns the initial activities related to the implementation of some of the recommendations made by the Agile Member States Task Group (as requested in decision EB152(15) (2023)), and for which a full plan will be presented to Member States for their review and approval at the 154th session of the Executive Board. It does not yet include costs related to the development of the project plan beyond January 2024 required to implement all the recommendations of the Agile Member States Task Group, adopted by the Seventy-sixth World Health Assembly. The decisions call for further consultation with Member States and close cooperation and reporting back to the Executive Board at its 154th session in January 2024. At its 154th session, the Executive Board may specify changes or corrections to the Secretariat reflecting further development of the deliverables, which would be costed at that point.</p>

B. Resource implications for the Secretariat for implementation of the decisions	
1. Total budgeted resource levels required to implement the decisions, in US\$ millions:	US\$ 0.25 million.
2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:	US\$ 0.25 million.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:	Not applicable.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
5. Level of resources already available to fund the implementation of the decisions in the current biennium, in US\$ millions	
– Resources available to fund the decisions in the current biennium:	Zero.
– Remaining financing gap in the current biennium:	US\$ 0.25 million.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:	Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

PART II

SUMMARY RECORDS

FIRST MEETING

Wednesday, 31 May 2023, 09:40

Chair: Dr K.V. PETRIČ (Slovenia)
later: Dr H.M. AL KUWARI (Qatar)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB153/1 and EB153/1 (annotated))

Opening of the session

The CHAIR declared open the 153rd session of the Executive Board.

- 2. ELECTION OF CHAIR, VICE-CHAIRS AND RAPPORTEUR:** Item 1 of the provisional agenda (documents EB153/1 and EB153/1 (annotated))

The CHAIR drew attention to Rule 13 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 Hanan Mohamed Al Kuwari (Qatar) had been nominated for the office of Chair of the Executive Board.

Dr Al Kuwari (Qatar) was elected Chair.

Dr Al Kuwari took the Chair.

The CHAIR thanked the Board for electing her and paid tribute to her predecessor. Referring to Rule 13 of the Rules of Procedure of the Executive Board, she 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-Chairs: Dr Sabin Nsanzimana (Rwanda), Dr Julio César Borba Vargas (Paraguay), Dr Odete Maria Freitas Belo (Timor-Leste) and Dr Yasuhiro Suzuki (Japan).

Dr Nsanzimana (Rwanda), Dr Borba Vargas (Paraguay), Dr Freitas Belo (Timor-Leste) and Dr Suzuki (Japan) were elected as Vice-Chairs.

The CHAIR said that, under Rule 17 of the Rules of Procedure, if the Chair were unable to act between sessions, one of the Vice-Chairs would act in her or his place; the order in which the Vice-Chairs 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-Chairs would serve in the following order: Dr Nsanzimana (Rwanda), Dr Suzuki (Japan), Dr Freitas Belo (Timor-Leste) and Dr Borba Vargas (Paraguay).

The CHAIR said that, pursuant to Rule 13 of the Rules of Procedure and in accordance with the principle of rotation among geographical regions, Dr Kerstin Vesna Petrič (Slovenia) had been nominated for the office of Rapporteur.

Dr Petrič (Slovenia) was elected Rapporteur.

3. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB153/1 and EB153/1 (annotated)) (resumed)

Adoption of the agenda

The CHAIR proposed that the first bullet point of item 6.4, Proposals for WHO to host formal partnerships; item 6.6, Membership of the Independent Expert Oversight Advisory Committee; item 6.7, Amendments to Financial Regulations and Financial Rules; and item 7.2, Amendments to the Staff Regulations and Staff Rules, should be deleted from the provisional agenda, as they were no longer needed.

The representative of the SECRETARIAT asked that an item be added to the provisional agenda as item 7.3, Appointment of the Internal Auditor to the Office of Internal Oversight Services.

It was so agreed.

The agenda, as amended, was adopted.¹

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, as well as the potential candidate country Georgia, aligned themselves with his statement. He encouraged ongoing efforts to strengthen WHO governance and make Executive Board discussions more agile and strategic, and said that the European Union and its Member States would continue to support and engage constructively in the Executive Board's work.

He 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 153rd 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 CHAIR took it that the Board wished to accede to the request.

It was so agreed.

Opening remarks by the Director-General

The DIRECTOR-GENERAL congratulated Dr Al Kuwari on her election as Chair and thanked her predecessor for her dedicated leadership. Welcoming the new Board members, he thanked all Board members for their part in the success of the Seventy-sixth World Health Assembly, which marked the seventy-fifth anniversary of WHO's foundation. Key breakthroughs at the Health Assembly included the adoption of the Programme budget 2024–2025, the 20% increase in assessed contributions and the establishment of the new investment round. The increase in assessed contributions was an historic decision that addressed a long-standing and systemic issue within WHO. However, with increased resources came the expectation that WHO governance, accountability, transparency and efficiency would be bolstered.

Moving forward, the new Standing Committee on Health Emergency Prevention, Preparedness and Response would help the Secretariat to work closely with governments, especially on emergencies, and ensure greater impact. The Secretariat would continue to implement the recommendations of the

¹ See page vii.

Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, the implementation plan on reform and the 100-day action plan results group. The Executive Board would also consider reforms to improve the Board's functioning, effectiveness and efficiency, including in advancing and advising the Health Assembly and providing guidance on implementing its decisions and policies. The same determination shown in tackling the coronavirus disease (COVID-19) pandemic should be applied to achieving the Sustainable Development Goals and triple billion targets. He looked forward to the Board's discussions.

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

The representative of BRAZIL was pleased to note that during the Seventy-sixth World Health Assembly the resolution on the health of Indigenous Peoples had been adopted, consensus had been reached on items to the extent possible to avoid having to go to vote, and the politicization of health had been avoided.

The representative of TOGO, speaking on behalf of the Member States of the African Region, welcomed the adoption of the Programme budget 2024–2025 and of resolutions and decisions on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies; increasing access to medical oxygen; the preparation for the high-level meeting of the United Nations General Assembly on universal health coverage; strengthening diagnostics capacity; behavioural sciences for better health; substandard and falsified medical products; strengthening rehabilitation in health systems; the global strategy on infection prevention and control; and the social determinants of health. She was also pleased to note the reappointment of the Comptroller and Auditor General of India as the WHO External Auditor from 2024–2027. She pointed out, however, that clashes in the scheduling and themes of discussions and parallel events had prevented in-depth discussions on some key topics. She encouraged the Secretariat to provide ongoing support to Member States to ensure efficient implementation of the decisions and resolutions adopted.

The representative of CANADA welcomed the adoption of the Programme budget 2024–2025, which demonstrated what could be accomplished with a transparent and consultative Secretariat, committed Member States and consistent communication between all parties. WHO's long history of consensus-building and consensus-based decision-making had upheld the principles of collaboration and cooperation, which reflected a collective confidence in multilateralism, the very foundation of WHO as a Member State-led organization. She emphasized the importance of exhausting all consensus-seeking avenues before considering voting. WHO was the only organization that could play the essential norm- and standards-setting role that Member States required of it, as reflected in the Programme budget 2024–2025. She expressed concern at the increasing practice of objecting to WHO's science-based and evidence-led normative work. Political and cultural views that served national interests should not undermine the science-led and evidence-based findings that guided the global collective in striving for the highest attainable level of health for all.

The representative of DENMARK, speaking on behalf of the European Union, said that the candidate countries North Macedonia, Montenegro, Albania, Ukraine, the Republic of Moldova, and Bosnia and Herzegovina, as well as the potential candidate country Georgia, aligned themselves with his statement. He welcomed the adoption of critical and historic resolutions and decisions at the Health Assembly, including on commitments to WHO reform by increasing Member States' assessed contributions; on increasing access to medical oxygen; on the impact of chemicals, waste and pollution on human health; and on the health of Indigenous Peoples. Commending WHO humanitarian and emergency response support to Ukraine and refugee-receiving and -hosting countries, he highlighted the importance of strengthening WHO preparedness for health emergencies. The Assembly discussions on

universal health coverage had built momentum ahead of the three United Nations high-level meetings on health due to take place in September 2023. He expressed appreciation for the Secretariat's commitment to preventing and responding more strategically to sexual exploitation, harassment and abuse. Consensus-building was essential at WHO's governing bodies meetings, no matter how difficult or sensitive the issue under discussion. Moreover, it was time to reflect on how best to support WHO's normative work in its mandate to deliver the highest attainable standard of health for all.

The representative of SWITZERLAND said that her country's election to the Executive Board was an honour that came with great responsibility. Highlighting her commitment to consensus-building, she emphasized the importance of focusing on health issues rather than on power games. Her three priorities – in addition to strengthening health emergency prevention and preparedness – were to make health systems more resilient, increase health protection, and improve WHO governance. During the coming year, efforts should therefore focus on patient safety and on strengthening and implementing the Roadmap for the Global Health and Peace Initiative.

The representative of AUSTRALIA welcomed Member States' efforts to reach consensus on resolutions and decisions at the Health Assembly, many of which had been difficult. He welcomed in particular the resolution on the health of Indigenous Peoples. WHO was a consensus-based organization; it was therefore important to avoid setting precedents for reverting to voting on issues that had already been agreed upon or on technical issues that were the Secretariat's responsibility. Combining interventions based on well-connected themes to streamline the agenda was appreciated. However, disparate themes made a coherent discussion more difficult. The emergency discussion had been particularly challenging given the number of separate but related items combined into one at the last minute; efforts to refine the high-level segment should continue. The session would also have benefited from a better gender and regional balance in speakers. Ministerial elements could be made more interactive to encourage greater ministerial participation. He looked forward to the reform process agreed through the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance to improve meetings, including timeliness of papers and processes to develop resolutions and decisions. He was keen to discuss further improvements to WHO procedures to enable a more dynamic and interactive Health Assembly, with real dialogue and efficient functioning.

The representative of FRANCE welcomed the adoption of the Programme budget 2024–2025, a landmark decision implementing the decision taken by the Seventy-fifth World Health Assembly to increase assessed contributions by 20%. He also welcomed the consensus on launching a replenishment mechanism by the end of 2024. Consensus on technical and administrative decisions was essential to WHO work and enabled the focus to remain on global health-related priorities and the prevention of health crises.

The representative of YEMEN expressed support for the outcomes of the Seventy-sixth World Health Assembly, particularly those concerning responses to health emergencies, displaced persons, refugees and host communities. Migration increased pressure on health systems and host communities; he was therefore pleased to note WHO's support for internally displaced persons in countries such as his own.

The representative of the SYRIAN ARAB REPUBLIC said that it was more important than ever to strengthen health systems and their capacity to ensure universal health coverage and to continue working towards achieving the Sustainable Development Goals. Greater support should be provided to countries to help them to deal with crises and their humanitarian impact.

The representative of MOROCCO expressed appreciation for the decisions and recommendations that had been made at the Seventy-sixth World Health Assembly, particularly regarding the health of migrants and refugees. He recalled that the Third Global Consultation on the Health of Refugees and Migrants would take place in mid-June 2023, the outcome of which would be the adoption of the Rabat Declaration.

5. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB153/2)

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to document EB153/2 and the draft decision contained in paragraph 10, as well as the guidance for the Secretariat contained in paragraphs 15, 19 and 24. She also drew attention to the recommendations to the Executive Board contained in paragraphs 27 and 32.

The representative of BRAZIL, supporting the draft decision contained in paragraph 10 of document EB153/2, said that he looked forward to the informal consultations on the process for handling potential allegations against Directors-General. He welcomed progress towards implementing the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, efforts to prevent sexual misconduct in health emergency response settings, and the related guidance for the Secretariat. Work was under way to ensure more sustainable financing and to respond to concerns regarding contractual modalities and temporary appointments, but staff should bear in mind the importance of mobility to gaining experience, especially in the field. The strict timelines that were to be imposed on Member States for proposing World Health Assembly resolutions and decisions were concerning and disproportionately burdened smaller delegations. The process to create exceptions was unclear, potentially discriminatory and required further consultations.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, expressed appreciation for the adoption of the historic decision to approve the Programme budget 2024–2025 and the increase in assessed contributions. Those developments would enable a real difference to be made at the country level, ultimately achieving WHO's collective mission. A stronger WHO, with flexible, predictable and sustainable financing, would improve impact at the country level. She encouraged Member States to collaborate in that effort and urged the Secretariat to use the increased contributions to address national priorities that were underfunded or unfunded.

The representative of MALDIVES commended the increase in assessed contributions and the WHO investment round. He welcomed progress towards streamlining WHO accountability functions and highlighting the importance of gender mainstreaming, empowerment and parity. He was pleased to note efforts to prevent sexual misconduct, exploitation and abuse within the Organization and its functions.

The representative of TIMOR-LESTE endorsed the recommendations in the report contained in document EB153/2 and welcomed its focus on sustainable financing for the WHO programme budget, the work of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, and WHO's efforts to tackle the issue of prevention of and response to sexual exploitation, abuse and harassment. His Government would continue to support those efforts and encouraged the Secretariat to continue to prioritize the strengthening of the Organization by promoting accountability, transparency, compliance and efficiency within the WHO regional and country offices.

The representative of the UNITED STATES OF AMERICA said that her Government had been pleased to support decision WHA75(8) (2022) on sustainable financing and looked forward to reviewing the plan for the WHO investment round under decision WHA76(18) (2023). That work should take place within the framework of the ongoing WHO reform. Addressing sexual exploitation, abuse and harassment was another priority. Although much had been done to identify issues, raise awareness and improve reporting mechanisms, which had likely led to the rise in cases reported, it was also important to address the issue itself.

The representative of PERU commended the report, particularly the elements on strengthening WHO through sustainable financing and the focus on gender, including efforts to increase the

participation of women in WHO's work. The Organization must continue to implement its policy of zero tolerance for workplace bullying and sexual harassment.

The representative of CHINA said that future reports should detail how the increase in assessed contributions was being used. It was also important to clearly set out the process for handling and investigating potential allegations against Directors-General, which should be aligned with the practices of the United Nations system. The Secretariat should pay particular attention to implementing the recommendations to improve its transparency, accountability and efficiency, notably by providing more frequent briefings to Member States.

The CHAIR took it that the Board wished to note the report contained in document EB153/2.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in paragraph 10 of document EB153/2.

The decision was adopted.¹

6. REPORT OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE: Item 5 of the agenda (document EB153/3)

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, and the potential candidate country Georgia, aligned themselves with his statement. He welcomed the constructive dialogue on public health risks and emergencies that had taken place during the meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response and the detailed technical presentations made by the regional offices. Such exchanges showed the diversity of health emergencies worldwide and had highlighted how many were caused by conflicts, political instability and natural disasters. Preparedness was a key priority, with an emphasis on increasing surveillance and diagnostic capacity-building, strengthening national planning, genomic sequencing and wastewater monitoring, and developing One Health initiatives. There had also been consensus on the need to broaden preparedness policies to cover all pathogens with epidemic or pandemic potential. The Standing Committee should work with existing bodies, avoiding any duplication of work, and set out a work programme containing proposals on the steps to be taken in view of the reporting requirement to the Executive Board.

The representative of JAPAN welcomed the real-time, in-depth presentations on health emergency responses given during the meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response but asked for agenda materials to be made available in advance to allow the Standing Committee time to discuss and provide useful guidance to the Secretariat. For extraordinary meetings, the Secretariat should provide a list of factors that hindered emergency operations at the start of a health crisis, based on past experience, to enable the Standing Committee to make decisions on immediate actions to be taken following the determination of a public health emergency of international concern. The implementation status of the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme should be included in the Standing Committee's standard agenda so that it could identify obstacles to implementation and suggest solutions. The Standing Committee should start substantive discussions on supporting the WHO Health Emergencies Programme forthwith. The agenda should be set for the Standing Committee's forthcoming meeting; his Government would submit proposals for items in

¹ Decision EB153(1).

writing and communicate with other Member States to gain a better understanding of the Standing Committee's role.

The representative of BRAZIL commended the work of the Standing Committee on Health Emergency Prevention, Preparedness and Response, especially its guidance regarding ongoing public health emergencies of international concern, which was vital to help Member States to plan the long-term management of the diseases in question. The Standing Committee would also play a key role in the surveillance of other health threats with pandemic potential, which was particularly important given the risks associated with growing urbanization, habitat destruction and climate change. In that regard, it should continue to issue recommendations to support affected Member States in designing preparedness and response plans for extreme weather events, notably to strengthen capacity-building and the resilience of national health systems. His Government continued to support WHO's pivotal role in coordinating the Global Outbreak Alert and Response Network, which had proven essential during the COVID-19 pandemic. Lastly, the Standing Committee should be used as a mechanism for integrating initiatives in the area of health emergency prevention, preparedness and response, without any duplication of the work carried out by existing bodies.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, expressed support for the technical advisory role to be played by the Standing Committee on Health Emergency Prevention, Preparedness and Response, and its complementary role with regard to other relevant bodies such as the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Global Preparedness Monitoring Board. Those bodies had made a commendable contribution to strengthening the global architecture for health emergency prevention, preparedness and response; the work of the Standing Committee would be a significant addition to those efforts, in line with its terms of reference. Lessons learned and capacity gained from the COVID-19 pandemic should be harnessed to make health systems more resilient as part of broader disease prevention and control programmes. His Government concurred with the proposed agenda items for the Standing Committee's forthcoming meeting and looked forward to fruitful deliberations.

The representative of the UNITED STATES OF AMERICA welcomed the emphasis on avoiding duplication between the work of the Standing Committee on Health Emergency Prevention, Preparedness and Response and other bodies. In that regard, it would be helpful for the Standing Committee to examine the recommendations made by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme in order to better understand the work of the Programme and provide insight into how to address any gaps. It should also consider the proposals for strengthening the global architecture for health emergency prevention, preparedness and response to identify any overlaps in the work of relevant bodies in that area, and examine how the Executive Board could best address any challenges. Resources were another key issue; the Standing Committee should provide support with the financial as well as the programmatic elements of health emergencies.

The representative of CHINA welcomed the report of the Standing Committee on Health Emergency Prevention, Preparedness and Response, noting its proposals to examine how to strengthen the WHO Health Emergencies Programme and the discussions on the need to revise preparedness and response plans, sustain the achievements of the pandemic in terms of monitoring, and strengthen diagnostic capabilities and their integration with multisource surveillance systems. He agreed that it was important to avoid any overlap with other relevant bodies. Following the announcement in May 2023 that the COVID-19 pandemic was no longer a public health emergency of international concern, certain media outlets had intentionally or unintentionally disseminated incorrect information that the pandemic was over or that the virus itself had disappeared. That had led to confusion among the general public and health care workers, resulting in resistance to some public health interventions. Long-term recommendations on COVID-19 prevention and control should be developed, including effective public risk communication strategies.

The representative of CANADA said that the Standing Committee on Health Emergency Prevention, Preparedness and Response would provide more space for substantive discussions between the Secretariat and Member States, as time was limited during the Health Assembly. A standard agenda should be agreed upon in order to provide some predictability and enable the Secretariat, Standing Committee members and Member States to better prepare for in-depth discussions. Core items for the agenda could include: Secretariat updates on public health emergencies of international concern, containing new or emerging information, including from a regional perspective; and the governance of the WHO Health Emergencies Programme, including in relation to the WHO Contingency Fund for Emergencies, procurement, gender mainstreaming, readiness assessments and the prioritization of actions. The Standing Committee would also be a suitable forum for discussions on the global architecture for health emergency preparedness, response and resilience, which could be included under a standing item on the normative frameworks of the WHO Health Emergencies Programme and relevant elements of the general programme of work. Strategic preparedness and response could also be included as a topic, incorporating discussions on active areas of response and in-depth examination of different types and grades of emergencies. How the Standing Committee would function logistically and content-wise following the determination of a public health emergency of international concern should be discussed.

The representative of AFGHANISTAN commended the resilience of WHO in responding to challenges and emergencies over the past year, drawing particular attention to the leadership role played by women within the Organization. In that regard, he called on Member States to advocate for women's education in Afghanistan, notably in the field of health, as it was vital for the future of the health system in the country.

The representative of AUSTRALIA said that the WHO Health Emergencies Programme was severely overstretched, in part due to the increasing regularity and intensity of health emergencies, which threatened its work and staff well-being. He therefore welcomed the focus on ensuring that it had a sustainable core budget, with adequate resourcing at all levels. He agreed that the Standing Committee on Health Emergency Prevention, Preparedness and Response should play an important role in tracking implementation of the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and in providing guidance on the strengthening and oversight of the WHO Health Emergencies Programme. He also agreed on the need to begin preparations for the Standing Committee's work in the event of another determination of a public health emergency of international concern, notably by asking the Secretariat to identify common challenges hindering action by the WHO Health Emergencies Programme at the start of a crisis. It was vital to build on lessons learned from the COVID-19 pandemic. To that end, the Standing Committee should guide the work of the WHO Health Emergencies Programme, including on the evolving global architecture for health emergency preparedness, response and resilience.

The representative of SLOVENIA said that a core function of the Standing Committee on Health Emergency Prevention, Preparedness and Response should be to improve understanding of how the WHO Health Emergencies Programme operated, including why its workload was so high and only increasing. Care should be taken to ensure that it did not create additional work for the Organization.

The representative of SLOVAKIA suggested that, given the huge amount of work assigned to the Standing Committee on Health Emergency Prevention, Preparedness and Response, working groups should be created to cover its various tasks to help to ensure that the Secretariat was not overburdened by additional duties. Consideration should also be given to the use of hosted partnerships to cover the technical elements of the work.

The representative of SENEGAL drew attention to the need to strengthen the global architecture for health emergency prevention, preparedness and response in order to better coordinate emergency management. Welcoming the sharing of lessons learned from the COVID-19 pandemic by the Standing

Committee on Health Emergency Prevention, Preparedness and Response, he encouraged the Secretariat to support Member States in integrating measures to tackle COVID-19 into general pandemic preparedness and response programmes. Meanwhile, the Secretariat should strengthen emergency prevention, preparedness and response by supporting national detection capacities through the strengthening of laboratory networks; the promotion of access to medical countermeasures; and the boosting of funding for national health security action plans.

The representative of PERU said that the Standing Committee on Health Emergency Prevention, Preparedness and Response should be able to respond rapidly to public health emergencies to provide appropriate guidance to the Executive Board and advice to the Director-General, without hindering WHO's work. Further discussions should be held on prioritizing issues before the Standing Committee and on the role of Member States in helping WHO to take on board the lessons learned from the COVID-19 pandemic and ensure that the Standing Committee could play a key role in future emergencies.

The representative of ETHIOPIA agreed on the need to ensure synergies between the Standing Committee on Health Emergency Prevention, Preparedness and Response and other relevant bodies, without duplicating efforts. Following the challenges of the COVID-19 pandemic and other national and global crises, it was vital to revise preparedness and response plans to incorporate lessons learned and ensure that prevention, preparedness and response efforts were integrated into any action taken to strengthen health systems.

The representative of BARBADOS expressed support for the work of the Standing Committee on Health Emergency Prevention, Preparedness and Response, noting that the health issues caused by the effects of climate change were of particular concern to small island developing States. It was important to establish a clear agenda for the Standing Committee, ensuring no duplication of efforts.

The representative of the PHILIPPINES¹ said that the most crucial lesson of the COVID-19 pandemic had been the pivotal role of the health workforce to health systems and their capacity to prevent, prepare and respond to health emergencies. The shortage of health workers had been a major challenge in responding effectively to the crisis, especially in low- and middle-income countries facing a brain drain of workers relocating overseas. It depleted the already limited human resources available to tackle health emergencies and perpetuated global health inequities, going against the principles of fairness, equity and solidarity that should underpin international health cooperation. Promoting sustainable collaboration on health human resources would enhance the collective capacities of Member States. Discussions on health emergency preparedness and response, including negotiations on a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, should incorporate the principles of the WHO Global Code of Practice on the International Recruitment of Health Personnel, while health workforce issues should be included in future agenda items on both health emergency preparedness and health systems strengthening.

The representative of INDONESIA¹ said that the impact of the COVID-19 pandemic had demonstrated the need to ensure that the global health system was reliable during a crisis, with priority given to inclusivity and equity. To that end, efforts had been made to strengthen regional resilience through The Pandemic Fund. The guidance of the Standing Committee on Health Emergency Prevention, Preparedness and Response would be important to inform strategy during the transition period following the determination that COVID-19 was no longer a public health emergency of international concern.

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

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ emphasized the importance of the work of the Standing Committee on Health Emergency Prevention, Preparedness and Response given the need for more space to discuss issues relating to preparedness, prevention and response to health emergencies. It would play a crucial role in providing guidance following the determination of a public health emergency of international concern; she therefore supported previous speakers' comments on the need to clarify how such work would be approached. The Standing Committee would also be key to supporting and providing advice to the WHO Health Emergencies Programme; that could be achieved through close dialogue with the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and following up implementation of its recommendations. The Standing Committee should play a part in discussing and analysing the broader reform of the global architecture for health emergency prevention, preparedness and response.

The representative of HAITI¹ said that the COVID-19 pandemic had shone a light on global inequities. The work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and the Working Group on Amendments to the International Health Regulations (2005) must allow effective action to be taken to address future pandemics in an equitable way, while guaranteeing global health security. It would require political commitment to tackle the structural challenges to fair, equitable and timely access to affordable, safe and effective medical countermeasures, essential health services, information and social support, and to combat inequities in technology, health personnel and health infrastructure and financing.

The Observer of PALESTINE emphasized the importance of the role of the Standing Committee on Health Emergency Prevention, Preparedness and Response and the need to learn lessons from past experience and pay heed to recommendations for future responses to health emergencies. It was particularly important for Member States of the Eastern Mediterranean Region, which was one of the regions worst hit by emergencies.

The Board noted the report.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

7. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS: Item 6 of the agenda

Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance: Item 6.1 of the agenda (documents EB153/4 and EB153/4 Add.1)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB153/2, paragraphs 25 to 27. The Committee had recommended that the Executive Board should note the report contained in document EB153/4 and adopt the two draft decisions contained in Annex 2 and Annex 4 of that document. She also invited the Board to consider a draft decision on the election of the Officers of the Board during the intersessional period proposed by the Member States of the WHO Region of the Americas, which read:

The Executive Board,
(PP1) Having considered Rules 13 and 17 of the Rules of Procedure of the Executive Board of the World Health Organization (hereafter the Rules of Procedure) on the election of the Officers

of the Board by the Executive Board and the replacement of the Chair of the Board when she or he for any reason is unable to complete their term of office;

(PP2) Noting that Rule of Procedure 17 does not prescribe a mechanism to elect, between two sessions of the Executive Board, the Vice-Chairs and Rapporteur of the Board when they are not able to complete their term of office;

(PP3) Recognizing that there is a need to define an intersessional process that allows for an expedient mechanism for the Executive Board to elect a Vice-chair or Rapporteur, that respects each Region's independence to define its own procedure to select a Vice-Chair or Rapporteur of the Board;

(OP)1. DECIDES to adopt the following written silence procedure to elect a Vice-chair or Rapporteur between two sessions of the Executive Board:

(1) The relevant Member State will notify the Director-General and the relevant regional office, that a Vice-Chair or Rapporteur is unable to complete her or his term of office.

(2) The Director-General and the relevant regional office will send a confirmation to the relevant Member State that they have received the notification.

(3) The relevant WHO regional office, using any processes or arrangements applicable in that given region, will identify – ideally within 30 days of, but no more than 45 days from, receipt of the information under paragraph (1) at the latest – a new candidate for Vice-Chair or Rapporteur of the Board and will communicate the name of the proposed candidate as the Vice-Chair or Rapporteur of the Board to the Director-General.

(4) Within 14 days from the receipt of the information regarding the person identified by the relevant region as Vice-Chair or Rapporteur, the Director-General, in consultation with the Chair of the Executive Board, will transmit the name of the proposed candidate for Vice-Chair or Rapporteur of the Board to the other members of the Executive Board, to be considered for election under a written silence procedure. That communication will also set a date for the receipt of any objection. Any such objection is to be conveyed in writing and addressed to the Director-General. The date for receipt of any objection will be 14 days from the date of dispatch of the communication.

(5) In the absence of the receipt by the set date of any written objection from a member of the Executive Board, the proposed candidate will be considered as having been elected as Vice-Chair or Rapporteur of the Board.

(6) In the event of the receipt by the set date of one or more written objections from a member of the Executive Board, the candidate will not be considered as the new Vice-Chair or Rapporteur of the Board during the intersessional period, and the election shall be deferred to the next session of the Executive Board.

(7) The Director-General will communicate the outcome of the written silence procedure to all Member States as soon as possible after the set date for receipt of objections referred to in paragraph 4.

The representative of MALDIVES welcomed the report contained in document EB153/4 on matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and expressed support for the two draft decisions in Annex 2 and Annex 4 of that document.

The representative of SLOVENIA welcomed the proposals made thus far by the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and encouraged it to continue its work.

The representative of DENMARK expressed support for the work of the co-facilitators of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and their continued leadership on governance reform. The recommendations made by the Task Group and adopted by the Health Assembly laid the foundation for WHO's much-needed

comprehensive reform efforts. Providing strategic guidance and giving effect to Health Assembly decisions were essential functions of the Executive Board and its subsidiary bodies, including the Programme, Budget and Administration Committee. A long-standing governance issue requiring urgent attention was the overly dense grouping of agenda items at the Health Assembly, which had limited the opportunity for comprehensive, strategic discussions on important matters. Sustainable solutions were needed for such issues, requiring thorough analysis of previous governance reform initiatives, close collaboration between Member States and the Secretariat, and collective commitment. His Government supported the proposals and draft decisions contained in document EB153/4.

The representative of CANADA supported the draft decisions and proposals contained in document EB153/4. The proposed reforms, as part of a wider discussion on sustainable financing, would play an important role in strengthening organizational effectiveness, efficiency, accountability and transparency. She thanked the co-facilitators for their work and endorsed the proposal for them to continue informal consultations with Member States in the period leading up to the 154th session of the Executive Board.

The representative of BRAZIL commended efforts to increase the transparency of the Secretariat's work, notably the proposal on a financial threshold for additional scrutiny of new initiatives and programmes. Having previously expressed concern over the strict deadlines imposed on Member States when proposing new resolutions and decisions, his Government welcomed the proposal to trial the template and recommended timeline as per the draft decision in Annex 2 of document EB153/4. It also supported the target principles to underpin approaches to reform set out in Annex 3 of that same document. He looked forward to further discussions based on the workplan for June to December 2023 to be established for the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. Lastly, he noted that should further consultations be needed to decide on an acceptable lead time for publication of reports ahead of meetings of the governing bodies, similar consultations should also be held for other matters covered in the document.

The representative of AUSTRALIA welcomed the adoption of the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance at the Seventy-sixth Health Assembly. He acknowledged that there was still a large task ahead to consider longer-term reforms, which would require concerted and collaborative action by Member States and the Secretariat. He therefore endorsed the draft decisions. Improvements should be made to ensure that the Executive Board, the Programme, Budget and Administration Committee, and other bodies remained fit for purpose and reflected best practices across the United Nations system. Executive Board discussions should be strategically focused, which would require giving subsidiary bodies a larger role in discussing and making decisions on technical items. The structure and frequency of governing bodies meetings could be reconsidered. Lastly, he asked the Chair what action should be taken in response to a letter received by some delegations from an international group of academics and public health experts calling for greater transparency in the forthcoming WHO Regional Director elections. Although each WHO region was responsible for its own election process, the Agile Member States Task Group could play a role in examining best practice in election processes across the Organization.

The CHAIR replied that informal discussions were under way on how to respond to the letter and she would keep Member States informed.

The representative of QATAR expressed support for the proposal to retain the role of the co-facilitators to guide informal consultations on the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and to map out a workplan containing reform options for the Executive Board and the Programme, Budget and Administration Committee. He encouraged the Member States of the Eastern Mediterranean Region to

participate more actively in those efforts, as they were currently underrepresented in the governance reform process.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, welcomed the recommendations of the Working Group on Sustainable Financing and the Secretariat's implementation plan on reform. However, further attention was needed to improve transparency, accountability, equity and efficiency in the implementation of the programme budget and general programme of work, and to secure sustainable, flexible and predictable funding. Resources should be allocated more equitably, taking into account the needs and vulnerabilities of the different regions, with a focus on field-based interventions. Efforts to reform the governing bodies should continue; it was essential to create an environment that encouraged constructive dialogue to allow Member States to provide strategic guidance to the Secretariat. He endorsed the recommendations to improve governance at all levels of the Organization.

The representative of CHINA welcomed the proposals to strengthen the role of the Programme, Budget and Administration Committee, noting that informal consultations could be useful in that regard. It would also be helpful to address past recommendations that had not yet been implemented. The underrepresentation of certain Member States among WHO staff was a concern that should be addressed as a priority. The Secretariat should also find a way to inform Member States about the grouping of agenda items in advance to give them sufficient time to prepare their interventions. Furthermore, large numbers of highly technical items should not be grouped together since such practice prevented high-quality discussions from taking place. Lastly, she urged the Secretariat to play a more proactive coordinating role with a view to promoting consensus through consultations.

The representative of the UNITED STATES OF AMERICA welcomed efforts to pilot new ways of working, including with regard to the template and recommended timeline for proposing resolutions and decisions, and the proposal on a financial threshold for additional scrutiny of new initiatives and programmes. Her Government also supported the draft decision on the election of the Officers of the Board during the intersessional period given the importance of ensuring fair representation in the event of any changes during terms of office.

The representative of TOGO commended efforts to reform the work of the Executive Board and the Programme, Budget and Administration Committee and to guarantee sustainable financing. Attention should be paid to equity and transparency when taking steps to improve WHO governance, as part of the overall aim of increasing the efficiency and effectiveness of the Organization. She welcomed the draft decisions and proposals contained in document EB153/4.

The representative of SLOVAKIA welcomed the work undertaken thus far, which would greatly support the future development of WHO. However, he stressed the importance of ensuring that the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and its co-facilitators could continue their work under a clear mandate. That would be vital in guaranteeing that the proposals made to promote more transparent, stronger governance of the Organization were taken on board and duly implemented.

The CHAIR took it that the Board wished to note the report contained in document EB153/4.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on the template and recommended timeline for proposing resolutions and decisions contained in Annex 2 of document EB153/4.

The decision was adopted.¹

The CHAIR took it that the Board wished to adopt the draft decision on future work to reform the Executive Board and the Programme, Budget and Administration Committee contained in Annex 4 of document EB153/4.

The decision was adopted.²

The CHAIR took it that the Board wished to adopt the draft decision on the election of the Officers of the Board during the intersessional period.

The decision was adopted.³

The meeting rose at 12:30.

¹ Decision EB153(2).

² Decision EB153(3).

³ Decision EB153(4).

SECOND MEETING

Wednesday, 31 May 2023, at 14:35

Chair: Dr H.M. AL KUWARI (Qatar)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

1. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS: Item 6 of the agenda (continued)

Implications of decision EB152(29) (2023): Item 6.2 of the agenda (document EB153/5)

The representative of COMOROS, speaking on behalf of the Member States of the African Region, said that the use of constituency statements should continue to be implemented in all WHO governing bodies meetings, in accordance with the modalities set out in paragraphs 15 to 17 of document EB152/38. While WHO would remain a Member State-led organization, non-State actors had a role to play in its governing bodies. The Secretariat should regularly consult Member States and non-State actors in official relations with WHO, with a view to improving the modalities for the participation of the latter, and it should submit the outcomes of the first such consultation to the 156th session of the Executive Board. Further consideration should be made of the repercussions of decision EB152(29) on statements made by Observers.

The representative of DENMARK welcomed the Secretariat's efforts to enhance dialogue between Member States and non-State actors, including during the intersessional period. That dialogue should be further evaluated prior to the Seventy-seventh World Health Assembly, and non-State actors should contribute to that evaluation process. Member States' involvement in setting agendas for preparatory meetings should be increased to ensure more meaningful discussions on agenda items of shared interest. With regard to decision EB152(29), he said that the effective engagement of Observers required further discussion. Future consultations on that subject should be complementary and coherent with relevant parallel processes on governance reform.

The representative of MALAYSIA said that the use of constituency statements by non-State actors in official relations with WHO improved the overall administration and governance of Executive Board sessions. He expressed support for maintaining the current arrangement and for conducting a thorough review of the effective participation and engagement of Observers, the United Nations and other intergovernmental organizations in effective relations with WHO. It was commendable that non-State actors were given the opportunity to provide their perspectives. He said that increasing the speaking time of Observers could prolong meetings; however, allowing non-State actors to deliver constituency statements should not change the status or quality of the participation enjoyed by Observers or other entities participating in an observer capacity.

The representative of MALDIVES said that the current approach to statements by non-State actors should be continued. The delivery of constituency statements among those made by Member States as opposed to at the end of the discussion was more beneficial to Member States and demonstrated to non-State actors that their interventions were equally important. The Chair, with consent from Member States, should decide when non-State actors should deliver their statements, based on the item under

consideration. An evaluation of the use of constituency statements would only be warranted once the current approach had been in place for some time.

The representative of AFGHANISTAN expressed support for continuing and strengthening the current approach. The question was not whether non-State actors should have a voice but rather how to expand the traditional list of non-State actors. The Secretariat needed to create a platform to enable contributions from non-State actors who were unable to attend technical meetings because of conflict or other barriers.

The representative of SLOVENIA said that meaningful participation did not simply consist of speaking at governing bodies meetings. While he supported the continuation of the current practice with regard to constituency statements, he said that WHO should explore other forms of meaningful engagement with non-State actors, Observers, international organizations and other relevant stakeholders in order to achieve better health outcomes.

The Board noted the report.

Evaluation: annual report: Item 6.3 of the agenda (document EB153/6)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB153/2, paragraph 32.

The representative of JAPAN welcomed the emphasis on results accountability and the broad scope of the WHO evaluation policy. He expressed concern that it was not standard practice in WHO for evaluations to be financed from the same source used to fund the project, programme or initiative to be evaluated. That gap in the resourcing of evaluations should be addressed immediately. He supported carrying out a comparative study of evaluation functions and coverage across comparable entities of the United Nations system, as outlined in the report and recommended designating an appropriate portion of voluntary contributions to the evaluation of projects to ensure adequate resourcing for the evaluation function.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, commended the detailed framework elaborated for evaluations of WHO's contribution at the country level. He encouraged Member States to enhance the implementation of the decentralized evaluations outlined in the evaluation workplan. Mobilizing additional resources from voluntary contributions would significantly increase the number of country cooperation strategies in the biennium 2024–2025, thereby helping to achieve the public health goals set by Member States. He expressed support for the active engagement of the Evaluation Office in joint evaluations across the United Nations system and urged the Board to support the decision to conduct a comparative study of evaluation functions in order to scale up the Organization's evaluation practices.

The representative of CHINA expressed hope for the prompt operationalization of the implementation framework for the WHO evaluation policy and the framework for evaluations of WHO's contribution at the country level. In the implementation of the frameworks, WHO should draw on the experience of other United Nations agencies. WHO should seek to achieve equitable geographical representation in its efforts to expand the roster of prequalified evaluation experts and should call upon experts who were familiar with regional and national contexts. She said that there should be an Organization-wide platform for sharing evaluation findings in order to enhance the effectiveness of WHO's work. She expressed support for the establishment of a financing mechanism for evaluation of activities funded by voluntary contributions.

The representative of AUSTRALIA welcomed the variety of evaluation activities carried out across the Organization, the focus on enhancing knowledge and sharing best practices, and the

cross-utilization of evaluations at the different levels of the Organization. Evaluations must be adequately resourced. WHO must be able to demonstrate organizational capability in evaluation when seeking investments. He expressed support for the creation of synergies among WHO evaluations. He echoed the concerns of others regarding the financing of evaluations and welcomed further details on: the proposed financing of evaluation activities from assessed contributions; the current challenges in using the existing funding; and the possibility of mobilizing gains from enhanced flexible funding, such as through increased assessed contributions. The proposed comparative study of evaluation functions and coverage across entities of the United Nations system would ensure that WHO was aligned with other entities and implemented best practices in the development of a decentralized evaluation system.

The representative of UKRAINE said that it was necessary for WHO to be prepared to carry out strategic evaluations of health care needs in the context of rapidly evolving health care emergencies, such as those caused by war or natural disasters, with particular regard to mental health, HIV, tuberculosis and restoration of health care systems. He proposed that such evaluations should be carried out no later than two months after the development of the exceptional situation. The Evaluation Office should begin planning for such evaluations to take place in the next two or three years, and advice thereon should be provided by WHO specialists.

The DIRECTOR (Evaluation), welcoming the comments made, said that the Secretariat would make every effort to advance its work in line with the suggestions made by Member States.

The CHAIR took it that the Board wished to note the report contained in document EB153/6 and concur with the proposed guidance of the Programme, Budget and Administration Committee of the Executive Board, contained in paragraph 32 of document EB153/2.

The Board noted the report.

Hosted partnerships: Item 6.4 of the agenda

- **Report on hosted partnerships** (document EB153/7)
- **Review of hosted partnerships** (document EB153/8)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB153/2, paragraphs 35 and 36.

The representative of MALAYSIA expressed support for the Partnership for Maternal, Newborn and Child Health and the related activities and programmes, which improved the health and well-being of women, children and adolescents and advanced efforts towards achieving the Sustainable Development Goals. He welcomed the continued focus on partnership, strategic collaboration and solidarity between non-State actors and Member States to enhance global health and well-being.

The representative of BRAZIL expressed appreciation that the report on hosted partnerships reflected Unitaïd's efforts to provide affordable health products in developing countries. His Government would continue to support the work of that hosted partnership in terms of combating certain communicable diseases and enhancing pandemic prevention, preparedness and response, the strengthening of local production and the development of more sustainable health systems. He welcomed the ongoing cooperation between WHO and Unitaïd.

The CHAIR took it that the Board wished to note the reports contained in documents EB153/7 and EB153/8 and concur with the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in paragraphs 35 and 36 of document EB153/2.

The Board noted the reports.

Committees of the Executive Board: filling of vacancies: Item 6.5 of the agenda (documents EB153/9 and EB153/9 Add.1)

The CHAIR said that there were five 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 Chair and a Vice-Chair of the Board as ex officio members. She asked whether the Board approved the proposals contained in paragraph 2 of document EB153/9 Add.1.

It was so decided.¹

The CHAIR said that there were two vacancies to be filled on the Standing Committee on Health Emergency Prevention, Preparedness and Response. She asked whether the Board approved the proposals contained in paragraph 3 of document EB153/9 Add.1.

It was so decided.²

The CHAIR said that there was one vacancy to be filled on the foundation committees and selection panels. She asked whether the Board approved the proposal contained in document EB153/9 Add.1.

It was so decided.³

The CHAIR proposed that the Board should be represented at the Seventy-seventh World Health Assembly by the Chair and the first three Vice-Chairs. If any of them were not able to attend the Health Assembly, the other Vice-Chair and/or Rapporteur could be asked to represent the Board. In the absence of any objections, she took it that the Board wished to approve that proposal.

It was so decided.⁴

The CHAIR, in response to a statement made by the representative of Australia concerning the procedure for the election of Regional Directors, proposed that, during the intersessional period, the Secretariat, in consultation with representatives from the Regional Offices, would provide an update to the Officers of the Board, who could then recommend a way forward.

2. STAFFING MATTERS: Item 7 of the agenda

Statement by the representative of the WHO staff associations: Item 7.1 of the agenda (document EB153/INF./1 Rev.1)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB153/2, paragraphs 33 and 34.

¹ Decision EB153(5).

² Decision EB153(6).

³ Decision EB153(7).

⁴ Decision EB153(8).

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, IARC, PAHO and UNAIDS, acknowledged the strong collaboration between the senior management of the staff associations and the Global Staff/Management Council. He expressed support for the parental leave policy, flexible working arrangements and respectful workplace activities. Measures put in place by Member States, in particular implementing limited-term contracts, putting an end to continuing appointments and proposing a mandatory mobility policy, had affected job security and resulted in staff not feeling safe to voice their concerns regarding management and workplace behaviour. He expressed concern regarding reduced compensation packages following the implementation of recommendations of the International Civil Service Commission, the lack of transparency in organizational restructuring, increased workloads and numerous vacancies in core areas. While the Director-General's efforts to meet regularly with staff members to find solutions were commendable, the resources needed to maintain efficiency must be enhanced, for example by streamlining administrative and reporting tasks.

The principles established by the International Civil Service Commission concerning post adjustment must be improved and cost of living surveys reviewed in order to attract and retain skilled professionals. Solutions needed to be implemented for locally recruited staff in areas with high inflation rates. Turning to the draft mobility policy, he expressed concern regarding the risk of loss of specialized knowledge, disruptions to ongoing projects, reduced efficiency, the lack of clarity and transparency and the need for significant financial and human resources. The draft mobility policy must take into account the different work done at each level of the Organization and ensure that specialized knowledge was used in an optimum manner, such that science and evidence were always the basis of norms and standards in health. He looked forward to a risk-cost assessment and expressed the view that the policy did not yet fully incorporate all of the recommendations of the Global Staff/Management Council, including prioritizing a managed approach. He commended efforts to roll out respectful workplace initiatives.

With regard to the internal justice system, he welcomed the progress made in the prevention of and response to sexual exploitation, abuse and harassment but said that the system needed to handle cases with equal priority. Turning to contractual modalities, he stressed that the Secretariat must accelerate efforts towards contractual reforms and must publish the promised report on contractual modalities. Core functions should be handled by staff members on fixed-term appointments. The repeated use of short-term contracts created gaps that could be closed only by addressing the root causes, namely a rigid funding structure, headcount limitations and organizational culture. With regard to staff health insurance, efforts must be stepped up to facilitate the 20% co-payment scheme. WHO's efforts to enhance sustainable financing and increase assessed contributions would enable the Secretariat to address many of the concerns expressed by staff members with regard to the contractual arrangements.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, expressed the hope that an increase in flexible funding would lead to a corresponding increase in stability. With regard to the draft mobility policy, he looked forward to receiving more details on PAHO's approach, which entailed a combination of positions for rotation and fixed positions for technical specialists. He asked whether the Secretariat had considered such an approach for staff at WHO headquarters. The Secretariat should step up efforts to stabilize the purchasing power of local staff in countries with volatile economies. Since post adjustment was a United Nations mechanism, it should be discussed at the United Nations headquarters. That said, post adjustment should ensure equal take-home pay regardless of staff members' duty stations. The International Civil Service Commission, WHO and its staff associations should improve communication regarding increases and decreases in post adjustments. A mechanism should be established to raise concerns regarding such changes. He welcomed the update on the development of the respectful workplace programme, emphasizing that allegations of workplace misconduct significantly impacted all the involved parties and required a swift, predictable and legally sound response. Consideration should be given as to whether the Staff Regulations and Staff Rules needed to be updated to provide clarity in that regard. It was necessary to complete investigations as quickly as possible.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, expressed concern that the local salary scale in force at the Regional Office for Africa had not been updated recently and that post adjustment for international staff had decreased, affecting the capacity of the Regional Office to attract staff and deliver the necessary support in the Region. The local salary scale and decrease in post adjustment should be reviewed in the light of the current economic situation and standard of living. The delay in appointing staff to key positions at country offices affected efficiency and performance. That situation should be reviewed.

The representative of the UNITED STATES OF AMERICA said that it was heartening that issues raised by the representative of the WHO staff associations were also viewed as priorities by other members of the Board. Her Government took note of the staff associations' view of the status of progress on the reform of the WHO's internal justice system. While she welcomed the Secretariat's commitment to addressing a range of important issues and ensuring that Member States saw tangible progress, it was also important for staff at all levels of the Organization to see and feel the impact of those changes in order to increase their confidence in the internal justice system.

The representative of TIMOR-LESTE welcomed the fact that efforts to promote a respectful workplace across all levels of the Organization encompassed policies, actions and strategies relating to the WHO Code of Ethics and Professional Conduct and enabled staff to achieve their full potential. He encouraged the Secretariat to continue to strengthen initiatives to improve staff well-being and to support policies aimed at ensuring a better work-life balance. Acknowledging the progress made on improving the staff working environment, including flexible work arrangements and plans to further improve the quality of contractual arrangements, he encouraged the Secretariat to continue its efforts to implement the draft mobility policy and develop global rosters to foster career development.

The representative of YEMEN said that it was important to pay attention to the concerns raised and proposals put forward by the WHO staff associations with regard to issues such as job security and attracting and retaining high calibre talent. It was essential to ensure justice and equity for all WHO staff, including those employed in regional and country offices. Privileges and remuneration should be performance-based.

The DIRECTOR (Human Resources) said that the current draft mobility policy was the outcome of several years of working group deliberations, with the participation of management, administration and staff representatives from all major WHO offices and across all levels of the Organization. The results of that work, including benchmarking across the United Nations system and lessons learned from internal mobility exercises, had been transmitted to the Human Resources Department. Subsequently, various policy iterations, including the mobility simulation exercise, had then been presented to the Global Staff/Management Council. Unlike the approach adopted by PAHO, the current draft policy did not define rotational and non-rotational positions.

There was ongoing coordination between the Secretariat and the WHO staff associations with respect to contact with the International Civil Service Commission; there were opportunities twice a year to participate in Commission meetings and provide input into strategies and measures. Concerning the issue of post adjustments, she noted that the Human Resources Department and senior management had initiated discussions with the International Civil Service Commission on staff concerns. The Department worked with the staff associations to jointly bring matters before the Commission. Action was also taken – to the fullest extent possible – within the Organization, to address the concerns of staff members, in alignment with the common United Nations system.

The DIRECTOR-GENERAL agreed that human resources were key to the work of the Organization and said that he and the WHO management team would work to improve the working environment for staff. Meetings were held with staff at WHO headquarters on a monthly basis and there were plans to hold more regular meetings with regional staff associations. Many of the issues raised related to contractual arrangements, particularly concerning temporary positions or 60-day contracts. He understood that the current situation created uncertainty for staff, as well as a range of practical problems. He welcomed the strategic solutions endorsed and assured the Board that the Secretariat would do everything possible to implement them to improve contractual arrangements and the staff working environment, particularly to maximize the value of the increase in assessed contributions.

With respect to mobility, he said that the Organization had learned from past mistakes and had taken on board best practices from other organizations. The current draft policy was well-balanced and should be treated as a living document, open to future review. The mobility policy would initially be rolled out on a voluntary basis. It was important that mobility should not be enforced just for its own sake and that a degree of compatibility must be assured. Nevertheless, it was important to remember that working for WHO meant serving humanity. It was therefore vital for staff to be deployed to wherever their skills were needed. He asked for the Board's support to effectively implement the mobility policy. He expressed the hope that there would be a smooth transition to the new policy.

The Board noted the statement by the representative of the WHO staff associations.

Appointment of the Internal Auditor: Item 7.3 of the agenda (document EB153/12)

The CHAIR drew attention to the report contained in document EB153/12. In the absence of any objections, she took it that the Board wished to note the report.

The Board noted the report.

The proposed DIRECTOR (Internal Oversight Services) thanked the Board for its ongoing support and confidence in her ability to lead the Organization's work to provide internal oversight and accountability. While the road ahead was long, it would be travelled together. She reiterated her commitment to carry out her tasks in a focused, collaborative, transparent and results-oriented manner.

The DIRECTOR-GENERAL provided an overview of the recruitment process. The successful applicant, Ms McClennon, had performed well in her previous capacity. He was pleased to see her transition to her new role, and expressed confidence in her leadership, which would be critical to driving results. He thanked the Board for endorsing her candidature and expressed his gratitude to the outgoing Director of Internal Oversight Services, Mr D. Webb, for his service and dedication.

The representative of CANADA asked when the new Director would take up her post. She asked whether any issues relating to the transition period, including work backlogs, were expected to arise and – if so – what mitigation measures were envisaged.

The representative of the UNITED STATES OF AMERICA asked whether there were any restrictions, such as a single term limit, applicable to Ms McClennon's current role, and whether they would have any impact on the starting date for her new role. Given the progress Ms McClennon had achieved in her previous role, she encouraged her to implement the WHO Policy on Preventing and Addressing Sexual Misconduct, including with regard to policies and procedures, and continue to contribute to the reform process.

The representative of the OFFICE OF THE LEGAL COUNSEL said that there were no restrictions attached to Ms McClennon's previous post. The one-term limit would apply from the point at which she officially took up her new post of Director, Internal Oversight Services.

The DIRECTOR-GENERAL said that the transition process was planned for June 2023 so that Ms McClennon could take up her new post on 1 July 2023.

3. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 8 of the agenda (document EB153/10)

The CHAIR invited the Board to consider the report on meetings of expert committees and study groups, contained in document EB153/10.

The Board noted the report.

4. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY: Item 9 of the agenda (document EB153/11 Rev. 2)

The CHAIR drew the attention of the Board to the report on future sessions of the Executive Board and the Health Assembly, contained in document EB153/11 Rev.2. It contained two draft decisions relating to the dates of upcoming sessions of the Executive Board, the Programme Budget and Administration Committee, the Standing Committee on Health Emergency Prevention, Preparedness and Response, and the Health Assembly. The report also contained proposed adjustments to the modalities of those meetings should any limitations to physical meetings preclude the holding of such meetings in person.

154th session of the Executive Board and thirty-ninth meeting of the Programme, Budget and Administration Committee of the Executive Board

The CHAIR drew attention to the first draft decision contained in document EB153/11 Rev.2.

The DIRECTOR (Governing Bodies) said that Member States would receive a draft provisional agenda for the 154th session of the Executive Board within four weeks of the closure of the current session.

The representative of SLOVAKIA, supported by the representatives of FRANCE and ETHIOPIA, proposed extending the next session of the Programme, Budget and Administration Committee of the Executive Board by one day, to allow more time for discussions. He therefore proposed that the meeting should start on 16 January 2024.

The CHAIR said that such proposals should be discussed by the Programme, Budget and Administration Committee itself.

The representative of the UNITED STATES OF AMERICA thanked the representative of Slovakia for highlighting the need to consider the length of governance meetings, in the light of the heavy agenda.

The CHAIR took it that the Board agreed that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-ninth meeting from Tuesday 16 to Friday 19 January 2024, at WHO headquarters in Geneva.

It was so decided.

Third and fourth meetings of the Standing Committee on Health Emergency Prevention, Preparedness and Response

The CHAIR said that she understood that the Board agreed that the third meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response would be held on Wednesday and Thursday, 13 and 14 September 2023, and the fourth meeting on Wednesday and Thursday, 17 and 18 April 2024, at WHO headquarters.

It was so decided.

The CHAIR took it that, in the absence of any objections, the Board wished to adopt the first draft decision contained in document EB153/11 Rev. 2.

The decision, as amended, was adopted.¹

Seventy-seventh World Health Assembly

The CHAIR drew attention to the second draft decision contained in document EB153/11 Rev.2.

The representative of the UNITED STATES OF AMERICA said that, given the full agenda and proposed reduction in length of the Seventy-seventh World Health Assembly, participants would need to be even more disciplined if that meeting were to be successful.

The representative of MALDIVES said that many important topics were discussed during the Health Assembly, especially for vulnerable small island developing States. Although many priority areas required attention and intervention, adding an excessive number of items to the agenda of governance meetings would not necessarily help the Organization achieve the desired results. Member States had repeatedly requested the Secretariat's assistance to strengthen human resources and financial capacity. Reduced resources had an impact on efforts to achieve universal health coverage and the Sustainable Development Goals and, especially for small island developing States, on preparations for and participation in international governance meetings such as the World Health Assembly. Given that the importance of mental health and well-being, good health practices, and the dangers of burnout, stress and sedentary practices had been repeatedly highlighted, she called on the Secretariat and Member States to ensure that the Organization practiced what it preached and to develop mechanisms to streamline discussions during future sessions of the World Health Assembly and other WHO meetings. That said, she expressed support for the draft decision.

The representative of ETHIOPIA expressed concern regarding the reduced meeting time allocated to the Seventy-seventh World Health Assembly.

The DIRECTOR (Governing Bodies) said that the length of the Health Assembly was usually extended in years involving programme budget preparations; the Seventy-seventh World Health Assembly would therefore be shorter. While the dates of the Health Assembly could be altered, he reminded the Board that flexibility was limited since the meetings took place at the Palais des Nations. He said that additional days could potentially be introduced during the week of 20 May 2024, but the Seventy-seventh World Health Assembly could not be extended past Saturday 1 June 2024. He also added that any scheduling changes would have financial implications.

¹ Decision EB153(9).

The DIRECTOR-GENERAL said that six full days of meetings should suffice. If the shorter meeting were to be successful, future Health Assemblies could potentially be shortened further.

The representative of SLOVAKIA said that, during the 154th session of the Executive Board, members should discuss mechanisms to improve efficiency, shorten the agenda and ensure more meaningful discussions.

The representative of SLOVENIA said that, in order to avoid overcrowding the agendas of the Executive Board and Health Assembly, it would be useful to organize some informal consultations prior to those meetings. There was also a need for more effective negotiations during intersessional periods so that agreed solutions could be presented to the governing bodies. Stressing the importance of combating the harmful use of tobacco, she recommended that the scheduling of future Health Assembly and Executive Board meetings should take into account delegates' national level commitments, such as those relating to campaigns and events organized around World No-Tobacco Day.

The CHAIR took it that the Board agreed that the Seventy-seventh World Health Assembly should be held in Geneva, opening on Monday, 27 May 2024 and closing no later than Saturday, 1 June 2024.

It was so decided.

Fortieth meeting of the Programme, Budget and Administration Committee of the Executive Board

The CHAIR said that she understood that the Board agreed that the Programme, Budget and Administration Committee of the Executive Board should hold its fortieth meeting from Wednesday, 22 May to Friday, 24 May 2024, at WHO headquarters in Geneva.

It was so decided.

The CHAIR took it that, in the absence of any objections, the Board wished to adopt the second draft decision contained in document EB153/11 Rev.2.

The decision was adopted.¹

5. CLOSURE OF THE SESSION: Agenda item 10

The DIRECTOR-GENERAL thanked the Board for its support and guidance. Noting that it was World No-Tobacco Day, he acknowledged the importance of efforts to eliminate tobacco use, particularly given that the tobacco industry had begun targeting schoolchildren.

After the customary exchange of courtesies, the CHAIR declared the 153rd session of the Executive Board closed.

The meeting rose at 16:20.

¹ Decision EB153(10).