PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

WHO headquarters, Geneva
Thursday, 31 January 2019, scheduled at 09:30

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

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FOURTEENTH MEETING

Thursday, 31 January 2019, at 09:35

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

1. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 7 of the agenda (continued)

WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: Item 7.1 of the agenda (documents EB144/31, EB144/32, EB144/33, EB144/33 Add.1, EB144/34, EB144/34 Add.1 and EB144/INF./4) (continued from the third meeting, section 1)

The CHAIRMAN invited the Board to consider the report contained in document EB144/34 and drew attention to the draft decision contained therein on the outcome of the informal consultations on governance reform. The financial and administrative implications of the draft decision for the Secretariat were contained in document EB144/34 Add.1. During the informal consultations, one Member State had requested the Secretariat to describe the existing process for preparation and approval of the agenda of the World Health Assembly. She invited the Secretariat to explain the relevant procedures.

The EXTERNAL RELATIONS OFFICER said that the provisional agenda of each Health Assembly was prepared and considered by the Executive Board at its January session, and published online at least six weeks before the session to allow Member States time to review it. The provisional agenda included the items set out in Rule 5 of the Rules of Procedure of the World Health Assembly. Member States or Associate Members could submit proposals for additional agenda items in writing prior to the January session. Member States could also propose agenda items during the meeting of the Board in which the agenda was considered. After the adoption of the provisional agenda by the Board, Member States could propose supplementary agenda items, provided that such proposals reached the Secretariat within six days of the opening of a regular session of the Board. The General Committee met on the first morning of the Health Assembly to consider the provisional agenda and any proposed supplementary agenda items. The agenda was then adopted in plenary by the Health Assembly upon the recommendation of the General Committee.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region and supported by the representative of the SYRIAN ARAB REPUBLIC, asked whether the proposed amendment to Rule 5 of the Rules of Procedure applied only to new proposals for the agenda of the Health Assembly, or also to items already on the provisional agenda presented to the Board.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as Ukraine, aligned themselves with his statement. The European Union supported the proposed amendments to the Rules of Procedure of the World Health Assembly. Any further amendments put forward must be subject to consultations with both Member States and non-State actors. Regarding the working methods of the Health Assembly and the Executive Board, he would like to see progress in the implementation of

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
previously agreed governance reform measures, such as a rolling agenda and specific measures for concept notes presented.

The LEGAL COUNSEL said that Rule 5 of the Rules of Procedure contained a list of items that the Board was required to include on the agenda of the Health Assembly. The proposed amendment pertained only to categories (d), (e) and (f) of that list. New proposed agenda items for those categories would have to be submitted along with an explanatory memorandum. While the Board had the power to recommend the deferral of such items, only the Health Assembly could make the decision to defer an agenda item.

The representative of JAPAN said that he supported the draft decision but was concerned about the cost of holding face-to-face informal consultations with non-State actors. More effective interaction with non-State actors was needed.

The CHAIRMAN said that the concept note had been presented as a basis for a discussion that was ongoing and would continue after the adoption of the draft decision.

The representative of ISRAEL supported the recommendations concerning the explanatory memoranda to be submitted along with draft resolutions and decisions, the request for clear reporting requirements, and the amendments regarding time limits for tabling drafts. He also supported the establishment of end dates for reporting, consolidating and managing reporting requirements on similar subjects in new and existing mandates, and the request for draft guidelines for Member States to be applied before posting written statements on the dedicated website.

The CHAIRMAN recalled that, in paragraph 3 of the draft decision, the Director-General was requested to elaborate a report and make recommendations to be submitted to the 145th session of the Board about an informal meeting or forum to bring together Member States and non-State actors in official relations. That process was ongoing and engagement with non-State actors would continue to be discussed.

The representative of the UNITED STATES OF AMERICA, expressing support for the draft decision, said that the proposals reflected progress but needed an enforceable deadline. She requested more information about the timing and nature of the proposed informal meeting or forum with non-State actors, the meeting’s focus, how informal discussions could be accounted for in formal governance meetings where enhanced participation was sought already, and the cost.

The representative of AUSTRALIA also expressed support for the draft decision. She looked forward to further discussion and guidance on the extension, revision or conclusion of global action plans and strategies. There should be a consistent approach in those discussions and priority should be given to the plans and strategies expiring early in the period covered by the Thirteenth General Programme of Work, 2019–2023. Regarding a possible separate informal meeting with non-State actors, she said that, in preparing its report and recommendations for the Board’s 145th session, the Secretariat should focus on ways to further enhance the participation of non-State actors in governing body meetings.

The representative of MEXICO, supporting the draft decision, welcomed the proposal to hold informal consultations with non-State actors and echoed the comments of previous speakers on that matter.
The representative of FINLAND expressed support for any proposals that increased transparency and predictability, especially in the process relating to decisions and resolutions. Some issues, such as the meaningful participation of non-State actors in governing body meetings required further deliberation, but the Secretariat must make every effort to implement decisions already made on governance reform. She looked forward to receiving the 2019 country presence report and engaging in a strategic discussion in the governing bodies on how the Secretariat worked in and with countries.

The representative of GERMANY highlighted the need to find more effective ways for the Board to engage meaningfully with non-State actors; informal consultations could offer a good opportunity to do so. Non-State actors should be afforded the opportunity to speak before decisions were made by the Board.

The CHAIRMAN, agreeing with the representative of Germany, said that one of the governance reform proposals was to allow non-State actors to publish papers on the ongoing negotiations before Executive Board meetings, with a view to taking their opinions into account. Furthermore, it was hoped that informal meetings would lead to more effective engagement with non-State actors.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND urged Member States and the Secretariat to expedite the adoption and implementation of the proposals. She welcomed the proposal encouraging non-State actors to speak in clusters; however, it must be accompanied by guarantees on speaking time, as was the case for joint statements by Member States. She expressed doubt about the practicality and benefits of an informal forum with non-State actors, since it could place an additional burden on attendees and would be separate from the main governing bodies. Member States and the Secretariat should regularly engage with non-State actors to inform national policy.

The representative of CANADA said that she would like to see a more dynamic, inclusive, transparent and effective Board that was empowered to provide quality strategic guidance. Dialogue with non-State actors must be as inclusive as possible and not result in a longer Health Assembly or the de facto exclusion of non-State actors. She requested further information on progress made in the mapping of the global action plans to the Thirteenth General Programme of Work and on the status of the process to extend existing global action plans. Clarification of the next steps in the governance reform discussion would be welcome.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of Medicus Mundi International – International Organisation for Cooperation in Health Care, said that, if the time and space accorded to non-State actors in governing body meetings was to be limited even further, their engagement should become more meaningful. He proposed that national civil society consultations should be held in advance of governing body meetings, that civil society representatives should be included in country delegations, and that consultations should be timely and transparent and reflect the diversity of expertise that non-State actors offered.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that her organization’s representatives comprised those from various constituent organizations in low- and middle-income countries and young people, to ensure diversity. The proposed informal meeting with non-State actors should not replace but supplement the participation of non-State actors in formal governing body meetings. As non-State actors already faced multiple restrictions on

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
their delegations, statements and side events, additional constraints might make their presence less meaningful.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the recommendations of the WHO-Civil Society Task Team fostered the engagement of young people in health decision-making at the national, regional and international levels. The recommendations called for one or two dedicated positions for civil society organizations within Member State delegations at WHO meetings. He implored Member States to ensure that one of those positions was for a youth delegate who could consult with and represent the views of young people. The Secretariat and Member States should make every effort to support other youth organizations to engage formally with WHO.

The CHAIRMAN took it that the Board wished to adopt the draft decision contained in document EB144/34.

The decision was adopted.\(^1\)

The CHAIRMAN drew attention to document EB144/33, which contained a draft decision on amendments to replace or supplement gender-specific language in the Rules of Procedure of the governing bodies. The financial and administrative implications of adopting the draft decision were contained in document EB144/33 Add.1. Three options for the draft decision were set out in paragraph 5 of document EB144/33. She suggested, in the light of the linguistic requirements of the various languages as explained in the Secretariat’s report, that the Board should consider adopting option 2, which would entail the Secretariat proceeding with the required amendments to replace or supplement gender-specific language in the English version of the Rules of Procedure only, while continuing to use the masculine grammatical form for all other five languages, as per the practice followed by the United Nations.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with his statement. The principle of gender equality should be reflected in all legal documents that governed WHO and he therefore supported the proposed amendments to the Rules of Procedure. He also recognized that, while all WHO official languages were equal, they were also different, and that applying the changes to some of them might overcomplicate the flow of the text. He therefore saw option 2 as a good compromise. He requested that a caveat be inserted into non-English versions of the Rules of Procedure stating that all masculine forms in the text referred equally to women.

The representatives of JAPAN and the UNITED STATES OF AMERICA expressed support for the Chairman’s proposal to adopt option 2.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND\(^2\) said that option 2 represented the most practical solution for WHO, given that the discussion encompassed much wider issues that were a matter for experts in language rather than health. In the

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\(^1\) Decision EB144(3).

\(^2\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
longer term, she would strongly support the use of gender-neutral language across all six working languages to promote inclusivity.

The representative of CANADA, also supporting option 2, echoed the call for a gender-neutral approach in future that would apply to all documents, not only the Rules of Procedure.

The LEGAL COUNSEL said that resolution WHA57.8 (2004) already made it clear that the use of one gender would be considered as including a reference to the other unless the context otherwise requires, with a note to that effect included in the preamble to the WHO’s Basic documents. The Secretariat would ensure that the note also appeared in the other language versions of the Basic documents.

The CHAIRMAN took it that the Board wished to adopt the draft decision, taking forward option 2.

The decision was adopted.

The CHAIRMAN invited the Board to consider the report of the Officers of the Board contained in the annex to document EB 144/32 on the proposed amended tool for the prioritization of proposals for inclusion on the draft provisional agenda of the Executive Board.

The representative of ISRAEL expressed support for the position taken by the Officers of the Board that proposals for agenda items should address a global public health issue or involve a new subject within the scope of WHO.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as Ukraine and the Republic of Moldova, aligned themselves with his statement. He expressed disappointment that the use of the amended tool had not proved an efficient method for assessing the value and relevance of new agenda items. While he was not fully confident that reverting to the old mechanism from 2007 would address the concerns raised, he was prepared to trust the judgement of the Officers of the Board on the matter. The Secretariat should provide the Officers with further details and examples of the criteria for judging the relevance of items endorsed in resolution EB121.R1 (2007). He supported the preparation of a template, complete with questions, for the submission of proposed agenda items. The Secretariat should report on the return to the old mechanism once it had been used by the Officers of the Board.

The representative of JAPAN asked why the new prioritization tool had not been effective, and whether the Officers of the Board had any other alternative ideas for agenda management.

The CHAIRMAN said that the main difficulty had been applying an objective, numerical scoring system to issues that were political or considered important by Member States. The Secretariat was continuing to work on finding ways to prioritize agenda items more effectively.

The representative of FINLAND said that a template to guide Member States when proposing agenda items would be useful. The template should focus on the key issues being evaluated by the Officers of the Board, including: how the proposed agenda item was linked to the General Programme of Work, the 2030 Agenda for Sustainable Development or other relevant programmatic documents;

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
2 Decision EB144(4).
why the issue was being proposed for that particular governing body session; when it had last been discussed; what outcomes were expected; and the resource and programmatic implications of any proposed decisions or resolutions. The Secretariat should undertake to update and actively use the so-called rolling agenda to inform Member States about plans for future meetings, which should be an easily accessible tool for Member States and WHO staff alike.

The representative of INDONESIA requested further information on the challenges faced when using the new prioritization tool.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the current session had shown that there was a need to make progress on agenda management. She welcomed the proposal made by the representative of Finland and urged the Secretariat to expedite the development and use of the proposed template.

The Board noted the report.

The CHAIRMAN requested the Secretariat to develop a template to facilitate the analysis of proposed agenda items and make it available to the Officers of the Board for the preparation of the draft provisional agenda of the 145th session of the Board. The template should include the criteria contained in RB121.R1 (2007), as well as questions on when the issue was previously addressed by the governing bodies and the existence of ongoing WHO work on the subject or pending reporting requirements.

Evaluation of the election of the Director-General of the World Health Organization: Item 7.2 of the agenda (documents EB144/35 and EB144/35 Add.1)

The CHAIRMAN suggested that the Board request the Secretariat to organize informal consultations to be held during the intersessional period to allow for a fuller discussion of the many issues raised in document EB144/35. If the Board agreed to postpone discussion of the item to its 146th session, the Secretariat would arrange the consultations and submit a revised report for consideration at that session.

It was so agreed.

Engagement with non-State actors: Item 7.3 of the agenda (documents EB144/36, EB144/37 and EB144/37 Add.1)

The CHAIRMAN drew the attention of the Board to the reports contained in documents EB144/36 and EB144/37 and to the draft decision contained in document EB144/37. The financial and administrative implications of adopting the draft decision were set out in document EB144/37 Add.1.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region agreed on the need to define clearly how broadly “furthering the interests of” should be interpreted and how it applied not only to the tobacco industry but also to other industries such as the food industry. Guidelines on cosponsoring events with the private sector would be welcome. He pointed out that the Handbook for non-State actors on engagement with the World Health Organization was only available in English, and suggested that it be translated into other languages and disseminated more widely.

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of the NETHERLANDS, drawing attention to a letter sent to Board Members from the President of the non-State actor Foundation for a Smoke-Free World, which he stressed was strongly affiliated to a tobacco producer, said that the Framework of Engagement with Non-State Actors and the WHO Framework Convention on Tobacco Control and its guidelines gave very clear guidance on how to engage with the tobacco industry. He encouraged the Director-General and the secretariat of the Framework Convention to continue to make a strong stand against any interference from the tobacco industry. He supported the further strengthening of the implementation of the Framework of Engagement with Non-State Actors to facilitate responsible and productive cooperation between WHO and non-State actors.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, emphasized that the Thirteenth General Programme of Work could not be achieved without greater and more systematic engagement with non-State actors. Member States, which played an important role in overseeing WHO’s engagement with non-State actors, must be included in any mechanism to evaluate non-State actors. His Region continued to have reservations about the secondment of staff from non-State actors to WHO; it should be possible for WHO to tap into the necessary expertise without receiving staff from other entities, particularly from the private sector. Nevertheless, he looked forward to hearing about the experiences of those already seconded.

The representative of MEXICO said that more information on WHO’s strategies for strengthening collaboration with non-State actors at global health events cosponsored by private sector entities while avoiding potential conflicts of interest and preserving the Organization’s integrity and independence would be welcome. He looked forward to hearing more about WHO’s new strategy for engagement with non-State actors and the results of the initial evaluation of the implementation of the Framework of Engagement with Non-State Actors planned for 2019.

The representative of the UNITED STATES OF AMERICA cautioned against WHO’s tendency for risk avoidance, which diminished its opportunities for global health leadership and collaboration with a variety of non-State actors; risk management must be employed instead. Noting the concern expressed in document EB144/36 that the Framework of Engagement with Non-State Actors represented a heavy workload for the Secretariat, he highlighted that its initial evaluation would be an important opportunity for reform. He looked forward to more information on the evaluation, including its terms of reference.

The representative of AUSTRALIA emphasized her country’s firm belief that stronger and more systematic engagement with non-State actors was crucial to achieving the goals of the Thirteenth General Programme of Work and the health-related Sustainable Development Goals. She looked forward to addressing the challenges that had arisen in implementing the Framework of Engagement with Non-State Actors through the initial evaluation. She agreed on the importance of WHO firmly holding its position against engagement with the tobacco industry.

The representative of COLOMBIA urged the Organization to identify new non-State actors that could help in the achievement of the range of objectives and goals set, given the important role played by non-State actors in efforts to improve public health.

The representative of PANAMA,1 highlighting that the Foundation for a Smoke-Free World had taken advantage of the ambiguity of the phrase “furthering the interests of” to suggest WHO should reconsider engaging with it, warned of the consequences of engagement with an organization with any

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
connection to the tobacco industry. To better understand how to interpret “furthering the interests of” and the mandate for synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control, she recommended: studying article 5.3 of the Framework Convention and its guidelines; consulting with the Framework Convention secretariat for consistent criteria; and consulting decisions by the Conference of the Parties on organizations promoting the interests of the tobacco industry. In addition, WHO should hold consultations to establish a mechanism for implementing the mandate and the secretariats of the Framework Convention and the Framework of Engagement with Non-State Actors should work together to address the issue. She recalled the Director-General’s withdrawal from a meeting at the United Nations in New York that, it emerged, was being sponsored by the tobacco industry. The Director-General should not have attended.

The representative of SINGAPORE underscored the need for WHO to engage with non-State actors, including industry, in its work, with one key exception being the tobacco industry. WHO must not engage with any organizations wholly or partly funded by the tobacco industry, as specified in the Framework of Engagement with Non-State Actors. He urged WHO to reaffirm that position in the strongest terms.

The representative of ARGENTINA noted the ongoing challenges in the implementation of the Framework of Engagement with Non-State Actors and the lack of proposals and time frames to resolve the issues. She urged the Secretariat to consider ways to overcome the challenges and to report back to the Seventy-second World Health Assembly. She stressed the importance of coordinating implementation efforts with PAHO to ensure uniform application of the Framework of Engagement with Non-State Actors across the Organization. She shared the concerns expressed by other Member States about the letter from the Foundation for a Smoke-Free World.

The representative of THAILAND highlighted the valuable social and intellectual capital that Non-State Actors brought to public health. She stressed the need to ensure that the Framework of Engagement with Non-State Actors addressed the growing social determinants negatively affecting human health, incorporated risk assessment and managed conflicts of interest.

The representative of the RUSSIAN FEDERATION said that the Framework of Engagement with Non-State Actors lacked detail on engagement with non-State actors at the country level. She suggested developing a WHO global strategy on country-level action, which could be discussed at the 146th Board session and the Seventy-third World Health Assembly. Her country was willing to be part of a working group to prepare a strategy.

The representative of INDIA said that the Framework of Engagement with Non-State Actors should be expanded to include the engagement of Member States with non-State actors, as well as with the Secretariat. It should serve as the primary reference document governing all relations between WHO and non-State actors and as a tool to carry out risk–benefit analyses while protecting WHO’s integrity, reputation and public health mandate.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that the WHO Framework Convention on Tobacco Control and the decisions of its governing bodies provided clarity on the meaning of “furthering the interests of the tobacco industry”. They were clear that organizations receiving funding from the tobacco industry were deemed to be

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
furthering the industry’s interests. WHO must lead the implementation of the model policy for agencies of the United Nations system on preventing tobacco industry interference.

The representative of the MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that, in view of the number of non-State actors receiving at least 30% of their funding from the private sector, WHO must rigorously identify whether a non-State actor was subject to the influence of private sector entities by implementing paragraph 13 of the Framework of Engagement with Non-State Actors, and adequately address institutional conflicts of interest.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that genuine civil society participation in governing body meetings must not be undermined. Tobacco was not the only risk. The lack of transparency caused by the term “non-State actor” could be addressed by introducing different coloured badges distinguishing civil society from business organizations. The Secretariat should correct the definition of “conflict of interest” in the Framework of Engagement with Non-State Actors and develop a comprehensive policy addressing WHO’s own institutional conflicts of interest.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and on behalf of the World Obesity Federation and the World Cancer Research Fund International, called for increased transparency in engagement with non-State actors and sought assurances that WHO would prioritize safeguards protecting its policies, norms and standards from interference by any form of real, perceived or potential conflict of interest in developing strategies for external relations and engagement with health-harmful industries, and that the Secretariat and its Member States would never engage with the tobacco industry or those furthering its cause.

The ASSISTANT DIRECTOR-GENERAL (External Relations) reaffirmed WHO’s commitment to fully implementing the Framework of Engagement with Non-State Actors to strengthen engagements with non-State actors while protecting the Organization’s integrity and transparency. It had been adopted as a tool for risk management, not risk avoidance, and WHO would continue to manage risk using risk–benefit analysis to ensure appropriate engagements with non-State actors at the regional level, particularly through PAHO, and at the country level, for which the Guide for staff on engagement with non-State actors was available. The translation of the Handbook for non-State actors into the other WHO official languages was under way and would be published following the Board’s 144th session.

She reaffirmed that WHO did not support or participate in any public health events wholly or partially funded by the private sector.

Responding to concerns about potential interference from the tobacco industry, she recalled that WHO had released a statement on 28 September 2017 when the establishment of the Foundation for a Smoke-Free World had been announced. WHO had identified a conflict of interest between the tobacco industry and public health at the foundation’s inception and had immediately announced that it would not partner with the foundation, and had recommended that governments and the public health community should follow suit.

The DIRECTOR-GENERAL said that WHO would maintain the strong position it had taken in September 2017 and adhere to the unambiguous guidelines of the WHO Framework Convention on Tobacco Control. He encouraged governments, the organizations of the United Nations system and other institutions to follow the Organization’s example. He invited Member States to provide suggestions for the revised wording, in any language, of the ambiguous phrase “furthering the interests of”. Regarding the meeting in New York, he said that he had been informed of the identity of the sponsor only shortly before the meeting began and had immediately withdrawn, encouraging other participants to do the same.
Emphasizing the crucial contribution of civil society to the achievement of the Sustainable Development Goals, he suggested the formation of group partnerships between WHO and civil society focused on areas of interest or expertise. Managing conflicts of interest would of course be paramount. He confirmed that WHO did not accept any funding from the tobacco industry.

The CHAIRMAN took it that the Board wished to adopt the draft decision contained in document EB144/37.

The decision was adopted.¹

**Multilingualism: Item 7.5 (document EB144/38)**

The representative of CABO VERDE, invited² to take the floor by the CHAIRMAN at the request of the representative of BRAZIL, and speaking on behalf of 38 Member States from a range of language groupings,³ said that she would deliver her statement in four languages to highlight the importance of multilingualism to those Member States. It was regrettable that the Organization still failed to operate on a truly multilingual basis; most publications and guidelines only existed in English, and the current efforts to improve the planning and prioritization of normative instruments at all three levels would not guarantee the linguistic diversity desired. Multilingualism should not be viewed as a restriction or cost, but rather a key way to improve the effectiveness and transparency of activities – it contributed to improving global health policies and ensured that everyone could access information and opportunities for scientific and technical cooperation.

All WHO guidelines should include, as a minimum, a summary of recommendations in all the official languages at the time of publication, and scientific documents should be produced in other languages in addition to the official six. It was problematic that most departments at WHO headquarters were unable to use documents in languages other than English and had to resort to a translation service; that stemmed from the policy of recruiting in English, a form of discrimination that favoured English-speaking candidates. Urgent steps should be taken to remedy that situation and promote multilingual applications, which would also contribute to achieving the geographical diversity sought by the Organization.

Noting that multilingualism was enshrined in the founding texts of the United Nations, she called on the Secretariat to fully implement resolution WHA71.15 (2018) and seek ways to increase multilingualism using the resources available, including by sharing best practices with other organizations of the United Nations system.

The representative of CHINA said that protecting language diversity and respecting the equality of all the official languages was key to ensuring WHO’s universality. It was crucial for Member States, especially from developing countries, to be able to obtain information and cooperate with partners. However, use of the six official languages continued to be uneven, particularly on the WHO website and in WHO guidelines.

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¹ Decision EB144(5).
² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
³ Angola, Argentina, Belgium, Bolivia (Plurinational State of), Brazil, Cabo Verde, Canada, Chile, Colombia, Costa Rica, Côte d’Ivoire, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, France, Guatemala, Guinea-Bissau, Haiti, Honduras, Ireland, Italy, Luxembourg, Mozambique, Niger, Panama, Paraguay, Peru, Portugal, Romania, Russian Federation, Sao Tome and Principe, Spain, Switzerland, Timor-Leste, Togo, Uruguay, Venezuela (Bolivarian Republic of)
The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed the measures taken to improve the balance between the official languages, particularly in the areas of translation priorities, providing a multilingual team of web editors, the institutional repository, publications and staff linguistic development. He encouraged the Secretariat to continue those efforts.

The representative of BAHRAIN expressed support for the Secretariat’s efforts to respect equality among the official languages and agreed with the technical options and solutions outlined in the report to ensure the availability of WHO essential technical information and guidelines in all forms and in all official languages. Regarding the WHO website, the second bullet point in paragraph 21 of document EB144/38 contradicted resolution WHA71.15, which emphasized full equality between the official languages, including on the website. The bullet point should be amended to ensure consistency with the resolution.

The representative of DJIBOUTI said that the discussion on multilingualism had highlighted that providing documents in the different languages broadened access to and increased the use of WHO information.

The representative of the RUSSIAN FEDERATION welcomed the progress made towards implementing resolution WHA71.15, notably innovative measures such as the use of machine translation, but stressed the importance of maintaining quality standards. Given the steady increase in the number of WHO publications translated into Russian, it was important to establish translation priorities for WHO documents and respond to specific requests from users; that should be done as part of bottom-up planning and together with the Member States concerned. The WHO website should be updated in all the official languages on a regular basis.

The representative of MONACO fully endorsed the statement made by Cabo Verde on behalf of a group of countries. She said that it was vital for WHO to develop a multilingual and multicultural working environment. For all Member States to make progress on achieving universal health coverage, the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goals, WHO norms and standards must be made available to as many people as possible, in at least all six official languages. The Secretariat therefore needed to provide sufficient resources for that purpose and harness new technologies to reduce costs, while ensuring the maintenance of document quality.

The representative of TOGO said that the fact that most documents and procedures did not exist in all the official languages of the Organization led to discrimination and frustration and hindered access to information that could help to improve health outcomes. It also meant that not everyone could participate fully in the life of the Organization. The Secretariat should make greater efforts to strike a balance between the official languages; to do otherwise would be an injustice.

The representative of SPAIN, supported by the representative of MEXICO, highlighted the fact that, although Spanish was the mother tongue of some 480 million people on four continents, it was the only official language without representation by a native speaker on the leadership team. Few communications activities were conducted in Spanish, with many web pages only available in English and Twitter rarely used in Spanish. In addition, Spanish-speaking experts faced a considerable linguistic barrier when technical discussions during expert committee meetings were monolingual. He therefore encouraged the Director-General to continue efforts to improve multilingualism.

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of THAILAND said that the issue should be a key concern for the Organization and welcomed the proposal to appoint a special coordinator for multilingualism. Given limited resources, transparent prioritization criteria should be applied to translation work, with the allocation of additional funds and the use of volunteer translators where possible. Greater use should also be made of machine translation tools, with ongoing work to improve their effectiveness.

The ASSISTANT DIRECTOR-GENERAL (External Relations) said that multilingualism was a key way in which WHO and the other organizations of the United Nations system sought to respect the identities of Member States, avoid discrimination and promote inclusivity, and strengthen multilateralism. The Secretariat also wanted to ensure that WHO’s norms and standards could be better understood and applied more effectively, which was central to the Thirteenth General Programme of Work and the achievement of the Sustainable Development Goals. It was therefore providing more training for WHO staff and in Member States to ensure that those norms and standards were interpreted correctly and, where possible, translated into national languages. Innovative ways to expand language coverage, including beyond the official languages, were also under consideration to ensure that documents used in the field could be read by users. Those options included translation platforms that would lower costs, such as eLUNa, the United Nations computer-assisted translation tool, and an automated translation system being developed together with PAHO. Language training for staff had also been extended to all duty stations. In addition, the Secretariat was changing its working methods to cover language needs more effectively and increase its impact at the country level; that was currently being undertaken on an experimental basis for normative activities. Other tools incorporating artificial intelligence and algorithms were also being considered, as were changes to document drafting methods to facilitate understanding and translation. The Secretariat was exploring further options with the regional offices, including participation in the United Nations programme for student translators.

The Board noted the report.

World health days: Item 7.6 (document EB144/39 Rev.1)

The representative of JAPAN said that world health days were a cost-effective way of raising awareness and the number of world health days should not be capped. However, given its limited human and financial resources, WHO should consider its priorities when selecting particular days to support. The Secretariat should work with Member States, international organizations and non-State actors to mobilize cooperation for the effective implementation of world health days.

The representative of MEXICO agreed that world health days helped promote good health and encourage healthy lifestyles among populations. However, there should be a standardized system for designating world health days, with a technical justification for the associated objectives and events. A post-event impact evaluation strategy should also be introduced; that could be conducted without incurring further costs by making use of social media and existing procedures.

The representative of INDONESIA said that world health days served an important purpose in promoting regional and global cooperation and intersectoral collaboration. However, there should be a mechanism for managing new world health day proposals, with criteria to select an appropriate date, and they should be submitted for formal approval to the United Nations General Assembly or the World Health Assembly.

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of GABON, speaking on behalf of the Member States of the African Region, underlined the importance and usefulness of world health days as a means of raising public awareness of health issues. The proposed evaluation of their effectiveness based on relevant criteria was welcome. World health days should be regrouped, where necessary, and the associated activities better defined. He encouraged Member States to participate in the consultations to improve the selection process.

The representative of GERMANY said that his Government was reluctant to support the establishment of new world health days but would not insist further if a strong consensus was established among Member States. It would be useful for the theme of world health days to be announced a year in advance at the World Health Assembly to give Member States time to plan their public events.

The representative of the UNITED STATES OF AMERICA concurred with the comments of previous speakers on the proliferation of world health days, although she agreed that patient safety, under discussion as a possible theme for a world health day, was indeed an important issue. An evaluation of the annual costs of observing the numerous world health days would strengthen the analysis in the report. The Secretariat should develop an overall strategy and define criteria for the establishment of new specialized world health days.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND agreed that proposals for new world health days should continue to be considered based on their merits. Member States should have the opportunity to capitalize on momentum for important issues and make use of all available tools to achieve the progress that they were seeking.

The representative of ZIMBABWE said that WHO should consider reviving the successful and powerful historical report on the world health situation. World health days could be transformed to extend beyond one-day events and be followed up and sustained through health promotion campaigns throughout the year.

The representative of BRAZIL asked for the request made to the Board in 2017 for the introduction of a day dedicated to Chagas disease to be reinstated and placed on the draft provisional agenda of the Board’s 145th session for discussion. In general, it was important to find the right balance between the political dimensions of an issue and the interest of involving WHO in observing relevant days, while recognizing the contribution of world health days to furthering international cooperation and understanding. Any cost efficiency measures should seek to support, rather than discourage, clear and meaningful expressions of interest from Member States.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, supported the call for the establishment of a world health day on Chagas disease. World health days were important tools to address the lack of awareness on neglected tropical diseases such as Chagas.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, agreed that the Secretariat and Member States should give serious consideration to the proposal to establish a world health day on Chagas disease.

The DEPUTY DIRECTOR-GENERAL (Programmes), noting the consensus on the need to create a mechanism, guidance tool or criteria for the selection of themes for world health days, said that the Secretariat would work further on the document and develop a strategy to submit to Member States for

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
discussion and adoption. She supported the proposal to announce the theme of world health days at the World Health Assembly, one year in advance. However, it had already been decided that the theme for the latest world health day would be universal health coverage, to mark the end of the 70th anniversary of the founding of WHO and the forthcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage.

The CHAIRMAN said that that WHO should not have to allocate a share of its budget for the observation of world health days. WHO could have a simple role, such as the publication of a feature on the WHO website to mark a certain world health day, which would entail zero costs for the Organization. Regions and countries should play a more prominent role in the celebration of world health days.

The DIRECTOR-GENERAL said that he was in favour of raising awareness of Chagas disease and patient safety, and proposed that the Board endorse the pending requests for the establishment of world days related to both subjects. The Secretariat would finalize its study on the cost-effectiveness of and rules for world health days, and would produce a feasible proposal for a future session of the Executive Board. By using digital technology, world health days could be observed at minimum or zero cost. Furthermore, the level of observation did not have to be the same in all regions, depending on the health issue being promoted.

The CHAIRMAN took it that the Board wished to recommend to the Health Assembly the establishment of world days dedicated to Chagas disease and to patient safety.

It was so agreed.

The Board noted the report.

2. OTHER TECHNICAL MATTERS: Item 6 of the agenda (continued)

**Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits:** Item 6.1 of the agenda (documents EB144/23 and EB144/23 Add.1) (continued from the twelfth meeting, section 2)

The CHAIRMAN recalled that the discussion of the draft decision contained in document EB144/23 had been suspended at the twelfth meeting to allow for informal consultations on the proposed amendments, and drew attention to the amended version of the text, which read:

The Executive Board, having considered the report **contained in document EB144/23 [EU]** on implementation of decision WHA71(11) (2018)\(^1\) decided to recommend to the Seventy-second World Health Assembly the adoption of the following decision:

The Seventy-second World Health Assembly, having considered the report **contained in document EB144/23 [EU]** on implementation of decision WHA71(11) (2018), decided:

\(^1\) Document EB144/23.
OP (1) consistent with the PIP Advisory Group’s recommendations to the Director-General, to request the Director-General:

(a) to urgently work with the Global Influenza Surveillance and Response System and other partners to identify and address the challenges and uncertainties related to the sharing of seasonal influenza viruses that have emerged as countries implement the Nagoya Protocol;

(b) to closely monitor instances where influenza virus sharing is affected, including due to the implementation of the Nagoya Protocol [EU] OR to closely monitor instances where influenza virus sharing is affected, including due to countries’ domestic measures in implementing the Nagoya Protocol [USA] and/or for other reasons, and to present findings thereon to the next meeting of the PIP Advisory Group. [EU] may be affecting the sharing of seasonal influenza viruses and collect, analyse and present data on virus sharing in time for the next Advisory Group meeting, to allow a deeper understanding of potential problems that exist with influenza virus sharing; [EU] and to share these findings with the WHO’s broader effort referenced below regarding the public health implications of the Nagoya Protocol; [USA]

(c) to assess the utility of the prototype search engine developed to identify products that have made use of genetic sequence data of influenza viruses with pandemic potential and have not been subject to the benefit-sharing system; [EU]

(d) to explore in consultation with Member States [USA] the possible next steps in implementing the principle of acknowledgment of the contributions of data providers and active collaboration between raising awareness of the PIP Framework among databases and initiatives, [EU] data providers and data users, and to present such possible steps to the next meeting of the PIP Advisory Group. [EU] In particular, the Director General is requested to develop appropriate language for consideration by relevant databases to inform potential users of genetic sequence data of influenza viruses with pandemic potential about the PIP Framework. [EU]

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OP (2) to work quickly with Member States and relevant stakeholders to explore and evaluate approaches to address concerns regarding the issues raised in paragraph 23 to EB144/23 [USA] to amend footnote 1 in the Standard Material Transfer Agreement 2, in Annex 2 to the PIP Framework, 4 as set out in the report of the Director-General on implementation of decision WHA71(11) (2018), 5 with effect from the closure of the Seventy-second World Health Assembly, in order to address a loophole that has arisen in connection with indirect uses of PIP biological materials by companies with the result that they do not provide fair and equitable benefit sharing for the use of PIP biological materials; [USA]

OP (3) to work collaboratively across WHO to raise awareness among Member States of the implications for public health of implementation of the Nagoya Protocol, particularly given the cross-cutting nature of relevant issues: [EU]

OP (3 4) [EU] to further request the Director-General to report on progress to implement the foregoing to the Seventy-third World Health Assembly in 2020 through the 146th session of the Executive Board.

The representative of FINLAND asked why the Annex to the draft decision contained in document EB144/23 had been omitted from the amended version of the text.

The LEGAL COUNSEL said that it was an oversight and asked the Secretariat to include the Annex in the amended draft decision.

The CHAIRMAN observed that in order for the decision to be adopted, the brackets would need to be removed from the opening paragraph, which was the Executive Board’s own decision; the draft decision recommended to the Seventy-second World Health Assembly, which remained to be agreed upon, could then be enclosed in square brackets. She took it that this course of action was acceptable to the Board.

The Board adopted the decision, as amended. 3

The meeting rose at 12:30.

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2 The relevant document for consideration by the Seventy-second World Health Assembly in 2019 will reflect the amendments to footnote 1 in Annex 2 to the PIP Framework contained in the Annex to document EB144/23.

3 Decision EB144(6).