

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

**WHO headquarters, Geneva
Saturday, 8 February 2020, scheduled at 9:00**

Chair: Dr H. NAKATANI (Japan)

CONTENTS

	Page
Pillar 1: One billion more people benefiting from universal health coverage (continued)	
1. Primary health care (continued).....	2
Pillar 2: One billion more people better protected from health emergencies (continued)	
2. Public health emergencies: preparedness and response (continued)	
WHO's work in health emergencies (continued)	5
Influenza preparedness (continued).....	13
3. Poliomyelitis (continued)	
Polio transition planning and polio post-certification	16
Pillar 3: One billion more people enjoying better health and well-being (continued)	
4. Maternal, infant and young child nutrition (continued)	19
Pillar 4: More effective and efficient WHO providing better support to countries (continued)	
5. Governance matters (continued)	
WHO reform (continued).....	20
World Health Days	27
6. Management matters (continued)	
Evaluation of the election of the Director-General of the World Health Organization.....	29

FOURTEENTH MEETING

Saturday, 8 February 2020, at 9:05

Chair: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)

1. **PRIMARY HEALTH CARE:** Item 6 of the agenda (document EB146/5) (continued from the fourth meeting, section 3)

The CHAIR drew attention to a draft decision proposed by Botswana, Brazil, the Islamic Republic of Iran, Kazakhstan, Mexico and Tajikistan, which read:

The Executive Board, recalling resolution WHA72.2 (2019) on primary health care, which welcomed the Declaration of Astana and requested the Director-General, inter alia, to develop, in consultation with Member States, an operational framework for primary health care for consideration by the Seventy-third World Health Assembly; and recalling the United Nations General Assembly resolutions 74/2 (2019) and 74/20 (2019), and taking note of the report by the Director-General,¹ decided:

(1) to emphasize the importance of strengthening health systems in the provision of primary health care to ensure the availability of comprehensive, quality, accessible and affordable first-level health services, which are fundamental to achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) in particular, target 3.8 on achieving universal health coverage, and other health-related Sustainable Development Goals;

to request the Director-General:

(2) to support Member States in strengthening primary health care, with an emphasis on national implementation efforts, drawing on expertise from across the Organization as needed;

(3) to finalize, in consultation with Member States, for consideration by the Seventy-third World Health Assembly, an operational framework on strengthening primary health care, taking into account WHO's health system model and its six building blocks, and taking into account, as appropriate, the WHO-UNICEF document, A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals.²

¹ Document EB146/5.

² WHO and UNICEF. A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/328065>, accessed 3 February 2020).

The financial and administrative implications for the Secretariat were:

Decision:	Primary health care
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>Output 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities</p> <p>Output 3.1.1. Countries enabled to address social determinants of health across the life course</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	10 years.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 374.7 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 54.0 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 75.5 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 245.2 million.

- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**
US\$ 4.0 million.
 - **Remaining financing gap in the current biennium:**
US\$ 50.0 million.
 - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	10.6	3.0	2.3	2.1	4.4	2.0	2.2	26.6
	Activities	8.0	3.0	3.0	3.0	4.0	3.2	3.2	27.4
	Total	18.6	6.0	5.3	5.1	8.4	5.2	5.4	54.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	14.7	4.8	5.4	3.2	6.0	4.4	2.4	40.9
	Activities	9.4	3.8	4.7	3.8	4.8	4.7	3.4	34.6
	Total	24.1	8.6	10.1	7.0	10.8	9.1	5.8	75.5
Future bienniums resources to be planned	Staff	47.7	15.7	17.6	10.3	19.6	14.2	7.6	132.7
	Activities	30.7	12.3	15.4	12.3	15.3	15.4	11.1	112.5
	Total	78.4	28.0	33.0	22.6	34.9	29.6	18.7	245.2

The representative of BRAZIL said that his Government thanked the representative of Kazakhstan for leading the consultations to prepare the draft decision and for that Government's longstanding leadership on primary health care.

The representative of TAJIKISTAN thanked Member States for participating in the discussions to prepare the draft decision. He said that primary health care had long been a priority for his Government, which had supported all necessary practical measures at the national level.

The representative of ETHIOPIA¹ said that his Government wished to be added to the list of sponsors of the draft decision.

The representative of KAZAKHSTAN¹ said that it was critical that the Declaration of Astana on primary health care was implemented through the operational framework on strengthening primary health care to be adopted at the Seventy-third World Health Assembly, in accordance with the needs

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

and priorities of Member States. She looked forward to receiving further information on the role and functions of the new Special Programme on Primary Health Care.

The CHAIR took it that the Board wished to adopt the draft decision.

The decision was adopted.¹

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)

2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 15 of the agenda (continued)

WHO's work in health emergencies: Item 15.2 of the agenda (document EB146/17) (continued from the eighth meeting, section 1)

The CHAIR drew attention to a draft resolution proposed by Argentina, Chile, Finland, France, Indonesia, the Netherlands, Rwanda, Singapore and Zambia, which read:

The Executive Board,

Having considered the report of the Secretariat on WHO's Work in Emergencies contained in document EB146/17 and the report of the Independent Oversight and Advisory Committee (IOAC) included in document EB146/16,

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The World Health Assembly,

(PP1) REAFFIRMING resolution WHA58.3 of the World Health Assembly (WHA) which urges Member States to build, strengthen and maintain the capacities required under the International Health Regulations (IHR, 2005), mobilize resources necessary for that purpose; collaborate with each other and WHO, provide support to developing countries upon request, and take all appropriate measures for furthering the purpose and eventual implementation of the IHR (2005);

(PP2) RECALLING the commitments made through the Sustainable Development Goals, including to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks;

(PP3) RECALLING 13th General Programme of Work and its strategic priority of one billion more people better protected from health emergencies by 2023;

(PP4) TAKING NOTE of the 2019 annual report of the independent Global Preparedness Monitoring Board (GPMB);²

(PP5) CONCERNED with the continued risk of the occurrence of health emergencies, their multiple and long-term public health consequences and their negative

¹ Decision EB146(18).

² https://apps.who.int/gpmb/annual_report.html.

impact on the well-being of people around the world, particularly among vulnerable groups and people in vulnerable situations, including populations in conflict-affected areas and settings prone to natural disasters;

(PP6) RECOGNIZING the potentially catastrophic human and economic impact of a pandemic on any country and the world, and that vulnerable and low-resourced communities would be hit harder given their limited access to safe water, sanitation and hygiene services and the lack of resilient health systems that have a solid public health infrastructure and provide access for all to essential health services and quality, safe, effective, and affordable essential medicines and vaccines;

(PP7) RECALLING General Assembly Resolution [A/RES/74/118 “Strengthening the coordination of the humanitarian emergency assistance of the United Nations” of 16 December 2019];

(PP8) NOTING the International Conference of the Red Cross and the Red Crescent Resolution 33IC/19/R3 “Time to act: tackling epidemics and pandemics together”, which recalls the obligations to respect and protect the wounded and sick, health-care personnel and facilities, as well as medical transports, and to take all reasonable measures to ensure safe and prompt access to health care for the wounded and sick, in times of armed conflict or other emergencies, in accordance with the applicable legal frameworks; and resolution 33IC/19/R2 “Addressing mental health and psychosocial needs of people affected by armed conflict, natural disasters and other emergencies”, which reaffirms, *inter alia*, the fundamental premise and commitment to “do no harm”;

(PP9) ALARMED by increasing attacks on medical personnel and facilities and the resulting lack of access to medical services as a consequence of these attacks;

(PP10) NOTING WHO’s leadership role in the development and implementation of the Surveillance System for Attacks on healthcare (SSA) for systematic collection and dissemination of data on attacks on health facilities, health workers, health transport and patients, in complex humanitarian emergencies in response to the resolution WHA65.20;

(PP11) RECALLING FURTHER the Addis Ababa Action Agenda on Financing for Development that encourages countries to consider setting nationally appropriate spending targets for quality investments in essential public services for all, including health, education, energy, water and sanitation, consistent with national sustainable development strategies; and that makes a commitment to strong international support for these efforts;

(PP12) RECOGNIZING that investments in preparedness further social and economic benefits and advance shared goals, such as strengthening health systems in order to achieve Universal Health Coverage and the Sustainable Development Goals (SDGs);

(PP13) ACKNOWLEDGING that addressing social determinants of health and reducing health inequities, including through the provision of education and health literacy as well as access to health services and sanitation, are fundamental in strengthening public health preparedness;

(PP14) STRESSING that investments to strengthen country and regional preparedness capabilities and capacities for health emergencies reduce losses resulting from future emergencies and contribute to shared economic and social prosperity through stimulating innovation and promoting economic development, including by reducing potential investment risks;

(PP15) RECALLING ALSO the decision of the World Health Assembly WHA71(15) which welcomed with appreciation the five-year global strategic plan to improve public health preparedness and response, 2018–2023, and ACKNOWLEDGING progress made in its implementation;

(PP16) RECALLING FURTHER United Nations General Assembly resolutions on Global Health and Foreign Policy A/Res/72/139, which underlines the role of resilient health systems in responding to outbreaks, and A/Res/70/183, which recognizes the

primary role of Member States in preventing, preparing for and responding to outbreaks of infectious diseases, including those that become humanitarian crises, highlighting the critical role of the World Health Organization as the directing and coordinating authority on international health work, and the roles of the United Nations humanitarian system, regional organizations, nongovernmental organizations, the private sector and other humanitarian actors in providing financial, technical and in-kind support in order to control epidemics;

(PP17) RECALLING resolution WHA65.20 on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, which recognizes that WHO is in a unique position to support health ministries and partners as the Global health Cluster Lead agency in the coordination of preparing for, responding to and recovering from humanitarian emergencies, and calls on Member States to strengthen national risk management, health emergency preparedness and contingency processes and disaster management units;

(PP18) RECALLING the political declaration of the UN High-Level Meeting on Universal Health Coverage A/RES/74/2, which emphasized the need to enhance health emergency preparedness and response systems, as well as the UN General Assembly Resolution on Foreign Policy and Global Health: an inclusive approach to strengthen health system A/RES/74/20, which encourages Member States to develop primary health care preparedness for health emergencies, to support and complement national and regional strategies, policies and programmes, and surveillance initiatives;

(PP19) RECOGNIZING the importance of both global and regional support as well as domestic resources and recurrent spending for preparedness as an integral part of national and global preparedness, Universal Health Coverage and the SDGs;

(PP20) STRESSING the importance of adopting an all-hazard, multisectoral, coordinated approach in preparedness for health emergencies, and RECOGNIZING the links between human, animal and environmental health and the need to adopt a One Health approach;

(PP21) TAKING NOTE of the Inter-parliamentary Union Resolution on achieving Universal Health Coverage by 2030 and its emphasis on the need for strong capacities to prevent, detect and respond to public health risks;

(PP22) RECALLING the need for substantially increasing the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change and air pollution, resilience to disasters, and developing and implementing, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels;

(PP23) RECOGNIZING that urban settings are especially vulnerable to infectious disease outbreaks and epidemics, given the concentration of human activity especially as hubs of trade and travel;

(PP24) ACKNOWLEDGING that long-term, sustained community engagement is crucial for detecting and preventing outbreaks early, controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses;

(PP25) RECOGNIZING the need to involve women, youth, people with disabilities, and older people in planning and decision-making, and the need to ensure that during health emergencies, health systems ensure the delivery of and the universal access to health-care [services, including strong routine immunization, mental health and psycho-social support, trauma recovery, sexual and reproductive health, and maternal, newborn and child health];

(PP26) RECOGNIZING both the vital role in all phases of health emergencies (prevention, detection and response) of motivated, skilled, and well-trained and

well-resourced health workforce including, where appropriate, community health workers, for actions at all levels;

(PP27) ACKNOWLEDGING that strengthening, as appropriate, national, subnational, regional, and global emergency medical teams is a high impact investment in preparedness for disasters, outbreaks, epidemics, and other health emergencies;

(PP28) WHO's contribution to strengthening global preparedness and response to health emergencies and WELCOMING the work of the WHO Health Emergencies Programme;

(PP29) NOTING the WHO Strategic Partnership for IHR and Health Security (SPH) Portal as a tool for monitoring progress in health security capacities, identification of needs, gaps and priorities, mapping and sharing of information on investment and resources;

(PP30) REAFFIRMING the principles of humanity, neutrality, impartiality, independence in the provision of humanitarian assistance, and reaffirming the need for all actors engaged in the provision of humanitarian assistance in situations of complex humanitarian emergencies and natural disasters to promote and fully respect these principles,

(OP1) URGES Member States¹ to:

1.1 fully comply with the IHR (2005), take actions to implement the yet unmet obligations thereof and continue to build core capacities to detect, assess, report and respond to public health events as set out in the IHR (2005), while mindful of the purpose and scope of the IHR (2005) to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade;

1.2 prioritize at the highest political level the improvement of, and coordination for, health emergency preparedness in order to enable an inclusive multisectoral, all-hazards, health-in-all-policies and whole-of-society approach to preparedness, including, as appropriate, collaboration with civil society, academia and the private sector;

1.3 [improve national coordination and collaboration regionally, internationally and with all stakeholders, in particular WHO, to optimize mechanisms and the use of resources to avoid gaps in or duplication of efforts, and as appropriate, coordination and collaboration across borders, including according to the provisions of the IHR (2005);]

1.4 prioritize community involvement and capacity-building in all preparedness efforts, building trust and engaging multiple stakeholders from different sectors;

1.5 take action to engage and involve women in all stages of preparedness processes, including in decision-making, and mainstream gender perspective in preparedness planning and emergency response;

1.6 continue to strengthen the capacities of health systems in health emergency preparedness and in providing in health emergencies continued access to affordable essential health services and primary health care, including mental health and psychosocial services, and services for people with disabilities;

1.7 dedicate domestic investments and recurrent spending and public funding to health emergency preparedness in priority setting, and budgeting processes for health system strengthening and across relevant sectors and, where necessary, work with partners to secure sustained funding;

¹ And, where applicable, Regional Economic Integration Organizations.

1.8 improve governance and decision-making processes and enhance institutional and operational capacity and infrastructure for public health, including scientific and laboratory capacity and operational and research competence of national public health institutions, as appropriate to national circumstances, as well as a cross-sectoral infrastructure for delivering essential public health functions, including the capacity to tackle existing and emerging health threats and risks;

(OP2) CALLS UPON Member States, Regional Economic Integration Organizations, international, regional and national partners, donors and partners to:

2.1 provide political, financial and technical support through multisectoral efforts, to strengthen country capacities for health emergencies as an integral part of the SDGs, in particular in the most under-resourced, vulnerable and at risk countries, through development assistance for health and timely provision of humanitarian funding;

2.2 continue supporting countries in the development of health emergency preparedness and implementation of IHR core capacities, including, as appropriate, through national plans for IHR implementation and/or, where relevant national action plans for health security;

2.3 expand support for development and implementation of multisectoral national action plans and policies for preparedness, using an all hazards and, as appropriate, One health approaches, further enhancing synergies with health system strengthening, disease prevention and control, research and innovation, disaster risk management and relevant national plans in key sectors to enhance preparedness;

2.4 integrate preparedness risks and resource needs into systematic institutional, policy and economic risk assessments, as well as existing financing mechanisms across all relevant organizations;

2.5 support the provision of appropriate remuneration, resources and training to health professionals, especially those cadres typically under-represented in the health workforce, such as epidemiologists and mental health professionals, and strengthen, in particular the role of the local health workforce, and the development of effective and high-performing, as appropriate, national, subnational and regional Emergency Medical Teams, in line with WHO classification and minimum standards;

2.6 facilitate investment in strong national research agendas and adequate infrastructures for research and development of new measures to counteract the impact of health emergencies, including by non-pharmaceutical interventions;

2.7 assess vulnerabilities of cities and human settlements to health emergencies, with particular attention to communicable disease outbreaks, and enhance preparedness by integrating policies, plans and exercises across health, urban planning, water and sanitation, environmental protection and other relevant sectors, to ensure local leadership and community involvement;

2.8 pursue support for sustainable financing of WHO preparedness and response activities and the WHO Contingency Fund for Emergencies;

2.9 encourage, promote and share information about strategic partnerships and technical collaboration for preparedness, including between relevant international, regional and national institutions, in particular national public health institutes, including through the WHO Global Strategic Preparedness Network (GSPN);

(OP3) CALLS on Member States¹ and the Director-General to work with the Secretary-General of the United Nations and the United Nations Office for the coordination of Humanitarian Affairs and other relevant UN Organizations to:

- 3.1 strengthen United Nations system-wide coordination in different country, health and humanitarian emergency contexts;
- 3.2 systematically review and revise UN preparedness and response strategies for outbreaks;
- 3.3 enhance United Nations system leadership for preparedness and response coordination, including through UN system-wide simulation exercises;
- 3.4 increase collaboration between relevant actors to accelerate preparedness for pandemics and disease outbreaks, in particular in fragile situations and conflict-affected areas;

(OP4) REQUESTS the Director-General to:

- 4.1 support States Parties, upon their request, to review their implementation of the IHR (2005) by using, as appropriate, available tools included in the WHO IHR (2005) Monitoring and Evaluation Framework;
- 4.2 allocate necessary financial and human resources at all levels of the Organization for activities to support countries in improving health emergency preparedness;
- 4.3 participate in UN operational reviews after major health emergencies and report in a timely manner to WHA through the Executive Board on lessons learnt and recommendations for further action;
- 4.4 conduct a study in consultation with Member States on the need and potential benefits of and, as appropriate, make proposals to 74th WHA through the Executive Board, on possible complementary mechanisms to be used by the Director-General to alert the global community about the severity and/or magnitude of a public health emergency in order to mobilize necessary support and to facilitate international coordination;
- 4.5 report to the World Health Assembly, through the Executive Board, on the methodology and the implementation and findings of the Surveillance System for Attacks on Health Care (SSA) in complex humanitarian emergencies, in line with resolution WHA65.20, as part of the regular reporting on the World Health Emergency Programme;
- 4.6 report on the implementation of this resolution through the WHO Executive Board in connection with the annual reporting on WHO's work in emergencies, and annual reporting on the implementation of the IHR (2005), until the 77th World Health Assembly.

¹ And, where applicable, Regional Economic Integration Organizations.

The financial and administrative implications for the Secretariat were:

Resolution: Strengthening Preparedness for Health Emergencies: Implementation of International Health Regulations (IHR, 2005)	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:	<p>All outputs covered by Pillar 2 (One billion more people better protected from health emergencies):</p> <p>Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported</p> <p>Output 2.1.2. Capacities for emergency preparedness strengthened in all countries</p> <p>Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>Output 2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards</p> <p>Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale</p> <p>Output 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens</p> <p>Output 2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative</p> <p>Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <p>Output 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p> <p>Output 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</p>
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the resolution:	24 months.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	Not applicable: the work required to implement this resolution essentially consists of WHO's work already approved in the Programme budget 2020–2021 under Pillar 2, guided further by the recommendations of the Executive Board.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:
Not applicable.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:
Not applicable.
5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions
– Resources available to fund the resolution in the current biennium:
Not applicable.
– Remaining financing gap in the current biennium:
Not applicable.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
Not applicable.

The representative of FINLAND, speaking on behalf of the sponsors of the draft resolution, thanked Member States for participating in the development of the draft resolution. In the spirit of consensus, she proposed removing the square brackets in the seventh and twenty-fifth preambular paragraphs and in operative paragraph 1.3, and approving the text of the draft resolution in its entirety.

The representative of the UNITED STATES OF AMERICA said that although her Government recognized the importance of the issue, it would have to disassociate itself from preambular paragraph 25 of the draft resolution.

The representatives of AUSTRALIA, GERMANY, CANADA,¹ SOUTH AFRICA¹ and ETHIOPIA¹ said that their governments supported the amendment proposed by the representative of Finland and wished to be added to the list of sponsors of the draft resolution.

The representative of the NETHERLANDS¹ supported the draft resolution and the amendment proposed by the representative of Finland, particularly in light of the current outbreak of novel coronavirus infection. To help Member States to reach the highest possible levels of preparedness to combat novel coronavirus, her Government would be contributing 1 million euros to the WHO Contingency Fund for Emergencies, in addition to its usual annual contributions.

The representative of SWITZERLAND¹ said that she supported the draft resolution as amended by Finland. Preparedness for emergency situations should be a full and integral part of international humanitarian law, with increased protection for health establishments and health care workers.

The representative of NEW ZEALAND¹ said that her Government supported the proposal made by the representative of Finland.

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

The CHAIR took it that the Board wished to adopt the draft resolution, as amended.

The resolution, as amended, was adopted.¹

Influenza preparedness: Item 15.3 of the agenda (document EB146/18) (continued from the tenth meeting, section 3)

The CHAIR drew attention to a draft decision on influenza preparedness proposed by Australia, Brazil, South Africa and the United States of America, which read:

The Executive Board, having considered the report by the Director-General on influenza preparedness,² decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the report by the Director-General on influenza preparedness, decided:

- (1) to note the release of the WHO Global Influenza Strategy 2019–2030, and its linkages to the implementation of the International Health Regulations (IHR (2005)) and the Pandemic Influenza Preparedness (PIP) Framework;
- (2) to request the Director-General:
 - (a) to support Member States, upon their request, to develop or update national influenza preparedness plans, and to consider implementing an annual influenza vaccination programme for target populations, taking into account, as relevant and appropriate to national circumstances, the goals and strategic objectives of WHO's Global Influenza Strategy 2019–2030;
 - (b) to promote timely access to, and distribution of, quality, safe, effective and affordable seasonal influenza vaccines, diagnostics, and treatments;
 - (c) to continue to engage Member States and all relevant stakeholders to promote and uphold the *Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits*, and to encourage international collaboration for the rapid, systematic, and timely sharing of influenza viruses with human pandemic potential, and equitable and timely access to quality, safe, effective and affordable pandemic influenza vaccines, diagnostics and therapeutics, and other benefits, on an equal footing;
 - (d) to prioritize and contribute to international efforts to sustain and enhance influenza surveillance through WHO's Global Influenza Surveillance and Response System (GISRS), by continuing to work with Member States, GISRS laboratories, and other relevant stakeholders, to:
 - (i) gather and share information, voluntarily provided, about influenza virus-sharing and its associated benefits; and
 - (ii) encourage countries to voluntarily share information and best practices on mitigating hindrances to the rapid, systematic, and timely international sharing of seasonal and pandemic influenza biological materials;

¹ Resolution EB146.R10.

² Document EB146/18.

- (e) to promote synergies, as relevant and appropriate, among implementation of national plans for influenza preparedness and response, IHR (2005), and immunization programmes;
- (f) to consult Member States and relevant stakeholders, including manufacturers, in a manner consistent with WHO's Framework of Engagement with Non-State Actors (FENSA), to identify gaps in, and priorities for, affordable, scalable, and sustainable global influenza vaccine production capacity, supply chains, and distribution networks; and
- (g) to report on implementation of this decision through the 150th session of the Executive Board to the Seventy-fifth World Health Assembly.

The financial and administrative implications for the Secretariat were:

Decision:	Influenza preparedness
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	24 months.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 2.78 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 2.78 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Zero.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	Zero.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	Zero.

5. **Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**
Zero.
 - **Remaining financing gap in the current biennium:**
US\$ 2.78 million.
 - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
The Secretariat is seeking to expand the donor base to raise the funds needed.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	.24	.24	.24	.24	.24	.24	1.34	2.78
	Total	–	–	–	–	–	–	–	–
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of BRAZIL said that, following consultations with Member States, he proposed that the phrase “and its associated benefits” be added to the end of subparagraph 2(d)(ii) of the draft decision.

The representative of the UNITED STATES OF AMERICA said that she supported the amendment proposed by the representative of Brazil.

The CHAIR took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

¹ Decision EB146(19).

3. POLIOMYELITIS: Item 16 of the agenda (continued)

Polio transition planning and polio post-certification: Item 16.2 of the agenda (document EB146/22)

The representative of AUSTRALIA said that the ongoing implementation of the strategic action plan on poliomyelitis (polio) transition was of vital importance to ensure that Member States had sufficient financial and programmatic transition arrangements in place to make up for any shortfall in external resources. It was also necessary to have strong and sustainably financed immunization systems, in view of the increase in circulating vaccine-derived poliovirus. She welcomed the recommendations of the Independent Monitoring Board of the Global Polio Eradication Initiative, particularly that transition efforts should include integration with basic services. WHO's engagement with the Global Action Plan for Healthy Lives and Well-Being for All should align with poliomyelitis eradication and polio transition objectives.

The representative of INDONESIA said that her Government supported the proposed regional consultations to help the priority countries identified in the strategic action plan translate transition planning into action. Welcoming the implementation of the Polio Endgame Strategy 2019–2023, in particular its efforts to improve routine surveillance of vaccine-preventable diseases, she said that activities related to poliomyelitis eradication should be incorporated into the proposed global vaccination and immunization strategy 2021–2030.

The representative of IRAQ said that his Government had hosted a country mission on polio transition in 2019. WHO should share all lessons learned from experiences at the national level concerning the spread of wild polioviruses and circulating vaccine-derived poliovirus, and the causes of such outbreaks. That would facilitate preparations for the post-certification period.

The representative of the UNITED STATES OF AMERICA said that the number and size of outbreaks of circulating vaccine-derived poliovirus showed the importance of polio eradication and the need for rapid and high-quality responses, especially in sub-Saharan Africa. Member States should work with all relevant stakeholders to: strengthen and sustain progress made in routine immunization, in particular for children; improve surveillance of vaccine-preventable diseases within national systems; ensure early detection and rapid response; and build the capacities of national emergency preparedness and response systems, with particular regard to vaccine-preventable diseases.

The representative of CHINA said that global poliomyelitis eradication should be achieved as soon as possible through multi-partner investments. High-quality monitoring of cases of acute flaccid paralysis should continue, alongside a high level of routine immunization coverage. WHO should provide support for the containment of polioviruses, including wild polioviruses and vaccine-derived poliovirus.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that the majority of the Region's governments had developed transition plans that were ready to be implemented. He welcomed the functional reviews carried out in all country offices to align WHO staffing in each country with national priorities, and the launch of the investment case for vaccine-preventable disease surveillance in Africa for the period 2020–2030. However, challenges persisted at the national level, and only the support of development partners would make it possible to finance the effective implementation of transition plans. He urged Member States and partners to mobilize resources in line with the investment cases for vaccination, surveillance and emergency management.

The representative of SUDAN said that her Government was committed to taking a proactive role at the regional level and engaging with WHO's activities on polio transition. It would apply global best practices in its national transition plan. She urged WHO and its partners to work more closely together to improve national and international reporting, better integrate vaccine-preventable disease programmes into essential schedules and develop governance.

The representative of CHILE said that national transition plans should include: the adequate acquisition of vaccines and improved vaccine coverage, the use of immunization registers; the creation of national certification committees; the switch from oral to inactivated poliovirus vaccine or fractional dose inactivated poliovirus vaccine, where appropriate; the development of contingency plans for the reintroduction of wild polioviruses; and the strengthening of environmental surveillance. The Polio Endgame Strategy 2019–2023 must be fully funded and universally implemented to ensure eradication of the disease.

The representative of MONACO¹ said that it was essential to continue polio transition efforts, particularly in light of outbreaks of circulating vaccine-derived poliovirus type 2. Her Government would provide funding for polio transition activities for the first time, and she looked forward to an updated report at the Seventy-third World Health Assembly containing detailed information on progress made, especially in the pilot countries, and the resources still required at the national level.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that the Polio Endgame Strategy 2019–2023 provided an opportunity for WHO to prepare for the moment at which funding for poliomyelitis eradication would come to an end, ensuring that governments had integrated relevant services into their domestic systems. She would welcome further information on how polio transition planning and the WHO transformation agenda complemented each other, as well as updates on progress made and challenges still to be overcome.

The representative of THAILAND¹ expressed the hope that findings from country missions to priority countries would help to further strengthen national actions and risk assessment processes. Intensified efforts were required to combat the ongoing outbreaks of circulating vaccine-derived poliovirus, which hampered the progress of polio transition activities.

The representative of INDIA¹ described national initiatives to strengthen the immunization programme in India, and highlighted the importance of the National Polio Surveillance Project. In light of the high numbers of cases of circulating vaccine-derived poliovirus being reported, he called for global funding to combat poliomyelitis and support national surveillance projects.

The representative of the REPUBLIC OF KOREA¹ said that his Government would support WHO's ongoing efforts to eradicate poliomyelitis and prepare for polio transition, including to build polio transition capacity, which would more widely contribute to the control of vaccine-preventable diseases.

The DEPUTY DIRECTOR-GENERAL acknowledged the importance of polio transition planning and stressed that polio eradication efforts remained a priority. Rapid work was needed to ensure that the essential public health functions currently funded through poliomyelitis eradication programmes were safeguarded; those essential functions included immunization programmes, surveillance systems, and the core capacities required by the International Health Regulations (2005). A health systems

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

approach was being taken to integrate polio transition work into primary health care, including through the draft operational framework on primary health care.

As part of the new regional and country-level focus, successful high-level consultations had recently been held with the regional offices for the Eastern Mediterranean and Africa, as well as a teleconference with the steering committee for the South-East Asia Region to review progress made. In response to comments made by Member States at previous governing body sessions, country missions had been initiated to high-risk countries, with the aim of developing or updating national polio transition plans; recent visits to Iraq and Sudan had led to firm commitments in that respect. The other key objectives of the visits were to guarantee political engagement and identify any funding gaps. In addition to the continuation of discussions in Board meetings and at the Health Assembly, polio transition would be included in the agendas of regional meetings, based on a schedule agreed with the regional directors, and regional consultations would continue.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that, while great importance was attached to stopping the circulation of wild poliovirus type 1 in Afghanistan and Pakistan, and controlling the outbreaks of vaccine-derived poliovirus in Pakistan and Somalia, work had started on the implementation of national polio transition plans in priority and high-risk countries. Following the high-level regional consultation in September 2019, a regional steering committee had been established, alongside a working group to provide countries with technical support. He thanked the ministries of health in Sudan and Iraq for the strong commitments made during the recent country missions to those countries, and explained that similar missions were planned to other priority countries. The Regional Office would work with Member States to integrate poliomyelitis-related functions into their health systems and mobilize the domestic resources necessary to sustain the essential functions funded by the poliomyelitis programme.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that poliomyelitis-related activities had always been well integrated into other immunization activities and infrastructure in her Region, even at the height of poliomyelitis eradication efforts. However, it was essential to ensure that the reduction in funding from the Global Polio Eradication Initiative, which accounted for significant investment in such infrastructure, did not negatively affect the work done thus far. In many cases, the capacities and infrastructure built under the Global Polio Eradication Initiative were already being used to address other needs, including disease surveillance and elimination; the strengthening of routine immunization programmes; and outbreak and emergency response. Following the finalization of the strategic action plan on polio transition, the cost of supporting those essential public health functions had been mainstreamed into the base component of the WHO budget 2020–2021. Longer-term financial sustainability was a key element of national polio transition plans; some Member States had already made a commitment to provide domestic resources, while bridge funding options were being explored. However, funding gaps remained, and joint resource mobilization efforts were under way with the Secretariat. The Regional Office would continue to work with Member States to ensure the successful and sustainable implementation of polio transition plans.

The REGIONAL DIRECTOR FOR AFRICA highlighted several polio transition mechanisms implemented in her Region, such as working group meetings, side events with health ministries and the inclusion of polio transition as a standing item on the agenda of regional meetings. In 2018, the WHO Regional Committee for Africa had endorsed a framework for the certification of poliomyelitis eradication in the African Region, which included transition planning as a priority intervention. At the country level, Member States had developed customized polio transition plans, but the mobilization of funds for implementation continued to present a challenge. Investment in human resources was especially important. Given that transition plans were implemented at country level, WHO staff should be deployed where the work was needed; human resource needs should therefore be examined at the country, regional and global levels.

The Secretariat would consider how lessons learned from poliomyelitis-related interventions could be linked to primary health care and universal health coverage, with particular regard to immunization and health emergency response. The new structure in the Regional Office was designed to promote integration across all health programmes in the Region. However, resources were still needed to align with regional initiatives such as functional reviews and the flagship programme on universal health coverage, and to support governments with health financing. Furthermore, she noted the limited absorption of human resources from polio programmes by WHO and governments; it was vital to maximize the capacities already developed rather than lose them altogether. The Polio Endgame Strategy 2019–2023 was an opportunity to accelerate the implementation of polio transition plans and close gaps in funding. The next steps included working with Member States to mobilize resources and prepare for upcoming country missions.

The Board noted the report.

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

4. MATERNAL, INFANT AND YOUNG CHILD NUTRITION: Item 18 of the agenda (document EB146/24) (continued from the twelfth meeting, section 4)

The CHAIR recalled that two amendments to the draft decision contained in paragraph 41 of document EB146/24 had been proposed during the twelfth meeting of the current session of the Board. The representative of Bangladesh had proposed asking the Director-General to examine and provide guidance on the digital marketing of breast-milk substitutes, while the representative of Tajikistan had requested that decision WHA68(14) from 2015 be included in the list of resolutions and decisions.

The representative of BANGLADESH reiterated that, although paragraph 36 of the report effectively reflected the issues surrounding the widespread use of digital marketing strategies for the promotion of breast-milk substitutes, those issues were not adequately covered in the draft decision. However, full agreement had not been reached with all Member States, and he proposed retaining the text of his proposal in square brackets, and to seek consensus on the final wording of the draft decision during the intersessional period.

The representative of the UNITED STATES OF AMERICA said that her Government still had concerns about governance aspects of the amendment proposed by the representative of Bangladesh, notably regarding the human and financial resources required by the Secretariat, the scope of the work to be undertaken by the Secretariat and the coherence of the draft decision with other goals. However, she would accept the draft decision with the amendment proposed by the representative of Bangladesh in square brackets, and she looked forward to the planned intersessional work to refine the details of that proposal.

The CHAIR took it that the Board was prepared to adopt the draft decision as amended by the representative of Tajikistan, and with the inclusion of the amendment proposed by the representative of Bangladesh in square brackets.

The decision, as amended, was adopted.¹

¹ Decision EB146(20).

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

5. GOVERNANCE MATTERS: Item 22 of the agenda (continued)

WHO reform: Item 22.1 of the agenda (documents EB146/31, EB146/31 Add.1, EB146/32, EB146/32 Add.1 and EB146/33) (continued from the thirteenth meeting, section 3)

The CHAIR invited the Board to discuss the report on governance contained in document EB146/32, drawing the Board's attention to the draft decision contained in paragraph 14 of that document. The financial and administrative implications of that draft decision were set out in document EB146/32 Add.1.

The representative of BRAZIL, referring to the draft decision, said that the Health Assembly, as well as other interested parties from civil society, needed to be given the chance to review the implementation of its own decisions and resolutions. Therefore, he did not support subparagraph 2(1) of the draft decision proposing that progress reports be considered by the Board only. Ideally, all progress reports would be considered by the Executive Board then the Health Assembly, but a smart solution would have to be found to ensure that agendas remained manageable.

In relation to the proposal to allow wider regional inputs to global strategies and plans of action, his Government was willing to be flexible and allow comments and inputs from various types of meeting, but requested the Secretariat to specify, on a case-by-case basis, which bodies could contribute to such instruments. For reasons of transparency, it was not appropriate to group regional committee meetings together with less formal or less inclusive processes.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, as well as the Republic of Moldova, Armenia and Georgia, aligned themselves with his statement. He welcomed the proposals to streamline reporting requirements, including by sunseting certain resolutions, and recognized the need for some exceptions from that system. The Secretariat should continue its work in line with the proposals contained in the report.

However, he shared the reservations already expressed regarding progress reports, which constituted an important accountability tool. Transferring them to the agenda of the Board could give the impression that they were less important and would bring no overall productivity gains. The Health Assembly had greater capacity to consider progress reports, and subparagraph 2(1) of the draft decision should therefore be deleted.

He agreed with the need to regularly review the implementation of global strategies and action plans, and potentially extend their period of validity, and as such, it made sense to include them as substantive items on governing body agendas when they were due to expire. However, while those strategies and action plans should take regional perspectives into consideration, that input should be sought through forums other than regional committees, which already had busy agendas.

The representative of AUSTRALIA, stressing the need to continue pursuing governance improvements, expressed support for the proposals, particularly the intention to consolidate and streamline reporting on similar subjects, and to systematically include global strategies and action plans that were scheduled to expire on governing body agendas. She also welcomed the proposal that progress reports should be considered by the Board. In recent years, when those reports had been considered by the Health Assembly, they had received little or no attention. However, efforts should be made to ensure that progress reports contained clear and succinct information on the implementation of decisions and

resolutions, and they should be grouped under the pillars of the WHO transformation agenda. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA expressed support for paragraph 1 of the draft decision. However, the way forward concerning progress reports was less clear. At the Health Assembly, the reports were often issued late and were allocated limited time for discussion, but a similar problem could occur at the Board. It would be best to limit the discussion to one body only, and she suggested that should be the Health Assembly, as the progress reports were aimed at all Member States. Regarding the systematic inclusion on governing body agendas of global strategies or action plans due to expire within one year, she supported an early discussion of global strategies and plans. She would like further information on the proposal to include inputs on global strategies from technical meetings, informal consultations and other intergovernmental meetings in the regions and asked the Secretariat to clarify the scope of the documents for which that was envisioned. Regional consultative processes should be able to contribute to global health policy; however, regional inputs should not replace intergovernmental contributions.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, expressed support for the draft decision, which would contribute to governance reform by improving agenda management and the working methods of the governing bodies. For reasons of accountability, both the Board and the Health Assembly should examine progress reports.

The representative of ISRAEL welcomed the proposals to adopt a more systematic approach to managing the reporting requirements of resolutions and decisions, especially the provision of criteria for proposing exceptions to the six-year limitation on reporting. However, she did not agree that progress reports should be presented solely to the Board, as all Member States should be able to comment on the reports from an equal position. Her Government therefore supported the draft decision, with the exception of subparagraph 2(1).

The representative of CANADA¹ expressed support for the proposals regarding sunset setting resolutions and decisions with unspecified reporting requirements and she encouraged the involvement of relevant technical units in developing the recommendations to be presented to the 148th session of the Board to give Member States a clear view of existing mandates and ongoing work. In relation to progress reports, she supported the proposal to include them on the Board agenda only. However, she requested that the Secretariat should evaluate the impact of such a change in agenda management and examine whether it led to the desired meaningful discussion of the reports, and that evaluation should then be considered at the 152nd session of the Board.

The representative of NORWAY¹ said that the Secretariat had failed to justify why the Board was best placed to consider progress reports. The Health Assembly had greater capacity to review the reports and the current system should be retained. Regarding the proposed inclusion on governing body agendas of global strategies or action plans due to expire within one year, he suggested that, in order for that measure to be effective, the Secretariat should also submit a proposal regarding whether each strategy or plan should be renewed or adjusted alongside a justification of their proposal.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ noting the importance of progress reports in allowing Member States to review the impact of resolutions, welcomed efforts to ensure that they received proper attention in governing body meetings. However, the reports should not be moved to the agenda of the Board, as that would remove

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

their link to the forum that had adopted them, and they should continue to be considered by the Health Assembly.

The representative of THAILAND¹ said that progress reports should be considered by the Health Assembly so that all Member States had the chance to review them. However, she asked the Secretariat to schedule that item of the agenda for discussion earlier in each Assembly.

The EXECUTIVE DIRECTOR (External Relations and Governance) noted the feedback regarding the progress reports and welcomed the positive response to the ongoing governance reform.

The SECRETARY noted that the Board seemed to be in favour of the progress reports remaining on the agenda of the Health Assembly. Therefore, paragraph 2(1) of the draft decision would need to be deleted. Regarding global strategies and action plans, regional committee agendas were often prepared a year in advance, so it was often too late to include them. Therefore, greater flexibility was needed, and the Secretariat would prepare information on how guidance from regional bodies would be solicited in respect of each of the mandates. The Secretariat was working with technical teams on the sunsetting exercise. Following Member State consultation, she recognized the need for a deeper examination of reporting for each mandate and any additional work that was being carried out. The results of that investigation would be presented at an informal Member State consultation. Responding to the proposal made by the representative of Norway regarding global strategies and action plans due to expire, she drew attention to paragraph 2(3) of the draft decision, which confirmed that the Director-General would provide guidance in that regard.

The representative of BRAZIL said that he was ready to follow the consensus on the approach proposed by the Secretariat to regional inputs on global strategies and action plans. However, he would like a guarantee that the Secretariat would inform the Board of every instance in which regional engagement was undertaken and the nature of that engagement, because the legitimacy and inclusiveness of the various forums differed.

The CHAIR took it that the Board wished to note the report contained in document EB146/32.

The Board noted the report.

The CHAIR took it that the Board agreed to adopt the draft decision, as amended.

The decision, as amended, was adopted.²

The CHAIR invited the Board to consider document EB146/33 on the involvement of non-State actors in WHO's governing bodies and to provide guidance regarding the implementation of the proposed new approach to non-State actor participation.

The representative of INDONESIA underlined need to engage consistently with non-State actors while maintaining WHO's integrity, independence and reputation as the global leader in health. Civil society organizations provided important contributions from their fields of work to governing body discussions. She expressed reservations about the proposed informal meeting between non-State actors and Member States to be held prior to the Health Assembly, noting that some Member States might lack the resources to participate. The right of non-State actor participation was recognized in Article 18(h)

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

² Decision EB146(21).

of the WHO Constitution as well as in the Framework of Engagement with Non-State Actors. It would be inappropriate for the Board to limit the privileges granted to civil society by the Health Assembly.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as the Republic of Moldova, Armenia and Georgia, aligned themselves with his statement. The proposed informal meeting could be a useful platform for interactions between non-State actors and Member States. However, further discussion about the time, place, format and costs was needed before the first informal meeting could take place, and non-State actors should be given the opportunity to contribute to those discussions. Statements should be delivered more strategically, given that very heavy agendas considerably limited the time for substantive discussion of items. Acknowledging the efforts of non-State actors to make joint statements for greater impact and time-saving, he encouraged them to adopt a more permanent solution for participation in the debate. In that regard, the proposal to trial a system of constituencies was interesting, particularly as constituencies would be allowed to make longer interventions. Subject to enough support from both the Board and non-State actors, there was no reason why the trial could not start before the next Health Assembly. Non-State actors should determine constituency membership among themselves.

The representative of AUSTRALIA, emphasizing the value of non-State actors' contributions and more meaningful stakeholder engagement in governance processes, noted the high level of dissatisfaction with the current modalities. The complex changes to non-State actor involvement in WHO governance must be handled in a measured and deliberative way, in full consultation with non-State actors. The current year was not the right time to pilot a new informal meeting; however, she supported trialling constituencies for delivering group statements on a selection of agenda items early in the debate.

The representative of the UNITED STATES OF AMERICA said that she supported the pilot approach set out in the document and wished to strengthen meaningful non-State actor involvement while increasing efficiency in WHO governance processes. The proposed informal meeting would entail a very heavy workload, and she wondered whether its envisaged timing was feasible for the Secretariat. She encouraged Member States to hold listening sessions with non-State actors at the national level prior to the Health Assembly.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, supported the proposal to trial new modalities for governing body meetings, starting from the Seventy-fourth World Health Assembly. Commending the Regional Director for Africa on establishing the Africa Health Forum, he informed the Board that regional non-State actors were permitted to make statements at regional committee meetings, even if they were not in official relations with WHO. That was in consideration of the unique needs of the Region and the fact that highly engaged regional non-State actors would not necessarily qualify to be in official relations with WHO. A regional mechanism to accredit such non-State actors was being planned.

The representative of BRAZIL, expressing appreciation for the proposed informal meeting, said that the concept of constituencies and the proposed pilot approaches were interesting. Given the very limited time between the current session of the Executive Board and the Seventy-third World Health Assembly, the constituencies should be trialled at the 147th session of the Board and the more complex adaptations, including the informal meeting, at its 148th session, to ensure sufficient testing prior to the Seventy-fourth World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ acknowledging the unsuitability of the current modalities, endorsed the proposal to pilot a new model, at whichever session the Secretariat felt was most feasible and practical. It should be kept under review, which must include consultation with non-State actors on their experiences under the pilot approach.

The representative of THAILAND¹ agreed with the proposals set out in the report but expressed reservations about holding the informal meeting immediately prior to the Health Assembly, particularly because of the financial and resource implications for Member States.

The representative of CANADA¹ suggested further exploring the potential for intersessional, electronic or virtual input from non-State actors, in order to understand their views before Member State positions were finalized. She asked how the Secretariat would facilitate non-State actor collaboration and coordination with regard to the proposal concerning joint statements. Further details were needed on the practical implementation of piloting the new modalities and how they would be evaluated. It was essential to consider both quality and quantity when changing the modalities of non-State actor engagement at governing body meetings.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the consultations with non-State actors regarding the planned changes. However, he expressed the concern that some of the proposals could restrict the full participation of non-State actors, as their interests differed greatly. Understanding the need for rationalization, he feared that creating constituencies to deliver group statements would suppress the diversity of voices that facilitated enriched interactions and better decision-making by Member States. He called for any decision to be postponed until a clear consensus had been reached on a satisfactory proposal.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, expressed deep concern about the possible impact of some of the measures. She could not support the proposed constituency system, which falsely equated corporate entities and public interest organizations. Limiting the number of statements would unfairly disadvantage nongovernmental organizations, which were greater in number than other entities. She called on the Board to postpone taking action until the Secretariat had organized an appropriate consultation with non-State actors and Member States ahead of the Seventy-third World Health Assembly.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR and also on behalf of International Women's Health Coalition Inc., said that the proposals would reduce the contribution of civil society organizations at governing body meetings, contravening the WHO Constitution, the Framework of Engagement with Non-State Actors and the Thirteenth General Programme of Work, 2019–2023. The proposed informal meeting was welcome, but the timing was inappropriate. By holding the meeting so close to the Health Assembly, it would not allow civil society organizations to have any real impact on governing body discussions. Limiting the number of non-State actor statements and the introduction of constituencies would stifle civil society organizations and silence critical debate in certain areas. Implementation would therefore not be feasible during the Seventy-third World Health Assembly.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, asked the Secretariat to evaluate any modalities piloted at the Health Assembly, and to

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

not restrict the size of delegations of non-State actors. While an informal meeting would allow for in-depth exchange, all parties would have to attend for it to be fruitful. Although appreciative of the proposed early delivery of statements by non-State actors, he strongly disagreed with the introduction of constituency statements and any restrictions on interventions from non-State actors.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, reminded Member States that the "triple billion" goals could not be achieved without improved engagement with non-State actors. Acknowledging the challenges resulting from the growing number of non-State actors, she expressed concern that the proposed restrictions on interventions would diminish their contributions, especially if there was insufficient prior consultation with non-State actors themselves on the proposed constituencies. She urged the Secretariat to improve communication with non-State actors ahead of the Seventy-third World Health Assembly.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that the legitimacy and effectiveness of global health policy necessitated civil society input. A genuine plurality of views must be preserved; however, there were few existing or natural constituencies in WHO. Constituency building was a long and fraught process that inherently risked giving an unfair advantage to the largest and most powerful. Reform required investment in shaping future engagement modalities, including through online forums. Broad constituency building should be formally integrated into governance processes and facilitated through regional meetings.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, acknowledged the Secretariat's efforts to develop meaningful civil society involvement. However, in view of the large number and diversity of non-State actors and the multiplicity of issues addressed at the meetings, the constituency proposal was deeply flawed and stood in stark contrast to the customary practice of civil society engagement at other Geneva-based United Nations organizations. He called on the Board to defer its decision and requested the Secretariat to present a revised proposal to the 148th session of the Board.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged the Secretariat and Member States to protect democratic multilateralism and civil society's constitutional right to formal participation in WHO governance, and to reflect on the political and strategic action needed beyond the governing body meetings to preserve and extend the opportunity for civil society to contribute to national and global governance processes.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed deep concern regarding the level of dissatisfaction with current modalities. She strongly requested the Secretariat to not restrict the number of non-State actor delegates, to enable meaningful youth participation. The delivery of non-State actor statements early in the discussion was fully endorsed as a means of increasing their impact. A clear implementation plan for new modalities, with structured deliverables and non-State actor input, was needed to be able to evaluate the usefulness of any proposal.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that the proposed changes reduced meaningful engagement with civil society. Granting commercial entities the status of being in official relations with WHO had not been foreseen in the WHO Constitution; it would introduce confusion and give corporations unprecedented intelligence gathering and influence. Thus, she called for the Secretariat to withdraw the proposal for an

informal meeting. Additionally, she requested the Secretariat to not sunset key resolutions, especially on marketing; correct its definition of conflict of interest; and safeguard WHO's independence.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR and supported by PATH, welcomed efforts to enhance non-State actor engagement. However, the proposal to limit the size of delegations of non-State actors would only jeopardize the sharing of diverse perspectives. The pursuit of streamlined governing body agendas should not be to the detriment of meaningful non-State actor engagement. The proposed informal meeting, if pursued, must be a real opportunity to contribute to governing body debates.

The EXECUTIVE DIRECTOR (External Relations and Governance), highlighting the complexity of making changes to the involvement of non-State actors in WHO governance, noted Member States' cautious appetite for changes towards more meaningful engagement. Recognizing that full consensus might never be reached, she said that the Secretariat would focus on starting to implement the proposals for which there was a consensus and look at ways to gauge the broad range of opinions among non-State actors on other issues, keeping in mind the Organization's mandate to help achieve the health-related Sustainable Development Goals.

The DIRECTOR (Health and Multilateral Partnerships) said that neither the Secretariat nor non-State actors wanted to reduce the speaking time of non-State actors and he agreed that it was in everyone's interests to ensure meaningful engagement. He would therefore welcome constructive proposals on how to move forward and he said that the comments made during the current session of the Board and during the online consultation would also be taken into account. He strongly encouraged Member States to hold national listening sessions and engage with non-State actors at the national level prior to governing body meetings. Regional offices could also create spaces for interaction, such as the Africa Health Forum or separate accreditation procedures, and steps were being taken to ensure more systematic online consultation. Concerning the proposal to organize non-State actors into constituencies, he said that non-State actors would have to accept a limitation on the number of statements to be delivered if they wished to have longer interventions earlier in the debate. However, that process still needed to be carefully considered, and a thorough review would be conducted to determine the appropriate maximum number of constituencies. Lastly, he suggested that the Secretariat submit a full proposal concerning the informal meeting to be considered at the 148th session of the Board.

The CHAIR suggested that reforms such as more systematic online consultations could be implemented quite quickly, while the proposed informal meeting was a larger project with broader financial implications that would need to be carefully designed in order to ensure meaningful dialogue between non-State actors and governments.

He asked the Board whether it was ready to ask the Secretariat to consult further with non-State actors and Member States on the more complex proposals set out in the report and to submit specific proposals concerning those matters to the 148th session of the Board. Additionally, he asked whether the Board was prepared to request the Secretariat to begin implementing some of the proposed actions immediately.

The EXECUTIVE DIRECTOR (External Relations and Governance) said that the Secretariat agreed that more informal consultations should be conducted over the coming months. However, she suggested that some of the proposals could still be trialled at the 147th session of the Board, so that the Board would be better informed when it came to making a final decision.

The representative of the UNITED STATES OF AMERICA said that the interventions made by non-State actors unanimously pointed to the need for further consideration. She welcomed the proposal to implement certain proposals at the 147th session of the Board, while the dialogue with non-State

actors continued during the intersessional period. The wide diversity of views of different types of actors should be taken into account. Concerning the proposal to limit the number of statements delivered by non-State actors, she suggested that the maximum number of statements could be provided as a range rather than a specific number. The Secretariat should also increase its efforts to brief and interact with non-State actors. She agreed that the Board should discuss the proposed informal meeting at the 148th session of the Board.

The representative of BRAZIL agreed with the proposal to trial certain proposals at the 147th session, including the introduction of constituencies, and to discuss the more complex issues, including the proposed informal meeting, at the 148th session of the Board. A decision could then be made prior to the Seventy-fourth World Health Assembly. That approach would allow time for further consultations with non-State actors.

The CHAIR said that it was important not to prevent non-State actors from participating in the debate at governing body meetings. However, in order to allow non-State actors to make a meaningful contribution, he encouraged them to focus their statements on agenda items related to their core mandates.

He took it that the Board wished to note the report contained in document EB146/33 and to request the Secretariat to submit a revised version of the report at the 148th session of the Board and to implement constituency statements for a limited number of agenda items on a trial basis at the 148th session of the Board.

It was so agreed.

World health days: Item 22.3 of the agenda (document EB146/36)

The CHAIR invited the Board to take note of the report contained in document EB146/36 and to consider the Secretariat's proposal to conduct a study on world health days, as outlined in subparagraphs 2(a) to 2(d).

The representative of TAJIKISTAN highlighted the usefulness of world health days and the activities carried out in his country to promote them.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, asked the Secretariat whether it would be able to submit the report on the study's findings for discussion at the Seventy-third World Health Assembly under the agenda item on WHO reform, in order to avoid delays and given the importance attached to the issue by Member States.

The representative of INDONESIA, highlighting the useful role that world health days played, said that proper guidance, monitoring and evaluation tools were needed to ensure that they were effective, efficient, relevant and fulfilled certain criteria. The date selected for a world health day should not coincide with other such days and should be of relevance to the health issue covered. New world health days should be formally established through a United Nations or Health Assembly resolution.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that the study should take account of national and regional differences and preferences, include a cost-benefit analysis and determine whether world health days had a positive impact on the core mandate of the health sector. He encouraged the Secretariat to conduct extensive consultations with Member States in that regard.

The representative of BRAZIL, outlining the key role that world health days played at the global, regional and country levels, said that the Secretariat's proposed study should focus on the political and programmatic importance of world health days rather than on their cost implications. The criteria for establishing world health days needed to be more flexible whereas the guidelines on WHO's role should be stricter and focus on ensuring equity in terms of the financial resources allocated to different world health days. Social media could be used as a cost-efficient communication tool, and Member States, regional offices and other partners could also provide additional political, financial and human resources. He supported the proposal to link world health days with implementation of the Organization's general programme of work and programmatic priorities.

The representative of the UNITED STATES OF AMERICA recommended that the study include a cost-benefit analysis of world health days and review the impact of world health days and how to improve education and awareness mechanisms and effectiveness. For future budget considerations, the study should provide information on the annual costs of world health days and estimates of the financial and other resources needed to implement related activities.

The representative of the UNITED ARAB EMIRATES supported the proposal to include the report on the agenda of the Seventy-third World Health Assembly.

The representative of SLOVAKIA¹ welcomed the proposal to link world health days with implementation of the general programme of work. However, the process of conducting the study was too slow, and more clarification was needed regarding WHO's role in world health days. Given that world health days had to be formally established through governing body resolutions, she suggested using sunseting practices to reduce their number and group them based on the type of disease or their link with the general programme of work, or by region.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their guidance, which the Secretariat would consider with a view to conducting a more comprehensive study. She confirmed that the Secretariat would be able to submit the revised report to the Seventy-third World Health Assembly.

In reply to a request for clarification from the representative of BRAZIL, the LEGAL COUNSEL said that, in keeping with the rules of procedure, the report could be included under the agenda item on WHO reform at the Seventy-third World Health Assembly if the Board regarded it as relevant to WHO reform.

The CHAIR said that he would prefer not to increase the number of items on the agenda of the Seventy-third World Health Assembly. He suggested that the matter might be discussed under a separate item on the agenda of the Executive Board at its 147th session. If the Board nevertheless decided that it should be discussed at the Health Assembly, it should be included under the item on WHO reform.

The representatives of AUSTRALIA, FINLAND and GERMANY said that, in view of its importance for the membership, the matter should be taken up by the next Health Assembly. They could agree to its discussion under the item on WHO reform.

The representative of BRAZIL said that, while he would prefer the matter to be discussed under a separate item on the agenda of the 147th session of the Executive Board, he could agree to its

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

discussion at the Health Assembly under WHO reform provided that such action would not mean adding another item to the already heavy agenda.

The representative of KENYA endorsed the comments of the representative of Brazil.

The representative of TAJIKISTAN said that, in view of its complexity, the issue should be considered further by the Executive Board at its 147th session.

The representatives of AUSTRIA, ITALY and ROMANIA said that the matter should be discussed at the Seventy-third World Health Assembly.

The representative of ESWATINI said that it was his understanding that the report would have to be considered by the Board before discussion at the Health Assembly. The matter should be discussed by the Executive Board at its 147th session.

The LEGAL COUNSEL said that, although it was customary for agenda items for the Health Assembly to be prepared by the Executive Board, there were exceptions to that practice.

The representative of ZAMBIA said that the report should first be discussed by the Executive Board at its 147th session. The representatives of ARGENTINA, CHILE and JAPAN agreed, but said that they were willing to demonstrate flexibility.

The CHAIR, noting that opinions were divided, proposed that further discussion of the agenda item should be deferred pending informal consultations.

It was so agreed.

(For continuation of the discussion, see the summary record of the fifteenth meeting, section 2.)

6. MANAGEMENT MATTERS: Item 23 of the agenda (continued)

Evaluation of the election of the Director-General of the World Health Organization: Item 23.2 of the agenda (documents EB146/39 and EB146/39 Add.1)

The CHAIR drew attention to the report contained in document EB146/39 and to the draft decision contained in the annex thereto. The financial and administrative implications of adopting the draft decision were set out in document EB146/39 Add.1.

The representative of GHANA,¹ speaking in his capacity as Chair of the informal consultations on the evaluation of the election of the Director-General of WHO, recalled that the Executive Board had decided, at its 145th session, to hold intersessional consultations to discuss the issues raised in document EB144/35. The annex to document EB146/39 presented the results of those informal consultations, which had been held on 20 September and 9 October 2019.

The representative of BRAZIL, referring to paragraph 3 of the annex to document EB146/39, asked what the consequences would be for the candidates of a failure to comply with the requirements

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

for disclosure of information on grants or aid funding to other Member States at candidates' forums. Alternative methods should be proposed for the selection of questions, since both options set out in paragraph 10 were too prescriptive. Advancing the deadline for the submission of proposals to enable all candidates to present themselves on the sidelines of WHO regional committee sessions would entail financial implications for the Organization. Moreover, as all candidates might not be able to attend, it could lead to imbalances in the election campaign, possibly to the detriment of candidates from developing countries. It would be more cost-effective to organize a second forum in Geneva between the Executive Board session and the Health Assembly and thus give all candidates an opportunity to engage with a far broader audience. Accordingly, his Government did not support paragraph 5 of the draft decision. He expressed support for the establishment within the Secretariat of a unit with operational independence, and asked to whom it would report.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, expressed support for the disclosure of amounts and sources of funding for campaign activities and for the establishment of an independent external group to oversee compliance with the code of conduct. He also expressed support for merging questions, asking candidates to answer one-by-one and giving them more time to respond. As many African Member States would not be able to attend a second interactive session between the Executive Board and the Health Assembly, a more inclusive mechanism should be explored. Services would be piloted in the Region to gauge the feasibility of broadcasting candidates' forums. Member States of the Region were in favour of the current paper-based voting system but also of investigating the use of technology to speed up counting. He supported the draft decision with the amendments proposed in the appendices.

The representative of AUSTRALIA said that her Government had, overall, been very satisfied with the process by which the Director-General had been elected in 2017. It nevertheless welcomed the recommendations made during the informal consultations and supported the draft decision. Webcasts of candidate interviews, which would heighten transparency and benefit those Member States unable to attend the interviews, were currently prevented by Rule 7 of the Rules of Procedure of the Executive Board. To address that issue, she suggested that the final paragraph of Rule 7 should be amended to begin "With the exception of meetings at which candidates for the post of Director-General are interviewed".

The representative of the UNITED STATES OF AMERICA said that her Government had been largely satisfied with the process to elect the Director-General in 2017. It had nonetheless welcomed the consultations, which had led to agreement on measures for greater efficiency, transparency and more meaningful contact between Member States and candidates throughout the election process. The potential resource implications of compliance mechanisms for the code of conduct, including making the code legally binding, should be spelled out. In terms of avoiding duplication in candidates' forums, the first option set out in paragraph 10 of the Chairperson's report was preferable. She supported the draft decision and the amendment to the Rules of Procedure proposed by the representative of Australia.

The representative of SINGAPORE said that the proposed changes to the election process would build confidence in the process of electing the Director-General. He fully supported the disclosure of campaign funding and asked what level of detail would be required from Member States and candidates. Adequate resources should be allocated to cover the proposed changes to the candidates' forums, which would inevitably lengthen the campaign period.

The meeting rose at 12:35.

= = =