PROVISIONAL SUMMARY RECORD OF THE FIFTEENTH MEETING

WHO headquarters, Geneva
Saturday, 8 February 2020, scheduled at 13:20

Chair: Dr H. NAKATANI (Japan)

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

1. 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) (continued)

The representative of CANADA welcomed the Secretariat’s efforts to ensure a fair, transparent and inclusive election process and the consensus achieved in several areas, but expressed concern at the length of the campaign, which could detract from WHO’s core work and incur significant expenses. She wondered how long similar campaigns lasted in other United Nations agencies. She supported the changes to improve transparency, including disclosure of campaign funding and the public broadcasting of candidates’ forums. She requested more information on how other intergovernmental organizations dealt with compliance issues in their codes of conduct. She supported the proposal from the representative of Australia to amend Rule 7 of the Rules of Procedure of the Executive Board to allow the interviews in the Executive Board to be webcast to the public, which would enhance transparency. The Secretariat must maintain impartiality during the election of the Director-General; she requested more details on how the newly established unit would maintain operational independence.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the process outlined would support the transparency, efficiency and effectiveness of the election of the Director-General. She supported the proposal from the representative of Australia to widen access to candidate interviews. She asked whether the Secretariat was exploring cost-effective and secure electronic voting systems, given the strong support for electronic voting and the findings reported by the evaluation management group in 2018. In addition to consulting other United Nations agencies, the Secretariat might also examine examples used outside the United Nations system.

The LEGAL COUNSEL said that there was no formal mechanism in place to penalize candidates for failure to comply with the Code of Conduct for the election of the Director-General of the World Health Organization. Member States had not requested the Secretariat during informal consultations to establish an oversight or compliance mechanism, but had requested it to explore how other organizations in the United Nations system approached the matter. The Secretariat would report on its findings to the Executive Board. Member States had, however, requested the Secretariat to propose language to strengthen the Code’s clause on disclosure requirements; a proposed amendment to paragraph B(II)(7) of the Code would therefore require candidates to disclose sources of funding. Member States could take any such disclosures into account when casting their votes. The Code set out the requirements for the disclosure of campaign funding and a template had been made available on the WHO website during the previous election of the Director-General to allow candidates to categorize their funding sources.

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
In paragraph 10 of the document, the Secretariat had presented two methods for selecting questions to be asked during the candidates’ forums, which had been developed based on past experience; those details had been provided for the Board’s information only and would not be subject to a decision at the current session. The decision on the modalities of the candidates’ forums would be taken either by the Board at its session preceding the event or by the Member States and Associate Members attending the forum.

In response to concerns regarding the financial implications of an extension of the campaign period, he said that the impact on resources of the longer campaign period and the extra meetings required on the margins of regional committee meetings would be borne by candidates, Member States and the Secretariat. During informal consultations, Member States had asked for the process to be extended by around one month to ensure that the final list of candidates would be published in time for consideration at meetings held on the margins of all six regional committee meetings. If the Board was not ready to accept that proposal, a swift round of informal consultations would be required; Member States could mandate the Programme, Budget and Administration Committee to consider the proposals at its thirty-second meeting and make recommendations to that effect to the Seventy-third session of the World Health Assembly.

In response to the question posed by the representative of Canada, he clarified that the dedicated unit proposed in paragraph 29 of the document would only be established if requested by the Board through the adoption of the draft decision. No decision had not yet been taken on the organizational structure, but one option would be for the unit to report to the Legal Counsel on the understanding that neither the unit nor the Legal Counsel would report to the Director-General on the work of the unit.

During the informal consultations, Member States had expressed a preference for maintaining the current paper-based voting system for the election of the Director-General, but had shown interest in the use of an optical scanner to count paper votes. The Board could request the Secretariat to pursue its examination of that option by adopting the draft decision.

Turning to the proposal from the representative of Australia, he said that the interview process in the Executive Board could indeed be publicly broadcast online subject to an amendment to Rule 7 of the Rules of Procedure of the Executive Board.

The CHAIR took it that the Board wished to note the report.

It was so agreed.

The CHAIR drew the Board’s attention to paragraph 25 of the draft decision contained in the annex to document EB146/39. He proposed adding a subparagraph 25(6), to read: “decided to amend Rule 7 of its Rules of Procedure as follows: ‘with the exception of meetings at which candidates for the post of Director-General are interviewed’”, in line with the suggestion made by the representative of Australia. Rule 7 would henceforth read: “With the exception of meetings at which candidates for the post of Director-General are interviewed, meetings of the Board related to the nomination of the Director-General as provided for in Rule 52, and for the appointment of the Regional Directors, shall be as provided in subparagraph (b) above, except that only one representative of each Member State not represented on the Board and of each Associate Member may attend without the right to participate, and that no official record shall be made”.

The representative of BRAZIL reiterated his call for additional time to discuss subparagraph 25(5). Extending the campaign period would incur higher costs and risk failure of the objectives set on transparency and engagement.

The CHAIR proposed that the chapeau of the draft decision be amended to read: “The Executive Board, having considered the report of the Chairperson of the Informal Consultations on the evaluation of the election of the Director-General of the World Health Organization, requested the Director-General
The representative of BRAZIL supported the Chair’s proposal.

The representative of AUSTRALIA agreed with the proposed amendments, but said that subparagraph 25(5) could be bracketed to clarify that its contents would be open to further discussion by Member States.

The representative of the UNITED STATES OF AMERICA supported subparagraphs 25(1) to 25(4), but agreed that subparagraph 25(5) should be amended to allow further discussion of its contents. After subparagraph 25(4), it could also be clarified that it would be the Board requesting the Secretariat to take the action contained therein.

The representative of BRAZIL said that merely bracketing subparagraph 25(5) would not be sufficient; a process of further discussions on subparagraph 25(5) would have to be established. If subparagraph 25(5) was bracketed, it would appear in the whole text to be submitted to the Seventy-third session of the World Health Assembly, together with all the other subparagraphs. He therefore proposed that the Board approve subparagraphs 25(1) to 25(4) only and submit them to the Seventy-third session of the World Health Assembly. Subparagraph 25(5) should become a new subparagraph under a new chapeau worded as proposed by the Chair. Those new proposals would first be considered separately in informal consultations with Member States, before being sent to the thirty-second meeting of the Programme, Budget and Administration Committee for its consideration and subsequently to the Seventy-third session of the World Health Assembly for consideration of the entire package.

The representative of AUSTRALIA supported the proposal made by the representative of Brazil.

The LEGAL COUNSEL said that some of the recommendations under subparagraph 25(1) referred to events to take place on the margins of meetings of the regional committees. If Member States accepted the proposal made by the representative of Brazil, it would therefore be advisable to bracket subparagraph 25(1) as well as subparagraph 25(5).

The representative of BRAZIL said that any aspects of subparagraph 25(1) that the Board was not yet ready to approve, namely aspects related to the length of the campaign period, could be included under the new chapeau alongside the contents of subparagraph 25(5).

The LEGAL COUNSEL, clarifying the proposal before the Board, said that a new paragraph containing the chapeau proposed by the Chair and the contents of subparagraphs 25(1) and 25(5) would be added to the draft decision and subsequently discussed in informal consultations with Member States, followed by consideration by the Programme, Budget and Administration Committee and the World Health Assembly. The current chapeau of paragraph 25 would become the chapeau of a second new paragraph in the draft decision, under which the contents of subparagraphs 25(2), 25(3) and 25(4) would be included, as well as a new subparagraph containing the proposed amendment to Rule 7 of the Rules of Procedure of the Executive Board. The new paragraph would therefore contain only requests from the Board for the Secretariat to take action without further consultation with Member States.
The representative of the UNITED STATES OF AMERICA said that, in the interests of precision, the new paragraph containing the proposals in subparagraphs 25(1) and 25(5) should clearly specify that the informal consultations would concern the length of the campaign period.

The LEGAL COUNSEL proposed amending the new paragraph to include the wording “concerning the length of the campaign period”.

The CHAIR took it that the Board wished to accept the proposal contained in paragraph 25 of the annex to document EB146/39 as amended.

It was so agreed.

The CHAIR also took it that the Board wished to accept the Secretariat’s proposal contained in paragraph 26 of the annex to document EB146/39.

It was so agreed.

The representative of the UNITED STATES OF AMERICA said that the wording of paragraph 27 and 28 of the annex should be amended to specify that the Board would be requesting the Secretariat to carry out the actions outlined therein. She further noted that the reference to the 147th session of the Executive Board in paragraph 28 might not be appropriate and should be removed.

The CHAIR took it that the Board wished to accept the Secretariat’s proposals contained in paragraphs 27 and 28 of the annex to document EB146/39, as amended.

It was so agreed.

The CHAIR also took it that the Board wished to accept the Secretariat’s proposal contained in paragraph 29 of the annex to document EB146/39.

It was so agreed.

The decision was adopted, as amended.¹

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

World health days: Item 22.3 of the agenda (document EB146/36) (continued from the fourteenth meeting, section 1)

The CHAIR presented a package of proposals to the Board that he had prepared following the informal consultations held on the agenda item. First, world health days would be discussed at the Seventy-third session of the World Health Assembly, under the agenda item on WHO reform; second, caution must be exercised in future with regard to adding topics for discussion under the WHO reform item; third, the discussion on the proposed neglected tropical diseases day would be postponed until after the Health Assembly discussion on world health days; fourth, no more additions would be made to the agenda of the Seventy-third session of the World Health Assembly; and fifth, the Secretariat would

¹ Decision EB146(22).
prepare the item on maternal, newborn, child and adolescent health ready for discussion at the Seventy-fourth session of the World Health Assembly. While no further agenda items were to be added to the Seventy-third session of the World Health Assembly, the Nagoya Protocol needed to be addressed in an interactive session; the Secretariat could consider how best to accommodate that session.

The representative of GERMANY expressed her Government’s support for the Chair’s package of proposals.

The representative of BRAZIL said that his Government supported the Chair’s proposals, which offered a carefully considered compromise. However, he emphasized that it had been ready to support making a decision on the proposed day dedicated to neglected tropical diseases at the current Board session. The study on world health days to be conducted by the Secretariat could commence forthwith, using any benchmark. The discussion on the issue should be concluded as soon as possible; the proposal to have the discussion during the Seventy-third session of the World Health Assembly would attain that objective. However, he wanted to make clear that by inserting the discussion on world health days into the Health Assembly agenda item on WHO reform no additional agenda item was being created.

The representative of the UNITED STATES OF AMERICA supported the proposal made by Germany on behalf of the European Union and the clarification given by the representative of Brazil. She requested that the Secretariat’s report be made available sufficiently ahead of the Seventy-third session of the World Health Assembly to give Member States time to consider it.

The representative of FINLAND, supporting the Chair’s proposals, expressed appreciation for the plan for the Secretariat arrange a strategic dialogue on the Nagoya Protocol during the Seventy-third session of the World Health Assembly.

The representative of ESWATINI supported the Chair’s proposals and the request made by the representative of the United States of America. He drew attention to the fact that, following a specific request made at the previous Board by the Member States of the African Region, an item on maternal, newborn, child and adolescent health had been scheduled for discussion at the Seventy-third session of the World Health Assembly, but had not been included.

The representative of ISRAEL supported the Chair’s proposals.

The SECRETARY said that, in accordance with its mandate, the Secretariat should include an item on maternal, newborn, child and adolescent health every other year; following the established schedule, the Secretariat should therefore have included the item on the agenda of the Seventy-third session of the World Health Assembly. However, a request had been made to include it as an exception on the agenda of Seventy-second session of the World Health Assembly. Subsequently, it had been omitted from the agenda for the Seventy-third session of the World Health Assembly.

The representative of ESWATINI asked for clarification on whether the item would indeed be included on the agenda of the Seventy-third session of the World Health Assembly.

The CHAIR reiterated that no more items could be added to the agenda, but noted that it might be possible to include the topic in another suitable item, as had been the case with world health days.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat would not be ready to provide sufficient information to prepare a document for the Seventy-third session of the World Health Assembly. It also wished to take into consideration the outcome of the work undertaken on the Year of
the Nurse and Midwife 2020, which would be discussed at the 2020 Health Assembly. She therefore proposed that the item on maternal, newborn, child and adolescent health be added to the agenda of the Seventy-fourth session of the World Health Assembly.

The representative of ESWATINI accepted the Secretariat’s explanation, but called for more transparency from the Secretariat in future when delays arose in preparing agenda items.

The representative of BRAZIL sought further clarification on whether the discussion on the proposed neglected tropical diseases day would be taken up during or after the discussion on world health days during the Seventy-third session of the World Health Assembly.

He thanked the representative of Finland both for her flexibility in considering the withdrawal of her Government’s request for an additional item on the Nagoya Protocol, and for bringing the issue of the public health implications of the Nagoya Protocol and the international biodiversity regime to the Board’s attention, which his Government agreed was important to discuss. Welcoming the Secretariat’s proposal to include a side meeting on the issue at the Health Assembly, he emphasized the need for that meeting to be as inclusive as possible, taking into account the difficulties that smaller delegations might encounter during a Health Assembly with such a heavy agenda in a shorter time frame, and for the Secretariat to engage fully with the secretariats of the Convention on Biological Diversity and the Nagoya Protocol. He supported the proposal, on the understanding that the side meeting would be informal and with no outcomes expected to be produced.

The CHAIR asked the Secretariat if a way could be found to discuss the proposed neglected tropical diseases day at the Seventy-third session of the World Health Assembly, given the widespread interest of Member States in discussing the topic.

The representative of BRAZIL suggested that the report on world health days that would be presented to the Health Assembly could contain a proposal on the establishment of a world health day on neglected tropical diseases.

The representative of GERMANY said that she was ready to work with other Member States on world health days, including the proposed day on neglected tropical diseases.

The Board noted the report and agreed the Chair’s proposed package of proposals.

Provisional agenda of the Seventy-third World Health Assembly and date and place of the 147th session of the Executive Board: Item 22.4 of the agenda (documents EB146/37, EB146/37 Add.l and EB146/52) (continued from the twelfth meeting, section 1)

The CHAIR invited the Director (Governing Bodies) to review the amendments proposed to the provisional agenda of the Seventy-third session of the World Health Assembly.

The DIRECTOR (Governing Bodies) recalled that two amendments, one on the retitling of item 19.6 of the agenda from “Update on the Infrastructure Fund” to “Geneva buildings renovation strategy”, and one on moving the discussion on “Smallpox eradication and destruction of variola virus stocks” from Item 15 to Item 32.1, had been agreed at an earlier meeting of the current session of the Board. The Secretariat had also clarified that no item on the “Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)” would be added to the agenda. He noted that the amendment proposed by the representative of Finland to add a new agenda item on “Public health implications of the implementation of the Nagoya Protocol” had been left outstanding.
The representative of FINLAND withdrew her proposed amendment to the agenda.

The CHAIR took it that the Committee agreed to adopt the draft decision contained in EB146/37, as amended.

The decision, as amended, was adopted.¹

The representative of ISRAEL said that her delegation disassociated itself from the proposed item 18 of the agenda on “Health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan” as a stand-alone item. She did not support the inclusion of item 18 or any political items on the provisional agenda for the Seventy-third session of the Health Assembly.

The observer of PALESTINE thanked the countries who had voted for maintaining the discussion of the Director-General’s Report in Committee B of the Seventy-third session of the World Health Assembly. The vote confirmed a common vision on health for all, solidarity and humanitarian cooperation that left no one behind. He reaffirmed that he had been there only to talk about issues related to health in the occupied Palestinian territory. The presence of Palestine at WHO was solely as an observer and he was not seeking in any way to become a Member. Such an approach would have a very negative effect on the funding of most health programmes in developing countries.

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

3. NEGLECTED TROPICAL DISEASES: Item 13 of the agenda (continued from the tenth meeting, section 1)

The representative of the UNITED ARAB EMIRATES formally withdrew the draft decision the Government had proposed on a world health day dedicated to neglected tropical diseases.

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

4. COMMITTEES OF THE EXECUTIVE BOARD: Item 24 of the agenda (continued)

Foundation committees and selection panels: Item 24.3 of the agenda (document EB146/44)

Dr A.T. Shousha Foundation Prize

No Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, considered the nominations of the four candidates and decided not to award the Dr A.T. Shousha Foundation Prize for 2020.

¹ Decision EB146(23).
Ihsan Doğramacı Family Health Foundation Prize

**Decision:** The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2020 to Dr Errol R. Alden of the United States of America, for his work on disease prevention and the promotion of child health and development. The laureate would receive US$ 20 000.¹

Sasakawa Health Prize

**Decision:** The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2020 to the Geo-RIS (Sistema Geoespacial de las Redes Integradas de Salud (Geospacial System of Integrated Health Networks)), Dirección General de Aseguramiento e Intercambio Prestacional del Ministerio de Salud, of Peru, for promoting the reorganization of primary health care services and for providing a computer tool to automate the processing of demographic and geo-referenced information. As Geo-RIS was a programme, and not a natural person or legal entity, the prize would be formally awarded to the Ministry of Health of Peru. The laureate would receive US$ 30 000.²

United Arab Emirates Health Foundation Prize

**Decision:** The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2020 to Ms Xi Jin of China, for increasing the efficiency and management of health systems. The laureate would receive US$ 20 000.³

Dr LEE Jong-wook Memorial Prize for Public Health

**Decision:** The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2020 to two nominees: Dr João Aprigio Guerra de Almeida of Brazil, for his work on promoting breastfeeding in Brazil, and the Sickle Cell Disease Consortium of the United Republic of Tanzania, for providing an academic and scientific environment with experience and expertise in cross-cutting skills and knowledge that served as a platform for the professional development of clinicians and scientists who were working to combat sickle cell disease. As the Sickle Cell Disease Consortium was not a natural person or legal entity, the prize would be formally awarded to Dr Julie Makani, in her capacity as representative of the Sickle Cell Disease Consortium. The laureates would each receive US$ 50 000.⁴

¹ Decision EB146(24).
² Decision EB146(25).
³ Decision EB146(26).
⁴ Decision EB146(27).
His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

**Decision:** The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2020 to Professor Gunhild Waldemar of Denmark, for her contribution to research in health care for older adults and for her contribution to the advancement of health care and quality of life of people with dementia. The laureate would receive US$ 20 000.1

Nelson Mandela Award for Health Promotion

**Decision:** The Executive Board, having considered the report of the Nelson Mandela Award Selection Panel, awarded the 2020 Nelson Mandela Award for Health Promotion to two nominees: the Equi-Sastipen-Rroma Network of Spain, for its work in developing health promotion interventions, fostering social inclusion and preserving Roma identity, and Professor Dame Sally Davies of the United Kingdom of Great Britain and Northern Ireland, for her health promotion work. As the Equi-Sastipen-Rroma Network was not a natural person or a legal entity, the award would be formally awarded to the Network’s coordinating organization, the Asociación Gitana UNGA. Each laureate would receive a plaque.2

The CHAIR encouraged Member States to consider in future putting forward candidates working on issues that were less well known.

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

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

The public health implications of implementation of the Nagoya Protocol: Item 15.4 of the agenda (document EB146/19)

The CHAIR drew attention to the report contained in document EB146/19 and invited the Board to endorse the proposed next steps in implementing decision WHA72(13) presented in paragraphs 20–25. The Board was also invited to provide further guidance.

The representative of BRAZIL said that, while an exchange framework for influenza had been clearly established in the form of the Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits, the same was not true for other pathogens. The primary concern was enabling access to the necessary health products and engaging in technical cooperation. Member States should continue to work with the Secretariat within its existing mandate to better understand the challenges, opportunities and problems with the current regulatory situation. More detailed information was needed on pathogen-sharing arrangements in which WHO played a role. The

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1 Decision EB146(28).
2 Decision EB146(29).
timely sharing of pathogens for public health purposes must take place in conformity with each country’s sovereign rights over its genetic resources.

The representative of GERMANY, speaking on behalf of the European Union, said that it was hoped that the Secretariat’s survey on implementation of the Nagoya Protocol would help address the risk of a delayed response to health emergencies. Upcoming discussions in the meeting of the Parties to the Nagoya Protocol on specialized international access and benefit-sharing instruments would be relevant to the PIP Framework, which could be considered as one such instrument. She encouraged the health ministries of all Parties to the Convention on Biological Diversity and the Nagoya Protocol to contribute to the development of national or regional positions ahead of the 2020 Conference of the Parties to the Convention and Meeting of the Parties to the Protocol. The Secretariat should also continue its collaboration with the Secretariat of the Convention on Biological Diversity.

The representative of GABON, speaking on behalf of the Member States of the African Region, praised the Secretariat’s ongoing collaboration with the Secretariat of the Convention on Biological Diversity. He also commended the Secretariat’s improved internal coordination with respect to pathogen-sharing at all three levels of the Organization and its engagement in important dialogue with other institutions and funds, United Nations programmes and non-State actors. He endorsed the proposed next steps in implementing decision WHA72(13).

The representative of CHINA called on Member States to share the benefits arising from their utilization of pathogens in an equitable manner. The Secretariat should uphold the principles of fairness and transparency in its cooperation and consultations with partners and continue to conduct surveys of existing practices and arrangements. Given the threat posed by dangerous new pathogens, the Secretariat should focus on biosafety management and control and actively participate in establishing an international pathogen-sharing framework agreement that took countries’ laws and regulations into account.

The representative of AUSTRALIA said that due consideration must be given to the timely sharing of biological resources, especially when a health emergency was imminent. She commended WHO’s work in that regard and its efforts to learn from countries’ experiences in implementing access and benefit-sharing measures.

The representative of the UNITED STATES OF AMERICA called for the rapid and transparent sharing of genetic-sequencing data, virus isolates and clinical specimens in response to the recent outbreak of novel coronavirus infection. He encouraged states Parties to the Nagoya Protocol to ensure that its implementation in their countries did not contribute to delays or disruptions in the sharing of novel coronavirus samples, clinical specimens or genetic-sequencing data. The Secretariat should provide Member States with opportunities for discussion and engagement before the final report called for in decision WHA72(13) was completed, including at the Seventy-third World Health Assembly and the 2020 regional committee meetings.

The representative of INDONESIA said that the Secretariat’s survey should be focused on gathering more specific information about pathogen-sharing measures taken under the auspices of WHO. More Member States should commit to the agreed timeline for responding to the survey, so that other countries had time to process the information and make informed policy decisions as a result.

The representative of JAPAN said that special consideration should be given to sample-sharing when implementing the Nagoya Protocol. A mechanism like the PIP Framework might be considered for other pathogens, and he called for more discussion among Member States, with Secretariat support,
to address that possibility. The Secretariat should continue to analyse the public health implications of the Nagoya Protocol and inform Member States of the results.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, stressed the importance of the rights protected by the Convention on Biological Diversity and the Nagoya Protocol, which touched upon issues of national sovereignty. The Secretariat should provide technical support to Member States in: drafting national legislation and policy under the Protocol; promoting research that contributed to the conservation and sustainable use of biodiversity; raising awareness of the importance of genetic resources and related traditional knowledge; and building their human resource and institutional capacities.

The representative of THAILAND\(^1\) expressed support for making the PIP Framework a specialized access and benefit-sharing instrument under the Nagoya Protocol. She endorsed the proposed next steps contained in document EB146/19, but considered the timeline to be too slow. The outbreak of novel coronavirus infection was an opportunity to develop an efficient global pathogen-sharing system. The Secretariat should use its experience with dealing with the novel coronavirus infection outbreak to support Member States in reaching agreement on a rapid system as soon as possible.

The representative of SWITZERLAND\(^1\) said that pathogen- and benefit-sharing was essential to global influenza surveillance and response. The WHO survey into existing pathogen-sharing practices and arrangements was therefore welcome.

The representative of INDIA\(^1\) said that the survey focused on identifying laws and practices that impeded the timely sharing of pathogens, rather than on legislation that facilitated access and benefit-sharing. The survey results could be used to harmonize national laws and regulations. WHO should clarify its position on genetic-sequencing data and provide more information about pathogen-sharing taking place under its auspices. He echoed calls to consider developing one or more specialized instruments for pathogens other than influenza, modelled on the PIP Framework.

The representative of the ISLAMIC REPUBLIC OF IRAN\(^1\) said that including the “main considerations raised and options proposed by Member States and stakeholders” in the summary of the final report, as proposed in the next steps in implementing decision WHA72(13), went beyond what was called for in the decision. The survey questions were too general and occasionally vague or imprecise, and some key questions were missing. When facing a public health emergency, fair and equitable benefit-sharing was crucial and should include the prompt sharing of research results, technologies and affordable treatments and vaccines.

The representative of THE GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, urged Member States to ensure their legislation implementing the Nagoya Protocol allowed for the timely sharing of the genetic material necessary to developing drugs, vaccines and diagnostic tools. The WHO should continue to assess the Protocol’s impact on public health and to review existing pathogen-sharing legislation. Member States should formally recognize international pathogen-sharing policies that benefited public health.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that timely benefit-sharing in the form of access to treatment, technologies and knowledge was crucial. The PIP Framework provided a concrete example

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\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
of how access and benefit-sharing could advance public health. She cautioned against scaremongering about the Nagoya Protocol and urged Member States to support its implementation.

The CHIEF SCIENTIST acknowledged that the survey had its limitations; the Secretariat had striven to collect the minimum information necessary without burdening respondents with overly detailed questions. After analysis of the results, the Secretariat might need to request further details and conduct in-depth interviews with key informants and stakeholders. Data was also being collected from all WHO technical departments, and an internal group had been established to discuss the sharing mechanisms used by those departments.

She cited China’s timely sharing of genetic sequences through the Global Initiative on Sharing All Influenza Data as an example of information sharing with a clear public-health benefit. However, it was important that the benefits arising from the later development of vaccines, therapies, monoclonal antibodies and other products were also shared equitably in the spirit of the Nagoya Protocol. Future discussions should focus on ensuring that public health goods were recognized as such and made available where they were needed.

Discourse around the Protocol had often been driven by ministries of environment and agriculture, but health ministries should be sure to engage in discussions leading up to the Conference of the Parties to the Convention on Biological Diversity to raise awareness about the public health implications of regulations enacted under the Protocol. She acknowledged the call for institution strengthening, workforce training and technical support.

Recognizing the complexity of the issue and Member States’ diverging positions on whether the Organization was moving too slow or too fast, she stressed that the end goal was to reach an agreement that was fair, equitable and built upon sufficient consultation. The Secretariat would continue to consult with stakeholders and strive to present a comprehensive final report that Member States could use to make further recommendations. In addition to one-on-one meetings, discussions with academics, researchers, scientists and government officials would also be organized.

The Board noted the report and endorsed the proposed next steps.

Cholera prevention and control: Item 15.5 of the agenda (document EB146/20)

The CHAIR drew the Board’s attention to the report contained in document EB146/20.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that she was pleased with global progress on cholera prevention and control in the face of persistent challenges. Her country’s experience in combating a cholera outbreak in late 2019 had shown that a multisectoral approach was crucial. Active community involvement in awareness-raising, home visits and the immunization campaign had also proven to be a successful, potentially scalable model that should be consolidated and legitimized. She urged the Secretariat to support surveillance efforts by public health laboratories and resource mobilization for preparedness and response in at-risk areas. Health systems and their preparedness mechanisms should be strengthened at the local and national levels.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that countries in his Region had adopted the Regional Framework for the Implementation of the Global Strategy for Cholera Prevention and Control, which aimed to reduce by 90% the magnitude of cholera outbreaks particularly among vulnerable populations. Analysis and identification of cholera-prone areas were being carried out using standardized techniques, and countries’ epidemiological surveillance capacities had been strengthened. For the Framework to produce results, partnerships and coordination mechanisms must be strengthened at all levels. Strong leadership and political engagement would also be needed, along with resource mobilization to sustain key
interventions such as mass immunization campaigns in at-risk communities. The Secretariat should increase its support to Member States in drafting multisectoral response plans and implementing the global road map to 2030.

The representative of CHILE said that multisectoral work was needed to address cholera risk factors in a timely manner. Prevention and control measures would not only strengthen public health and surveillance systems, but also improve people’s environments by ensuring better water, sanitation and hygiene solutions. It was essential for the Secretariat and Member States to share information on managing outbreaks and accessing cholera vaccines, particularly during water shortages and droughts, in a more effective manner.

The representative of ZAMBIA commended the Secretariat, the Global Task Force on Cholera Control and other stakeholders for improving access to oral cholera vaccine. However, more work was needed. She called on the Secretariat and partners to provide financial, technical and material support to her Government so that it could fully implement its national cholera elimination plan, which was aligned with the global road map to 2030.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the commitments made by the Secretariat and Member States regarding cholera prevention and control. She appreciated the work of all stakeholders involved in cholera control and the support given to countries in developing cholera control and elimination plans. Multisectoral plans were essential to ensure concerted efforts. Communities must be engaged in early detection and the initial management of cases, and emphasis should be placed on early diagnosis and reporting at primary health care facilities and rapid diagnostic tests.

The representative of DJIBOUTI, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the global road map to 2030 was an effective tool for mobilizing efforts to reduce the prevalence and spread of cholera and other diarrhoeal diseases. He requested the Secretariat to further involve Member States in discussions on how to ensure that surveillance and early reporting of cholera were strengthened in line with the International Health Regulations (2005), and to encourage the use of oral cholera vaccines in prevention campaigns of countries in which cholera was endemic. Governments of those countries required technical support to implement the global road map to 2030 as well as more funding for long-term efforts to improve water, sanitation and hygiene solutions in communities.

The representative of BANGLADESH highlighted the progress made in her country in cholera control and prevention. Collaboration between ministries, sectors, development partners and donors was necessary to enhance existing interventions and eliminate transmission of the disease by 2030.

The representative of HAITI\(^1\) said that no new cases of cholera had been confirmed in his country since February 2019 thanks to the strong leadership of his Government and alignment of partners’ actions with national health guidelines. His Government would continue to take measures in prevention, including increased surveillance and deployment of vaccines, and aimed to eliminate the disease by 2022.

The representative of INDIA\(^1\) said that early detection and rapid response were critical; her Government had been taking important steps in that regard. Despite remaining gaps, a collective sense

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
of responsibility among all stakeholders and a community-based approach were key to securing a cholera-free world.

The representative of THAILAND\(^1\) said that cholera elimination required strong and equitable primary health care systems, indicator- and event-based surveillance and laboratory support for early detection and quick response. Implementation of the global road map to 2030 required political commitment to strengthen health systems. WHO must leverage its social and intellectual capital to facilitate actions towards cholera elimination and health systems strengthening.

The representative of the RUSSIAN FEDERATION\(^1\) said that a multisectoral approach, including strengthening epidemiological surveillance and health systems and improving water, sanitation and hygiene systems, was essential if cholera was to be eliminated in countries where it was still endemic. WHO efforts in such countries should be supported in line with the global road map to 2030. The work of the Global Task Force on Cholera Control and its partners to provide technical guidance on epidemiological surveillance should continue to ensure that international efforts were effective and coordinated.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) noted the consensus among Member States regarding cholera prevention and control measures and the emphasis placed on multisectoral collaboration and the need for political commitment. The Global Task Force on Cholera Control would continue to provide technical guidance and would collaborate with partners to secure increased funding for countries that required it. Governments of countries in which the disease was endemic should continue their prevention and control efforts and could count on the support of the Secretariat in that regard.

The Board took note of the report.

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

**6. MATTERS FOR INFORMATION:** Item 26 of the agenda

Reports of advisory bodies: Item 26.1 of the agenda

- **Expert committees and study groups** (documents EB146/51 and EB146/51 Add.1)

The Board took note of the reports.

**7. CLOSURE OF THE SESSION:** Item 27 of the agenda

The DIRECTOR-GENERAL thanked all Member States for their input and guidance during the 146th session of the Executive Board. Their work on emergency preparedness had sent an important message as the Secretariat and Member States worked tirelessly in response to the recent outbreak of novel coronavirus. For the disease to be eradicated, technical guidance, solidarity, collaboration,

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
transparency and the prompt sharing of data and advice were essential. Noting the significant progress made in the Democratic Republic of the Congo in the fight against Ebola virus disease, he commended the country’s Government for its leadership, health workers on the front line and all partners who had contributed. The Secretariat was continuing its work on Ebola virus disease under the three pillars of the Thirteenth General Programme of Work, 2019–2023, with impact at the country level being a main objective. He looked forward to the Decade of Healthy Ageing 2020–2030, which would give WHO the opportunity to bring together key stakeholders to improve the lives of older people, their families and communities.

After the customary exchange of courtesies, the CHAIR declared the 146th session of the Executive Board closed.

The meeting rose at 16:20.