



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

147TH SESSION

**GENEVA, 22 MAY (*de minimis*) and
16 NOVEMBER (resumed) 2020**

DECISIONS

ANNEXES

SUMMARY RECORDS

GENEVA

2020

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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

PREFACE

The 147th session of the Executive Board was held virtually using video conference technology and coordinated from WHO headquarters, Geneva, on 22 May (*de minimis*)¹ and 16 November (resumed) 2020.²

The Seventy-third World Health Assembly elected 10 Member States to be entitled to designate a person to serve on the Executive Board³ in place of those whose term of office had expired,⁴ giving the following new composition of the Board:

Designating country	Unexpired term of office ⁵	Designating country	Unexpired term of office ⁵
Argentina	2 years	Indonesia	1 year
Australia	1 year	India	3 years
Austria	2 years	Israel	1 year
Bangladesh	2 years	Kenya	2 years
Botswana	3 years	Madagascar	3 years
Burkina Faso	2 years	Oman	3 years
Chile	1 year	Republic of Korea	3 years
China	1 year	Romania	1 year
Colombia	3 years	Russian Federation	3 years
Djibouti.....	1 year	Singapore	2 years
Finland	1 year	Sudan	1 year
Gabon	1 year	Tajikistan	2 years
Germany	1 year	Tonga	2 years
Ghana	3 years	Tunisia	2 years
Grenada	2 years	United Arab Emirates	2 years
Guinea-Bissau	3 years	United Kingdom of Great Britain and Northern Ireland.....	3 years
Guyana	2 years	United States of America	1 year

The list of members and other participants is contained in documents EB147/DIV./1 Rev.1 and EB147/DIV./1 Rev.1 Resumed session.

¹ Decision EB146(12) (2020).

² Decision EB147(9) (2020).

³ Decision WHA73(5) (2020).

⁴ The retiring members had been designated by Benin, Brazil, Georgia, Iraq, Italy, Japan, Sri Lanka, Eswatini, the United Republic of Tanzania and Zambia (see decision WHA70(8) (2017)).

⁵ At the time of the closure of the Seventy-third World Health Assembly.

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AGENDA (and agenda of *de minimis* session)¹

1. Election of Chair, Vice-Chairs and Rapporteur
2. Opening of the session and adoption of the agenda
- Pillar 4: More effective and efficient WHO providing better support to countries
3. Outcome of the Seventy-third World Health Assembly
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. Managerial, administrative and financial matters
 - 5.1 Review of entitlements of members of the Executive Board
 - 5.2 Evaluation of the election of the Director-General of the World Health Organization
 - 5.3 Evaluation: annual report
 - 5.4 Hosted partnerships
 - Report on hosted partnerships
 - Review of hosted partnerships
 - 5.5 Committees of the Executive Board: filling of vacancies
6. Staffing matters
 - 6.1 Statement by the representative of the WHO staff associations
7. Matters for information: report on meetings of expert committees and study groups
8. Future sessions of the Executive Board and the Health Assembly
9. Closure of the session

¹ As adopted by the Board at its first meeting (22 May 2020).

AGENDA (ABRIDGED)¹

1. Election of Chair, Vice-Chairs and Rapporteur
 2. Opening of the session and adoption of the agenda
- Pillar 4: More effective and efficient WHO providing better support to countries
5. Managerial, administrative and financial matters
 - 5.5 Committees of the Executive Board: filling of vacancies
 8. Future sessions of the Executive Board and the Health Assembly
 9. Closure of the session
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¹ In the context of the restrictions imposed in response to the pandemic of coronavirus disease (COVID-19), and through a written silence procedure, the Executive Board has approved the arrangements for a virtual session of the Executive Board to be held, using video conferencing technology. This de minimis session will only consider an abridged version of the Provisional agenda.

LIST OF DOCUMENTS

EB147/1 Rev.2	Agenda ¹
EB147/1 Add.1	Provisional agenda (abridged)
EB147/1 (annotated)	Provisional agenda (annotated)
EB147/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB147/3	Review of entitlements of members of the Executive Board
EB147/4	Evaluation of the election of the Director-General of the World Health Organization
EB147/4 Add.1	Evaluation of the election of the Director-General of the World Health Organization Informal consultations on the evaluation of the election of the Director-General of the World Health Organization ²
EB147/4 Add.2	Evaluation of the election of the Director-General of the World Health Organization Use of optical scanners and a web forum
EB147/4 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ³
EB147/5	Evaluation: annual report
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EB147/8 and EB147/8 Add.1	Committees of the Executive Board: filling of vacancies
EB147/9	Reports of advisory bodies expert committees and study groups
EB147/10	Future sessions of the Executive Board and the Health Assembly

¹ See page vii.

² See Annex 2.

³ See Annex 3.

EB147/11	Opening of the session and adoption of the agenda Special procedures ¹
EB147/12	Closure of the session Suspension of the 147th session of the Executive Board
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Information document

EB147/INF./1	Statement by the Representative of the WHO Staff Associations
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Diverse documents

EB147/DIV./1 Rev.1	Provisional list of members and other participants
EB147/DIV./1 Rev.1 Resumed session	List of members and other participants
EB147/DIV./2	List of decisions
EB147/DIV./3	List of documents

¹ See Annex 1.

COMMITTEES¹

Programme, Budget and Administration Committee²

Ms Glenys Beauchamp (Australia), Mr Zahid Maleque (Bangladesh), Mr Nilo Dytz Filho (Brazil), Mr Patricio Herrera (Chile), Ms Zhang Yang (China), Mr Martin Essono Ndoutoumou (Gabon), Mr Björn Kümmel (Germany), Professor Dr Nila Farid Moeloek (Indonesia), Professor Itamar Grotto (Israel), Dr Hiroki Nakatani (Japan, member ex officio), Dr Rajitha Senaratne (Sri Lanka, member ex officio), Dr Sara Mohammed Osman (Sudan), Dr Sonia Ben Cheikh (Tunisia), Dr Kennedy Malama (Zambia).

Thirty-second meeting, 21–23 October 2020:³ Ms E. Wood (Australia, alternate to Ms C. Edwards), Mr Z. Maleque (Bangladesh), Mr F. Tressler (Chile), Mr M. Essono Ndoutoumou (Gabon), Mr K. Agyeman-Manu (Ghana), Mr R. Bhushan (India), Mr N. Arny (Israel, alternate to Professor I. Grotto), Dr M.A. Murashko (Russian Federation), Dr J. Puthuchearry (Singapore), Dr F. Ben Salah (Tunisia, Chair) Mr A. Al Owais (United Arab Emirates) and Ms M. Burr (United States of America, alternate to Admiral B. Giroir).

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

² Showing the membership as determined by the Executive Board in decision EB145(2) (2019).

³ See document EBPBAC32/DIV/1.

PART I
DECISIONS
ANNEXES

DECISIONS

EB147(1) Special procedures to regulate the conduct of virtual *de minimis* meetings of the Executive Board

The Executive Board, having considered the report on special procedures for the *de minimis* meeting of the Executive Board,¹ decided:

- (1) to adopt the special procedures to regulate the conduct of virtual *de minimis* meetings of the Executive Board set out in Annex 1;
- (2) that the said special procedures shall apply to the virtual *de minimis* meeting of the 147th session of the Executive Board held on 22 May 2020.

(First meeting, *de minimis* session, 22 May 2020)

EB147(2) Membership of the Programme, Budget and Administration Committee

The Executive Board appointed as members of the Programme, Budget and Administration Committee Mr Kwaku Agyeman-Manu (Ghana), Admiral Brett Giroir (United States of America), Ms Preeti Sudan (India), Mr Mikhail Albertovič Murashko (Russian Federation), Mr Abdulrahman Al Owais (United Arab Emirates) and Dr Lam Pin Min (Singapore), and for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Mr Martin Essono Ndoutoumou (Gabon), Mr Patricio Herrera (Chile), Mr Zahid Maleque (Bangladesh), Professor Itamar Grotto (Israel), Dr Abdellatif Mekki (Tunisia) and Dr Lisa Studdert (Australia), who were already members of the Committee. Dr Harsh Vardhan, Chair of the Board, and Dr Ahmed Mohammed Al Saidi, Vice-Chair of the Board, were appointed members *ex officio*. It was understood that, if any of the Committee members were unable to attend, except the two *ex-officio* members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(First meeting, *de minimis* session, 22 May 2020)

EB147(3) Membership of the Léon Bernard Foundation Committee

The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Dr Clemens Martin Auer (Austria) as a member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chair and Vice-Chairs of the Board, members *ex officio*. It was understood that if Dr Auer was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee

(First meeting, *de minimis* session, 22 May 2020)

¹ Document EB147/11.

EB147(4) Membership of the Nelson Mandela Award for Health Promotion Selection Panel

The Executive Board, in accordance with the Statutes of the Nelson Mandela Award for Health Promotion, appointed Professor Adama Traore (Burkina Faso) as a member of the Nelson Mandela Award for Health Promotion Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair and first Vice-Chair of the Board, members *ex officio*. It was understood that if Professor Traore was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.

(First meeting, *de minimis* session, 22 May 2020)

EB147(5) Appointment of representatives of the Executive Board at the Seventy-fourth World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7 (1977), appointed its Chair, Dr Harsh Vardhan (India) and its first three Vice-Chairs, Dr Ahmed Mohammed Al Saiti (Oman), Dr Patrick Amoth (Kenya), and Mr Björn Kümmel (Germany), to represent the Executive Board at the resumed session of the Seventy-third World Health Assembly and at the Seventy-fourth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chair, Ms Volda Lawrence (Guyana), and the Rapporteur, Dr Amelia Afuha'amango Tu'ipulotu (Tonga), could be asked to represent the Board.

(First meeting, *de minimis* session, 22 May 2020)

EB147(6) Place, date and duration of the 148th session of the Executive Board and the thirty-third meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that its 148th session should be convened on Monday, 18 January 2021, at WHO headquarters, Geneva, and should close no later than Tuesday, 26 January 2021. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-third meeting from Wednesday to Friday, 13 to 15 January 2021, at WHO headquarters.

(First meeting, *de minimis* session, 22 May 2020)

EB147(7) Place, date and duration of the Seventy-fourth World Health Assembly and the thirty-fourth meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that the Seventy-fourth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 24 May 2021, and should close no later than Tuesday, 1 June 2021. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-fourth meeting on Wednesday, 19 May to Friday, 21 May 2021, at WHO headquarters, Geneva.

(First meeting, *de minimis* session, 22 May 2020)

EB147(8) Limitations to physical meetings of the governing bodies: contingency arrangements

The Executive Board decided that in the event that limitations to physical meetings preclude the holding of the Seventy-fourth World Health Assembly, the 148th session of the Executive Board and the thirty-third and thirty-fourth meetings of the Programme, Budget and Administration Committee of the Executive Board in 2021 as envisaged, adjustments to the arrangements for these governing bodies meetings should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General.

(First meeting, *de minimis* session, 22 May 2020)

EB147(9) Suspension of the 147th session of the Executive Board

The Executive Board, having considered the report on the suspension of the 147th session of the Executive Board,¹ decided:

- (1) to suspend the 147th session of the Executive Board and to resume it at such date and either in Geneva or through such means as to be decided by the Executive Board or, exceptionally, by the Officers of the Executive Board in consultation with the Director-General;
- (2) that all items that have not been considered at the virtual meeting of the 147th session of the Executive Board held on 22 May 2020 will be considered by the Executive Board at its resumed 147th session.

(First meeting, *de minimis* session, 22 May 2020)

EB147(10) Special procedures for the resumed session

The Executive Board, having considered the report by the Director-General,² decided to adopt the special procedures set out in the Annex to this decision in order to regulate the conduct of the 147th session of the Executive Board (resumed) to be held on 16 November 2020.

ANNEX**SPECIAL PROCEDURES TO REGULATE THE CONDUCT OF THE VIRTUAL MEETING OF THE 147TH SESSION OF THE EXECUTIVE BOARD (RESUMED)****RULES OF PROCEDURE**

1. The Rules of Procedure of the Executive Board shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Executive Board's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 63 of the Rules of Procedure of the Executive Board.³

¹ Document EB147/12.

² Document EB147/13.

³ This will affect notably the relevant provisions of the following Rules of Procedure of the Executive Board as they appear in the 49th edition of Basic documents: Rule 51 (show of hands vote) and Rules 56–61 (secret ballot and elections).

ATTENDANCE AND QUORUM FOR THE EXECUTIVE BOARD

2. Attendance by members of the Executive Board, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of the United Nations and other participating intergovernmental organizations, and non-State actors in official relations with WHO shall be through secured access to videoconference or other electronic means allowing representatives to hear other participants and to address the meeting remotely.

3. It is understood that virtual attendance of members of the Executive Board shall be taken into account when calculating the presence of a quorum.

ADDRESSING THE EXECUTIVE BOARD

4. Members of the Executive Board, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of United Nations and other participating intergovernmental organizations as well as, at the invitation of the presiding officer, non-State actors in official relations with WHO, shall be provided with the opportunity to take the floor.

5. Members of the Executive Board shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than three minutes, and regional and group statements of no more than four minutes. Pre-recorded video statements should be submitted in advance of the opening of the session. The video statements so submitted shall be broadcast in lieu of a live intervention.

6. Any Member State wishing to raise a point of order or exercise a right of reply in relation to either an oral or a pre-recorded video statement made at the virtual meeting of the 147th session of the Executive Board (resumed) should signal their intention to do so. It is understood that, in accordance with well-established practice, any right of reply to either an oral or a pre-recorded video statement shall be exercised at the end of the relevant meeting.

REGISTRATION

7. The credentials presented for the virtual *de minimis* meeting of the 147th session of the Executive Board, held on 22 May 2020, remain valid for the resumed meeting of the Executive Board taking place on 16 November 2020.

8. Nonetheless, for the sole purpose of registration, credentials already submitted for the meeting in May 2020 must be re-submitted through the WHO online registration system for the resumed meeting in November 2020.

9. In the event that an amendment is made to the composition of a delegation, credentials submitted during registration should reflect such a change. This may take the form either of supplementary credentials or of new credentials indicating the revised composition of the full delegation.

10. Member States that did not participate at the virtual *de minimis* meeting of the 147th session of the Executive Board, held on 22 May 2020, shall submit credentials at the time of registration.

11. All credentials shall be communicated electronically to the Director-General through the WHO online registration system, if possible, no later than 12 November 2020.

SUBMISSION OF FORMAL PROPOSALS FOR THE RESUMED SESSION

12. The first day of the 147th session of the Executive Board (resumed) shall be regarded as the first day of the session for the purposes of Rule 32, by which date formal proposals relating to items of the agenda may be introduced.

DECISION-MAKING

13. All decisions of the Executive Board should be as far as possible taken by consensus. In any event, no decision shall be taken by a show of hands vote or by secret ballot.

14. In the event that a vote is required, voting shall take place by roll call conducted through the virtual system.

15. During a roll-call vote, should any delegate fail to cast a vote for any reason during the roll call, that delegate shall be called upon a second time after the conclusion of the initial roll call. Should the delegate fail to cast a vote on the second call, the delegation concerned shall be recorded as absent.

16. The procedures set out above are adopted for the purpose of the 147th session of the Executive Board (resumed) only as exceptional measures to enable the work of the Organization to continue during the extraordinary situation arising from the COVID-19 pandemic and they should not be considered as setting a precedent for future Executive Board sessions.

(First meeting, resumed session, 16 November 2020)

EB147(11) Review of entitlements of members of the Executive Board

The Executive Board, having considered the report of the Director-General, on review of entitlements of members of the Executive Board,¹ decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report of the Director-General, on review of entitlements of members of the Executive Board, decided that with effect from 1 July 2021, the maximum reimbursement of travel expenses of members of the Executive Board should be based on the travel entitlements of WHO staff members.

(First meeting, resumed session, 16 November 2020)

EB147(12) Evaluation of the election of the Director-General of the World Health Organization²

The Executive Board, having considered the report of the Chair of the informal consultations on the evaluation of the election of the Director-General of the World Health Organization;³ taking into account the discussions at the 146th session of the Executive Board;⁴ having also considered the Chair's summary and proposed way forward;³ and the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-third

¹ Document EB147/3.

² See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

³ Document EB147/4 Add.1.

⁴ See the summary records of the Executive Board at its 146th session, fourteenth meeting, section 6, and fifteenth meeting, section 1.

World Health Assembly,¹ decided to adopt the amendments to Rule 62 of its Rules of Procedure as set out in Annex 2.

(First meeting, resumed session, 16 November 2020)

¹ Document A73/41.

ANNEX 1

Special procedures to regulate the conduct of virtual *de minimis* meetings of the Executive Board

[EB147/11 – 21 May 2020]

RULES OF PROCEDURE

1. The Rules of Procedure of the Executive Board shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Executive Board's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 63 of the Rules of Procedure of the Executive Board.¹

ATTENDANCE AND QUORUM FOR THE EXECUTIVE BOARD

2. Attendance by members of the Executive Board, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of the United Nations and other participating intergovernmental organizations, shall be through secured access to videoconference or other electronic means allowing representatives to hear other participants and to address the meeting remotely. Attendance by non-State actors in official relations with WHO shall be through videoconference or other electronic means allowing delegates to hear other participants.

3. For the avoidance of doubt, virtual attendance of members of the Executive Board shall be taken into account when calculating the presence of a quorum.

ADDRESSING THE EXECUTIVE BOARD

4. Members of the Executive Board, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of United Nations and other participating intergovernmental organizations wishing to take the floor should signal their wish to speak. Individual statements by members of the Board will be limited to three minutes. Individual statements by all Member States not represented on the Board and Associate Members, on the one hand, and Observers, the invited representatives of United Nations and other participating intergovernmental organizations, on the other, will be limited to two minutes and one minute, respectively. Regional and group statements will be limited to four minutes. Any member of the Board wishing to raise a point of order or exercise a right of reply should signal their intention to do so. It is understood that, in accordance with well-established practice, any right of reply to an oral statement shall be exercised at the end of the meeting.

¹ This will affect notably the relevant provisions of the following Rules of Procedure of the Executive Board as they appear in the 49th edition of the Basic documents: Rule 51 (show of hands vote) and Rules 56–61 (secret ballot and elections).

REGISTRATION

5. Online registration will follow normal practice. Additional information is provided in the related Circular Letter.

MEETINGS

6. All meetings of the Executive Board shall be held in public. The virtual *de minimis* meeting of the Executive Board shall be broadcast on the WHO website, in line with usual practice.

SUBMISSION OF PROPOSALS FOR RESOLUTIONS AND DECISIONS FOR THE RESUMED SESSION

7. For the avoidance of doubt, the first day of the resumed session of the Executive Board shall be regarded as the first day of the session for the purposes of Rule 32, by which date proposals for resolutions or decisions relating to items of the agenda may be introduced provided that that session lasts at least three days. Should the resumed session be scheduled for two days or less, such proposals may be introduced not later than 48 hours prior to the opening of the resumed session.

DECISION-MAKING

8. All decisions of the Executive Board taken in virtual meetings should as far as possible be taken by consensus. In any event, given the virtual nature of the meeting, no decision shall be taken by a show of hands vote or by secret ballot.

LANGUAGES

9. For the avoidance of doubt, Rule 26 of the Rules of Procedure of the Executive Board shall continue to apply, whereby speeches made in an official language shall be interpreted into the other official languages.

PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE

10. The special procedures to regulate the conduct of a virtual meeting of the Executive Board set out above shall apply *mutatis mutandis* to virtual meetings of the Programme, Budget and Administration Committee taking into consideration the composition of the Committee; except that decisions of the Programme, Budget and Administration Committee taken in the virtual meeting shall be taken by consensus.

...

ANNEX 2

Text of amended Rules of Procedure of the Executive Board¹

[EB147/4 Add.1, Appendix – 29 September 2020]

Rule 62

...

The Chair of the Board shall open the proposals received sufficiently in advance of the session so as to ensure that all proposals, curricula vitae and supporting information are translated into all official languages, duplicated and dispatched to all Member States after the closure of the last Regional Committee session prior to the session of the Board at which the nomination will take place, and in any event at least 10 weeks before the date fixed for the opening of the session.

After the dispatch to Member States of the proposals, curricula vitae and supporting information, the Director-General shall, in consultation with the Chair of the Board, convene two candidates' forums open to all Member States and Associate Members, to which all candidates will be invited to make themselves and their vision known to Member States on an equal basis. The candidates' forums shall be chaired by the Chair of the Board. The first forum should be held not later than two months before the opening of the Board and the second one not later than two months before the opening of the Health Assembly. The Board shall decide on the modalities of the candidates' forums. The candidates' forums shall not be convened in case only one person has been proposed for the post of Director-General.

...

¹ See decision EB147(12).

ANNEX 3

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

Decision EB147(12):¹	Evaluation of the election of the Director-General of the World Health Organization
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2. Short justification for considering the 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:	14 months (April 2021–June 2022).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 0.49 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 0.41 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:	US\$ 0.08 million.

¹ The financial and administrative implications for the Secretariat of this decision are subsumed in those of the draft resolution contained in document A73/20 and draft decision contained in document A73/20 Add.1 (see document A73/20 Add.2). For clarity, these financial and administrative implications are reproduced here.

PART II

SUMMARY RECORDS

SUMMARY RECORDS

***DE MINIMIS* SESSION**

FIRST MEETING

Friday, 22 May 2020, at 12:10

Chair: Dr H. NAKATANI (Japan)

later: Dr H. VARDHAN (India)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB147/1, EB147/1 Add.1 and EB147/1 (annotated) and EB147/11)

Opening of the session

The CHAIR declared open the 147th session of the Executive Board, which, in the context of the pandemic of coronavirus disease (COVID-19), the Board had agreed through a written silence procedure would take place virtually, using video conference technology.

Organization of work

The CHAIR invited the Board to consider the special procedures for virtual *de minimis* meetings, contained in document EB147/11. In the absence of any objections, he took it that the Board wished to adopt the draft decision.

The decision was adopted.¹

The CHAIR proposed that the Board should defer its consideration of the designation of the Executive Board member for Guinea-Bissau until its resumed session. In the absence of any objections, he took it that the Board wished to approve that proposal.

It was so agreed.

- 2. ELECTION OF CHAIR, VICE-CHAIRS AND RAPPORTEUR:** Item 1 of the provisional agenda

The CHAIR drew attention to Rule 13 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of rotation among

¹ Decision EB147(1).

WHO regions, Dr Harsh Vardhan (India) had been nominated for the office of Chair of the Executive Board.

Dr Vardhan (India) was elected Chair.

Dr Vardhan took the Chair.

The CHAIR thanked the Board for electing him and paid tribute to his predecessor. He paid homage to those persons who had lost their lives during the COVID-19 pandemic and expressed great appreciation for the efforts of medical professionals and health care staff facing great personal risk to save lives around the world. Referring to Rule 13 of the Rules of Procedure of the Executive Board, he said that following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairs: Mr Björn Kümmel (Germany), Ms Volda Lawrence (Guyana), Dr Patrick Amoth (Kenya) and Dr Ahmed Mohammed Al Saidi (Oman).

Mr Kümmel (Germany), Ms Lawrence (Guyana), Dr Amoth (Kenya) and Dr Al Saidi (Oman) were elected Vice-Chairs.

The CHAIR said that, under Rule 17 of the Rules of Procedure, if the Chair were unable to act between sessions, one of the Vice-Chairs would act in his or her place; the order in which the Vice-Chairs would be requested to serve should be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairs would serve in the following order: Dr Al Saidi (Oman), Dr Amoth (Kenya), Mr Kümmel (Germany) and Ms Lawrence (Guyana).

The CHAIR said that, pursuant to Rule 13 of the Rules of Procedure and in accordance with the principle of rotation among geographical regions, Dr Amelia Afuha'amango Tu'ipulotu (Tonga) had been nominated Rapporteur.

Dr Tu'ipulotu (Tonga) was elected Rapporteur.

The DIRECTOR-GENERAL congratulated Dr Vardhan on his election as Chair and thanked his predecessor for his excellent leadership. Welcoming all participants to the first virtual session of the Executive Board, he expressed his heartfelt appreciation for the tireless efforts of frontline health care professionals during the COVID-19 pandemic and said that the Seventy-third World Health Assembly had resulted in the adoption of a historic resolution on the global response to the disease.

Since the beginning of the pandemic, WHO had worked diligently to coordinate efforts to tackle COVID-19 at all three levels of the Organization, including by providing technical advice, coordinating logistics and mobilizing resources. In early February 2020, WHO had published its 2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan, giving countries the specific and concrete measures needed to prevent, detect and respond appropriately to COVID-19. In a recent update of the plan, it had been estimated that WHO would require US\$ 1.7 billion to fund its response to the pandemic in 2020. So far, US\$ 800 million had been pledged or received, leaving a shortfall of just over US\$ 900 million. In cooperation with the United Nations Foundation and the Swiss Philanthropy Foundation, WHO had launched the COVID-19 Solidarity Response Fund, which had already raised some US\$ 214 million worth of contributions.

From the outset, WHO had closely monitored, analysed and assessed trends relating to COVID-19 and had provided assistance at the global, regional and country levels – and would continue to do so for as long as required. The Organization had developed several communication tools for different sections of the population in order to share information and knowledge about the virus, and had taken steps to

manage the “infodemic” together with the technology and social media industry. It had also held more than 50 press conferences and continued to organise regular weekly Member States briefings to offer countries a platform through which to share their experiences and pose questions.

To ensure access to the supplies required to tackle the pandemic, WHO had shipped millions of testing kits and tonnes of personal protective equipment to more than 120 countries. In the African Region, for example, it had worked in partnership with the Africa Centres for Disease Control and Prevention to expand testing capacity for COVID-19 from 2 to 44 countries. The Organization had also taken steps to share its expertise globally and had published and circulated its first guidance on the novel coronavirus on 10 January 2020. Since that date, it had continued to update the information available in order to make it applicable to the local context and had issued more than 100 technical documents on various topics related to the disease. WHO had also provided COVID-19 specific training to more than 2.6 million health care workers, with 10 courses in 25 languages accessible via its online training platform.

To promote research into COVID-19, WHO had convened more than 400 researchers from around the world to identify research priorities in early February 2020 and had subsequently been tracking more than 700 clinical trials globally. In March 2020, WHO had proceeded to launch the Solidarity Trial to generate data quickly on the most effective treatments. To date, more than 3,000 patients had been enrolled in 17 countries. In addition, WHO had joined forces in April 2020 with the President of France, Emmanuel Macron, the President of the European Commission, Ursula von der Leyen, and Melinda Gates of the Bill & Melinda Gates Foundation to launch the Access to COVID-19 Tools (ACT) Accelerator, designed to scale up the production and distribution of and equitable access to vaccines, diagnostics and therapeutics. Shortly after the launch of that initiative, the European Commission had held its own historic solidarity event at which world leaders from more than 40 countries had pledged US\$ 8 billion for research into such life-saving tools.

In terms of preparedness, since the first cases of COVID-19 had been reported, WHO had worked tirelessly to prepare countries to prevent, detect and respond rapidly to the spread of the disease. In collaboration with the International Maritime Organization, the International Air Transport Association and the International Civil Aviation Organization, WHO had devised technical guidance for ports, airports and ground crossings. WHO had also established the COVID-19 Partners Platform to match country needs with resources. To date, more than 125 countries had been actively using the platform and some 50 donors had made contributions.

Throughout the duration of the pandemic, WHO had been doing everything in its power to support countries, suppress transmission of the virus and save lives. At the same time, it had been striving to ensure the continuity of normal operations in other vital areas, such as universal health coverage and healthy populations. To date, it had succeeded in the majority of cases.

Given that progress towards achieving the Triple Billion targets and the Sustainable Development Goals was already off course, with the COVID-19 pandemic threatening to make matters worse, countries would be required to redouble their efforts as a global health community. He looked forward to working with the Board in that direction, in order to promote health, keep the world safe and serve the vulnerable.

- 3. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB147/1, EB147/1 Add.1 and EB147/1 (annotated) and EB147/11) (resumed)

Adoption of the agenda

The CHAIR said that, in the context of the restrictions imposed in response to the COVID-19 pandemic, the Executive Board would only consider an abridged version of the provisional agenda.

Under agenda item 9, the Board would be invited to consider suspending the 147th session of the Board until it could meet in a resumed session later in 2020.

The agenda was adopted¹ and it was agreed that the first meeting of the 147th session of the Board would consider items on the abridged version of the agenda only.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 147th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

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

It was so agreed.

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

4. MANAGERIAL, ADMINISTRATIVE AND FINANCIAL MATTERS: Item 5 of the agenda (documents EB147/8 and EB147/8 Add.1)

Committees of the Executive Board: filling of vacancies: Item 5.5 of the agenda (documents EB147/8 and EB147/8 Add.1)

The CHAIR said that there were six vacancies to be filled on the Programme, Budget and Administration Committee of the Executive Board, which was composed of 14 members: two members from each region, selected from among the members of the Board; plus the Chair and a Vice-Chair of the Board, as ex officio members. He asked whether the Board approved the proposals contained in paragraph 2 of document EB147/8 Add.1.

It was so decided.²

The CHAIR said that there were two vacancies to be filled on the Foundation Committees. He asked whether the Board approved the proposals contained in paragraph 2 of document EB147/8 Add.1.

It was so decided.³

The CHAIR proposed that the Board should be represented at the resumed Seventy-third World Health Assembly and the Seventy-fourth World Health Assembly by the Chair and the first three Vice-Chairs. If any of them were not able to attend the Health Assembly, the other Vice-Chair and/or

¹ See page vii.

² Decision EB147(2).

³ Decisions EB147(3) and EB147(4).

the Rapporteur could be asked to represent the Board. In the absence of any objections, he took it that the Board wished to approve that proposal.

It was so decided.¹

5. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:
Item 8 of the agenda (document EB147/10)

148th session of the Executive Board

The CHAIR drew attention to the first draft decision contained in document EB147/10.

The DIRECTOR (Governing Bodies) said that Member States would receive a draft provisional agenda for the 148th session of the Executive Board within one month of the suspension of the current session.

The representative of GERMANY, speaking on behalf of the European Union and its Member States and supported by the representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, and the representatives of the UNITED STATES OF AMERICA, ISRAEL, the RUSSIAN FEDERATION, SUDAN, BANGLADESH, COLOMBIA, BURKINA FASO, TUNISIA, CHINA, FINLAND, ROMANIA, KENYA, AUSTRIA and QATAR,² expressed concern at the proposed dates for the 148th session of the Executive Board. Given the importance and complexity of the issues to be considered, notably the WHO's response to the COVID-19 pandemic and the draft programme budget, he proposed that the session should be held in mid-January rather than in the first week of February 2021, so that the Board had sufficient time to consult and prepare fully prior to the Seventy-fourth World Health Assembly, due to take place in May 2021.

The representative of the UNITED ARAB EMIRATES agreed that the dates of the 148th session should be brought forward and asked the Secretariat to confirm whether it would be logistically possible to hold the session either one or two weeks earlier.

The representative of AUSTRALIA expressed support for the proposal to hold the 148th session of the Board earlier than originally planned. Acknowledging the administrative burden of preparing several meetings over the course of a few months, she asked the Secretariat however to confirm whether it would be feasible to hold the session of the Board in mid-January 2021.

The representative of GUYANA expressed support for holding the 148th session of the Board earlier, based on the Secretariat's response as to which dates would be most practical.

The representative of GABON agreed that, given the important issues to be discussed and the time required to prepare fully for the Seventy-fourth World Health Assembly, the 148th session of the Board should be held earlier.

¹ Decision EB147(5).

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of TONGA expressed support for holding the 148th session of the Board earlier in 2021, in keeping with the Secretariat's guidance on which dates would be possible from a logistical standpoint.

The DIRECTOR (Governing Bodies) said that holding the meetings of the Programme, Budget and Administration Committee and the Executive Board earlier would reduce the time available to prepare for those meetings, particularly taking into consideration the dates of the resumed Seventy-third session of the World Health Assembly, expected to be held in November 2020. In particular, it would be difficult for the documents required under each agenda item of the two sessions to be produced and translated in time.

The CHAIR, acknowledging the need for adequate preparation time, said that the consensus among Board members appeared to be for the thirty-third session of the Programme, Budget and Administrative Committee to be held from 13 to 15 January 2021, and the 148th session of the Executive Board from 18 January 2021 to 26 January 2021. In the absence of any objections, he took it that the Board wished to adopt the first draft decision contained in document EB147/10, as amended.

The decision, as amended, was adopted.¹

Seventy-fourth session of the World Health Assembly

The CHAIR invited the Board to discuss the second draft decision contained in document EB147/10. In the absence of any objections, he took it that the Board wished to adopt the second draft decision.

The decision was adopted.²

Limitations to physical meetings of the governing bodies: contingency arrangements

The CHAIR invited the Board to discuss the third draft decision contained in document EB147/10. In the absence of any objections, he took it that the Board wished to adopt the third draft decision.

The decision was adopted.³

6. CLOSURE OF THE SESSION: Item 9 of the agenda (document EB147/12)

The CHAIR invited the Board to consider the draft decision contained in paragraph 3 of document EB147/12, which, if adopted, would suspend the 147th session of the Board and resume it at such a date to be decided by the Executive Board, or exceptionally by the Officers of the Board in consultation with the Director-General. All agenda items not considered at the present session would be considered by the Executive Board at its resumed 147th session. In the absence of any objections, he took it that the Board wished to adopt the draft decision.

¹ Decision EB147(6).

² Decision EB147(7).

³ Decision EB147(8).

The decision was adopted.¹

The DIRECTOR-GENERAL thanked all Member States for their input and guidance during the 147th session of the Executive Board.

After the customary exchange of courtesies, the CHAIR declared the 147th session of the Executive Board suspended.

The meeting rose at 14:05.

¹ Decision EB147(9).

RESUMED SESSION

FIRST MEETING

Monday, 16 November 2020, at 10:15

Chair: Dr H. VARDHAN (India)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the agenda (documents EB147/1 Rev.2, EB147/1 Add.1, EB147/1 (annotated), EB147/11 and EB147/13)

Opening of the session

The CHAIR declared open the 147th session of the Executive Board (resumed), which was taking place at the end of a year marked by collaborative action in a time of unprecedented challenge. He saluted the service of health workers during the coronavirus disease (COVID-19) pandemic and asked the members of the Board to join him in a round of applause to mark their gratitude.

The Board applauded the service of health workers during the COVID-19 pandemic.

Since the start of the pandemic, WHO had maintained its technical assistance with a view to enabling Member States to resume uninterrupted health service delivery. It was working with the Member States to identify the lessons learned from the crisis so that, together, they could achieve more robust and resilient health systems able to promote sustained economic recovery and a healthier future for people around the world. He called on all Member States to enhance their cooperation with each other, with other United Nations agencies and with the global community of partners for the efficient and effective discharge of their public health obligations.

He concluded by drawing attention to the draft decision contained in document EB147/13 on special procedures for the resumed session of the Executive Board.

The decision was adopted.¹

Adoption of the agenda

The CHAIR recalled that the Executive Board had adopted the agenda of its 147th session at the virtual *de minimis* meeting in May 2020, at which it had addressed inter alia item 8 (Future sessions of the Executive Board and the Health Assembly). He proposed that the Board return to that item at the present resumed session to discuss whether it should hold physical or virtual meetings in January 2021.

It was so agreed.

Opening remarks by the Director-General

¹ Decision EB147(10).

The DIRECTOR-GENERAL said that the COVID-19 pandemic had set back efforts to attain the triple billion targets and the health-related Sustainable Development Goals, and the Secretariat would continue to support Member State efforts to get back on track. The new results framework and triple billion dashboard noted by the Health Assembly would enable the Organization to uphold its commitments to all Member States, from those that had not recorded a single case of or death from COVID-19 to those experiencing large outbreaks with sustained transmission.

Progress had recently been made towards the development of an effective COVID-19 vaccine, and public and private donors had contributed generously to the Access to COVID-19 Tools (ACT) Accelerator, but immunization alone would not suffice to bring the pandemic under control. An effective vaccine would only serve to complement other tools and measures, as supply would initially be limited to health workers, older persons and other at-risk groups. Surveillance, testing, contact-tracing and quarantining would remain essential; communities must remain engaged and individuals must remain careful. The work to control the pandemic was far from over, and the Secretariat was counting on the Board to provide guidance and advice on how it could best help Member States to break chains of transmission and save lives.

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

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

The DIRECTOR-GENERAL said that the Seventy-third World Health Assembly had shown that, with the help of modern technology, WHO was able to continue its work even under extreme circumstances. The virtual session had adopted important resolutions, decisions and road maps on a range of topics, including WHO's work in health emergencies, neglected tropical diseases, immunization, healthy ageing, food safety, innovation and intellectual property. The Secretariat had also announced three new initiatives – the Universal Health and Preparedness Review, the Council on the Economics of Health for All, and a proposed biobank for the sharing of pathogens and clinical specimens – about which the Secretariat would soon provide further information.

The representative of GERMANY agreed that the Health Assembly had been highly successful within the limitations of the virtual format. However, it was frustrating that the agenda management plan had been released only one-and-a-half working days before the Health Assembly began. Delegations must know how the agenda would be managed a minimum of four weeks in advance for both physical and virtual meetings, with some flexibility allowed should unforeseen events arise. Moreover, the process for amending draft resolutions and strategies had been extremely unclear and confusing. In future, he encouraged the Secretariat to put information about ongoing consultations on the homepage of the WHO website. The time frame for consultations should also be made available so that it was clear when non-State actors were being consulted. Finalized documents should be explicitly labelled as such. If launch events were held for strategies, the relevant dates should be made known. Lessons learned from the Seventy-third World Health Assembly should be applied at the Executive Board session in January 2021, particularly with regard to agenda management.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that the success of the Health Assembly had sent a signal to the world that WHO continued to work despite the uncertainty caused by the COVID-19 pandemic. Moreover, the meeting times and management of the session through the virtual platform had allowed for equitable geographical participation. Member States in her Region had nonetheless encountered some challenges. First, the host of briefings held by the Secretariat, the last of which had taken place only four days before the Health Assembly opened, had created confusion. There had also been problems with the registration process,

and some observers for non-Member States had been unable to register. Secondly, the grouping of agenda items had made it difficult to discuss some critical issues fully within the time limits set. Lastly, some Member States had found it difficult to cast their vote through the virtual platform. She was nonetheless confident that those procedures could be improved ahead of future meetings.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed appreciation for the improvements made to the virtual meeting format. She agreed with the representatives of Germany and Botswana, however, that the Secretariat needed to engage fully and in good time with Member States ahead of governing body meetings so that representatives had enough time to prepare and were involved early in planning decisions. The format and plan for the 148th session of the Executive Board should be rapidly decided. The proposal made during the Health Assembly to limit Secretariat responses to three minutes was cause for concern: while excessive responses or lengthy prepared statements were clearly unwelcome, specific responses to Member States' questions about progress were a key function of the governing bodies and should be given priority. She expressed support for the idea of a Board retreat, which would foster creative and productive discussions leading to outcomes and proposals related to the full and proper role of the Executive Board that could be brought back to formal governing body meetings.

The representative of the UNITED STATES OF AMERICA agreed that the Health Assembly had been a success, and expressed appreciation in particular for the absence of evening sessions and for the productive discussions held across the disparate workstreams and technical areas of all four pillars of the Thirteenth General Programme of Work, 2019–2023. He endorsed the suggestions of previous speakers, including that of establishing meeting arrangements early so that Member States had as much time to prepare as possible. He urged the Secretariat to continue to make use of the attaché corps from the permanent missions in Geneva when seeking creative solutions for virtual meetings.

The representative of AUSTRALIA expressed satisfaction overall with the outcome of the Health Assembly, as the Secretariat and Member States had shown flexibility and commitment to ensuring that momentum was maintained on important global health issues in spite of the COVID-19 pandemic. She agreed, however, that consultations on the meeting arrangements were held too late for Member States to be able to prepare and asked the Secretariat to draw on the experiences from 2020 to ensure timely communication and improved preparations for the next cycle of governing bodies meetings. While a workable timetable had eventually been established, representatives in the Western Pacific Region had consistently been obliged to attend meetings that, for them, ran from late at night to early in the morning. With more virtual meetings likely in the future – including for the 148th Executive Board, which had an ambitiously long agenda – greater consideration should be given to time differences and a more balanced approach found that did not disadvantage one particular region. For example, meeting start times could alternate so that some meetings started earlier, and speakers' time zones could be taken into account when deciding the speaking order.

The representative of BRAZIL said that the successful Health Assembly had shown that WHO was committed and able to continue delivering substantive results in the fight against COVID-19 and more. However, limiting Member States to 11 oral statements in total, five of them on managerial issues, had discouraged substantive debate on key public health issues. Representatives had spent more time listening than they had in active discussion with each other and with the Secretariat, which was at odds with WHO's intergovernmental nature. She took note of the Director-General's proposed initiatives and looked forward to transparent and inclusive conversations on their content and implications, and on the two consultations on the global strategy and plan of action on public health, intellectual property and innovation planned before the end of 2020.

The representative of FINLAND said that the Health Assembly had successfully handled a full agenda thanks to participants' flexibility. The adoption of the resolution contained in Executive Board resolution EB146.R10 on strengthening preparedness for health emergencies: implementation of

International Health Regulations (IHR, 2005)¹ was particularly welcome. She agreed with previous speakers that meeting arrangements had to be made early; indeed, preparations for the January 2021 meeting of the Board should start immediately. An Executive Board retreat would provide a sounding board for developing suggestions on which other Member States could then be consulted.

The representative of the REPUBLIC OF KOREA said that close collaboration and communication between the Secretariat and Member States had resulted in effective meeting arrangements for the Seventy-third World Health Assembly. If the next Health Assembly were to be held virtually or as a hybrid meeting, the number of core topics for discussion could be reduced by using the written silence procedure or informal prior consultations. He looked forward to hearing more about the work of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, but stressed that any evaluation of WHO's response to the COVID-19 pandemic must not duplicate other efforts in that regard.

The representative of the RUSSIAN FEDERATION agreed with the representative of Germany about the time frame for meeting arrangements. The agenda of the next Health Assembly had to be developed taking into account the interests of all participants, starting immediately. He thanked the Director-General for the new initiatives and looked forward to receiving more detailed information about them. He noted the Director-General's commitment to ensuring equitable access to COVID-19 vaccines and stressed that WHO must act swiftly to assess the safety of new vaccines.

The representative of AUSTRIA said that, while virtual meetings could not replace in-person sessions on controversial issues requiring a consensus, the format had worked well. Some aspects could nevertheless be improved, in line with the suggestions made by the representative of Germany. An Executive Board retreat would allow the Board to deliberate on how to improve its guiding and steering capacity.

The representative of SUDAN echoed the procedural concerns raised by other representatives, adding that the limited number of statements and merging of agenda items had resulted in insufficient discussion of issues of particular interest and concern, and that Member States required prior notice to ensure adequate preparation. She applauded the efforts of the Eastern Mediterranean Region to facilitate daily briefings and preparation for the session.

The representative of DJIBOUTI said that the price of the COVID-19 vaccine would hinder access to it in African and low-income countries. He asked what mechanisms the Secretariat or other partners had in place to ensure its availability at an affordable price.

The representative of CHINA agreed with the comments of previous speakers and hoped that the Secretariat would clarify procedural issues, allowing ample time for Member States to prepare their interventions. She endorsed the suggestions made by the representative of Australia and suggested that consideration should be given to time zones in the Western Pacific Region. She requested further information on the new initiatives proposed by the Secretariat.

The representative of CANADA² noted the value of having had a discussion on agenda management prior to the opening of the session, and agreed with the comments made by other speakers on agenda management and time frames for receiving the programme of work. Grouping together a small number of agenda items covering closely linked issues could enrich debates and be beneficial in

¹ Resolution WHA73.8.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

future sessions, particularly if Member States were able to prepare for more than one item being taken up at a time. It was nevertheless important to allow sufficient time for in-depth deliberations and avoid addressing several or loosely related items simultaneously. The approach to agenda management should be discussed with the Secretariat well in advance of governing body meetings. Lastly, Executive Board retreats should be transparent and inclusive.

The representative of NEW ZEALAND¹ said that the benefits of the virtual Health Assembly included greater efficiency thanks to a more concise agenda, with items grouped under the key pillars of work; increased accessibility for Member States who had previously been unable to participate for reasons of geographical distance or financial cost; and a reduced climate footprint. The Secretariat should find a workable balance that ensured that Member States had enough time to make statements, take account of working hours in other time zones such as the Western Pacific Region, and examine greener methods of working with Member States. It should engage Member States on special procedures at the earliest opportunity.

The EXECUTIVE DIRECTOR (External Relations and Governance) expressed appreciation for the Member States' flexibility in making the World Health Assembly a success, particularly those working in other time zones. The Secretariat had taken careful note of their insightful comments, all of which it would reflect on and address in the run-up to forthcoming sessions.

The DIRECTOR-GENERAL endorsed that pledge. The Secretariat would do its utmost to improve agenda management and prepare the proposed Executive Board retreat to discuss the issues raised. He thanked Member States for their commitment and guidance; the lessons learned from the virtual sessions of the Health Assembly and Executive Board would make future virtual meetings more efficient.

3. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB147/2)

The representative of TUNISIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had requested that, in future, reports provided to it include specific information on the Secretariat's follow-up activities in respect of recommendations it had made at its previous meeting. It had also requested information on the Secretariat's follow-up to recommendations made in the reports of the Independent Expert Oversight Advisory Committee and the Joint Inspection Unit.

The Committee had received an update from the Director-General on the Organization's response to allegations of sexual abuse and exploitation in the Democratic Republic of the Congo and on its financial situation and efforts to continue the transformation process in the face of the COVID-19 pandemic. It had welcomed the Secretariat's moves to strengthen effective risk management and accountability, and had proposed a number of measures aimed at guiding the Secretariat's implementation of existing mandates in that regard. It had also proposed measures in response to the Director-General's annual report on compliance, risk management and ethics.

Regarding the election of the Director-General, the Committee had agreed with the outcome of the informal consultations on the length of the campaign period and had recommended that the Executive Board adopt the draft decision contained in document EB147/4 Add.1. On the subject of evaluations, it had proposed, inter alia, that the Secretariat include an evaluation of the WHO response to the COVID-19 pandemic in the evaluation workplan for 2021.

Lastly, the Committee had commended both the work of hosted partnerships and the dedication and efforts of WHO staff members in the wake of the COVID-19 pandemic. It had formulated a number

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

of proposals intended to serve as guidance for the Secretariat's implementation of existing mandates related to staff well-being.

The representative of SINGAPORE commended the Secretariat for ensuring that work continued on most workplans despite the ongoing pandemic and the current budgetary constraints but expressed concern at the general weaknesses in internal controls and ethics brought to light in audit reports and elsewhere. It was understandable that Member States should respond by requesting more reports, but additional reports were not cost-free and would divert valuable attention and resources away from WHO's operational work. Moreover, as the critical "boots on the ground", WHO employees should be able to respond flexibly according to needs, and not fear having to make lengthy and taxing justifications post hoc.

The Secretariat's plans to introduce mandatory training, strengthen controls, oversight and risk management, and increase the Organization's responsiveness and agility were relevant and important. They would provide greater clarity for employees in their work and rationalize Member States' requirements and expectations of WHO.

The representative of INDIA said that WHO and Member State review and reporting mechanisms should be enhanced to focus on efficiency and transparency in financial flows, as global health was a multistakeholder concern that required the proactive participation of all. It was therefore critically important to implement policies and create frameworks that strengthened organizational and financial accountability, and to ensure the involvement of Member States in discussions on budget implementation and spending, and in decision-making. By focusing on enhancing cost efficiencies and value for money, both the Organization and its Member States would significantly improve the efficiency, effectiveness and transparency of health service delivery.

He urged the Secretariat not to neglect essential health care functions in the ongoing battle against COVID-19.

The representative of INDONESIA expressed support for the recommendations made by the Independent Expert Oversight Advisory Committee and for the Committee's proposals to strengthen effective risk management and accountability, and underscored the importance of transparency and accountability when it came to the distribution of budgetary resources. Planning had to involve a bottom-up approach based on country requirements.

She also expressed support for the Secretariat's initiatives to conduct a comprehensive review of the allegations of sexual abuse in the Democratic Republic of the Congo and of broader protection issues in health emergency response settings. The investigations should be conducted as effectively and efficiently as possible so as not to add to the burden on the Organization's resources. Lastly, she expressed support for the Committee's recommendation that the evaluation workplan for 2021 include an evaluation of the WHO response to the COVID-19 pandemic.

The representative of GHANA, speaking on behalf of the Member States of the African Region, commended the Committee for having included specific instructions to the Secretariat on follow-up to the Committee's recommendations. He welcomed the Director-General's update on the Secretariat's response to allegations of sexual abuse and exploitation in the Democratic Republic of the Congo. Internal policy in that regard should be finalized and implemented without delay, and a holistic review carried out of existing mechanisms relating to sexual abuse cases in all work settings.

He expressed support for the reinforcement of hosted partnerships to support the Organization's technical work and global health agenda, and the call for Member States to be informed about the outcomes of the working group on flexible working arrangements and the associated contractual modalities. In conclusion, he expressed appreciation for the hard work and dedication of WHO staff during the COVID-19 pandemic.

The representative of GERMANY said that the new discussion and report format introduced by the Committee in 2020 would be a useful tool for oversight and guidance, but only if the clear

recommendations made by the Committee were explicitly followed up by the Secretariat. For example, the Secretariat should provide information on the follow-up to the 2020 recommendations at the Committee's 2021 meetings. That information could be provided in an overall report, or each report to the Committee could explicitly state how any related recommendations had been implemented.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND also expressed appreciation for the new discussion and report format, which had resulted in clear recommendations to the Secretariat. The Committee should maintain that approach going forward, so as to maximize its role and streamline the Executive Board's work, and the Secretariat should provide information on the follow-up to the 2019 and 2020 recommendations at the Committee's meeting in January 2021.

The representative of CHINA expressed appreciation for the Secretariat's work to improve efficiency and transparency at all levels, to promote gender equality and to prevent harassment and misconduct. The Secretariat should devise a strategy to address staff shortages and country representation at the regional level.

The representative of AUSTRALIA expressed full support for the Committee's recommendations on all items and endorsed the suggestion that the Secretariat should routinely report back on the progress made on Committee recommendations. She looked forward to hearing from the Secretariat at the thirty-third session of the Programme, Budget and Administration Committee in January 2021 about its follow-up activities in respect of the Committee's recommendations made at its previous meetings in 2020.

The CHEF DE CABINET thanked the Member States for their comments during the Committee meeting and the current Board session. He had taken careful note of all the points made and would incorporate them into the Organization's work, in particular the establishment of a system for regularly reporting back to the Committee on progress on its decisions and recommendations.

The Board noted the report.

4. MANAGERIAL, ADMINISTRATIVE AND FINANCIAL MATTERS: Item 5 of the agenda

Review of entitlements of members of the Executive Board: Item 5.1 of the agenda (document EB147/3)

The representative of the UNITED STATES OF AMERICA welcomed the proposals to raise the threshold for travel-related reimbursements for Board members and to limit the entitlement to first-class air travel to the Chair. The latter proposal was important not only for reasons of cost-effectiveness but also to demonstrate consistency with the Organization's mission to promote the highest attainable standards of health for vulnerable populations. The Secretariat should use Member State funds to subsidize travel for Member States requiring support to participate, while pursuing its efforts to reduce travel-related expenditures.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that the revised travel-related entitlements for the Chair and other Board members ensured that the Organization's internal practices were aligned with each other and with the practices of other United Nations agencies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for alignment across United Nations agencies and for a rigorous approach to value for money. She therefore endorsed the revised travel-related entitlements.

The Board noted the report.

The CHAIR took it that the Board wished to recommend to the Seventy-fourth World Health Assembly, that with effect from 1 July 2021, the maximum reimbursement of travel expenses of members of the Executive Board should be based on the travel entitlements of WHO staff members.

It was so decided.¹

Evaluation of the election of the Director-General of the World Health Organization: Item 5.2 of the agenda (documents EB147/4, EB147/4 Add.1 and EB147/4 Add.2)

The CHAIR invited the Board to consider documents EB147/4 and EB147/4/Add.2, and to consider the draft decision contained in the annex to document EB147/4/Add.1. He drew the Board's attention to paragraphs 26 to 30 of the report of the Programme, Budget and Administration Committee of the Executive Board, set out in document EB147/2.

The representative of SINGAPORE said that there was no need for a legally binding code of conduct for the election of the Director-General and the candidates' forums; monitoring and enforcement of the code would divert valuable resources, and the development of related disciplinary actions could be time-consuming. In view of resource constraints, his Government did not support bringing forward the date of the announcement of candidates, which would lengthen the campaign period. Technology should be leveraged to allow Member States to get to know candidates in the forums without the need for travel, and adherence to the relevant guidelines should be encouraged to guarantee a fair and successful election.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the decisions taken to improve the process of electing a Director-General, including the changes to the code of conduct, and supported proposals to improve the functionality of the web forum in order to increase the accessibility of candidates to Member States and vice versa. It was important to continue to look for ways to use new technology to improve voting processes. He was aware that the COVID-19 pandemic had impeded studies on the use of optical scanners for voting, but he nevertheless hoped to see more studies, including a cost-benefit analysis, at the 149th Board session.

The representative of AUSTRALIA supported the Board endorsing the outcomes of the informal consultations on the agenda item by adopting the proposed amendments to Rule 62 of the Rules of Procedure. She did not consider further work to be warranted on compliance mechanisms or the use of optical scanners for voting, but looked forward to receiving further information on the enhanced web forum in due course.

The representative of the UNITED STATES OF AMERICA expressed support for the statements made by the representatives of Australia and Singapore. The evaluations and consultations that had been carried out were leading to agreement on measures to promote efficiency, increase transparency and improve meaningful engagement between Member States and the candidates for Director-General throughout the electoral process. He welcomed the code of conduct as a guide for candidates, but did not support further exploration of an enforcement mechanism. His Government recommended no further

¹ Decision EB147(11).

analysis of the use of voting machines with optical scanners and proposed the continued use of a paper ballot system. It supported the draft decision.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that, in view of the decisions adopted by the Board at its 146th session and by the resumed session of the Seventy-third World Health Assembly, the African Region supported the adoption of the draft decision and the continued evaluation of the use of voting machines with optical scanners.

The representative of CANADA¹ said that, given that other international organizations had no codes of conduct and that there were few options for mechanisms to monitor compliance, there did not appear to be a practical way to develop any such monitoring mechanism. The Secretariat could nonetheless explore alternative ways to enhance the code's visibility, emphasize its importance and underline the expectation that candidates would honour its provisions. Her Government remained unconvinced that optical scanners were the best means.

The representative of the OFFICE OF THE LEGAL COUNSEL said that, in the light of the feedback from Member States, there would be no further work at present on the code of conduct or measures to make it legally binding, including a compliance mechanism. During the last election process, almost every communication sent about the election had included a reference to the code; the Secretariat would henceforth look for other ways to make the code more visible. A paper-based system would be used for the election of the next Director-General, in line with the informal consultations endorsed by the Assembly; the IT department would determine whether optical scanners should be used for counting ballots.

The Board noted the reports and adopted the draft decision.²

Evaluation: annual report: Item 5.3 of the agenda (document EB147/5)

The CHAIR invited the Board to consider document EB147/5 and drew the Board's attention to paragraphs 31 and 32 of the report of the Programme, Budget and Administration Committee of the Executive Board, set out in document EB147/2.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that evaluation was vital to performance management and organizational learning. He welcomed the efforts of the Evaluation Office to partner with its counterparts in other entities and participate in joint evaluations in selected areas of shared substantive and strategic interests. In view of the Evaluation Office's human resources capacities and the use of prequalified external evaluators, it would be helpful for the Secretariat to confirm whether current staffing levels were adequate for planned activities. It was hoped that the directors of the accountability functions would continue to jointly review cross-cutting issues, with the Board made aware of any such collaborations. He welcomed attempts to define the evaluation parameters for the Global Action Plan for Healthy Lives and Well-being for All. It would also be useful to know how the COVID-19 pandemic would influence the scope and modalities of the Evaluation Office's future workplan. The Secretariat should make provision for the strengthening of evaluation functions at the regional and country levels when it finalized the budget for the next biennium. It should also provide an assessment of the interrelation between the centralized and decentralized evaluation systems for missions managed outside WHO headquarters.

The representative of BANGLADESH said that the engagement of WHO with the United Nations Evaluation Group and the Inter-Agency Humanitarian Evaluations Steering Group would likely broaden

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

² Decision EB147(12).

the scope for accountability and strategic learning, while improving the Organization's response to communities in need. In view of the disruption caused in all sectors by the COVID-19 outbreak, WHO should evaluate the impact on health and the economy, and assess the efficiency and effectiveness of its actions and initiatives to prevent and control COVID-19. In so doing, it should avoid duplicating the independent evaluation of the Independent Expert Oversight Advisory Committee and the Independent Panel for Pandemic Preparedness and Response on the global response to COVID-19. It was hoped that WHO would use the lessons learned and recommendations emerging from the evaluations to develop future policies in order to improve its performance.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Evaluation Office would play a key role in learning lessons from the COVID-19 pandemic. It was vital that it filled gaps in existing work and did not duplicate efforts. It might consider suggestions to investigate the impact of the pandemic on business continuity and governance. He welcomed the increased capacity in organizational learning and evaluation, and emphasized the importance of disseminating the lessons learned from evaluations throughout the Organization to maximize their impact on culture and processes.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) said that the Programme, Budget and Administration Committee had requested that an evaluation of the WHO response to the COVID-19 pandemic be included in the evaluation workplan. To ensure that the evaluation did not duplicate ongoing efforts, the Evaluation Office would wait for the outcomes of the work of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Expert Oversight Advisory Committee before proceeding with an evaluation in 2021.

Regarding capacity, a position for a new staff member to work on decentralized evaluations had been established and a senior advisor recently appointed for organizational learning. The Office of the Director-General was undertaking a broader study on accountability functions, which should provide further guidance on the capacity and resources of the Evaluation Office. Collaboration had started across accountability functions and the Senior Advisor for Organizational Learning would play a key role. Efforts would be made to ensure lessons were learned and applied consistently throughout the Organization.

The work of the Evaluation Office had largely continued despite the COVID-19 pandemic, but work at the country level had been disrupted, including planned evaluations of normative functions. He took on board the recommendation that the evaluation functions of regional and country offices should continue to be strengthened, including their budgetary capacities.

Regarding the relationship between centralized and decentralized evaluation functions, regional offices submitted workplans containing both kinds of evaluation, which were then included in the evaluation workplan discussed and approved by the Executive Board at the start of each biennium. There was also a global network on evaluation, enabling the different evaluation focal points at the regional and country levels and in the different WHO divisions to work with the Evaluation Office.

The Board noted the report.

Hosted partnerships: Item 5.4 of the agenda

- **Report on hosted partnerships** (document EB147/6)
- **Review of hosted partnerships** (document EB147/7)

The CHAIR invited the Board to consider the reports contained in documents EB147/6 and EB147/7, and drew the Board's attention to paragraph 33 of the report of the Programme, Budget and Administration Committee of the Executive Board, set out in document EB147/2.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed the progress made by the Alliance for Health Policy and Systems Research, which had facilitated work to strengthen health systems, develop research and health policies, and achieve the objectives of the Declaration of Astana on Primary Health Care. The European Observatory on Health Systems and Policies continued to act as a knowledge broker, producing and disseminating factual data to meet the policy needs of Member States and ensure decision-makers were informed. The Observatory's work had greatly benefited the Member States of the African Region, as had efforts to share its knowledge-broker model with other regions. The Partnership for Maternal, Newborn and Child Health had contributed significantly to improving health indicators in the African Region, reducing levels of maternal, child and adolescent mortality, and the strong involvement of civil society in efforts to improve and preserve the health and well-being of women, children and adolescents and to achieve the Sustainable Development Goals was welcome. He congratulated the Director-General and Unitaid for helping to reduce prices and improve access to medicines, diagnostic products and other basic quality products for the treatment of HIV/AIDS, malaria and tuberculosis. The African Region hoped to continue to benefit from the support of its technical and financial partners to improve the lives of its populations. Member States should work further to preserve and improve the health of women, children and adolescents, and define better policies, projects and programmes to improve access to health products and to support and encourage research, with the allocation of the necessary resources.

The representative of INDIA said that the COVID-19 pandemic had highlighted the importance of the digital health agenda as the new normal in health service delivery, yet optimal use had not previously been made of data-driven insights on digital health interventions, owing to teams working in silos. As hosted partnerships were significant in the arena of digital health, she recommended that WHO should strengthen partnerships for health with the support of academia and technical experts from Member States, and thus help expedite implementation of the global strategy on digital health 2020–2025. A new hosted partnership on digital health within WHO would enable the creation of a global forum to strengthen the digital health agenda and provide optimal support to Member States. Hosted partnerships could also facilitate the simpler and faster dissemination and implementation of cutting-edge digital technologies, such as artificial intelligence, blockchain and the Internet of Things, all of which could have a global impact.

The representative of OMAN commended the Partnership for Maternal, Newborn and Child Health for having brought its 10 constituencies together to strengthen efforts to achieve universal health coverage, contribute to discussions and align efforts to improve and protect the health of women, children and adolescents in humanitarian and fragile settings. The weaknesses and gaps noted in the report should be considered by those responsible for the Partnership's role, mandate, functions, governance and internal accountability. He confirmed that the Partnership's teamwork, experience-sharing and collaboration were needed and benefited the most vulnerable people in Oman. In addition, the Partnership had adapted its interventions for implementation in the country, resulting in improved performance of relevant national programmes. It was hoped that the Partnership's 2021–2025 strategy would enable further evaluation of its role and thereby ensure its suitability and contribute to achieving the relevant Sustainable Development Goals.

The representative of MADAGASCAR said that the activities of the Partnership for Maternal, Newborn and Child Health aligned with WHO activities related to the Sustainable Development Goals. The Partnership had contributed to the updating of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), and facilitated the prioritization of primary health care provision and universal health coverage. It was important for the general conditions for hosting the Partnership within WHO to respect the applicable WHO norms, guidelines and technical procedures. Further attention should be paid to improving information-sharing in decision-making processes to optimize good governance; redefining the role of the Partnership and demonstrating its added value; and reaching consensus on the Partnership's level of engagement at the country level. The Partnership could learn from the evaluations conducted and the reports issued to improve its effectiveness, results and impact.

The representative of BRAZIL¹ said that the partnership between WHO and Unitaid had been productive and of mutual benefit, and, in view of its focus on scalability and agility, low- and middle-income countries could play a pivotal role in ensuring the long-term sustainability of projects supported by Unitaid. Unitaid had made significant progress towards expediting its procedures for assessing and approving new ideas for innovation. Its new agility mechanism was promising, as was the potential expansion of Unitaid's portfolio to areas such as Chagas disease. It was positive that Unitaid was working closely with WHO and other health institutions in the global response to COVID-19, as its expertise in the public health arena could be decisive for combating the pandemic.

The DIRECTOR (Health and Multilateral Partnerships) said that the 2021–2025 strategy of the Partnership for Maternal, Newborn and Child Health had been published online. Regarding the proposal for a new hosted partnership on digital health, he noted that any such partnership would require further consultations and would have to be formally proposed to the Board in order to be established.

The Board noted the reports.

The meeting rose at 13:00.

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

SECOND MEETING

Monday, 16 November 2020, at 14:10

Chair: Dr H. VARDHAN (India)

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

1. STAFFING MATTERS: Item 6 of the agenda

Statement by the representative of the WHO staff associations: Item 6.1 of the agenda (document EB147/INF./1)

The CHAIR drew attention to the statement by the representative of the WHO staff associations contained in document EB147/INF./1 and paragraphs 34 to 37 of the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB147/2.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC, expressed solidarity with all communities affected by the coronavirus disease (COVID-19) pandemic. The global crisis had shown that rapid transformational change and strong international collaboration were possible and had highlighted the importance of WHO's role, especially in health systems strengthening. She welcomed the senior management team's efforts to increase flexibility and expressed gratitude to the Director-General for remaining available to staff members.

She expressed the hope that the Secretariat would fulfil its pledge to ensure that the WHO transformation, which should be evaluated by an independent external body at some future point, did not result in job losses at regional and country offices and that the process would be shorter than it had been at WHO headquarters.

Trust in WHO's internal justice system was contingent upon its efficiency, effectiveness and accessibility by all WHO staff at all duty stations. It was unacceptable that case investigations and resolutions still took, on average, more than a year to complete. WHO should allocate sufficient resources to strengthen its internal justice system, especially its investigative functions, bearing in mind that increasing human resources alone would not improve performance. Internal justice structures such as the Office of Internal Oversight Services should be subject to the same level of accountability as the rest of the Organization through the formulation of a clear workplan and timelines for investigations and the establishment and monitoring of key performance indicators. Member States should engage in closer oversight through the Independent Expert Oversight Advisory Committee, which should be afforded sufficient resources to hire an external party to continuously audit the Office's investigative functions.

With regard to the mobility policy, she expressed appreciation for the recently launched mobility simulation exercise but remained concerned about a number of aspects related to the policy's functioning. The mobility policy should only be implemented once the relevant support and implementation mechanisms had been established, and mobility opportunities should first be offered to those staff members who were due to relocate and were most keen to do so, after which relocation should be determined based on clear criteria that were available to all staff.

She expressed appreciation for the Secretariat's efforts to improve staff health insurance services, particularly the pilot initiative to expand health care coverage to include more health-care providers in the African and Eastern Mediterranean regions. That initiative should be extended to other regions. She

also welcomed the decision to expand the number of staff representatives on the staff health insurance Global Oversight Committee. Increasing recognition of WHO staff health insurance among health care providers would ensure that WHO staff, and particularly country-based staff, had access to health care when needed.

She welcomed the Secretariat's decision to combine all forms of harassment in a single document on respectful workplaces and to take account of comments from the staff associations when establishing the policy. She also expressed appreciation that staff representatives would form part of the newly established team focusing on diversity and inclusion at WHO headquarters, and looked forward to its final recommendations. Lastly, she welcomed the establishment of the working group on flexible working arrangements, set up in response to the COVID-19 pandemic, and hoped that it would promptly issue its final recommendations, which should be taken into consideration when updating the mobility policy.

The representative of AUSTRALIA expressed gratitude to all WHO staff members for their dedication and tireless work, particularly during the COVID-19 pandemic. It was a shared responsibility to listen to staff members, resolve their concerns and ensure that the Organization was a safe, enabling environment that was free of discrimination and harassment and underpinned by strong internal justice systems. She therefore endorsed the relevant recommendations of the Programme, Budget and Administration Committee. Given the significant overlap between the current agenda item and the annual report on human resources, the Committee should consider combining them into a single agenda item, rather than separating one item for the Health Assembly and one for the Executive Board.

The representative of the NETHERLANDS¹ said that the transformation process should be implemented across all levels of WHO to achieve the Organization's goals and should undergo an independent evaluation at an appropriate time. She called on the Secretariat to submit a report to the 148th session of the Executive Board on the financial resources required to make the necessary improvements to the internal justice system and to facilitate a detailed discussion on accountability and oversight during that session of the Board. The lessons learned over recent months concerning teleworking should be included in an updated policy on flexible working arrangements. She paid tribute to WHO staff for their efforts to respond to the pandemic while ensuring the continuation of other WHO programmes.

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

2. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 7 of the agenda (document EB147/9)

The representative of GABON, speaking on behalf of the Member States of the African Region, reiterated the importance of pharmacopoeias, quality pharmaceutical products and food safety for the resilience of health systems. She noted with satisfaction the guidelines and decisions adopted, in particular those on good manufacturing practices for pharmaceutical products, the implementation of quality management systems for national regulatory authorities, and the assessment of the quality, safety and efficacy of vaccines. The Secretariat should provide more support to Member States to implement the External Quality Assurance Assessment Scheme and to continue updating the WHO certification scheme on the quality of pharmaceutical products. She requested further information on the general aspects of risk assessment and the specific evaluations of veterinary drugs to help Member States to

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

improve food safety, and encouraged the Secretariat to support regional and country efforts to raise public awareness of the risks related to psychoactive substances and drug abuse.

The representative of BANGLADESH urged the Secretariat to implement the recommendations of the expert committees and study groups. He called on WHO and other development partners to help low- and middle-income countries to build infrastructure to ensure robust vaccine and medicine distribution networks, and emphasized the need for regulatory guidelines on multisource medicines for global use in order to facilitate access to quality medicines for all. Implementation of the recommendations of the Joint FAO/WHO Expert Committee on Food Additives would encourage fair practices in the global food trade and improve national and regional food safety standards.

The representative of COLOMBIA said that WHO should strive to incorporate the recommendations of the expert committees and study groups into its programmes and work with other organizations in the United Nations system to fulfil any recommendations that reached beyond its remit, putting people and health at the centre of the decision-making process. In the light of the COVID-19 pandemic, the discussions and recommendations of the Expert Committee on Biological Standardization deserved special attention and the Organization's full support.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that implementation of the recommendations of the Joint FAO/WHO Expert Committee on Food Additives was a core part of WHO's collaboration with FAO on programmes such as the Codex Alimentarius. The Secretariat would work with Member States to update the WHO global strategy for food safety and to implement the recommendations of the Expert Committee at the country level.

The COORDINATOR (Access to Medicines and Health Products) noted the request made by the representative of Bangladesh for support in improving supply chain management and procurement, including for COVID-19-related medicines. Concerning the Expert Committee on Drug Dependence, the Secretariat was working to enhance collaboration in addressing the world drug problem, in line with decision WHA70(18) (2017), by ensuring that information was shared between the Expert Committee, UNODC and INCB.

The Board noted the report.

3. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:
Item 8 of the agenda (document EB147/10)

The CHAIR, recalling that the Board had adopted decisions EB147(6), EB147(7) and EB147(8) at its *de minimis* session in May 2020, invited Board members to consider the format of the thirty-third meeting of the Programme, Budget and Administration Committee and the 148th session of the Executive Board, to be held in January 2021.

The DIRECTOR (Governing Bodies) said that, in the light of the current epidemiological situation, the meetings to be held in January 2021 would likely go ahead in hybrid or virtual format. He invited the Board to give its views on those two options, in particular regarding a deadline by which the Secretariat should inform Member States of the final arrangements.

The representative of the UNITED STATES OF AMERICA said that, considering the current circumstances, the Secretariat should plan to hold virtual meetings of the Programme, Budget and Administration Committee and the Executive Board in January 2021, but expressed the hope that meetings scheduled for later in 2021 would be able to go ahead in person. The modalities for those meetings should be finalized by mid-December 2020. Since Member States in the Region of the

Americas and the Western Pacific Region had encountered difficulties owing to the scheduling of meetings in Central European Time, the Secretariat should consider adapting the schedules for upcoming meetings in order to share that burden across regions.

He expressed strong support for efforts to strengthen WHO and looked forward to discussing those critical issues at the upcoming sessions of the Programme, Budget and Administration Committee and the Executive Board. Further intersessional discussions should be scheduled with Member States in that regard; in particular, he supported the proposal for an Executive Board retreat, which would strengthen the Board's governance and leadership within WHO. Lastly, he suggested that the way in which progress reports were examined should be reconsidered, since Member States were often unable to give them their due attention.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Secretariat should make the decision to hold a virtual meeting as soon as possible to allow time for Member States to prepare.

The representative of the RUSSIAN FEDERATION said that the 148th session of the Executive Board and Seventy-fourth World Health Assembly should be held in either virtual or hybrid format, given the current epidemiological situation, and expressed his preference for the hybrid option.

The DIRECTOR (Governing Bodies) said that the Officers of the Board would discuss the format of the 148th session of the Executive Board and keep Member States informed in a timely manner.

4. CLOSURE OF THE SESSION: Item 9 of the agenda

The DIRECTOR-GENERAL thanked the Chair for his leadership, Member States for their input and guidance, and the staff of the Secretariat for their hard work to make the meeting a success. He hoped that a Board retreat would take place before the 148th session of the Executive Board.

After the customary exchange of courtesies, the CHAIR declared the resumed 147th session of the Executive Board closed.

The meeting rose at 15:20.
