

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

**WHO headquarters, Geneva
Monday, 18 January 2021, scheduled at 10:00**

Chair: Dr H. VARDHAN (India)

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FIRST MEETING

Monday, 18 January 2021, at 10:10

Chair: Dr H. VARDHAN (India)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the provisional agenda (documents EB148/1, EB148/1 (annotated), EB148/2 and EB148/INF./5)

Opening of the session

The CHAIR declared open the 148th session of the Executive Board, which, in the context of the pandemic of coronavirus disease (COVID-19), the Board had agreed would take place virtually.

Organization of work

The CHAIR invited the Board to consider the special procedures to regulate the conduct of virtual sessions of the Executive Board, contained in document EB148/2. In the absence of any objections, he took it that the Board wished to adopt the draft decision.

The decision was adopted.¹

Adoption of the agenda

The CHAIR noted that document EB148/46 had not been issued; instead, the Secretariat would give a verbal update. He proposed that provisional agenda item 17.5, Amendments to the Financial Regulations and Financial Rules, should be deleted, as no proposals for amendments had been received by the Secretariat. He took it that the Board agreed to his proposal.

It was so agreed.

The agenda, as amended, was adopted.²

The representative of AUSTRIA, 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. She requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 148th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

¹ Decision EB148(1).

² Document EB148/1 Rev.1.

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

It was so agreed.

2. REPORT OF THE DIRECTOR-GENERAL: Item 2 of the agenda (document EB148/3)

The DIRECTOR-GENERAL said that, although the rapid development and approval of safe and effective COVID-19 vaccines represented a stunning scientific achievement, the promise of equitable access to those vaccines was at serious risk. Some countries and vaccine producers continued to prioritize bilateral agreements, thereby circumventing the COVID-19 Vaccine Global Access (COVAX) Facility. Most vaccine manufacturers had prioritized regulatory approval in rich countries, rather than submitting full dossiers to WHO. Such actions could delay the delivery of vaccines through the COVAX Facility and lead to vaccine hoarding, a chaotic market, an uncoordinated response, and continued social and economic disruption. Equitable access to vaccines was not just a moral imperative, but also a strategic and economic one. All Member States must work together to accelerate vaccination readiness and ensure that health workers and older people had begun to be vaccinated in all countries within the first 100 days of 2021. Member States with bilateral vaccine agreements should be transparent about the volumes, pricing and delivery dates stipulated in those agreements, and they should work alongside vaccine producers to share doses with the COVAX Facility and ensure that the Facility was given priority regarding vaccine delivery. Countries should only use vaccines that met rigorous international standards for safety, efficacy and quality.

The pandemic had revealed a collective failure to invest in emergency preparedness. WHO had been working to strengthen preparedness and response under the transformation agenda prior to the pandemic and had continued that work over the previous year. As part of those efforts, a pilot phase for the universal health and preparedness review mechanism would begin in the coming weeks. Moreover, human health could only be protected and promoted by better monitoring and managing risks at the interface between humans, animals and ecosystems. To that end, WHO, FAO, OIE and UNEP had agreed to establish a One Health high-level expert council, which would analyse scientific evidence and countries' policy responses and advise the four agencies on related actions and recommendations. The council's first task would be to examine and issue advice on the immediate priorities for the prevention, prediction, detection and monitoring of, as well as the response to, emerging zoonoses with epidemic and pandemic potential. Highlighting the need for a strong WHO, he appreciated Member States' broad support for the WHO transformation agenda and acknowledged the calls for a greater focus on the country-level impacts of that process. Member States must be serious about sustainable financing and address the gap between what was expected of WHO and the resources available to it. The Secretariat had introduced a new resource mobilization strategy and, through the WHO Foundation, hoped to diversify WHO's donor base and obtain more flexible funding.

In response to the disruption to essential health services in Member States, WHO had introduced an initiative to assign WHO headquarters staff to work virtually with regional and country offices, in line with country needs. The Secretariat would continue to support Member States in their progress towards universal health coverage and in protecting and building on the health gains already achieved. The Secretariat would implement the Global strategy to accelerate the elimination of cervical cancer as a public health problem and intensify its support to Member States to progressively provide 1 billion additional people living with noncommunicable diseases and mental health conditions with essential health services and medicines by 2023. The Secretariat remained committed to poliomyelitis eradication and transition and to using poliomyelitis infrastructure for the roll-out of COVID-19 vaccines. It had also been developing new strategic policy directions for nursing and midwifery. In the light of the impact of COVID-19 on older people, and to increase the quality of care that older people received, the Secretariat had been studying the organization and financing of long-term care systems. It would also

continue to boost country capacities to implement national action plans on antimicrobial resistance, while strengthening surveillance of antimicrobial resistance and antibiotic use.

The Secretariat was working to strengthen the local production of, and access to, quality, safe, effective and affordable medicines and other health products. Following the adoption of the Global strategy on digital health 2020–2025, the Secretariat had been developing tools to support Member States in implementing national digital health strategies, including a digital vaccination certificate. The Secretariat would work with countries to implement the policy recommendations set out in the WHO manifesto for a healthy and green recovery from COVID-19 and would host a virtual health summit for small island developing States, focusing on the need for resilient health systems in order to respond to noncommunicable diseases and climate change. The Secretariat would also: support the strengthening of national health data systems through the SCORE technical package; hold itself accountable by closely tracking progress towards the “triple billion” targets; strengthen the development of timely, relevant, evidence-based and easily accessible guidance; build the capacity to conduct high-quality, ethical research in all countries and accelerate the scaling-up of innovations and health products; and enhance collaboration with multilateral partners through the Global Action Plan for Healthy Lives and Well-being for All to reinforce equitable access to vaccines, drive the recovery from the pandemic and help Member States to get back on track in achieving the Sustainable Development Goals.

The draft proposed programme budget 2022–2023 and its four key areas of strategic focus reflected the need to forge ahead and build on the lessons learned from the COVID-19 pandemic. Extending the deadline to meet the “triple billion” targets would allow WHO to identify the specific areas in which countries were lagging behind and develop potential solutions to speed up progress towards the targets. Lastly, he paid tribute to the late Belinda Kasongo, who had been murdered in the Democratic Republic of the Congo as she worked to protect others from Ebola virus disease, and to the late Dr Peter Salama, whose legacy lived on.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed WHO’s leadership in managing global health issues and commended the Secretariat for the support provided to Member States during the COVID-19 pandemic. He welcomed the WHO transformation agenda and the efforts of the Independent Panel for Pandemic Preparedness and Response to evaluate WHO’s management of the pandemic. He encouraged WHO to complete its study on the origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as soon as possible and to take the necessary steps to prevent, and improve Member States’ response to, future pandemics. To that end, global public health stakeholders must work with WHO and provide it with the necessary resources.

Noting his concern that access to COVID-19 vaccines would be a privilege of a minority of countries, he said that Member States should work in solidarity to ensure the equitable distribution of those vaccines in all countries, regardless of their level of development. The pandemic should not divert attention away from other health priorities, including malaria, tuberculosis, HIV/AIDS, neglected tropical diseases and noncommunicable diseases. He encouraged WHO to seek innovative and sustainable financing and urged Member States to provide the Organization with the resources it needed to finalize its draft proposed programme budget 2022–2023, improve implementation of the Thirteenth General Programme of Work, 2019–2023, and fulfil its mandate.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement. She welcomed WHO’s global coordination, commitment and leadership, especially in responding to the COVID-19 pandemic, and encouraged the Organization to remain transparent and accountable, expressing support for its role as the leading global health agency during and beyond the pandemic. She praised all stakeholders who had contributed to the development of effective COVID-19 vaccines and the work done to provide equitable access to vaccines and other essential supplies. The same progress needed to be made in the areas of

therapeutics and clinical trials. It was crucial that no one was left behind, especially in fragile, low-resource settings.

An effective, transparent and science-based investigation into the origins of SARS-CoV-2 was paramount, and she looked forward to receiving regular, detailed updates on that work. She reiterated her support for 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. She looked forward to considering their recommendations through an inclusive process involving all Member States, with a view to developing a resolution on strengthening WHO and global preparedness, facilitated by the European Union. There was an urgent need to invest in and create resilient health systems. She expressed concern about increased inequities and worsened health outcomes over the previous year, particularly in sexual and reproductive health and noncommunicable diseases.

The representative of FINLAND, highlighting the link between health and the economy, welcomed the establishment of the Council on the Economics of Health for All and looked forward to its analyses and recommendations. Scientific, strategic, political and moral leadership was critical to guide the global community and individual countries through the COVID-19 pandemic. Countries should prepare for all types of crises through an all-hazards approach, multisectoral collaboration and multilateralism. To protect both health and the economy in a sustainable and balanced manner, more investment was needed in global and country preparedness. By supporting people's health and well-being, countries could mitigate the pandemic's long-term impacts and help to restore progress towards achieving the Sustainable Development Goals.

The representative of KENYA commended the Director-General and Secretariat for coordinating the global public health response to the COVID-19 pandemic. His Government was pleased that COVID-19 vaccines had recently been included on the list of medical products approved for use in emergency situations, and acknowledged the disproportionate roll-out of COVID-19 vaccines across the world. He called on the Secretariat, Member States and all international stakeholders to work together to guarantee fair and equitable access to COVID-19 vaccines, noting that calls for global solidarity had not been heard concerning the delivery and distribution of vaccines in low- and middle-income countries. His Government supported calls for vaccine manufacturers to facilitate the swift transfer of technology and know-how to other manufacturers, and supported initiatives to ease intellectual property rights that impeded access to affordable medicines and vaccines. He noted the four key areas of strategic focus of the draft proposed programme budget 2022–2023, which he hoped would take account of the needs of the most vulnerable. He requested the Secretariat to maintain its focus on equity and universal health coverage, while also taking account of the new priorities that had emerged as a result of the pandemic.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND thanked WHO for its continued work in coordinating the global health response to COVID-19. His Government was committed to ensuring rapid, equitable access to safe and effective COVID-19 vaccines, therapeutics and diagnostics through multilateral collaboration. His Government was pleased to have helped to raise US\$ 1 billion for the Gavi COVAX Advance Market Commitment, which, combined with the £548 million of aid pledged by his Government, would help to distribute 1 billion doses of COVID-19 vaccines to 92 developing countries in 2021. With new variants of SARS-CoV-2 emerging worldwide, it was essential for the international community to quickly enhance genetic sequence surveillance and reporting. The COVID-19 pandemic had reinforced and exacerbated inequalities within and between countries, further hindering the achievement of the Sustainable Development Goals. Continued collaboration was needed to tackle those inequalities, strengthen health systems and prevent further losses in global health gains. Discussions at the 148th session of the

Executive Board should focus not only on COVID-19-related issues, but also on other important health topics. Health systems were key to mitigating the health impacts of climate change as well as being vulnerable to its effects.

The representative of ROMANIA said that global challenges such as the COVID-19 pandemic required common action, solidarity and cooperation. His Government valued WHO's work to address the pandemic, support Member States in implementing health policies and strengthening health systems, and promote the development of, and equitable access to, new COVID-19 diagnostics, therapeutics and vaccines. It was essential to ensure equitable access to COVID-19 vaccines and use the experience gained and lessons learned during the pandemic to strengthen and adapt health systems so that they were better prepared for future global public health emergencies. Efforts at the national, regional and international levels were needed to that end, with WHO playing an active role. Member States should continue to lead the debate on strengthening WHO's pandemic preparedness, taking into account the findings and recommendations 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.

The representative of ISRAEL said that international cooperation had been vital in minimizing the negative impacts of COVID-19 on health systems, economies and individuals. The sharing of data and best practices was critical to ensure that organizations like WHO had the tools and expertise needed to guide countries' responses to the pandemic. WHO's COVID-19-related guidance and evidence-based information had been extremely valuable to his Government and its partners. In the light of the emergence of new variants of SARS-CoV-2, it was important to continue to strengthen early detection, verification and warning systems, as well as information-sharing and reporting mechanisms. WHO must be able to disseminate information globally and in a timely manner in order to efficiently deal with future health emergencies. As governments prepared to roll out COVID-19 vaccines, they would again face the challenges of misinformation and uncertainty. WHO should provide important guidance on how to manage anti-vaccination movements through positive messages and transparent, evidence-based information campaigns.

The representative of GERMANY, noting the unprecedented international attention paid to WHO during the COVID-19 pandemic, reiterated that the world's expectations of WHO greatly exceeded the Organization's capacities. There was a serious discrepancy between Member States' political appraisal of WHO and their willingness to finance the Organization. A key task of all Member States was to enable WHO to fulfil its ambitious mandate. Even with limited financial, human and legal resources, WHO had played, and continued to play, a crucial role in the response to COVID-19. The pandemic had the potential to change the structure of global health beyond WHO, and the Global Action Plan for Healthy Lives and Well-being for All should be central in that regard. His Government wished to see a strengthened WHO that was equipped to serve as the leading and coordinating authority in global health. He was fully committed to Board reforms.

The representative of AUSTRIA thanked the Director-General for his constant engagement and WHO staff members for their valuable work during the COVID-19 pandemic. The Organization needed a flexible governance structure to promptly handle issues, in particular during health emergencies. However, the Executive Board had not been performing the role required of it, and he looked forward to the convening of an Executive Board retreat as soon as possible. Furthermore, there were substantial shortcomings in the COVAX Facility, which was slow to progress and had not secured enough agreements to ensure the timely delivery of a high number of vaccines to Member States. He wished to know what the COVAX Facility's management had done to create a transparent and inclusive work process to achieve its goals. He also asked why the COVAX Facility's management had not included

mRNA vaccines in the COVAX Facility's vaccine portfolio. Lastly, he asked for the detailed vaccine delivery plans of the COVAX Facility's management and asked when, and how many, vaccines Member States could expect to be delivered.

The representative of CHINA appreciated the thorough and fruitful work carried out by the Director-General and Secretariat in the previous year. His Government had been supporting the Director-General and Secretariat in implementing resolution WHA73.1 (2020) on the COVID-19 response. Members of the international mission studying the origins of SARS-CoV-2 in China had been following quarantine requirements and had been showing a high degree of professionalism and dedication. His Government would take concrete action to ensure that COVID-19 vaccines were treated as global public goods, supporting efforts to enhance the availability and affordability of those vaccines in developing countries. He called on the international community to continue working to control the COVID-19 pandemic, promote economic and social development and safeguard the health of all.

The representative of BANGLADESH thanked the Director-General and his team for their tireless efforts in addressing the COVID-19 pandemic. He appreciated the support provided through the COVAX Facility and by Member States and private-sector partners. It was essential that COVID-19 vaccines were treated as global public goods and that they were made available to all countries in a timely manner. New approaches were needed to promote economic recovery from the pandemic, and low- and middle-income countries needed more support in strengthening their health systems. The pandemic had highlighted the need to invest more in emergency preparedness, strengthen the One Health approach, build a stronger WHO and develop innovative and digital health solutions. The pandemic must not divert attention away from other global health concerns, including antimicrobial resistance, which was a serious political, social and economic problem.

The representative of the RUSSIAN FEDERATION acknowledged WHO's key coordination role in the international response to the COVID-19 pandemic and the mechanisms that had been developed to support Member States in that regard. Her Government would continue to work with others to ensure access to COVID-19 vaccines and to promote local vaccine production. She underscored the importance of pressing ahead with the transformation agenda in order to enhance emergency preparedness. The Secretariat should strengthen its efforts to provide high-quality global statistical data on the societal impact of the COVID-19 pandemic, in order to support Member States in their decision- and policy-making. She commended the WHO Regional Office for Europe for its work, in particular the creation of the Pan-European Commission on Health and Sustainable Development. Turning to the review of the functioning of the International Health Regulations (2005) during the COVID-19 response, she said that it was intended to strengthen application of the Regulations rather than amend them. However, the evaluation mechanisms should not be mandatory, and it was important to avoid duplicating WHO's coordinating role in pandemic response efforts. The report issued by the Independent Panel for Pandemic Preparedness and Response in January 2021 contained a number of inaccuracies and required further work. Future reports on WHO's response efforts must meet the evaluation standards of United Nations organizations. Recalling that, over the previous decade, noncommunicable diseases had been the leading cause of mortality and had had a significant impact on the severity of COVID-19, she said that more attention should be paid to the prevention and control of noncommunicable diseases going forward.

The representative of the REPUBLIC OF MOLDOVA¹ expressed appreciation to all stakeholders that had contributed to the development of, and helped to ensure equitable access to, COVID-19 vaccines and other tools. She highlighted the need for a multisectoral approach to strengthen national

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

and global public health security, and for robust health systems and emergency preparedness. She shared the Director-General's concerns related to immunization against COVID-19, calling for greater solidarity and equity. She underscored the need to further strengthen national capacities for the implementation of the International Health Regulations (2005) based on country-specific contexts and assessments of risks and needs, and by ensuring efficient funding and drawing on the lessons learned from the pandemic. She echoed the Director-General's appeal to enhance the One Health approach, underlining the need to update electronic surveillance systems and introduce information technology solutions for data collection and sharing. She noted the importance of developing and delivering resilient and integrated health services in order to meet a range of needs and provide access to affordable, efficient, effective and high-quality health care to everyone, in particular vulnerable people. The design, delivery, implementation and financing of efforts to achieve universal health coverage required the participation of all stakeholders, both public and private.

The representative of NORWAY¹ thanked WHO for its continued leadership in addressing the COVID-19 pandemic. The deployment of an international mission to China to study the origins of SARS-CoV-2 had been an important development. Member States must ensure that WHO had the tools, resources and authority needed to fulfil its mandate and were encouraged to further increase their support for the four pillars of the Access to COVID-19 Tools (ACT) Accelerator. He called for a thorough discussion on the financing of WHO, noting that the significant imbalance between assessed and voluntary contributions jeopardized WHO's independence. His Government supported proposals to strengthen WHO's sustainable financing, including through increased assessed contributions. He welcomed the efforts made under the WHO Health Emergencies Programme during the pandemic and said that WHO could play a leading role in strengthening research on non-pharmaceutical interventions against COVID-19.

The representative of SWEDEN¹ underscored the need for a strong WHO that was fit for purpose, adapted to countries' needs and supported by sustainable financing and strong governance systems. She reiterated her support for WHO's role and leadership, thanking the Director-General and WHO staff members for their hard work during the pandemic. Member States faced vast challenges in: curbing the spread of COVID-19; ensuring the equitable and swift distribution of safe, affordable and effective vaccines; minimizing the indirect impacts of the pandemic; rebuilding health systems; and reinforcing health emergency preparedness. There was an urgent need to address unmet health needs, including in the areas of noncommunicable diseases, mental health, and sexual and reproductive health and rights. She encouraged the Secretariat to identify lessons learned from the pandemic and areas for improvement. She would welcome a Member State briefing on how the Secretariat's internal processes had been affected by the pandemic and the lessons learned in that regard. She supported 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, and looked forward to discussing how their recommendations could help to create more resilient health systems, promote healthier lives and improve global health emergency preparedness.

The representative of JAPAN¹ thanked the Director-General and the Secretariat for their hard work and dedication during the pandemic. He highlighted the need to build resilient, efficient and agile health systems, which required a range of resources, including sustainable health financing. An impartial, independent and comprehensive review was needed into the Secretariat's and Member States' responses to COVID-19. He stood ready to work with WHO in addressing global health priorities.

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

The representative of JAMAICA¹ commended the Director-General and his team on their efforts to promote the equitable distribution of COVID-19 vaccines as global public goods. Highlighting the importance of multilateralism in overcoming the COVID-19 pandemic, he expressed hope that Member States would fulfil their commitments to support the COVAX Facility, the success of which was critical for Jamaica and other countries. He applauded the Director-General for his strong leadership in ensuring that the Organization could continue its work on issues not directly related to COVID-19 during the pandemic. A flexible and sustainable programme budget 2022–2023 would ensure that WHO was fit for purpose and could effectively support Member States. He looked forward to receiving continued support from the Secretariat in national efforts to achieve universal health coverage and the Sustainable Development Goals.

The representative of TURKEY¹ said that her Government would support the Director-General, WHO and all relevant partners in ensuring the equitable distribution of COVID-19 vaccines. The pandemic had provided an important opportunity to reshape national, regional and global preparedness policies based on the lessons learned. She had no doubt that the Director-General would guide the Secretariat and Member States in that work, taking into account the reports 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. She was pleased that the draft proposed programme budget 2022–2023 represented a 5% increase from the previous biennium's programme budget, but would welcome more information on the financing of emergency operations and appeals, including projections and changes in the donor base. Country office expenditure must be transparent. She was confident that the necessary oversight mechanism would be implemented at the country level, and that Member States would be regularly informed of changes to the donor base.

The representative of FRANCE¹ said that, in order to protect global health, it was critical to work together in overcoming health challenges and to have a strong and reputable WHO. The Organization had made important progress in promoting access to COVID-19 vaccines, but must also focus on COVID-19 therapeutics and diagnostics and on health systems strengthening. He thanked WHO, FAO, OIE and UNEP for their engagement and cooperation in establishing a One Health high-level expert council. Furthermore, it was essential to support health workers through training and the promotion of gender equality. He called on Member States to involve more women in health-related decision-making structures and to provide health workers, who were mostly women, with safe and decent working conditions.

The representative of SOUTH AFRICA¹ thanked the Director-General and WHO staff members for their efforts in addressing the COVID-19 pandemic, especially in promoting fair, equitable and timely access to vaccines and other COVID-19 tools for low-resource countries and communities. Highlighting the importance of the Thirteenth General Programme of Work, 2019–2023, and the decisions to be taken during the current session of the Executive Board, she said that the sustainable financing of WHO could not be further delayed. She supported recommendations to strengthen WHO at all three levels of the Organization, in particular at the country and regional levels, to enable WHO to fulfil its mandate. The Secretariat needed to provide more support to Member States to boost health services, build sustainable health systems and thus prevent further losses in health gains. Universal health coverage was critical to improve health outcomes.

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

The representative of SPAIN¹ said that a more robust global health system with a renewed and stronger WHO at its core was needed. In 2020, her Government had increased its voluntary contributions to WHO and PAHO almost sevenfold and had made other important contributions, including to the ACT-Accelerator. Her Government would support efforts to achieve universal access to COVID-19 diagnostics, therapeutics and vaccines. She underlined the need to strengthen the International Health Regulations (2005) and build an integrated health system based on universal health coverage and continuity of care. To overcome the pandemic, it was necessary to take a global, equity-based One Health approach.

The representative of POLAND¹ expressed appreciation for WHO's efforts and leading role in addressing the COVID-19 pandemic. Rapid mass vaccination was critical to overcome the pandemic, and the international community must ensure that vaccines were available to all countries. A global approach was needed to address the threat of vaccine hesitancy and surmount logistical challenges, such as ensuring the timely availability of an adequate number of vaccines. He called on Member States to work together in a spirit of solidarity and trust.

The DIRECTOR-GENERAL thanked Member States for sharing their comments, in particular for expressing gratitude for the efforts of WHO staff members during the COVID-19 pandemic. The Secretariat would continue to work hard until the pandemic was over.

3. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 3 of the agenda (document EB148/4)

The representative of the UNITED STATES OF AMERICA said that her Government had been pleased to sponsor PAHO's governance reform and commended PAHO Member States for adopting the reform unanimously. She expressed gratitude for the leadership of the governments of Brazil, Canada and Mexico on PAHO's Executive Committee and Directing Council, and of the Regional Director for the Americas and Deputy Director of PAHO during the pandemic. Countries in the Region of the Americas must work closely together to improve health in the Region and rebuild their economies. She was confident that Member States in the Region would emerge from the pandemic stronger and more united. She looked to PAHO to take its rightful leadership role in public health issues in the Region of the Americas and the Western Pacific Region, and hoped to learn from Member States and partners that had been able to contain SARS-CoV-2.

The representative of PORTUGAL¹ highlighted the important work carried out by WHO through its regional offices in implementing, supporting and advancing health policies and country-specific priorities. He welcomed the European Programme of Work, 2020–2025, especially its three core priorities. He underlined the importance of universal health coverage and WHO's efforts in promoting countries' emergency preparedness, including through capacity-building and coordinated and effective support to respond to cross-border health threats. The European Union's future work with WHO and the international treaty on pandemics proposed by the European Council would be crucial to better prepare for, and respond to, future health emergencies.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that, at its seventy-third session, the WHO Regional Committee for South-East Asia had adopted a resolution endorsing a ministerial declaration on the collective response to COVID-19. The declaration highlighted Member States'

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

commitment to maintaining essential health services and building on the Region's strengths in order to respond to the pandemic. The declaration called for efforts to ensure the occupational safety of health workers, strengthen health information systems, adopt digital health technologies and advance health policy and systems research. The Committee had discussed the mid-term review of the Decade for health workforce strengthening in the South-East Asia Region 2015–2024 and a report on improving the retention of health workers in rural and remote areas. An annual report on monitoring progress towards universal health coverage and the health-related Sustainable Development Goals in the Region had been launched, and participants had reiterated the importance of achieving the “triple billion” goals of the Thirteenth General Programme of Work, 2019–2023.

Participants had discussed the progress made in the Region in implementing the WHO transformation agenda. The South-East Asia Regional Health Emergency Fund would be instrumental in accelerating implementation of pillar 2 of the Thirteenth General Programme of Work, 2019–2023 and building community resilience. She noted that, by the end of the biennium 2018–2019, 80% of the regional programme budget had been allocated to Member States, compared with 70% during the biennium 2014–2015. In addition, the Committee had adopted a decision to ensure that priority was given to regional patient safety efforts that aligned with the draft global patient safety action plan, the Region's patient safety strategy and country contexts. Regarding the Region's Programme Budget 2020–2021, the Committee had highlighted the need for renewed momentum in implementing the 2020–2021 workplans while continuing to respond to COVID-19. She thanked the Member States in her Region for contributing to a productive seventy-third session of the Committee, and the Director-General for his input on several strategic matters. She also thanked Member States for participating in a series of virtual meetings convened by the Regional Office for South-East Asia to discuss vaccine deployment.

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, thanked Member States for ensuring the continued functioning of the Organization's governance mechanisms at all levels during the COVID-19 pandemic. He welcomed the consultations that had been held on the development of WHO's draft proposed programme budget 2022–2023. He acknowledged the context in which the budget was being developed and encouraged the Secretariat to continue to consult broadly with Member States to ensure that consensus was reached on the budget in time for the Seventy-fourth World Health Assembly. He appreciated the consultations held on the development of a draft global patient safety action plan and looked forward to its finalization. He noted the regional committees' discussions and recommendations regarding the WHO transformation agenda. He supported efforts for poliomyelitis eradication, emphasizing the need to prepare and finance activities and tools such as novel oral polio vaccine type 2 to control outbreaks of circulating vaccine-derived poliovirus in his Region. The WHO Regional Committee for Africa had adopted a strategy on scaling up health innovations in the WHO African Region, providing an opportunity for Member States to build an innovation system that responded to the Region's needs. Other key documents adopted by the Regional Committee included a report on strengthening WHO's country presence to achieve universal health coverage in Africa and a report on the performance of health systems in the Region.

The REGIONAL DIRECTOR FOR EUROPE said that the seventieth session of the WHO Regional Committee for Europe had been held in a new format, providing a platform for free and friendly discussions among Member States. The Committee had reflected on the efforts of the Regional Office for Europe to respond to COVID-19 and its key objectives, which were to maintain direct contact with the Region's Member States to ensure a more targeted COVID-19 response, strengthen partnerships in the Region and restructure the Regional Office to ensure that it was fit for purpose. Other topics considered by the Committee included: the inauguration of the Pan-European Commission on Health and Sustainable Development; the rethinking of health policies in the light of the pandemic; the role of the health workforce during the pandemic; the launch of a mental health coalition; the need for closer coordination and partnerships between international organizations; and the longer-term implications of

COVID-19 for Europe's health and social care systems. Member States had shown overwhelming support for the European Programme of Work, 2020–2025, which aligned regional actions and priorities with the global strategic priorities of the Thirteenth General Programme of Work, 2019–2023, and placed people at the centre of efforts. Member States had endorsed the four flagship initiatives of the European Programme of Work, 2020–2025, and appreciated its focus on the pandemic's impacts, lessons learned and the continuity of essential health services, and its alignment with the WHO transformation process.

The CHEF DE CABINET OF THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN, speaking on behalf of the Regional Director, said that various global and regional health topics had been discussed at the sixty-seventh session of the Regional Committee for the Eastern Mediterranean. The Committee had considered several reports on the impact of COVID-19 in the Region. Participants had noted that, despite response efforts in the Region, the pandemic had had an alarming impact, including seriously disrupting essential health services. Member States had called for further action to tackle the pandemic and maintain essential health services, and had endorsed a new regional strategic framework on emerging and epidemic-prone infectious diseases. The Committee had also endorsed a landmark regional strategy to improve access to medicines and vaccines in the Region and had agreed to establish a regional subcommittee on poliomyelitis eradication and outbreaks, noting that the Eastern Mediterranean was the only Region where poliomyelitis was still endemic. Several Member States had expressed strong interest in joining the subcommittee. The Committee had approved a new procedure for accrediting regional non-State actors not in official relations with WHO so that they could attend its meetings, and endorsed a strategic framework to improve access to assistive technology. He expressed appreciation for the solidarity, collegiality and support shown by Member States in the Region during the pandemic.

The CHAIR took it that the Board wished to note the report contained in document EB148/4.

The Board noted the report.

The meeting rose at 13:10.

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