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PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

WHO headquarters, Geneva
Tuesday, 19 January 2021, scheduled at 10:00

Chair: Dr H. VARDHAN (India)

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THIRD MEETING

Tuesday, 19 January 2021, at 10:25

Chair: Dr H. VARDHAN (India)

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

PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda (continued)

COVID-19 response: Item 14.1 of the agenda (document EB148/16) (continued)

The representative of the UNITED ARAB EMIRATES outlined measures taken by her Government in response to the pandemic of coronavirus disease (COVID-19), which took a whole-of-government and multisectoral approach, covering matters such as emergency management, strengthening investigation, testing and detecting procedures, vaccine emergency-use authorization and crisis recovery management. Her Government was proud that the Dubai International Humanitarian City was serving as a hub in the global response. The WHO weekly briefing and COVID-19 publications issued throughout 2020 had been very useful and served as clear guidance.

The observer of PALESTINE called on Member States to support the COVID-19 Vaccine Global Access (COVAX) Facility and the other pillars of the Access to COVID-19 (ACT) Accelerator to guarantee the fair and transparent distribution and availability of vaccines. He underscored the importance of partnerships and multilateralism in facing that challenge. He thanked China, the Russian Federation, the Member States of the European Union and the Arab countries that had supported efforts in the countries in his Region to access diagnostic and therapeutic services. He thanked the Director-General, the Secretariat and its teams working in the Regional Office for the Eastern Mediterranean for their support to Palestine; there was a need for even more solidarity in order to help Palestine deal with the challenges posed by the occupying Power.

The observer of GAVI, THE VACCINE ALLIANCE said that, with 190 participants representing nearly 90% of the global population, the COVAX Facility offered the only global solution for equitable vaccine distribution and deployment and had been laying the foundations for that task. The COVAX Facility had entered into agreements to secure over 2 billion doses of COVID-19 vaccines in 2021, enough to vaccinate 20% of the population of all participating economies. The agreements also ensured that all participating economies could access doses in the first half of the year, prioritizing health workers and vulnerable groups in the initial roll-out phase. Gavi, the Vaccine Alliance and COVAX Facility partners — WHO and the Coalition for Epidemic Preparedness Innovations (CEPI) — would continue to work with partners and countries to ensure rapid and equitable vaccine deployment. Member States were therefore called on: to ensure that COVID-19 vaccines were allocated equitably and in line with the allocation principles of the WHO Strategic Advisory Group of Experts on Immunization; and to fully fund the Gavi COVAX Advance Market Commitment to the amount of at least US$ 7 billion to help ensure that 92 lower-income economies and territories could access vaccines according to the same timeline as wealthy countries.

The representative of KAZAKHSTAN[1] expressed her appreciation to WHO for its leadership and active support with respect to primary health care, which remained a key element in the response and provision of essential health services during the COVID-19 pandemic, and emphasized the importance of the equitable distribution of COVID-19 vaccines. She called on the Secretariat to support the holding of a side event during the Seventy-fourth World Health Assembly for Member States, international organizations and other stakeholders to discuss further the draft operational framework for primary health care.

The representative of EL SALVADOR[1] said that his country had been working closely with the Secretariat and PAHO in all areas of response since the beginning of the COVID-19 pandemic. Its national vaccine plan was in place and the Salvadorian medicines regulatory authority had authorized vaccines, including those prequalified by WHO. Having worked closely with UNICEF, El Salvador was ready to begin its nationwide vaccination roll-out. It fully supported the COVAX Facility as the right mechanism to ensure that countries tackled the pandemic together.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that there had been reports of alarming increases in acts of violence, threats, insults and stigmatization against health personnel, thousands of whom had already lost their lives. He called on the Secretariat and Member States to take urgent action, including: adequate accountability mechanisms for the perpetrators of violence; recognition of COVID-19 as an occupational illness, providing compensation and other support to health personnel in the event of infection; accurate and systematic data collection on incidents of violence; and ensuring the security of the supply chain of personal protective equipment and safe and effective vaccines for all health personnel on the front line.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that countries must expand their vaccination pathways to deliver immunization coverage as quickly as possible. Pharmacists were an important part of robust vaccination strategies; she urged policy-makers to enact enabling legislation to allow pharmacists to prescribe and administer vaccines and for governments to support them through legislation so that they could contribute to bringing the pandemic to an end.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, called on Member States to: recognize obesity as a disease requiring urgent short- and long-term action; ensure that COVID-19 responses integrated prevention policies for obesity and other noncommunicable diseases; allocate resources to ensure appropriate care for people living with obesity who required COVID-19 treatment; consult people living with obesity when developing guidance and policies affecting their care; include people living with obesity in COVID-19 treatment research and vaccine roll-out; and support calls for a World Health Assembly resolution on obesity.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, said that COVID-19 vaccines should be produced in larger volumes, distributed equitably between countries and provided at no cost to the user. That could be achieved by waiving intellectual property rights to vaccines, tests and treatments related to COVID-19, openly sharing vaccine technology and intellectual property through WHO, fully funding the COVAX Facility, stopping bilateral deals and investing in WHO efforts and in the strengthening of national health systems. She urged the Executive Board to take action on the provisions of resolution WHA73.1 (2020)

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

and United Nations General Assembly resolution A/RES/75/130 relating to equitable access to COVID-19 vaccines.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, emphasized the importance of global solidarity in fighting COVID-19, including through initiatives such as the COVID-19 Solidarity Response Fund. The ACT-Accelerator was the only mechanism to ensure that COVID-19 countermeasures were rapidly and equitably available globally, which would be key to enabling all countries to transition out of the pandemic crisis and restart domestic and global economies. Its success would be a test of collective moral leadership. She called for a further commitment to global solidarity through urgent financing for the ACT-Accelerator from all donors. Unless the current funding gap was filled, many more lives would be lost and years of global development gains would be further put at risk.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, urged Member States to collaborate with palliative care organizations working on the ground to relieve preventable suffering, particularly among older persons. Such partnerships should be strengthened, especially with regard to knowledge dissemination, capacity-strengthening in countries and coordination between different levels of care. She welcomed the statement of the INCB, WHO and UNODC on access to internationally controlled medicines during the COVID-19 pandemic.

The representative of the TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that, to help to protect the health of all people from future pandemics and public health emergencies, it was critical to develop field epidemiology technical capacity. The Task Force's key partners and stakeholders had met to develop effective global field epidemiology capacity and a road map comprising seven recommendations and a strategic leadership group. He urged WHO to support the group's work to ensure that all countries had the necessary applied epidemiology capacities.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, urged Member States to involve family doctors in pandemic response community planning, including vaccine access and distribution, and in the design of primary health care strategies to tackle present and future crises and pandemics. To achieve a high-quality emergency response, primary health care needed to be appropriately funded and workforce numbers should be sufficient to meet country needs, with the educational and skills training necessary to provide the complexity of care required in emergencies.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the COVID-19 Technology Access Pool (C-TAP) should publish model agreements for the sharing of rights in inventions, data, biological resources and know-how, including the components of full technology transfer. In addition, WHO should: publish a report on global manufacturing capacity for all relevant COVID-19 medical technologies, including each type of COVID-19 vaccine, with commentary on measures to bring facilities into good manufacturing practice compliance; commit to full transparency of all technology transfer agreements with rights holders and licensees; and hold biweekly public briefings, where news media could hold the Secretariat, Member States, manufacturers and rights holders accountable.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, expressed concern that contributions and expertise from nongovernmental organizations, especially those based in low- and middle-income countries, were not considered relevant. It was surprising that the Director-General's report failed to acknowledge C-TAP, which was

a platform that could play a critical role in transferring technology and scaling up production of vaccines, diagnostics and other health goods. The fact that wealthier countries were hoarding vaccine doses while other countries were unable to procure any for their vulnerable groups or health-care workers was shameful; WHO should be more vocal in denouncing exclusive deals.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended WHO's efforts in creating perhaps the most complex health response in history. She called on Member States to work in solidarity and partnership with the Secretariat to ensure a global response that strove for health equity, focusing on resource mobilization for universal health coverage as the key to health security based on joint and evidence-based decision-making.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to ensure essential health and cancer services and to make the protection of cancer patients through immunization against COVID-19 a public health priority. She requested Member States to consider in their COVID-19 vaccination strategies: vaccinating all cancer patients in line with WHO principles aiming to reduce deaths and disease burden; diligently collect data via suitable registries and studies; and educate and instil confidence among the public and patients about receiving the vaccines.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses were experiencing mass trauma and mental distress worldwide. More than 1.6 million health-care workers had been infected with COVID-19 and more than 2000 nurses had died. The pandemic could lead to shortages of nearly half of the nursing workforce, severely impacting countries' ability to deliver health care to populations. She encouraged governments to establish funds for health, education and retraining opportunities to support the health-care workforce and to prioritize health education in recovery plans. Adequate reporting mechanisms and publicly available comparable country data were essential to track the impact on the health workforce and monitor the COVID-19 response.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, said that rehabilitation was an important health strategy both for persons affected by COVID-19 and those experiencing loss of function and disability due to other conditions. She urged Member States to: incorporate rehabilitation into health planning; maintain early rehabilitation care for people with injuries or newly acquired impairments, in strict compliance with prevention measures in place; and provide access to tele-rehabilitation as a crucial way to continue provision of essential health services for those in need.

The representative of IAEA said that the COVID-19 pandemic had highlighted the critical importance of international cooperation in a global crisis. The IAEA had a long-standing record of developing and deploying nuclear and related techniques for the rapid and accurate detection of animal and zoonotic diseases such as COVID-19, avian influenza, Ebola virus disease and Zika virus disease, and had built Member States' capacities in the use of real-time diagnostic machines. IAEA was delivering pandemic support to national laboratories in 127 countries around the world, and collaboration with WHO had been essential in reaching more than 4000 professionals from laboratories globally. As a member of the WHO-led COVID-19 United Nations Crisis Management Team, IAEA would continue to cooperate with FAO and WHO.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that inequitable access to COVID-19 vaccines was morally indefensible and practically short-sighted. The vaccines were global public goods developed using public funding, and health must

be put before wealth. He called on Member States to ensure the waiver of intellectual property rights to enable the production of COVID-19 vaccines and other technologies to be upscaled, and to guarantee that COVID-19 vaccines would be free and available to all. In order to give meaning to 2021 as the International Year of Health and Care Workers, Member States should prioritize recruitment and training and ensure the workplace safety of health workers.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that noncommunicable diseases had been systematically overlooked in preparedness planning and in the response to COVID-19. She called for an assessment of how the reliability of the Global Health Security Index would be improved by considering the prevalence of noncommunicable diseases and risk factors. As services for noncommunicable diseases and mental health had been disrupted far more than other services, deaths from noncommunicable diseases during and after the pandemic could be significantly higher than from COVID-19. Prevention of noncommunicable diseases and continuity of essential health services must become a part of emergency preparedness and be seen as an investment in resilience.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that binding technology and knowledge-sharing commitments would be more effective in meeting the unprecedented demands facing countries. Initiatives like the ACT-Accelerator had already shown the limitations of a multistakeholder approach. Vaccine nationalism had undermined international cooperation, and the COVAX Facility had failed to solve the problem. She called on WHO to strengthen the C-TAP initiative by including binding commitments based on the principle of access and benefit-sharing. She welcomed WHO support for the proposed waiver of certain obligations under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and urged Member States to extend their support.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the Region of the Americas had long been at the epicentre of the pandemic and all its Member States had been working tirelessly to respond to the challenges and prepare for the COVID-19 vaccine. Nevertheless, the number of cases and deaths continued to increase, overwhelming health services in many countries of the Region. PAHO's Genomic Surveillance Regional Network of 21 laboratories had been tracking the spread of the virus and mutations; the variants previously identified and circulating in other regions had been reported in Brazil, Canada, Chile, Ecuador, Jamaica, Mexico, Peru and the United States of America, and new local variants had been identified in Brazil. Thanks to contributions from partners, PAHO had been able to provide technical support to many countries, purchasing and shipping essential supplies and equipment to 34 countries and territories, securing 21.4 million COVID-19 polymerase chain reaction tests for 36 countries and territories, and providing more than 224 training sessions on testing and tracking. PAHO had also disseminated around 111 technical guidelines and recommendations. Much had been learned about COVID-19, but the most important lessons had come from the countries themselves, given that they were at the forefront of the response. She expressed gratitude to the ministers of health who had shared information on their national and local efforts.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that he and his senior management team attended daily meetings of the regional COVID-19 Incident Management Support Team, and he also engaged daily and directly with ministers of health and other regional leaders and counterparts in the Region and beyond. High-level multisectoral support mechanisms had been established by most Member States to coordinate COVID-19 response activities across the Region and promote strong partnerships with communities and the private sector. The Regional Office continued to enhance preparedness and response capacities in the Region, including working to combat misinformation and rumours and address COVID-19 fatigue. Teams of public health experts from the Regional Office conducted country missions to support the response on the ground. Across the Region,

testing capacity for COVID-19 had been expanded, ICU and critical-care capacities had been strengthened and infection prevention and control practices had been improved. Efforts continued to scale up essential health services in all countries to prevent excess morbidity and mortality from other causes. The logistics hub in Dubai had proved instrumental in the response, arranging hundreds of air shipments to countries across all WHO regions. While COVID-19 remained the top priority, the Region would continue to respond to other acute and protracted emergencies. In 2021, more than 100 million people would require humanitarian assistance across the Region; the Regional Office was currently responding to nine large-scale humanitarian crises. Life-saving work must continue in those settings, expanding access to essential health services, rebuilding health systems and advancing health security.

The REGIONAL DIRECTOR FOR EUROPE said that the Regional Office had based its approach to preparing for and responding to the pandemic on the principles underpinning the European Programme of Work 2020–2025 "United Action for Better Health". Those involved working through partnerships; having a country focus, anticipating and responding to the requests of Member States and working together to deliver actionable policy guidance; and ensuring a fit-for-purpose WHO, placing equity and the most vulnerable at the forefront of its work and reinforcing health authority leadership. An open dialogue had been created with Member State policy-makers, health professionals and citizens, providing access to the latest verified information and platforms to share experiences and learning. The country offices had been critical in outreach efforts, including through the delivery of hardware. An important role of the Regional Office had been to view science and policy through a political lens at the country level, in order to offer contextualized, implementable recommendations on such issues as school reopening, maintaining essential health services, pandemic fatigue, seasonal influenza or travel movements within the Region. There were three priorities: ensuring equal access to COVID-19 vaccines and vaccination and avoiding a rise in geopolitical tensions through both solidarity and pragmatism; scaling up dual-track health systems; and, in the longer term, rethinking policy priorities in the light of pandemics, through the Pan-European Commission on Health and Sustainable Development.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked participants for their encouraging and constructive statements. On the issue of surveillance and monitoring, he agreed that the ability to create actionable insights from data was a cornerstone of public health practice and a foundation for effective emergency preparedness and response. High-quality, accessible, timely and reliable data across multiple sectors were crucial to decision-making before, during and after emergencies. A dashboard for tracking diseases had been established at the instigation of the Director-General at the beginning of his tenure in 2017, and had been evolving ever since. Senior management had instant access to all the information held by the Secretariat in real time through multiple platforms. In October 2017, working with Member States and the European Union's Joint Research Centre, the Secretariat had begun developing the Epidemic Intelligence from Open Sources platform, which had constituted the first step in developing a global ecosystem and a data architecture for detecting and monitoring events, as well as the impact of WHO control measures. The Secretariat had developed the platform further, including an initiative for field-based data capture and the Emergency Management and Response System (EMRS), which was used by the Secretariat at all levels for response management and implementation of the Emergency Response Framework. EMRS2 was currently being developed and would have applications that would be available to Member States. Data- and evidence-based surveillance and decision-making constituted the way forward. Many other systems were being developed around the world and the Secretariat was labelling the overall approach as the "epibrain initiative". The Secretariat was, however, constantly constrained by a lack of resources to develop 21st-century solutions. Lastly, he agreed on the importance of ensuring the security and protection of frontline health workers and, by extension, those most potentially exposed in vulnerable communities, particularly those living in fragile, conflict and vulnerable situations.

The COVID-19 TECHNICAL LEAD (Emerging Diseases and Zoonoses), providing an update on the WHO mission to China, said that team members would have face-to-face meetings and conduct visits in China once their quarantine period was over. Meetings with the Chinese counterparts were currently being held via videoconference, and the first round of studies would focus on the earliest cases in Wuhan.

WHO was establishing a risk-monitoring framework to evaluate SARS-CoV-2 mutations and variants across the world. The framework had several components, which were being enhanced with support from Member States, including: epidemiological surveillance, to ensure robust molecular testing; rapid diagnostics, which were becoming available for worldwide use and performing well; and genomic sequencing capacities, leveraging existing systems. There was a need to share sequences and metadata, so that phylogenetic analysis and bioinformatics could also be increased. Work was under way to coordinate research studies on the potential variants of interest, as well as the variants of concern. Those included protein modelling studies, in vivo and in vitro laboratory studies, modelling and epidemiological studies and ensuring that the potential impact on diagnostics, therapeutics and vaccines was properly evaluated. The SARS-CoV-2 Virus Evolution Working Group was coordinating all of the information generated through the risk-monitoring framework across the world, which was also used in the WHO rapid risk assessments that were conducted regularly.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) said that WHO had recently published a set of considerations for implementing a risk-based approach to international travel in the context of COVID-19 and an accompanying operational risk assessment tool. The guidance aimed to support countries in the gradual resumption of international travel, with the main objective of reducing travel-associated exportation, importation and onward transmission of SARS-CoV-2. The previous week, on the advice of the Emergency Committee of the International Health Regulations (2005), the Director-General had issued a set of temporary recommendations to the States Parties, which avoided unnecessary interference with international traffic as per the Regulations. One of the recommendations was to implement a coordinated, time-limited, risk-based and evidence-based approach for health measures in relation to international traffic, in line with WHO guidance and the International Health Regulations (2005), with careful consideration to be given to the use of travel bans as a tool to reduce spread. Such decisions should be based on the best available evidence. Another recommendation was that, at the current time, a requirement of proof of vaccination or immunity for international travel should not be introduced as a condition of entry, given the need for studies on the efficacy of vaccination in transmission and the limited availability of vaccines. As advised by the Emergency Committee, WHO would continue to lead the development of risk-based international standards and guidance for reducing SARS-CoV-2 transmission related to international travel, based on current scientific and world practices. It would also develop and disseminate its position on legal, ethical, scientific and technical considerations related to the requirement of proof of COVID-19 vaccination for international travel, in accordance with the relevant article of the International Health Regulations (2005).

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that WHO remained highly concerned about inequity in the distribution of COVID-19 vaccines globally, but especially in low- and middle-income countries and humanitarian settings. The Secretariat had therefore been working closely with WHO's humanitarian partners to develop the Global Humanitarian Response Plan, which targeted 63 countries. The Secretariat had also been working to develop the COVID-19 vaccine humanitarian buffer mechanism that would help WHO and its partners to fulfil their commitment to ensuring the fair allocation of COVID-19 vaccines. While the key principle was for national governments to be responsible and accountable for the health and vaccination of all people living within their borders, regardless of their residency and legal status, the humanitarian buffer would enable the allocation and distribution of up to 5% of COVAX Advance Market Commitment funding to a defined

set of populations to receive vaccines through the COVAX Facility. There was also a need to prioritize frontline workers working in humanitarian settings.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) welcomed the comments of Member States recognizing the crucial role of the ACT-Accelerator in supporting the response across all three lines of defence, namely: vaccine roll-out to help prevent infection; new and scaled up diagnostics to detect cases and guide isolation and quarantine; and treatment to save lives. All three were underpinned by a suitable delivery system and by the guidance on equitable allocation.

The CHIEF SCIENTIST said that WHO had hosted the first global forum for research and development under the R&D Blueprint in February 2020, which had resulted in a research road map outlining the key priorities. Nine working groups had since worked on areas including epidemiology and transmission of the virus, infection prevention and control, social and behavioural science, and research on diagnostics, therapeutics and vaccines. The overarching recommendation from recent meetings involving thousands of experts from around the world was that WHO should continue to be the lead and provide the platform for the sharing of knowledge and research. WHO's clinical data platform hosted data from 78 000 individual patients with COVID-19 from 45 countries and was a resource that fed into WHO guidance and gave more insight into the disease. It was therefore important for Member States to share data much more in real time, as it became available. Another example was the GISAID platform for genomic sequencing data and C-TAP, as well as the BioHub, which provided a mechanism for countries to share samples and specimens. It was vital to continue with research and clinical trials on vaccines and therapeutics, as there was still a need for more products, including a drug that worked against the virus, and single-dose vaccines that were not only safe and efficacious and could be used across different populations, but were also affordable and easy to scale. Thus, it was important, while the first vaccines were being rolled out, not to lose sight of the numerous other vaccines under clinical development and at the preclinical stage.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that a dry run of the allocation mechanism for vaccines and therapeutics under the COVAX Facility had been carried out in December 2020; the necessary adjustments had been made, and it was ready to be operationalized. A more detailed briefing for Member States could be organized as required. An independent allocation of vaccines group would become operational by the end of January 2021 after the members had been selected from the 140 nominations received.

With regard to the WHO Emergency Use Listing procedure (EUL), she said that the WHO COVID-19 webpage contained a link to the status of COVID-19 vaccines within the EUL procedure and prequalification evaluation process, which was updated weekly. The Pfizer-BioNTech vaccine was currently listed, and the full dossiers of three further manufacturers were under assessment. A mission to China to carry out inspections on the Sinopharm and Sinovac vaccines was under way. While core data from AstraZeneca had already been received and assessed, data from the AstraZeneca SK Bioscience site in the Republic of Korea was expected by the end of January. As for the Russian vaccine, EUL processing was awaiting additional information from the Gamaleya Center, which was expected the following week.

The management of intellectual property was a sensitive issue that was always raised whenever access to medicines, vaccines and health products was discussed. She welcomed the statements of support from Member States for C-TAP, which the Secretariat considered to be the right platform for the voluntary sharing of knowledge and licensing of intellectual property through the Medicines Patent Pool and for enabling technology transfer to become a reality. There was currently a need to strengthen engagement from governments and industry. Two consultations had been held recently with the private sector, and support had been received not only from Costa Rica and other countries that had signed the solidarity call to action, but also from the Government of the United Kingdom of Great Britain and

Northern Ireland, which had hosted consultations with the private sector in December 2020. The Secretariat would keep Member States updated on developments with respect to C-TAP.

The DIRECTOR (Immunization, Vaccines and Biologicals) said that the support provided by the Secretariat to ensure the deployment and roll-out of vaccines was centred on ensuring that all countries had the necessary vaccination programme components in place. Country offices and WHO representatives were working with countries on all aspects that were critical to deployment and roll-out, and the regional offices were addressing issues that had arisen, primarily around vaccine access and the components of readiness. WHO was fully engaged in collaboration and coordination with UNICEF, Gavi, the Vaccine Alliance, nongovernmental organizations and the World Bank to promote a whole-of-community, whole-of-government and whole-organizational approach in countries. The Secretariat was providing guidance and training, tools and materials and direct technical support in countries. Beyond regulatory issues, there were issues around legal requirements, indemnification, the cold chain, and the development of a policy on who would be vaccinated initially given the limited number of doses. To address communication, misinformation and hesitancy issues, the Secretariat had taken a number of steps. Simulation exercises had been made available, including on roll-out and regulatory and safety components, vaccination strategies and communication, and supply and logistics. The Secretariat had also developed training modules and had already trained over 25 000 individuals worldwide on vaccine roll-out. It was engaging with social media companies to address misinformation, conspiracy theories and the other issues that were being propagated through social media to threaten the vaccination roll-out.

There were a number of areas where the Secretariat was promoting innovation, including vaccination certificates, not for international travel but for programme monitoring and individuals' awareness. Vaccination bar codes for tracking and tracing, as well as the use of electronic monitoring, were being developed. The Secretariat was also setting up a learning platform for sharing information on barriers encountered by countries and possible solutions, providing an opportunity to leverage the lessons learned in different countries.

While the COVAX Facility had set as a goal to provide enough doses to cover 20% of populations in 2021, the intent was not to stop there. Depending on the funding available and interest from countries, especially self-financing countries, the COVAX Facility had been set up to deliver beyond 20%, and was designed to provide vaccine doses in response to the epidemiology and to the vaccine policies necessary to achieve protection of all in order to end the pandemic.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) said that the Secretariat would step up communication of information to Member States. For example, from 19 January, the Secretariat would publish on the COVAX Facility website the delivery plans in terms of the total volume of COVAX vaccines by month and by WHO region, as well as the split by COVAX Advance Market Commitment and self-financing participants. On 18 January, the Secretariat had provided a view on vaccine-specific products and would continue to provide regular updates. However, there were very important caveats to that timeline. There were 145 million doses contracted for release during the first quarter of 2021, which depended on getting through regulatory support and continuing the financing to the COVAX Facility, and on cooperation from the countries and entities that had large bilateral deals. Choices had to be made as to which contracts were served, in which order, and on dose-sharing. The COVAX Facility could, and must, be successful, but its success depended on the countries that currently held large contracts and on the producers. There was no question that the Director-General's vision of vaccinating all countries' highest-risk populations by World Health Day on 7 April 2021 could be achieved. However, a new level of cooperation and coordination would be required. The COVAX Facility was operational and was ready to deliver vaccines, but some work was still required at the country level. Any failure to cooperate with the COVAX Facility in terms of volumes of assured doses could lead to delays, which would not be the fault of the COVAX Facility because it

would deliver to scale. Delivery as soon as possible was in the power of Member States. He thanked Member States for their advice and guidance and for their support for the COVAX Facility.

The Board noted the report.

Mental health preparedness and response for the COVID-19 pandemic: Item 14.3 of the agenda (document EB148/20)

The CHAIR invited the Board to consider the report contained in document EB148/20 and drew attention to a draft decision on promoting mental health preparedness and response for public health emergencies proposed by Argentina, Bangladesh, Bhutan, Brazil, Canada, Guyana, Indonesia, Maldives, Myanmar, Norway, Peru, Qatar, Switzerland, Thailand, United States of America and the Member States of the European Union:

(PP1) The Executive Board, having considered the report on mental health preparedness and response for the COVID-19 pandemic;[1]

(PP2) Recalling that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition;

(PP3) Recalling also that public health emergencies may be a significant risk factor for mental health problems;

(PP4) Recognizing that the COVID-19 pandemic has major direct and indirect ramifications on the mental and psychosocial health of all people, in particular health and care workers, frontline workers, those in vulnerable situations who have been disproportionally affected by the COVID-19 pandemic as well as those with pre-existing mental health conditions;

(PP5) Taking note of the actions recommended by the United Nations in *Policy brief: COVID-19 and the need for action on mental health*,[2] *United Nations comprehensive response to COVID-19: saving lives, protecting societies, recovering better*,[3] *UN framework for the immediate socio-economic response to COVID-19* ,[4] as well as the associated *UN research roadmap for COVID-19 recovery*;[5]

(PP6) Noting the WHO survey on impacts of COVID-19 on mental, neurological and substance use services, in which 93% of the 130 countries participating in the survey reported disruptions in one or more services for mental, neurological and substance use disorders, while the demand for mental health services is increasing, decided:

[1] Document EB148/20.

[2] Policy brief: COVID-19 and the need for action on mental health. 13 May 2020. (https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health, accessed 16 January 2021).

[3] United Nations comprehensive response to COVID-19: saving lives, protecting societies, recovering better. September 2020. (https://www.un.org/sites/un2.un.org/files/un-comprehensive-response-to-covid-19.pdf, accessed 16 January 2021).

[4] A UN framework for the immediate socio-economic response to COVID-19. April 2020. (https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19, accessed 16 January 2021).

[5] UN research roadmap for the COVID-19 recovery: leveraging the power of science for a more equitable, resilient and sustainable future. November 2020. (https://www.un.org/en/pdfs/UNCOVID19ResearchRoadmap.pdf, accessed 16 January 2021).

(OP1) to recommend that the Seventy-fourth World Health Assembly endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, including through promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies;

(OP2) to urge Member States:[1]

(a) to develop and strengthen as appropriate, as part of a broader whole-of-society approach, the timely and quality provision of the whole range of comprehensive and integrated mental health services and psychosocial supports which, as stated in the Political Declaration of the high-level meeting on universal health coverage (2019),[2] are essential components to achieving universal health coverage, including promotion of mental health literacy and awareness and elimination of stigmatization, as well as promotion, prevention, early detection, treatment and rehabilitation, and follow-up care that are respectful of human rights and dignity, to all people with an emphasis on health, care and frontline workers, and with extra effort to reach people at high risk and those in vulnerable situations, leveraging innovative technologies, including remote mental health services through promoting equitable access to telehealth and other essential and cost-effective technologies, when feasible, in the context of the COVID-19 pandemic and beyond, and considering the lasting impacts of the pandemic;

(b) to allocate adequate funding for mental health, to take action to mainstream knowledge of mental health among other health professionals, and to study the impact of COVID-19 on mental, neurological and substance use conditions and their consequences and share lessons learned with the Secretariat and Member States;

(OP3) to request the Director-General:

(a) to provide technical support to Member States to monitor changes and disruptions in services, and to promote and expand access to inclusive, integrated, evidence-based primary and community mental health services and psychosocial supports, which boosts community resilience and engagement, especially in the context of public health emergencies, while sustaining and scaling up, as appropriate, the provision of existing mental health services;

(b) to strengthen WHO's capacity in respect of work on mental health at global, regional and country levels and to systematically integrate mental health into all aspects of the work of the Secretariat on universal health coverage;

(c) to report on the implementation of this decision as part of the progress report on the implementation of the comprehensive mental health action plan 2013–2030, in line with the reporting requirements of decision WHA72(11) (2019).

[1] And, where applicable, regional economic integration organizations.

[2] United Nations General Assembly resolution 74/2 (2019).

The financial and administrative implications of the draft decision for the Secretariat were:

Decision:	Promoting mental health preparedness and response for public health emergencies
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:** 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Five years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 33.6 million (staff US$ 18.3 million, activities US$ 15.3 million).
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 8.7 million (staff US$ 3.6 million, activities US$ 5.1 million).
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 12.4 million (staff US$ 7.3 million, activities US$ 5.1 million).
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 12.5 million (staff US$ 7.4 million, activities US$ 5.1 million).
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 0.50 million.

– **Remaining financing gap in the current biennium:**

US$ 8.2 million.

– **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.67	0.67	0.35	0.67	0.38	0.38	0.48	3.60
	Activities	0.50	0.50	0.50	0.50	0.50	0.50	2.10	5.10
	Total	1.18	1.18	0.86	1.18	0.89	0.89	2.58	8.70
2020–2021 additional resources required	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	1.36	1.36	0.72	1.36	0.77	0.78	0.95	7.30
	Activities	0.60	0.60	0.60	0.60	0.60	0.60	1.50	5.10
	Total	1.96	1.96	1.32	1.96	1.37	1.38	2.46	12.40
2024–2025 resources to be planned	Staff	1.37	1.37	0.74	1.38	0.78	0.78	0.98	7.40
	Activities	0.60	0.60	0.60	0.60	0.60	0.60	1.50	5.10
	Total	1.97	1.97	1.34	1.98	1.38	1.38	2.48	12.5

[a] The row and column totals may not always add up, due to rounding.

The representative of AUSTRIA, speaking on behalf of the Member States of the European Union, said that it was worrying to note that, due to COVID-19, mental health and psychosocial support services had been severely disrupted in many countries, and that human rights violations against people with mental health conditions were widespread. People living in fragile countries and humanitarian settings had seen their mental health conditions severely impacted by the COVID-19 crisis. Although all categories of people, age and gender were affected, certain population groups were more impacted than others. The long-term mental health impact of the social restrictions imposed would be difficult to address, and there were a number of risk factors in the COVID-19 pandemic that would add to the distress in societies. The increased awareness among policy-makers of the need to address the mental health crisis as a matter of priority was encouraging. The Secretariat and Member States should use the current momentum to catalyse mental health reforms and ensure that mental health was part of universal health coverage. The Secretariat should also ensure that mental health and psychosocial support was considered as a cross-cutting component in emergency preparedness and response, including by increasing public awareness and combating stigmatization.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the guidelines and recommendations adopted by WHO, in collaboration with other organizations, to reduce the impact of the COVID-19 pandemic on mental health. The goal of universal health coverage could not be achieved unless sufficient attention was paid to mental health and psychological support in relation to COVID-19. The Member States of the African Region welcomed the activities carried out to promote mental health in emergencies, and called on the Secretariat to further support Member States in implementing emergency and disaster risk management strategies,

particularly with regard to the establishment of functioning multisectoral mental health and psychosocial support coordination platforms. They also supported updating the comprehensive mental health action plan 2013–2030 and requested the Secretariat to provide support to the Regional Office and Member States, in view of the challenges facing the Region.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that the COVID-19 pandemic had highlighted the importance of being prepared to respond to new challenges emerging in an uncertain and rapidly changing situation. It was unfortunate that the impact of the pandemic on mental health was not specifically recognized in the 2020 version of the Strategic Preparedness and Response Plan. Member States should include mental health preparedness and response in their public health emergency response, with due regard to both short-term and long-term mental health services. He introduced the draft decision on promoting mental health preparedness and response for public health emergencies, which had been sponsored by a number of Member States, and noted that the Government of Chile also wished to be added to the list of sponsors. He commended Thailand's leadership in developing the draft decision, which would be an important tool for Member States, and thanked the Secretariat for its support in the development process.

The representative of AUSTRALIA said that her Government supported the recommended actions for minimizing the mental health consequences of the COVID-19 pandemic and ensured that mental health was at the forefront of its disaster preparedness, response and recovery planning. Outlining measures taken to safeguard mental health in her country, she said that her Government, which took a whole-of-society approach to mental health, supported the inclusion of recommendations to adapt service-delivery models to treat substance use disorders in response to the COVID-19 pandemic given the high prevalence of comorbidity between substance abuse and mental illnesses. It also supported the planned activities by the Secretariat, particularly on the collection, analysis and reporting of data on substance abuse. It acknowledged the impact of the pandemic on the mental health and well-being of WHO staff and hoped that the actions taken by the Organization to support its staff would continue. Her Government thanked Thailand for its leadership on the draft decision and wished to be added to the list of sponsors.

The representative of TONGA said that, while most of the Pacific island countries remained free of COVID-19, or without community transmission, the pandemic had affected its people in many ways. Some had lost incomes, families and friends living abroad, and others had been separated due to border closures in many countries. Lockdown had left some people in isolation and others in crowded or unsafe environments, and domestic violence had increased. In addition, stress among frontline workers who were at risk of exposure to the virus every day and sometimes discriminated against by the community was tremendous. She outlined a range of measures taken by her Government to strengthen the country's mental health system to respond to the challenges of COVID-19 and enhance the mental health and well-being of the people of Tonga.

The representative of INDIA gave details of initiatives taken by her Government to provide mental health and psychosocial support during the pandemic, showing its commitment to addressing the growing need for such support, even more so after the COVID-19 pandemic. The initiatives included setting up a helpline for the provision of psychosocial support; online training for health workers; issuing guidelines and materials, including through various media platforms; developing programmes and policies to promote mental health, enable recovery from mental illness, promote destigmatization and desegregation and ensure socioeconomic inclusion of persons affected by mental illness; and enacting legislation to address the huge burden of mental disorders and the acute shortage of qualified professionals. Her Government supported the draft decision.

The representative of COLOMBIA said that the strategic focus of mental health care during and after the pandemic should be operationalized through the revision of the comprehensive mental health action plan 2013–2030 to facilitate the practical implementation of recommendations emanating from the pandemic. He highlighted some of the policies and measures developed by his Government to address COVID-19-related mental health issues. He called on the Secretariat to continue providing technical support to help Member States improve implementation of mental health programmes and projects, which would build capacity in responding to the rise in cases as a result of the current health emergency.

The representative of ISRAEL said that his Government supported placing the issue of mental health at the forefront of discussions, especially during the COVID-19 pandemic, which had had such a negative impact on mental health worldwide. WHO's work during the pandemic had been critical for health systems everywhere, not least in providing sufficient advice on how countries could ensure that mental health and well-being were properly addressed in the pandemic response. He expressed his Government's support for the recommended actions set out in the report, and outlined some of the steps being taken to ensure the best possible mental health care in Israel.

The representative of the UNITED STATES OF AMERICA, noting the impact of the COVID-19 pandemic on mental and psychosocial health, encouraged the Secretariat and Member States to follow the recommendations in the report and draft decision. Countries would be more effective when they worked together and shared all experiences and lessons learned to defeat the pandemic, rebuild economies and prepare for future pandemics and other public health emergencies. He highlighted in that regard the important contributions of Taiwan[1] to the discussions and to other aspects of the COVID-19 response if it were allowed to participate fully as an observer in WHO's technical work. In implementing the recommendations, he emphasized the importance of continuing to gather information on COVID-19's effect on mental health and psychosocial support infrastructure, continuity of care, ramifications of severe COVID-19 illness on neurological health, and the support of primary and community mental health services. Particular attention should be paid to vulnerable populations.

The representative of INDONESIA said that mental health preparedness and response should be included in the public health emergency response. The mental health of many health workers had been affected during the COVID-19 pandemic for a number of reasons; his Government condemned any attack on health workers. Furthermore, mental health problems in the wider population had been exacerbated due to imposed physical distancing and quarantine measures. However, mental health services had been significantly disrupted. He outlined measures taken by his Government to facilitate access to mental health services during the pandemic. Supporting the draft decision, he emphasized that solidarity at the global level was essential in promoting mental health preparedness and responding to public health emergencies.

The representative of CHINA said that his Government attached great importance to providing psychological support in emergencies and outlined numerous national measures it was taking in that area during the COVID-19 pandemic. With support from the Secretariat, it had also conducted online exchanges with other countries to share its experiences and practices during the pandemic. It requested the Secretariat to focus on two areas: psychological changes seen in adolescents during the pandemic; and comprehensive psychological support that included not only financial investment in remote interventions and crisis hotlines, but also in ensuring adequate numbers of professionally trained human resources and systematic infrastructure capacity-building.

[1] World Health Organization terminology refers to "Taiwan, China".

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed strong commitment to putting mental health and psychosocial support services at the forefront of preparedness, response and recovery plans for the COVID-19 pandemic, particularly given the need for the global community to remain focused on accelerating implementation of the 2030 Agenda for Sustainable Development and humanitarian agendas. Efforts must be redirected to the immediate challenge of strengthening collective action to redress chronic underinvestment in mental health, ensuring that mental, neurological and substance use disorders were included in universal health coverage benefit packages and building human resource capacity in order to prevent a massive increase in mental health conditions and to prevent long-term social and economic costs to society. She encouraged WHO to take the lead in developing a strategy to ensure that governments had the support they needed to mitigate the impact of COVID-19 on mental health.

The representative of ARGENTINA said that, historically, there had always been gaps in mental health care, including for problems related to alcohol and other psychoactive substance abuse. A major challenge during the COVID-19 pandemic was to ensure that mental health treatments continued without interruption and that new treatments could go ahead, especially for the most vulnerable groups. She outlined some of the steps taken by her Government to ensure the continued and improved provision of mental health services. Thanking Thailand for its leadership on the draft decision, she emphasized the need to support post-pandemic recovery efforts, in particular by promoting mental health and psychosocial well-being, establishing support services, and strengthening preparedness, response capacity and resilience to future public health emergencies. It was also important to strengthen WHO's capacity to address mental health issues at the global, regional and national levels.

The representative of AUSTRIA said that the psychological stability of the population was an important prerequisite for people's participation in crisis management and subsequent societal regeneration. Mental health monitoring and measures aimed at maintaining or improving mental health were an indispensable part of his Government's crisis plans and strategies, including for the COVID-19 pandemic. He emphasized the importance of public information and communications strategies in times of crisis to ensure that the messages conveyed were comprehensible to different target groups, facilitated appropriate action and gave meaning and perspective. His Government supported the draft decision.

The representative of KENYA said that, like most countries, Kenya had adopted a whole-of-society approach to promote, protect and care for mental health as an essential component of its national COVID-19 response, and outlined some of the actions taken. The mental duress and anguish caused by the pandemic had underscored the need for more investment in mental health services and support. Her Government welcomed the proposed strategic objectives and activities and requested the Director-General to ensure that mental health needs and support were adequately captured in the next budget. Thanking Thailand for its initiative in developing the draft decision, she said that her Government wished to be added to the list of sponsors.

The representative of SINGAPORE said that although mental health was essential to people's overall well-being, it was one of the most neglected areas of health. With COVID-19, more people around the world were experiencing increased and protracted stresses, pressures and disruptions to their lives and livelihoods. He outlined measures taken in Singapore to address mental health issues during the pandemic and improve mental health services. He appreciated the hard work and dedication of WHO staff, who like many others working remotely over an extended period of time, were showing signs of mental fatigue affecting their overall mental health negatively, and emphasized the importance of collaboration and caring for one another during such difficult times.

The representative of THAILAND[1] said that more attention should be paid to the long-term effects of pandemics, which lasted long after the end of a crisis and could manifest themselves in depression and suicide. Furthermore, mental health services provision should be expanded from hospital-based to community-based services to ensure comprehensive continuity of care. Moreover, mental health literacy and awareness should be promoted to enhance resilience in all people and reduce stigmatization. He thanked the Secretariat at the headquarters and regional levels and Member States for their support and significant contribution to developing the draft decision, which would lead to a broader, whole-of-society approach to mental health services and psychosocial support during public health emergencies.

The representative of JAPAN[1] said that, while disclosure of infected status should not cause stigmatization of individuals or communities, there had been cases where human rights had been infringed, including those of people who had been infected with COVID-19 and their families, hospital workers or other health-care workers. He outlined measures taken by his Government to address and prevent such situations, as well as other measures to protect the mental health of all segments of society affected by the pandemic. He expressed appreciation to the WHO Regional Office for the Western Pacific for its work to provide guidance on mental health and psychosocial support aspects of the COVID-19 response. Further technical support from the Secretariat in addressing mental health issues and a progress report in the future would be welcome.

The representative of NORWAY,[1] noting that mental health was one of the most neglected areas of health, said that there was a need to rethink how to ensure services for the most vulnerable groups in a crisis. Including mental health services in primary health care was no less important during the pandemic, and investment in continuity of service provision was a cost-effective way to prevent an increased need for services in the long term, after the pandemic. In addition to immediate measures to prioritize the most vulnerable, the focus must be on preventing problems in younger generations. She thanked Thailand for putting forward the draft decision, which provided a clear direction for increased joint efforts to promote mental health and psychosocial well-being.

The representative of BELGIUM[1] said that the COVID-19 pandemic had a considerable impact on the mental health of the population, particularly the most vulnerable. Particularly concerning was the disproportionate way in which women had been affected, including through increased cases of sexual and domestic violence as a result of lockdown measures. While it was essential to ensure access to mental health services and psychosocial support, it was also important to take preventive measures. which should be proportionate. Steps must be taken to guarantee access to care and maintain a deinstitutionalized and multidisciplinary approach to mental health services. He thanked WHO staff for their resilience.

The representative of PORTUGAL[1] said that the harmful impact of the COVID-19 pandemic could be measured not only by mortality and morbidity caused by the disease, but also by its indirect effects on people's mental health. Preparedness and response to mental health issues should focus on prevention strategies, psychosocial support and community-based, people-centred services. The Secretariat should to redouble its efforts on promoting human rights in the context of mental health, including through its QualityRights initiative. There was a need for a paradigm shift towards comprehensive and holistic actions in order to mitigate the negative mental health impacts of the pandemic.

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

The CHAIR suggested that consideration of the item should be suspended.

It was so agreed.

(For continuation of the discussion, see the summary record of the fifth meeting, section 1.)

The meeting rose at 13:05

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