



WORLD HEALTH ORGANIZATION

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# **EXECUTIVE BOARD**

**149<sup>TH</sup> SESSION**

**GENEVA, 2 JUNE 2021**

**DECISIONS**

**ANNEXES**

**SUMMARY RECORDS**

**GENEVA**

**2021**

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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

## PREFACE

The 149th session of the Executive Board was held virtually using video conference technology and coordinated from WHO headquarters, Geneva, on 2 June 2021.

The Seventy-fourth World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board<sup>1</sup> in place of those whose term of office had expired,<sup>2</sup> giving the following new composition of the Board:

<b>Designating country</b>	<b>Unexpired term of office<sup>3</sup></b>	<b>Designating country</b>	<b>Unexpired term of office<sup>4</sup></b>
Afghanistan .....	3 years	Malaysia.....	3 years
Argentina.....	1 year	Oman .....	2 years
Austria .....	1 year	Paraguay .....	3 years
Bangladesh .....	1 year	Peru .....	3 years
Belarus.....	3 years	Republic of Korea .....	2 years
Botswana .....	2 years	Russian Federation .....	2 years
Burkina Faso .....	1 year	Rwanda .....	3 years
Colombia .....	2 years	Singapore .....	1 year
Denmark.....	3 years	Slovenia .....	3 years
France .....	3 years	Syrian Arab Republic.....	3 years
Ghana .....	2 years	Tajikistan .....	1 year
Grenada .....	1 year	Timor-Leste .....	3 years
Guinea-Bissau .....	2 years	Tonga .....	1 year
Guyana .....	1 year	Tunisia .....	1 year
India .....	2 years	United Arab Emirates .....	1 year
Japan .....	3 years	United Kingdom of Great Britain and	
Kenya .....	1 year	Northern Ireland.....	2 years
Madagascar.....	2 years		

The list of members and other participants is contained in document EB149/DIV./1 Rev.1.

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<sup>1</sup> Decision WHA74(8) (2021).

<sup>2</sup> The retiring members had been designated by Australia, Chile, China, Djibouti, Finland, Gabon, Germany, Indonesia, Israel, Romania, Sudan and United States of America (see decision WHA71(7) (2018)).

<sup>3</sup> At the time of the closure of the Seventy-fourth World Health Assembly.



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## **AGENDA**

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2. Opening of the session and adoption of the agenda
3. Outcome of the Seventy-fourth World Health Assembly
4. Report of the Programme, Budget and Administration Committee of the Executive Board

Pillar 4: More effective and efficient WHO providing better support to countries

5. Management, governance and financial matters
  - 5.1 WHO reform
    - Written statements: guidelines for Member States
  - 5.2 Process for the election of the Director-General of the World Health Organization
  - 5.3 Evaluation: annual report
  - 5.4 Hosted partnerships
    - [deleted]
    - Report on hosted partnerships
    - Review of hosted partnerships
  - 5.5 Committees of the Executive Board: filling of vacancies
  - 5.6 Membership of the Independent Expert Oversight Advisory Committee
  - 5.7 [deleted]
6. Staffing matters
  - 6.1 Statement by the representative of the WHO staff associations
  - 6.2 [deleted]
7. Matters for information
  - 7.1 Report on meetings of expert committees and study groups

8. Future sessions of the Executive Board and the Health Assembly
9. Closure of the session

## LIST OF DOCUMENTS

EB149/1 Rev.1	Agenda <sup>1</sup>
EB149/1 (annotated)	Provisional agenda (annotated)
EB149/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB149/3	WHO reform Written statements: guidelines for Member States <sup>2</sup>
EB149/4	Process for the election of the Director-General of the World Health Organization: candidates' forums, nomination by the Executive Board <sup>3</sup>
EB149/4 Add.1	Process for the election of the Director-General of the World Health Organization: contingency arrangements
EB149/4 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board <sup>4</sup>
EB149/4 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board <sup>4</sup>
EB149/5	Evaluation: annual report
EB149/5 Add.1	Evaluation: annual report Evaluation of WHO transformation
EB149/6	Report on hosted partnerships
EB149/7	Review of hosted partnerships Review of the Alliance for Health Policy and Systems Research
EB149/8 and EB149/8 Add.1	Committees of the Executive Board: filling of vacancies
EB149/9 EB149/9 Add.1	Membership of the Independent Expert Oversight Advisory Committee

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<sup>1</sup> See page vii.

<sup>2</sup> See Annex 2.

<sup>3</sup> See Annex 3.

<sup>4</sup> See Annex 4.

EB149/10	Reports on meetings of expert committees and study groups
EB149/11	Future sessions of the Executive Board and the Health Assembly
EB149/11 Add.1	Draft decision: date and place of the special session of the World Health Assembly
EB149/12	Opening of the session and adoption of the agenda Special procedures <sup>1</sup>

**Information documents**

EB149/INF./1	Statement by the representative of the WHO staff associations
EB149/INF./2	Decision-making and procedural issues on the virtual system A practical guide

**Diverse documents**

EB149/DIV./1 Rev.1	List of members and other participants
EB149/DIV./2	List of decisions
EB149/DIV./3	List of documents

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<sup>1</sup> See Annex 1.

## COMMITTEES<sup>1</sup>

### Programme, Budget and Administration Committee<sup>2</sup>

Ms Caroline Edwards (Australia), Mr Zahid Maleque (Bangladesh), Mr Patricio Herrera (Chile), Mr Martin Essono Ndoutoumou (Gabon), Mr Kwaku Agyeman-Manu (Ghana), Mr Rajesh Bhushan (India), Dr Harsh Vardhan (India, member ex officio), Professor Itamar Grotto (Israel), Mr Mikhail Albertovič Murashko (Russian Federation), Dr Janil Puthucheary (Singapore), Dr Faical Ben Salah (Tunisia), Mr Abdulrahman Al Owais (United Arab Emirates), Dr Ahmed Mohamed Al Saidi (United Arab Emirates, member ex officio) and Ms Loyce Pace (United States of America).

**Thirty-fourth meeting**, 19–21 May 2021:<sup>3</sup> Ms B. Field (Australia, alternate to Ms C. Edwards), Mr M. Rahman (Bangladesh, alternate to Mr Z. Maleque), Mr F. Adriazola (Chile, alternate to Mr P. Herrera), Mr M. Essono Ndoutoumou (Gabon), Mr K. Agyeman-Manu (Ghana), Mr R. Bhushan (India), Ms M. Eilon Shahr (Israel, alternate to Professor I. Grotto), Dr M.A. Murashko (Russian Federation), Dr J. Puthucheary (Singapore), Dr F. Ben Salah (Tunisia, Chair), Dr H.A.R. Al Rand (United Arab Emirates, alternate to Mr A. Al Owais) and Ms A. Norris (United States of America, alternate to Ms L. Pace).

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

<sup>2</sup> Showing the membership as determined by the Executive Board in decision EB147(2) (2020), with changes of representatives for Australia, India, Singapore, Tunisia and the United States of America.

<sup>3</sup> See document EBPBAC34/DIV./1.



**PART I**

**DECISIONS**

**ANNEXES**



## DECISIONS

### **EB149(1) Special procedures to regulate the conduct of virtual sessions of the Executive Board**

The Executive Board, having considered the report on special procedures,<sup>1</sup>

Decided to adopt the special procedures set out in Annex 1 in order to regulate the conduct of the virtual session of the 149th Executive Board to be held on 2 June 2021.

(First meeting, 2 June 2021)

### **EB149(2) Membership of the Independent Expert Oversight Advisory Committee**

The Executive Board, having considered the reports of the Director-General on Membership of the Independent Expert Oversight Advisory Committee,<sup>2</sup> appointed the following four members to the Independent Expert Oversight Advisory Committee for non-renewable terms as follows:

- Mr Greg Johnson (New Zealand/Switzerland) with immediate effect until 30 April 2024;
- Ms Beatriz Sanz-Redrado (Spain/France) for a four-year term starting on 1 January 2022;
- Mr Darshak Shah (Kenya), for a four-year term starting on 1 January 2022;
- Mr Rob Becker (Netherlands) for a four-year term starting on 1 January 2023.

(Second meeting, 2 June 2021)

### **EB149(3) Written statements: guidelines for Member States**

The Executive Board, having considered the report on WHO reform – written statements: guidelines for Member States,<sup>3</sup>

Decided:

- (1) that the guidelines contained in Annex 2 shall henceforth be applied to written statements relating to sessions of the Executive Board submitted by Member States;
- (2) to recommend to the Seventy-fifth World Health Assembly the adoption of the following decision:

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<sup>1</sup> Document EB149/12.

<sup>2</sup> Documents EB149/9 and EB149/9 Add.1.

<sup>3</sup> Document EB149/3.

The Seventy-fifth World Health Assembly, having considered the report on WHO reform, decided that the guidelines contained in the Annex to the report on WHO reform shall henceforth be applied to written statements relating to sessions of the Health Assembly submitted by Member States.

(Second meeting, 2 June 2021)

**EB149(4)      Process for the election of the Director-General of the World Health Organization<sup>1</sup>**

The Executive Board, having considered the report on the process for the election of the Director-General of the World Health Organization,<sup>2</sup>

Decided:

- (1) that in the event that more than one candidate is proposed for the post of Director-General, the first candidates' forum shall be held starting on 22 November 2021 for a duration that shall be further decided by the Officers of the Board depending on the number of candidates; and the second candidates' forum shall be held starting on 16 March 2022 for a duration that shall be further decided by the Officers of the Board depending on the number of nominated candidates;
- (2) that the interviews of candidates at the first candidates' forum shall be conducted in accordance with the detailed arrangements set out in Annex 3;
- (3) that the interpretations recalled in paragraph 9 of document EB149/4 shall be applied, if applicable, during the nomination of candidate(s) that will take place at the 150th session of the Executive Board and any subsequent nominations.

(Second meeting, 2 June 2021)

**EB149(5)      Process for the election of the Director-General of the World Health Organization: contingency arrangements<sup>1</sup>**

The Executive Board, having considered the report on the process for the election of the Director-General of the World Health Organization: contingency arrangements,<sup>3</sup>

Decided:

- (1) that in the event that the 150th session of the Executive Board were to be held in person, the secret ballot vote for the nomination of the Director-General would be conducted following a paper-based system, in accordance with decision EB146(22) (2020);
- (2) that in the event that limitations to physical meetings preclude the holding of the 150th session of the Executive Board as envisaged, the nomination of candidates for the position of Director-General shall take place in accordance with the contingency arrangements decided by

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<sup>1</sup> See Annex 4 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Document EB149/4.

<sup>3</sup> Document EB149/4 Add.1.

the Executive Board, through a written silence procedure, based on a proposal by the Officers of the Board, following consultation with all Member States.

(Second meeting, 2 June 2021)

**EB149(6)            Membership of the Programme, Budget and Administration Committee of the Executive Board**

The Executive Board, having considered the reports on committees of the Executive Board: filling of vacancies,<sup>1</sup> appointed as members of the Programme, Budget and Administration Committee Professor Jean Louis Rakotovao Hanitrana (Madagascar), Mrs Carla Moretti (Argentina), Mr Nickolas Steele (Grenada), Mr Narciso Fernandes (Timor-Leste), Professor Chris Whitty (United Kingdom of Great Britain and Northern Ireland), Dr Ahmed Mohammed Al Saidi (Oman) and Dr Hiroki Nakatani (Japan) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Mr Kwaku Agyeman-Manu (Ghana), Mr Rajesh Bhushan (India), Mr Mikhail Albertovič Murashko (Russian Federation), Mr Abdulrahman Al Owais (United Arab Emirates) and Dr Janil Puthucherry (Singapore). It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(Second meeting, 2 June 2021)

**EB149(7)            Membership of the State of Kuwait Health Promotion Foundation Selection Panel**

The Executive Board, having considered the reports on committees of the Executive Board: filling of vacancies,<sup>1</sup> in accordance with the Statutes of the State of Kuwait Health Promotion Foundation, appointed Dr Hassan Mohammad Al Ghabbash (Syrian Arab Republic) as a member of the Health Promotion Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and a representative of the Founder, members ex officio. It was understood that if Dr Hassan Mohammad Al Ghabbash was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Panel.

(Second meeting, 2 June 2021)

**EB149(8)            Appointment of representatives of the Executive Board at the Seventy-fifth World Health Assembly**

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7 (1977), appointed its Chair, Dr Patrick Amoth (Kenya) and its first three Vice-Chairmen, Mrs Carla Moretti (Argentina), Dr Wahid Majrooh (Afghanistan) and Dr Clemens Martin Auer (Austria), to represent the Executive Board at the Seventy-fifth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Mr Kim Ganglip (Republic of Korea) and the Rapporteur, Mr Zahid Maleque (Bangladesh), could be asked to represent the Board.

(Second meeting, 2 June 2021)

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<sup>1</sup> Documents EB149/8 and EB149/8 Add.1.

**EB149(9)            Future sessions of the Executive Board**

The Executive Board, having considered the reports on future sessions of the Executive Board and the Health Assembly,<sup>1</sup> decided that its 150th session should be convened on Monday, 24 January 2022, at WHO headquarters, Geneva, and should close no later than Saturday, 29 January 2022. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-fifth meeting from Wednesday to Friday, 19 to 21 January 2022, at WHO headquarters.

(Second meeting, 2 June 2021)

**EB149(10)          Future sessions of the Health Assembly**

The Executive Board, having considered the reports on future sessions of the Executive Board and the Health Assembly,<sup>1</sup> decided that the Seventy-fifth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Sunday, 22 May 2022, and should close no later than Saturday, 28 May 2022. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-sixth meeting on Wednesday, 18 May to Friday, 20 May 2022, at WHO headquarters, Geneva.

(Second meeting, 2 June 2021)

**EB149(11)          Date and place of the special session of the World Health Assembly**

The Executive Board, having considered decision WHA74(16) (2021), decided that the special session of the World Health Assembly referred to in decision WHA74(16), should be held from Monday, 29 November 2021 to Wednesday, 1 December 2021 at WHO headquarters, Geneva, in person, or virtually if limitations to physical meetings preclude the holding of the special session in person. The Board further decided that in the event that limitations to physical meetings preclude the holding of the special session in person, the decision to hold the special session virtually should be taken by the Executive Board through a written silence procedure, or exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Second meeting, 2 June 2021)

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<sup>1</sup> Documents EB149/11 and EB149/11 Add.1.

## ANNEX 1

### **SPECIAL PROCEDURES TO REGULATE THE CONDUCT OF VIRTUAL SESSIONS OF THE EXECUTIVE BOARD<sup>1</sup>**

[EB149/12 – 20 May 2021]

#### **RULES OF PROCEDURE**

1. The Rules of Procedure of the Executive Board shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Executive Board's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 63 of the Rules of Procedure of the Executive Board.<sup>2</sup>

#### **ATTENDANCE AND QUORUM FOR THE EXECUTIVE BOARD**

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

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

#### **ADDRESSING THE EXECUTIVE BOARD**

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

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

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

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<sup>1</sup> See decision EB149(1).

<sup>2</sup> This will affect notably the relevant provisions of the following Rules of Procedure of the Executive Board as they appear in the 49th edition of Basic documents: Rule 51 (show of hands vote) and Rules 56–61 (secret ballot and elections).

**DECISION-MAKING**

7. All decisions of the Executive Board should be as far as possible taken by consensus. In any event, no decision shall be taken by a show of hands vote or by secret ballot.
8. In the event that a vote is required, voting shall take place by roll call conducted through the virtual system.
9. During a roll-call vote, should any delegate fail to cast a vote for any reason during the roll call, that delegate shall be called upon a second time after the conclusion of the initial roll call. Should the delegate fail to cast a vote on the second call, the delegation concerned shall be recorded as absent.
10. The procedures set out above are adopted for the purpose of the virtual sessions of the Executive Board only as exceptional measures to enable the work of the Organization to continue during the extraordinary situation arising from the coronavirus disease (COVID-19) pandemic and they should not be considered as setting a precedent for future in-person Executive Board sessions.

**PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE**

11. The special procedures to regulate the conduct of virtual sessions of the Executive Board set out above shall apply mutatis mutandis to virtual meetings of the Programme, Budget and Administration Committee of the Executive Board, taking into consideration the composition of the Committee, with the following exceptions: deliberations of the Programme, Budget and Administration Committee in the virtual meetings shall be based on consensus; only Member States and observers as identified in decision EB146(5) (2020) may attend meetings of the Programme, Budget and Administration Committee; and regarding speaking by observers, in exceptional cases where the Chair determines that the efficient and effective conduct of the Committee's business will not be affected in any way, the Chair may, as appropriate, invite observers to make interventions with respect to items on the agenda that are of particular concern to them or relevant to their mandate.
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## ANNEX 2

### WRITTEN STATEMENTS – GUIDELINES FOR MEMBER STATES<sup>1</sup>

[EB149/3, Annex – 19 April 2021]

1. The following guidelines apply to written statements by Member States, relating to sessions of the World Health Assembly and Executive Board, to be posted on the dedicated WHO webpage.
2. Written statements are made available for information purposes. They are intended to stimulate debate and enable delegations to complement their oral interventions during the meetings of the WHO governing bodies. For example, they may expand upon the information provided by the Member State concerned during the discussion or may describe country experiences relevant to the agenda item concerned. Written statements may be submitted independently from the delivery of an oral intervention during the meeting, provided that they relate to an item on the agenda.
3. Member States may submit written statements by sending them to the following email address: [statements@who.int](mailto:statements@who.int). Statements intended for oral delivery must be submitted separately to the email address: [interpret@who.int](mailto:interpret@who.int).
4. Written statements may be submitted until the closure of the relevant session of the Health Assembly or Executive Board. Such statements will remain published until the closure of the relevant body's equivalent session two years later. Statements submitted after the closure of the relevant session of the Health Assembly or Executive Board will not be accepted.
5. For readability purposes, Member States are invited to limit their statements, as well as statements submitted on behalf of a region or group of countries, to 500 words and 800 words, respectively.
6. Each statement should clearly identify:
  - (a) the Member State submitting it or, in the event of regional statements, the region or group of countries on behalf of which the statement is submitted; and
  - (b) the governing body session and specific agenda item to which the statement relates.
7. Written statements should contain text only. No photographs, diagrams, maps or other media materials may be included.
8. Written statements may be provided in any of the six WHO official languages (Arabic, Chinese, English, French, Russian and Spanish) and will be published in the format and language of submission. Member States may provide translations of their written statements into one or more of WHO official

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<sup>1</sup> See decision EB149(3).

languages, if they so wish. Such translations should be clearly marked with the words “unofficial translation”.

9. Member States assume full responsibility for the content of their statements.

10. Written statements should address the agenda item in respect of which they are submitted. They must not include any offensive language, including with respect to other Member States.

11. The opportunity to post written statements on the dedicated webpage is without prejudice to the content of Member States’ oral interventions during the meetings of the WHO governing bodies.

12. Written statements do not replace or supplement the official records of the relevant meetings of the WHO governing bodies and do not constitute official WHO documents. The official records of meetings of the WHO governing bodies are exclusively based on statements delivered orally during the meeting, not the content of any written statement that the delegation concerned may have also submitted. The official records constitute the exclusive authoritative record of proceedings.

13. The WHO logo will not appear on the statements but will appear on the webpage where the statements are posted.

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## ANNEX 3

### **DETAILED ARRANGEMENTS FOR CONDUCTING INTERVIEWS AT THE FIRST CANDIDATES' FORUM<sup>1</sup>**

[EB149/4 – 30 April 2021]

#### **Seating arrangements**

1. In the event that participants physically attend the candidates' forum, participants from Member States and Associate Members will be invited to take seats in the Executive Board Room according to their respective regional membership.

#### **Presentation by candidates**

2. The presentation by each candidate shall not exceed 10 minutes. Visual aids, including electronic presentation tools, shall not be used.

#### **Selection of questions**

3. Each Member State and Associate Member present at the candidates' forum will be given colour-coded tokens, one for each candidate to be interviewed, bearing the Member's name. Member States and Associate Members present will be invited to indicate if they wish to ask a question by placing their token(s) in one of six receptacles (one for each). Once all tokens have been collected by the Secretariat, the Chair will pull one token from each receptacle, following the order of regions that he or she has previously determined by lot. After six questions, one from each region, have been asked, the contents of the six receptacles will be merged into one and the selection of those invited to ask questions will continue, one-by-one, on a fully random basis until the time available for each candidate has been exhausted.

#### **Questions and answers**

4. Member States and Associate Members will have up to one minute to ask one question only. Multiple-part questions will not be permitted. Candidates will have up to three minutes to respond to each question. Each interview will conclude after 60 minutes have elapsed, even if there are still questions pending. A candidate will, however, be permitted to complete his or her answer to the question being addressed when the 60 minutes elapse. Should there still be time available when the questions have been exhausted, the candidate may, if he or she wishes, make additional remarks within the remaining time.

#### **Timekeeping**

5. It is expected that a traffic light system or other electronic timekeeping system will be used to help participants to keep within the time limits during both parts of the interview.

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<sup>1</sup> See decision EB149(4).

## ANNEX 4

### FINANCIAL AND ADMINISTRATIVE IMPLICATIONS FOR THE SECRETARIAT OF RESOLUTIONS AND DECISIONS ADOPTED BY THE EXECUTIVE BOARD

<b>Decision EB149(4)</b>	Process for the election of the Director-General of the World Health Organization
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:</b>	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	12 months.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	Zero.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Zero.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>	Zero.
<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b>	Not applicable.

<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the decision in the current biennium:</b> Not applicable.
– <b>Remaining financing gap in the current biennium:</b> Not applicable.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

<b>Decision EB149(5)</b>	Process for the election of the Director-General of the World Health Organization: contingency arrangements
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:</b>	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	12 months.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	Zero.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Zero.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>	Zero.

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

GPW 13: Thirteenth General Programme of Work, 2019–2023.

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## **PART II**

### **SUMMARY RECORDS**



## **FIRST MEETING**

**Wednesday, 2 June 2021, at 10:05**

**Chair:** Dr H. VARDHAN (India)

**later:** Dr P. AMOTH (Kenya)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB149/1, EB149/1 (annotated) and EB149/12)

### **Opening of the session**

The CHAIR declared open the 149th 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, using video conference technology.

### **Organization of work**

The CHAIR invited the Board to consider the special procedures for virtual meetings, contained in document EB149/12. In the absence of any objections, he took it that the Board wished to adopt the draft decision contained in paragraph 3 of that document.

**The decision was adopted.<sup>1</sup>**

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

The CHAIR drew attention to Rule 13 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of rotation among WHO regions, Dr Patrick Amoth (Kenya) had been nominated for the office of Chair of the Executive Board.

**Dr Amoth (Kenya) was elected Chair.**

**Dr Amoth took the Chair.**

The CHAIR thanked the Board for electing him and paid tribute to his predecessor. Referring to Rule 13 of the Rules of Procedure of the Executive Board, he said that following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairs: Dr Wahid Majrooh (Afghanistan), Mrs Carla Moretti (Argentina), Dr Clemens Martin Auer (Austria) and Mr Kim Ganglip (Republic of Korea).

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<sup>1</sup> Decision EB149(1).

**Dr Majrooh (Afghanistan), Mrs Moretti (Argentina), Dr Auer (Austria) and Mr Kim Ganglip (Republic of Korea) were elected Vice-Chairs.**

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

**It was determined by lot that the Vice-Chairs would serve in the following order: Dr Majrooh (Afghanistan), Mr Kim Ganglip (Republic of Korea), Mrs Moretti (Argentina) and Dr Auer (Austria).**

The CHAIR said that, pursuant to Rule 13 of the Rules of Procedure and in accordance with the principle of rotation among geographical regions, Mr Zahid Maleque (Bangladesh) had been nominated Rapporteur.

**Mr Maleque (Bangladesh) was elected Rapporteur.**

**3. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB149/1, EB149/1 (annotated) and EB149/12) (resumed)

**Adoption of the agenda**

The CHAIR proposed that the first bullet point of item 5.4, Proposals for WHO to host formal partnerships, item 5.7 Amendments to the Financial Regulations and Financial Rules, and item 6.2 Amendments to Staff Regulations and Staff Rules should be deleted from the provisional agenda, as they were no longer needed. He took it that the Board agreed to his proposal.

**It was so agreed.**

**The agenda, as amended, was adopted.<sup>1</sup>**

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 149th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

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

**It was so agreed.**

**Opening remarks by the Director-General**

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<sup>1</sup> See page vii.

The DIRECTOR-GENERAL congratulated Dr Amoth on his election as Chair and thanked his predecessor for his excellent leadership. Welcoming all participants, he thanked the Board members for their work towards the success of the Seventy-fourth World Health Assembly. Member States had adopted an important resolution on strengthening WHO preparedness for and response to health emergencies, and a timely decision on holding a special session of the World Health Assembly in November 2021 to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. The Board would play an important role in their implementation over the coming period.

Many recommendations had been made for new mechanisms, facilities and processes, but they would only be effective if they were underpinned by a commitment to foster greater sharing, trust and accountability. The Board's work on administrative matters to strengthen WHO's governance functions was also vital in strengthening the Organization and global health security. In that regard, he welcomed the suggestion made by the representative of Austria to hold a Board retreat, and he looked forward to working with the Board and all Member States on consolidating the Board's strategic role.

The representative of PARAGUAY stressed the need for collective preparedness for future emergencies, the strengthening of WHO, the International Health Regulations (2005) and the WHO Health Emergencies Programme, and said it was essential to agree fair rules to guide policies for better management of future pandemics. For that reason, his Government had sponsored the decision on holding a special session of the World Health Assembly. Noting that access to vaccines and medical products should not be the privilege of a few countries, he said that multilateral responses, not nationalism, were the only effective way to tackle a pandemic. In addition, given that inequality was an enemy to public health, as highlighted by the pandemic, the social determinants of health must be uppermost in WHO's objectives.

The representative of DENMARK, expressing strong support for international cooperation on global health and WHO's global leadership role, said that the successful Seventy-fourth World Health Assembly had given the leadership team a very strong mandate to continue to strengthen and reform WHO to implement the Thirteenth General Programme of Work, 2019–2023, and the triple billion targets. His Government reiterated its commitment to universal health coverage, reducing health inequalities, strengthening public health and ensuring people-centred healthcare systems. WHO's normative and leadership role was a key pillar of the global health infrastructure. To maintain a strong position, the Organization must strive to uphold its legitimacy and its relevance by continuously strengthening its science-based approach and ensuring good governance, accountability and sound financial management. While the level of assessed contributions had remained largely static, the proportion of voluntary earmarked contributions had increased, leaving important areas underfunded. His Government therefore welcomed efforts to achieve WHO's long-term financial sustainability, including by expanding the group of Member States that provided long-term core support, and it had recently decided to double its voluntary core support.

The representative of SLOVENIA said that her Government had collaborated with WHO over many years to develop innovative solutions to strengthen primary health care and address health equity, access to quality health services and universal health coverage. She looked forward to representing the European Region on the Board, as well as small countries, which had particular challenges.

The representative of FRANCE said that the previous year had shown that only a multilateral coordinated response allowed countries to overcome a crisis in a sustainable manner and had underscored the need for an international coordinating authority on public health. In that regard, the Board, through its working groups, must continue to strengthen WHO's mandate, funding and governance, particularly to ensure that WHO was able to prevent or respond to future health emergencies. His Government would continue to support efforts to meet the triple billion targets, establish universal health coverage, respond rapidly to health emergencies and address unequal access to health care. Emphasizing the importance of bolstering the multilateral health architecture, especially

the implementation of the International Health Regulations (2005), his Government supported WHO's role in health emergency preparedness and response and said that WHO and its Health Emergencies Programme must come out of the current crisis stronger. The continuity of health care provision during the pandemic had been a challenge, and local initiatives that targeted vulnerable groups of all ages and focused on the reduction of risk factors were essential. Hence, education and health literacy on determinants of health were priorities for his Government. Noting that mental health problems had been accentuated by the social and economic insecurities, he announced that his Government would host a global summit on mental health later in 2021. Lastly, his Government would strive to make the WHO Academy a solid and indispensable tool to bolster WHO support missions on the ground.

The representative of OMAN said that unprepared and defective infection prevention and control programmes combined with inadequate water, sanitation and hygiene infrastructure turned health care facilities into dangerous amplifiers of outbreaks. The COVID-19 pandemic had provided unique momentum for strengthening infection prevention and control programmes and practices. That required decisive and visible political commitment and leadership at the highest level, including the regional and local adoption of requirements and policy enforcement through internationally agreed accountability mechanisms. His Government therefore requested that a global discussion on infection prevention and control should be included on the agenda for the 150th session of the Board.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> noting that Board members were expected to uphold universal values and human rights, expressed grave concern regarding human rights violations and abuses by the governments of Belarus and the Syrian Arab Republic against their own citizens, which had been overwhelmingly condemned by the international community. She called on both Governments to respect those values and rights, and on the Government of the Syrian Arab Republic to allow unimpeded access to life-saving humanitarian aid, including medical supplies, regardless of where those in need were located.

The representative of the SYRIAN ARAB REPUBLIC said that a spirit of cooperation and solidarity among Member States was essential for the successful operation of both the Board and WHO. In that regard, he rejected the statement by the representative of the United States of America and its attempts to politicize the work of the Organization.

The representative of AFGHANISTAN said that the experience and lessons learned from Member States would provide a platform to communicate the real needs and expectations of WHO. The Board should provide advice and recommendations to the different decision-making levels of the Organization to ensure the optimal allocation of resources and should encourage cooperation to strengthen pandemic preparedness and response in regions in crisis. WHO's operations and decisions should be neutral and not be politicized and should promote health equity and equitable recruitment of health care workers.

The representative of BELARUS was committed to the implementation of all initiatives to achieve the goals of WHO, which reflected those of his Government. He reiterated that Member States should not politicize the work of WHO or the Executive Board.

The representative of RWANDA said that globally coordinated efforts were needed to prepare for health emergencies and develop more resilient health systems. If the triple billion targets were to be met by 2023 and the Sustainable Development Goals by 2030, the Board must play a key role in addressing the health priorities contained therein.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the RUSSIAN FEDERATION emphasized the need for cooperation and constructive dialogue in the work of WHO. He urged the members of the Board not to politicize the process of work within WHO.

The representatives of AUSTRALIA<sup>1</sup> congratulated the incoming Officers and members of the Board and thanked the outgoing Officers and members for their service during the previous year.

The representative of INDONESIA<sup>1</sup> congratulated the new members of the Board, and thanked the outgoing members for their contributions, particularly those members representing his Region.

The representative of TURKEY<sup>1</sup> said that, in the light of the Syrian regime's record of deliberately targeting civilians, health care facilities and health care workers, the inclusion of the Syrian Arab Republic as a member of the Board was regrettable.

The representative of the SYRIAN ARAB REPUBLIC requested that the Chair remind speakers to address Member States by their proper names, in line with the Rules of Procedure of the Executive Board.

#### **4. OUTCOME OF THE SEVENTY-FOURTH WORLD HEALTH ASSEMBLY:** Item 3 of the agenda

The representative of the SYRIAN ARAB REPUBLIC, welcoming the success of the Seventy-fourth World Health Assembly, stressed his Government's commitment to working in line with the Charter of the United Nations and international law and shouldering its responsibilities as a Board member to support multilateral efforts to implement the 2030 Agenda for Sustainable Development. Member States must be supported to build sophisticated, flexible health systems, especially in view of the current pandemic, which would only be overcome through increased cooperation and greater emphasis on fair vaccine distribution between rich and poor countries.

Underscoring the importance of respect for human rights and the sovereignty and independence of peoples, he strongly condemned the imposition of coercive, unilateral measures against Member States and encouraged the international community to take urgent steps to counter such measures, which were detrimental to the safety of populations.

The representative of JAPAN said that the success of the Seventy-fourth World Health Assembly would inevitably lead to an increase in the number of agenda items to be discussed at future sessions. Therefore, the Secretariat should publish documents in a timely manner prior to governing body meetings. Additionally, during meetings, priority should also be given to Member States to deliver their statements before non-State actors. He sought clarification from the Legal Counsel on whether non-State actors were permitted to deliver constituency statements on behalf of organizations that were not in official relations with WHO.

The representative of PERU said that multilateralism was the only way to overcome a health emergency such as the current COVID-19 pandemic, and he welcomed the COVID-19 Vaccine Global Access (COVAX) Facility and supported WHO's request for transparency in evaluating the impact of the pandemic, including updated and accurate figures of the number of deaths. His Government was prepared to share the criteria it had used in that regard.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the wide range of resolutions and decisions that had been approved during the Seventy-fourth World Health Assembly, particularly the resolution on strengthening WHO preparedness for and response to health emergencies and the decision to convene a special session of the Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. However, establishing such an instrument would present a significant challenge considering the time that had been allocated for negotiations. Its success would require a fully inclusive, representative and transparent process with full support among all Member States. The Member States of her Region looked forward to discussing the final report of the Working Group on Sustainable Financing at the 150th session of the Executive Board, with particular regard to the polio transition. She called on the Secretariat to ensure that mainstreaming polio essential functions did not result in a decrease in the percentage share of the budget for her Region. Finally, she said that the practice of grouping similar agenda items limited discussions on critical issues. She urged the Secretariat to work with Member States to address that concern.

The representative of BANGLADESH commended the successful outcomes of the Seventy-fourth World Health Assembly, particularly with regard to sustainable financing and holding a special session of the World Health Assembly to discuss pandemic preparedness and response. Highlighting the areas of the Board's work that were of particular interest to his Government, he said that WHO must play a decisive role in the response to the current and future pandemics.

The representative of the REPUBLIC OF KOREA recalled the passionate discussions that had taken place on public health emergencies preparedness and response and said that the Organization should not return to "business as usual". He expressed the hope that resolution WHA74.7 on strengthening WHO preparedness for and response to health emergencies would be faithfully implemented. He looked forward to the outcome of the planned special session of the World Health Assembly and the second phase of the WHO-convened global study of origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). While noting the progress made to implement WHO transformation, he encouraged the Secretariat to strengthen efforts to assess outcome levels and the impact of changes made. Such efforts would provide important information for the Working Group on Sustainable Financing. He expressed the hope that the Working Group would complete its work in a timely fashion in order to submit recommendations to the 150th session of the Executive Board on the Organization's essential functions.

The representative of AUSTRIA emphasized the importance of multilateral cooperation, which would strengthen WHO's governance. Commending the success of the recently concluded virtual Health Assembly, he said that future meetings could be improved if the Secretariat ensured that future meetings began on time and considered how to better indicate the agenda items under discussion. He said that regional statements should be delivered at the start of each discussion. Given that the Health Assembly had decided to convene a special session of the World Health Assembly in November 2021, he proposed that the Board should be convened prior to that session in order to prepare adequately. He asked the Chair to facilitate a discussion in that regard during the current session.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed appreciation that Member States had had the opportunity during the Health Assembly to share best practices, lessons learned and reflections under pillar 2: one billion more people better protected from health emergencies. Recognizing the importance of discussing pandemic preparedness and response, he welcomed the fact that discussions had also taken place on several other important issues. Nevertheless, Member States and the Secretariat should continue to work together to control the number of agenda items so as to ensure that they could be discussed thoroughly.

The representative of TIMOR-LESTE thanked the Director-General and the Regional Director for South-East Asia for the support and leadership they had provided to Member States in his Region in

addressing the COVID-19 pandemic. His Government was grateful for the support it had received in the form of vaccines, personal protective equipment and other medical equipment.

The representative of FRANCE encouraged the Secretariat to continue its progress in managing the agenda and deadlines for publishing reports in all the official languages. Commending the success of the virtual Health Assembly, she said that, in order to improve future meetings, WHO and its Member States should ensure a feasible agenda, strict adherence to the schedule, and a clear indication of the agenda item under discussion. She noted that the moderator had been provided with a tablet and said that that practice should be retained in future meetings. The delivery of regional statements should be prioritized at the start of each discussion and statements addressing grouped agenda items should be used wisely, avoiding overlap between health-related and administrative matters. The interpreters should be provided with the best possible working conditions, and she urged representatives to submit their statements in advance and to speak clearly. It was regrettable that, in some cases, technical issues had led to a lack of interpretation, which risked excluding some Member States from discussions. She proposed establishing an informal working group comprising the Secretariat and interested experts in order to put forward recommendations to further improve the governance aspect of governing bodies meetings.

The representative of the RUSSIAN FEDERATION said that, despite the challenges, the Health Assembly had shown that Member States could come together to find solutions for issues stemming from the COVID-19 pandemic. He noted that, on some occasions, the Secretariat had not observed the deadline to distribute documents to Member States. Furthermore, the grouping of agenda items had been complicated at times. He expressed support for the statement made by the representative of Austria that the Executive Board should play a more active role in the preparations for the special session of the World Health Assembly to be held in November 2021.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> agreed with several points raised by the representative of Austria. Grouping agenda items relating to the COVID-19 pandemic and other matters was helpful and allowed for thinking outside of policy and programmatic silos. He welcomed the broad consensus on WHO strengthening and the creation of a Member States working group to propose recommendations to the special session of the World Health Assembly. However, Member States must consider what tool or mechanism would be best suited to implement the working group's recommendations without political pressure. To address other critical issues raised regarding health, nutrition and well-being, he urged the Secretariat and Member States to engage with various stakeholders at the local, national, regional and global levels using a Health in All Policies approach.

The representative of SLOVAKIA<sup>1</sup> appreciated WHO's country-centric strategic approach and the efforts to strengthen cooperation at all levels of the Organization. Member States should be closely involved in governance matters. Having conducted a survey of regional practices regarding presenting candidates to serve on WHO's governing bodies, her Government welcomed the ongoing efforts aimed at finding a multilateral solution to achieve an inclusive, fair, transparent and predictable participation process in WHO governance.

The LEGAL COUNSEL, responding to the question raised by the representative of Japan, clarified that only non-State actors in official relations with WHO were permitted to address the Health Assembly. The question of whether other organizations could be cited in constituency statements and other similar issues raised could be considered by Member States as part of the review of the innovations that had been introduced for the Seventy-fourth World Health Assembly. He reminded the Board that a report would be provided to the 150th session of the Executive Board and that Member States would be given an opportunity to provide feedback prior to the session.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

**5. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD:** Item 4 of the agenda (document EB149/2)

The representative of TUNISIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had received updates on the Organization's response to allegations of sexual exploitation and abuse in the Democratic Republic of the Congo and the progress made in implementing a new model of transparency and accountability. The Committee had also welcomed the report of the Independent Expert Oversight Advisory Committee, noting the planned review of its own mandate in which Member States were invited to participate, and had proposed several measures in response. It had welcomed the update provided by the Secretariat on institutional accountability, business integrity, compliance, risk management and ethics, and had made corresponding recommendations. The Committee had received the reports of the Joint Inspection Unit, had expressed appreciation for the increased implementation rates of the Unit's recommendations, and had suggested a number of measures aimed at guiding the Secretariat's response to that report. The Committee had similarly proposed measures in response to the annual evaluation report and the report on and review of hosted partnerships. Multistakeholder partnerships were of particular importance in the light of the COVID-19 pandemic and the lessons learned from the response, and he highlighted the proposal to continue informal discussions on the most appropriate mechanisms to advance work on digital health and on pandemic management. He outlined the Committee's guidance on the appointment of members to the Independent Expert Oversight Advisory Committee. Lastly, he noted that the Committee had commended the WHO staff associations for their engagement and measures to improve Staff Health Insurance services and protect and promote the health of staff.

The representative of FRANCE welcomed the adoption of the Programme budget 2022–2023, and the discussion that had led to the decision to submit a revised Programme budget 2022–2023 at the Seventy-fifth World Health Assembly, if necessary. Underlining the importance of discussions on sustainable financing, he said that a sustainably financed budget was essential to carry out the Organization's work. Finally, he expressed the hope that the Board would re-examine the key audit finding on transgressions in the selection and engagement of a consultancy firm for procurement of personal protective equipment, as set out in paragraph 10(b) of the report of the External Auditor, which was contained in the Annex to document A74/34.

The representative of GHANA, speaking on behalf of the Member States of the African Region, endorsed the Committee's proposed measures in the areas of accountability, compliance and oversight, staff well-being and the transformation agenda. He further endorsed the recommendations of the Independent Expert Oversight Advisory Committee, and the decision to appoint four new members to that Committee. He called for the urgent implementation of the new policy to prevent and address abusive conduct across WHO and outlined steps taken to that end in his Region. He requested support from Member States and donors to make those initiatives successful. The Member States of the Region supported the call for accelerated action in implementing recommendation 7 of document JIU/REP/2020/1 on the development and adoption of formal procedures for investigating complaints of misconduct. He noted the implementation of the evaluation workplan for 2021–2022 and looked forward to reports on evaluations with a country-level focus and on the integration of gender, equity and human rights into the work of the Organization. Endorsing the recommendation for a report to the 150th session of the Executive Board on the impact of the polio transition on strategic budget allocation, he requested that the Director-General safeguard the Health Assembly's decision to prevent any negative budgetary impact in regions and countries with the greatest need. He supported the suggestion to establish two hosted partnerships on digital health and pandemic management and agreed with the recommendations from the WHO staff associations related to better consultation and flexible working.

The representative of SINGAPORE said that the COVID-19 pandemic had magnified the need to reform WHO's financing structure. Funding needed to be sustainable and should focus on efficiency and cost-effectiveness. He welcomed the progress made in WHO transformation and looked forward to

working with the Secretariat and Member States on further reforms. As the COVID-19 pandemic was likely to end with the virus remaining endemic in many countries, WHO needed to consider how to return to its normal business, which included health emergency preparedness and response. Strengthening health data systems would improve the resilience of health systems, surveillance and the evaluation of health outcomes. His Government supported the proposal to establish partnerships on digital health. Member States should continue to invest in their technical capacity for the collection and analysis of high-quality data.

The representative of BANGLADESH welcomed the support provided to Member States in her Region to strengthen emergency preparedness and response. She said that sustainable financing was essential for a stronger WHO and should be equitable, predictable, flexible and available in both the medium and the long term.

The representative of JAPAN agreed with the proposed review of the terms of reference of the Independent Expert Oversight Advisory Committee in view of WHO's expanding work and budget and said that that Committee should strengthen its oversight function. Turning to the membership of the Independent Expert Oversight Advisory Committee, he asked whether the Secretariat could adjust the proposed appointment of members to ensure representation from the Western Pacific Region in 2022 and the Region of the Americas in 2023. The review of the terms of reference should also consider whether the membership of the Committee should be expanded after 2023 and whether the criteria for candidate members should be amended.

With regard to the possible establishment of two additional hosted partnerships, he said that the Secretariat should consider a variety of options prior to submitting its report in that regard to the 150th session of the Executive Board, particularly given the success of the Access to COVID-19 Tools (ACT) Accelerator and COVAX Facility.

**The Board noted the report.**

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

### **6. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS: Item 5 of the agenda**

**Evaluation: annual report:** Item 5.3 of the agenda (documents EB149/5 and EB149/5 Add.1)

**Hosted partnerships:** Item 5.4 of the agenda

- **Report on hosted partnerships** (document EB149/6)
- **Review of hosted partnerships** (document EB149/7)

**Membership of the Independent Expert Oversight Advisory Committee:** Item 5.6 of the agenda (documents EB149/9 and EB149/9 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB149/5, EB149/5 Add.1, EB149/6, EB149/7, EB149/9 and EB149/9 Add.1. He further invited the Board to consider the proposal contained in document EB149/9 Add.1 to appoint four members of the Independent Expert Oversight Advisory Committee.

The representative of JAPAN, welcoming the progress made to implement WHO's extensive evaluation programme, said that his Government looked forward to participating in the review of progress towards implementing the vision of the Western Pacific Region, and was committed to addressing any issues arising from that review. He reiterated the need to update the Organization-wide evaluation workplan for 2020–2021 to incorporate the delays caused by the COVID-19 pandemic. Finally, he said that the Framework of Engagement with Non-State Actors should be implemented in a streamlined manner across the whole Organization and looked forward to the future evaluation of its implementation.

The representative of INDIA said that the COVID-19 pandemic had highlighted the value of hosted partnerships and that a new partnership on digital health would play a pivotal role in strengthening health services delivery and data management, accelerate the achievement of universal health coverage, and enable the early adoption of cutting-edge digital technologies. In view of the impacts of the COVID-19 pandemic, a hosted partnership on pandemic management would strengthen prevention, preparedness and response capacities at the global level.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, recognizing the value of the evaluation function, said that it was vital to review the implementation of the WHO transformation agenda, which provided essential guidance regarding the implementation of the Thirteenth General Programme of Work, 2019–2023, and any required course correction. He welcomed the focus on staff engagement with the WHO transformation, the findings and recommendations on increasing Member State engagement, and the launch of a tool for tracking progress. He supported the recommendations set out in paragraph 42 of document EB149/5 Add.1, as well as the plans to address the lack of an established theory of change.

The representative of BANGLADESH took note of the progress made to implement the Organization-wide evaluation workplan for 2020–2021. Considering the delays caused by the COVID-19 pandemic, the Secretariat should consider removing the required country visit as part of country programme evaluations, and instead use digital technology to conduct such evaluations. Any country-level evaluation or assessment should take into account national circumstances, particularly in the wake of the pandemic. She looked forward to the results of the ongoing evaluation of inter-agency COVID-19 response activities.

The representative of FRANCE expressed support for the five recommendations set out in paragraph 42 of document EB149/5 Add.1 on the evaluation of the WHO transformation. In particular, he highlighted the need for better engagement between the Secretariat and Member States and support for WHO transformation at the country level in the next phase of the transformation process. It was regrettable that more posts had been created at headquarters than in country and regional offices and that staff mobility targets had not been attained. Recalling the goal of WHO transformation, he welcomed the progress made thus far, despite the challenges of the pandemic. He encouraged the Secretariat to strengthen its communication with Member States and to give more information about the transformation milestones that remained undefined. The Secretariat should also provide information about the progress made, the barriers to progress that remained, and the savings that had been or would be generated. The Secretariat could organize information sessions on the five recommendations contained in document EB149/5 Add.1, allowing Member States time to prepare beforehand. He asked the Secretariat to respond to comments regarding the need for a comprehensive theory of change. Noting that an external evaluation of WHO transformation was underway, he hoped that the results would be published prior to the information sessions he had proposed. Furthermore, he sought clarification regarding the expected outcomes of external evaluations compared to internal evaluations, and their costs and methodologies.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region on the evaluation function, welcomed the progress made to deliver the WHO evaluation policy

and strengthen the Evaluation Office and supported the appointment of external experts from across the regions of WHO to ensure follow-up on evaluation recommendations. He requested that webinars and briefings be held regularly for national and regional focal points. He emphasized the importance of carrying out independent evaluations of emergency response activities. He reiterated that each evaluation must have clear objectives, address organizational matters at all levels of WHO and resolve programmatic issues. He called for initiatives to strengthen the leadership, management and effectiveness of staff teams at the regional offices, and welcomed the launch of the WHO Academy. The Secretariat should clarify the milestones to be met under WHO transformation and the role that Member States should play in the transformation process.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region on hosted partnerships, acknowledged the importance of hosted partnerships in achieving WHO's mission, particularly in achieving universal health coverage. Partnerships should be sustainable, focus their work in areas of greatest need and promote local innovation. She highlighted the importance of close collaboration between the European Observatory on Health Systems and Policies and the integrated African Health Observatory on sharing experiences and best practices. She welcomed the achievements that had resulted from the Alliance for Health Policy and Systems Research, the Partnership for Maternal, Newborn and Child Health, and the collaboration with Unitaid during the COVID-19 pandemic.

The representative of FINLAND<sup>1</sup> said that the evaluation of WHO transformation had come at a relatively late stage but was nevertheless crucial. She noted that the evaluation had shown that WHO staff were knowledgeable and engaged in the transformation process. Indications of "reform fatigue" could be offset by establishing an overarching theory of change and improving timely communication with Member States. She reiterated her request to have a strategic discussion at the governing bodies level on WHO's work in countries, in order to provide a more complete picture of WHO transformation and its progress.

The representative of AUSTRALIA<sup>1</sup> said that, while WHO transformation had led to positive change at headquarters and at the regional level, more attention was required to advance change at the country level. Noting the recommendations set out in paragraph 42 of document EB149/5 Add.1, he asked the Secretariat to report back to future governing bodies meetings on how they would be implemented. That information should include how the Secretariat planned to implement the activities under recommendation 1 on the development of transformation milestones and what the proposed time frame for developing the revised theory of change was; how Member States would be consulted; and what the expected outcomes would be. While his Government agreed with the broad objective of recommendation 5 on changing the organizational culture, he said that clear links between the proposed actions and their impact on organizational change should be outlined. He sought clarification on whether, under recommendation 5(c), procedures would be aligned with the new model of transparency and accountability, with particular regard to allegations of sexual exploitation and abuse.

**The meeting rose at 13:15.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

## **SECOND MEETING**

**Wednesday, 2 June 2021, at 14:20**

**Chair:** Dr P. AMOTH (Kenya)

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

#### **1. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS:** Item 5 of the agenda (continued)

**Evaluation: annual report:** Item 5.3 of the agenda (documents EB149/5 and EB149/5 Add.1) (continued)

**Hosted partnerships:** Item 5.4 of the agenda (continued)

- **Report on hosted partnerships** (document EB149/6) (continued)
- **Review of hosted partnerships** (document EB149/7) (continued)

**Membership of the Independent Expert Oversight Advisory Committee:** Item 5.6 of the agenda (documents EB149/9 and EB149/9 Add.1) (continued)

The representative of the NETHERLANDS<sup>1</sup> welcomed the evaluation of WHO transformation, notably the introduction of a results-oriented approach and the fact that staff members felt increasingly heard and valued. However, many of the concerns expressed by Member States had not been addressed, including the lack of clear metrics for measuring and reporting on outcome-level results and the cumbersome nature of monitoring reports on outputs. She supported the recommendations set out in paragraph 42 of document EB149/5 Add.1, including the introduction of a theory of change, but requested the Secretariat to provide further information on a possible simplification of the associated monitoring methods and metrics.

The REGIONAL DIRECTOR FOR EUROPE outlined the recent work of the European Observatory on Health Systems and Policies. Its agile model had enabled the swift adjustment of priorities during the coronavirus disease (COVID-19) pandemic. Specifically, the European Observatory had collected evidence on the responses of countries in the European Region to contain the spread of the virus and mitigate the impact of the pandemic on health systems, and had shared those findings on the COVID-19 Health System Response Monitor online platform. It had also collected, collated and analysed scientific evidence in support of the Pan-European Commission on Health and Sustainable Development. The establishment of observatories in other regions was testimony to the successful model and pioneering work of the European Observatory.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) thanked Member States for their comments and welcomed their broad support both for the work of the Evaluation Office and for evaluation in general. He had taken on board the comments about the importance of conducting evaluations with a country-level focus as soon as possible, including through the use of digital or other innovative methods; updates on that matter would be provided in due course. He had also noted the request for webinars and briefings for Member States and WHO staff on the implementation of recommendations and the strengthening of organizational learning. With regard to the evaluation of WHO transformation, the management response to the external evaluation would shortly be made available on the WHO website. The outcome of the evaluation of the integration of gender, equity and human rights into the work of the Organization would also be made available on the WHO website once completed. Lastly, he had noted the request for Member States to be consulted during the review of progress made towards implementing the regional vision of the Western Pacific Region.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) welcomed Member States' strong support for the WHO transformation agenda and their recognition of the progress made, particularly regarding staff engagement, which was a priority for the Organization. The Organization would ensure that outcome-level milestones for transformation activities underpinned the theory of change that was central to WHO transformation. Further efforts would also be made to communicate more regularly with Member States and to prioritize the changes that would drive impact and results at the country level. The findings of and recommendations from the evaluation of WHO transformation were useful and would be incorporated into the Organization's future work, together with the findings from other major reviews, including those of the Independent Panel for Pandemic Preparedness and Response and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, as well as work on sustainable financing. In addition to the management response to the evaluation of WHO transformation, the Organization was considering a broader stocktake later in 2021 to map out the response to all recent reviews and the forthcoming external audit.

The ASSISTANT DIRECTOR-GENERAL (Business Operations), responding to a comment made by the representative of Japan, suggested several amendments to the proposed membership of the Independent Expert Oversight Advisory Committee in order to improve geographical representation among its members. He suggested that Mr Greg Johnson (New Zealand/Switzerland) should be appointed with immediate effect until 30 April 2024; Ms Beatriz Sanz-Redrado (Spain/France) and Mr Darshak Shah (Kenya) should be appointed for a four-year term starting on 1 January 2022; and Mr Rob Becker (Netherlands) should be appointed for a four-year term starting on 1 January 2023. Further outreach efforts would be undertaken to ensure geographical and gender balance among the members of the Committee; that issue could also be considered during the revision of the Committee's terms of reference.

The CHAIR took it that the Board wished to appoint as members of the Independent Expert Oversight Advisory Committee Mr Greg Johnson (New Zealand/Switzerland) with immediate effect until 30 April 2024; Ms Beatriz Sanz-Redrado (Spain/France) and Mr Darshak Shah (Kenya) for a four-year term starting on 1 January 2022; and Mr Rob Becker (Netherlands) for a four-year term starting on 1 January 2023.

**It was so agreed.<sup>1</sup>**

**The Board noted the reports.**

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<sup>1</sup> Decision EB149(2).

**WHO reform:** Item 5.1 of the agenda**• Written statements: guidelines for Member States** (document EB149/3)

The CHAIR drew attention to the guidelines for written statements submitted by Member States, contained in the annex to document EB149/3, and the corresponding draft decision contained in paragraph 3 of that document.

The representative of KENYA, speaking on behalf of the Member States of the African Region, welcomed the Secretariat's work on implementing decision EB146(17) (2020) on guidelines for Member States concerning written statements, including the creation of a dedicated WHO webpage for the posting of written statements and the separate treatment of written statements and oral interventions during the meetings of WHO governing bodies. He agreed that written statements should not replace or supplement the official records of WHO governing bodies meetings and expressed strong support for the call to ensure that written statements did not include any offensive language, including with respect to other Member States. Consideration should be given to introducing formal procedures for raising and managing complaints in that respect. He supported the adoption of the proposed draft decision.

The representative of the SYRIAN ARAB REPUBLIC said that the guidelines should make provision for a right of reply in writing to a written statement posted on the dedicated WHO webpage. There should also be greater flexibility regarding the deadline for submitting written statements, for example by allowing one working day after the closure of the relevant session. She asked whether the Secretariat had considered the request for certain communications from Member States to be circulated as official WHO documents, as was the practice at other international organizations.

The representative of CANADA<sup>1</sup> said that written statements were a valuable way for Member States to provide additional information that complemented their oral interventions. Providing the text of oral interventions also promoted transparency by allowing interested parties to view the text before the official records of the WHO governing bodies meetings became available. However, to improve clarity and further incentivize the submission of written statements, he asked whether it would be possible to divide the dedicated WHO webpage for the posting of written statements into two sections, one for the written text of oral statements and the other for written statements containing additional information that complemented oral interventions, on the understanding that the proposed guidelines would continue to apply to both types of statement, neither of which would form part of the official records.

The LEGAL COUNSEL said that consideration had been given to including a right of reply in writing or another mechanism for handling complaints. However, no mechanism had been included in the final version of the guidelines for several reasons. Since the written statements would not form part of the official records, it had been decided that there was no strict need for a right of reply. It had also been decided that it would be difficult to establish a suitable mechanism, as rights of reply and their responses would necessarily be issued after the closure of the relevant session, making it unclear when the debate had finally been closed. Furthermore, it had been found that only a few international organizations allowed a right of reply to written statements. If there was a renewed request from Member States for a right of reply in writing or another complaint mechanism, amendments would need to be proposed to the current guidelines. Likewise, Member States could propose an amendment to extend the deadline for submitting written statements, although it would be important to establish a clear point of closure for the relevant debate. Allowing the circulation of Member State communications as official WHO documents would require significant procedural changes since that was not currently part

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

of WHO practice. The Secretariat was open to discussing such a proposal, but it would have to be raised and considered separately under a different agenda item.

The DIRECTOR (Governing Bodies) said that the suggestion that the dedicated WHO webpage should differentiate between written statements of oral interventions and written statements containing additional information would be considered, as that could improve clarity both for Member States and for the Secretariat.

**The Board noted the report.**

The CHAIR took it that the Committee wished to adopt the draft decision on guidelines for written statements submitted by Member States, contained in paragraph 3 of document EB149/3.

**The decision was adopted.<sup>1</sup>**

The representative of the SYRIAN ARAB REPUBLIC said that the issues raised on the matter required further discussion. She therefore requested the deferral of the adoption of the decision and the extension of the trial of the guidelines for Member States concerning the use of written statements until the 150th session of the Executive Board.

The CHAIR said that all comments would be reflected in the official record. He had noted the request made by the representative of the Syrian Arab Republic and said that any additional points could be submitted in writing. However, the decision had already been adopted and would not be reopened.

**Process for the election of the Director-General of the World Health Organization:** Item 5.2 of the agenda (documents EB149/4, EB149/4 Add.1, EB149/4 Add.2 and EB149/4 Add.3)

The CHAIR drew attention to the two draft decisions contained in documents EB149/4 and EB149/4 Add.1. The financial and administrative implications of the draft decisions for the Secretariat were contained in documents EB149/4 Add.3 and EB149/4 Add.2, respectively.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, welcomed the proposed election process, notably the timeline for the two candidates' forums, the interview modalities and the provision of travel support to candidates. He also welcomed the contingency arrangements proposed in the event of limitations to physical meetings due to the COVID-19 pandemic. The choice of contingency option and corresponding rules should be selected in a timely and transparent manner in consultation with Member States. He expressed support for both draft decisions under discussion.

The representative of FRANCE said that the COVID-19 pandemic had led to profound changes in working methods within the United Nations system. Although virtual meetings enabled wider participation in democratic processes, they also posed challenges in relation to ensuring the quality of the debate, technical performance and cybersecurity, and to ensuring that the principles of democracy underpinning the United Nations system were upheld. United Nations General Assembly decision A/DEC/75/510 relating to the procedure for decision-making when an in-person meeting was not possible had reaffirmed that in-person meetings would remain the rule. He shared the reservations of the Secretariat regarding electronic voting systems, which were costly and did not guarantee the security and integrity required for a secret ballot. It would instead be better to focus on options allowing in-person voting in compliance with the relevant health regulations.

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<sup>1</sup> Decision EB149(3).

**The Board noted the reports.**

The CHAIR took it that the Board wished to adopt the two draft decisions contained in documents EB149/4 and EB149/4 Add.1.

**The decisions were adopted.<sup>1</sup>**

**Committees of the Executive Board: filling of vacancies:** Item 5.5 of the agenda (documents EB149/8 and EB149/8 Add.1)

The CHAIR said that there were seven vacancies to be filled on the Programme, Budget and Administration Committee of the Executive Board, which was composed of 14 members: two members from each region, selected from among the members of the Board; plus the Chair and a Vice-Chair of the Board, as ex officio members. He asked whether the Board approved the proposals contained in paragraph 2 of document EB149/8 Add.1.

**It was so decided.<sup>2</sup>**

The CHAIR said that there was one vacancy to be filled on the Foundation Committees. He asked whether the Board approved the proposal contained in paragraph 2 of document EB149/8 Add.1.

**It was so decided.<sup>3</sup>**

The CHAIR proposed that the Board should be represented at the Seventy-fifth World Health Assembly by the Chair and the first three Vice-Chairs. If any of them were not able to attend the Health Assembly, the other Vice-Chair and/or the Rapporteur could be asked to represent the Board. In the absence of any objections, he took it that the Board wished to approve that proposal.

**It was so decided.<sup>4</sup>****2. STAFFING MATTERS:** Item 6 of the agenda

**Statement by the representative of the WHO staff associations:** Item 6.1 of the agenda (document EB149/INF./1)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee contained in document EB149/2, paragraphs 33 to 37.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, IARC, PAHO and UNAIDS, highlighted the importance of effective collaboration between management and the staff associations and urged the practice of collaboration at headquarters to be extended to all regions. Indeed, there should be an Organization-wide policy of strong support for the staff associations, including the provision of adequate time off from regular duties to

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<sup>1</sup> Decisions EB149(4) and EB149(5).

<sup>2</sup> Decision EB149(6).

<sup>3</sup> Decision EB149(7).

<sup>4</sup> Decision EB149(8).

allow the representatives to perform their functions, which were entirely voluntary. The timely recruitment of full-time ombudsmen in all regional offices must also be ensured.

She welcomed the creation of a task force on mental health at headquarters but stressed that it should not replace the staff health, safety and well-being committees, which should be reinstated. She also welcomed the recent external evaluation of WHO transformation and encouraged the Executive Board to take into consideration the related recommendations and endorse their prompt implementation within an agreed time frame. Other welcome advances included the development of a provisional policy on flexible working arrangements, which would help to respond to queries received from staff working remotely, and the reintroduction of quarterly teleconferences with the Global Staff/Management Council.

WHO staff appreciated the designation of 2021 as the Year of the WHO Workforce: Building a More Respectful Working Environment. It was essential to recognize that the workforce was the most valuable asset of any organization. The introduction of town hall meetings for staff was a welcome indication of the Director-General's commitment in that regard. In that context, the staff associations hoped that a comprehensive, impartial and obligatory 360-degree performance management system would be introduced shortly.

She stressed the need for an effective, efficient and fair internal justice system. With the required resources, including adequate funding, human resources and accountability systems, it would be possible to rapidly investigate allegations and provide appropriate support to victims. She applauded the establishment of an independent commission to investigate allegations of sexual exploitation and abuse linked to the Ebola virus outbreak response in the Democratic Republic of the Congo; such a measure should be common practice for all investigations into allegations of wrongdoing by members of the WHO workforce. However, she strongly condemned the publication of the names of WHO staff and comments that they had made in internal meetings. Such actions created an environment of distrust, where staff felt unable to speak out. Any failure to swiftly and transparently address misconduct by WHO staff would damage the reputation of the Organization, generating additional work to restore its positive image. The staff associations stood in solidarity with WHO colleagues worldwide, and recognized the particular commitment shown by those working in hardship duty stations and dangerous environments.

The representative of FRANCE commended the work of WHO staff and recognized their additional workload created by the COVID-19 pandemic, as well as the dangers faced by those working in the field. Although transformation could involve difficult changes, the contribution of staff to that process was essential to bring about real change. His Government supported the introduction of a fair and comprehensive 360-degree performance management system at WHO. It was important to address the concerns regarding internal justice raised in the report of the WHO staff associations and by the External Auditor. WHO should set an example in that area by ensuring that investigations were fair, timely and respectful, and that all staff could exercise their right to appeal. The Organization must have qualified, talented and engaged staff who were valued, protected from abusive conduct and encouraged to share ideas openly. He therefore requested the submission of a report, for discussion at the 150th session of the Executive Board, on the work of the internal investigation function and on the implementation status of the related recommendations issued in 2018.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND thanked WHO staff for their hard work and welcomed the positive initiatives described in the report, notably the open-door policy of the Director-General and efforts to promote inclusion. Staff played a central role in ensuring that WHO delivered its core mandate and essential functions; she therefore supported the call to introduce a 360-degree performance management system, which would encourage open feedback and productive working relationships. It was important to apply human resources policies uniformly across WHO, including in relation to harmonized selection processes, the staff development and learning fund, and regional ombudsman services, and to promote good practices across all areas of the Organization. Her Government shared the concerns expressed regarding sexual

exploitation and abuse and would continue to work with senior management to ensure the timely and appropriate follow-up of those issues.

The representative of the NETHERLANDS<sup>1</sup> welcomed the developments in many areas, including with regard to flexible working arrangements and the staff development and learning fund. She supported the reintroduction of quarterly teleconferences with the Global Staff/Management Council and measures to strengthen collaboration between staff and management at the regional level. The introduction of a 360-degree performance management system would be another positive step. The internal justice system should be reviewed, including by undertaking a comparison with similar organizations both within and outside the United Nations system. She asked for clarification regarding the reference in document EB149/INF./1 to decisions on administrative review requests, and why the WHO staff associations felt that those decisions were not currently aligned with relevant WHO policies.

The representative of FINLAND<sup>1</sup> welcomed the efforts of the Director-General and senior management to engage with staff at headquarters and encouraged a similar approach across the whole Organization. Other welcome areas of progress included parental leave, flexible working arrangements and professional development. Further efforts to safeguard staff health and well-being, including mental health, would be critical to maintaining and strengthening working conditions. Her Government supported the call for an increased and urgent focus on accountability and the introduction of a 360-degree performance management system, and welcomed both the new policy on preventing and addressing abusive conduct and plans to strengthen the investigation function. Continuous engagement with staff would be required to link those measures with an enabling culture. She looked forward to the swift implementation of the related policies, and to reports on progress made in that regard.

The representative of AUSTRALIA<sup>1</sup> said that WHO must provide an enabling and safe working environment for all its staff, which were its greatest asset. In particular, the active partnerships between management and staff at headquarters should be extended to all WHO offices and across all three levels of the Organization. While acknowledging the progress made in addressing the issues raised by the WHO staff associations, especially regarding staff well-being and mental health, recruitment processes, gender equity, and professional development, he encouraged the Secretariat to address the remaining gaps in the staff mobility policy and ombudsman services, and to consider the further recommendations of the staff associations in order to continue strengthening measures to protect staff.

The representative of GERMANY<sup>1</sup> praised the positive relationship between the WHO staff associations and senior management. The same high standard for collaboration should be met in all regions, with the staff associations also reporting to the regional committees. The introduction of a 360-degree performance management system was particularly important, especially as many staff had been required to work overtime during the COVID-19 pandemic. He asked whether the flexible leave mechanism introduced in certain regions would be implemented across the whole Organization. Further options and mechanisms should be explored to address the silo approach to working, which continued to be a source of frustration for many staff members.

The representative of the WHO STAFF ASSOCIATIONS thanked Member States for their support. Regarding the reference in document EB149/INF./1 to decisions on administrative review requests and their alignment with relevant WHO policies, she explained that the current online training was felt to be insufficient; the WHO staff associations were requesting that additional learning activities should be provided and that there should be a follow-up with staff to ensure that they were aware of the relevant WHO policies.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The DIRECTOR-GENERAL said that he attached great importance both to his regular discussions with the WHO staff associations and to his open-door sessions with individual staff members. Making time to listen to staff and their suggestions helped to resolve issues and improve the working environment. Those efforts would continue. It was essential to speed up internal investigations while guaranteeing the right to appeal. Additional resources had therefore been allocated to the Office of Internal Oversight Services to reduce its backlog of cases. Recognizing the benefits of a 360-degree performance management system, he said that the details of its implementation as part of the WHO transformation agenda would be finalized shortly. Another element of WHO transformation would be to break down silos; efforts were under way to set up vertical working groups connecting the Organization at the headquarters, regional and country levels, complemented by agile horizontal teams. Although special attention was being paid to mental health issues due to the impact of the COVID-19 pandemic on staff, it should be noted that the associated measures, including the newly established task force on mental health, would not replace existing measures to ensure staff health and well-being but would instead complement them. Lastly, he stressed that the publication by the media of statements made in internal meetings was taken very seriously; such actions damaged efforts to develop a culture of openness within WHO.

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

**3. MATTERS FOR INFORMATION:** Item 7 of the agenda

**Report on meetings of expert committees and study groups:** Item 7.1 of the agenda (document EB149/10)

The CHAIR invited the Board to consider the report contained in document EB149/10.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> expressed support for the recommendations of the Expert Committee on Biological Standardization, welcoming in particular the establishment of the first WHO international standard and the first WHO international reference panel for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) antibodies, and the first WHO international standard for SARS-CoV-2 RNA. She also welcomed the critical work of the Expert Committee on Drug Dependence, notably its review of new psychoactive substances, and highlighted the Committee's vital role in collective efforts to address the global drug problem and improve public health.

**The Board noted the report.**

**4. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:**  
Item 8 of the agenda (documents EB149/11 and EB149/11 Add.1)

**150th session of the Executive Board**

The CHAIR drew attention to the first draft decision contained in document EB149/11.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The DIRECTOR (Governing Bodies) said that Member States would receive a draft provisional agenda for the 150th session of the Executive Board within four weeks of the closure of the current session.

The representative of JAPAN said that the agenda should be structured efficiently and effectively in order to address the heavy workload. In particular, sufficient time should be allocated to discussion of the Programme budget 2022–2023, sustainable financing, the process for the election of the Director-General and the follow-up of the special session of the World Health Assembly to be held in November 2021. He urged the Secretariat to issue all necessary documents promptly and provide up-to-date information to facilitate active discussions during the intersessional period. The regional offices should also promote communication between Board members from the same region.

The DIRECTOR (Governing Bodies) said that the Secretariat would work with Member States and the regional offices to provide as much up-to-date information as possible during the intersessional period.

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

**The decision was adopted.<sup>1</sup>**

#### **Seventy-fifth session of the World Health Assembly**

The CHAIR invited the Board to discuss the second draft decision contained in document EB149/11.

The representative of the UNITED STATES OF AMERICA<sup>2</sup> called for the timely issuance of documents to allow sufficient time for Member States to review them prior to governing bodies meetings. With respect to the proposal to open the Seventy-fifth World Health Assembly on a Sunday, she emphasized that delegations needed adequate time to consider the issues raised at the meetings of the Programme, Budget and Administration Committee and consult with their government ministries and agencies within the standard two-day period prior to the start of the meetings of the World Health Assembly and the Executive Board. She therefore asked the Secretariat to reconsider the proposal to open the Seventy-fifth World Health Assembly on a Sunday, as that would not provide adequate preparation time.

The DIRECTOR (Governing Bodies) recalled that a previous Health Assembly had been scheduled to start on a Sunday to enable the high-level segment to be held in isolation prior to the opening of the Committee meetings the following day. However, the Secretariat was open to discussing the matter further.

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

**The decision was adopted.<sup>3</sup>**

#### **Special session of the World Health Assembly**

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<sup>1</sup> Decision EB149(9).

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>3</sup> Decision EB149(10).

The CHAIR drew attention to the draft decision contained in document EB149/11 Add.1. In the absence of any objections, he took it that the Board wished to adopt the draft decision.

**The decision was adopted.<sup>1</sup>**

**5. CLOSURE OF THE SESSION:** Item 9 of the agenda

The CHAIR invited those Member States that wished to do so to exercise their right of reply concerning interventions made during the 149th session of the Executive Board.

The representative of the SYRIAN ARAB REPUBLIC, exercising his right of reply, said that the remarks made by two non-members of the Executive Board regarding his country's membership of the Board were an attempt to politicize the work of WHO. According to the Rules of Procedure of the Executive Board, the floor should not be given to non-members until Board members who wished to speak had done so. Speakers should also refer to Member States by their official names and avoid using provocative language in their statements. The politically motivated comments made by the representative of the United States of America were part of efforts to spread disinformation by interfering in the internal affairs of other countries and to destabilize those countries by supporting terrorism, illegal acts of aggression and occupation, as well as by imposing unilateral coercive measures, including during the COVID-19 pandemic, which contrasted with its professed aim of promoting cooperation to address shared global challenges. He rejected the allegations made by the same representative regarding the use of chemical weapons in his country and considered them an attempt to justify the acts of aggression committed by the United States of America on Syrian territory and revealed the American behaviour which threatened the credibility and reports of the Organisation for the Prohibition of Chemical Weapons in the service of the American political agenda. He expressed the hope that such American behaviour would not extend to other organizations.

The representative of BELARUS, exercising his right of reply, rejected the accusations made by the representative of the United States of America regarding human rights violations in his country. Moreover, the Government of the United States of America had neglected its own international obligations. Although his Government welcomed the valuable contributions made by the Government of the United States of America in the field of health, including in the fight against COVID-19, political issues outside the mandate of WHO should not be discussed by the Executive Board.

The representative of the UNITED STATES OF AMERICA,<sup>2</sup> exercising her right of reply, said that the sanctions imposed on the Syrian regime generally did not target medical supplies, food or other humanitarian goods. Her Government strongly condemned the repeated attacks on health facilities and other civilian infrastructure during the conflict in the Syrian Arab Republic and believed that the discussion of such issues was within the purview of the United Nations, as there was clear evidence that the Syrian regime had destroyed hospitals and schools and was obstructing access to humanitarian and medical assistance. She also rejected the statement made by the representative of Belarus as false; the regime in that country continued to commit human rights violations, which had been condemned by the international community.

The representative of the SYRIAN ARAB REPUBLIC, speaking on a point of order, said that he had repeatedly requested the floor but had been denied the opportunity to speak. The use of inappropriate

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<sup>1</sup> Decision EB149(11).

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

and provocative language in statements must not be permitted, in line with the Rules of Procedure of the Executive Board. Exercising his right of reply, he reiterated that the statements made by the representative of the United States of America were an attempt to politicize the work of the Executive Board and negatively impacted discussions to address the matters on the agenda. Human rights and humanitarian issues should be discussed in the appropriate forums.

The representative of BELARUS, exercising his right of reply, highlighted several examples of human rights violations in the United States of America, including of the right to peaceful protest and to medical care. He stressed that discussions on human rights issues should only be held within the United Nations Human Rights Council.

The CHAIR clarified that the representative of the Syrian Arab Republic had duly been given the floor when requested.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> exercising her right of reply, said that her Government stood by its earlier statements.

The DIRECTOR-GENERAL thanked all Member States for their input and guidance during the 149th session of the Executive Board.

After the customary exchange of courtesies, the CHAIR declared the 149th session of the Executive Board closed.

**The meeting rose at 16:45.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.