

**PROVISIONAL SUMMARY RECORD OF THE TWELFTH MEETING**

**WHO headquarters, Geneva  
Saturday, 4 February 2023, scheduled at 10:00**

**Chair: Dr K. V. PETRIČ (Slovenia)**

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**TWELFTH MEETING**

**Saturday, 4 February 2023, at 10:55**

**Chair:** Dr K. V. PETRIČ (Slovenia)

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

**1. POSSIBLE CONVOCAION OF A SPECIAL SESSION OF THE EXECUTIVE BOARD:**  
Item 25.4 of the agenda (document EB152/55) (continued)

**The meeting was held in private session from 10:00 to 10:55, when it resumed in public session.**

The RAPPORTEUR, speaking at the invitation of the Chair, read out the decision on the possible convocation of a special session of the Executive Board, adopted by the Board in private session:

The decision reads as follows:

The Executive Board, having considered the report by the Secretariat on the possible convocation of a special session of the Executive Board,<sup>1</sup>

Decided:

- (1) to hold a special session of the Board in the event that the outcome of the investigation process requires consideration of the matter by the Executive Board, in accordance with the procedure set out in the Annex to the report;<sup>2</sup>
- (2) to include on the agenda of the special session one item only, dedicated to considering any recommendation from the Regional Committee for the Western Pacific on the matter under discussion, as well as such consequential matters as may be appropriate;
- (3) that the special session should be convened by the Director-General, in consultation with the Chair of the Board;
- (4) that the special session should be held in person in Geneva on such date as may be decided upon, and subject to such adjustments to these arrangements as may be necessary and decided upon, by the Director-General, in consultation with the Chair of the Board;
- (5) that the modalities set out in paragraph 5 of the report by the Secretariat shall apply to the special session of the Board unless otherwise decided by the Executive Board.

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<sup>1</sup> Document EB152/55.

<sup>2</sup> The Annex is confidential.

**PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES****2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 12 of the agenda**WHO's work in health emergencies:** Item 12.2 (document EB152/15)

- **Implementation of resolution WHA75.11 (2022)** (document EB152/16)

The representative of INDIA said that the Secretariat should facilitate the alignment of national action plans for health security with existing national health strategies and priorities, all-hazards risk management frameworks, and programmes relating to diseases, specific hazards, antimicrobial resistance and pandemic preparedness, applying a whole-of-government, whole-of-society and One Health approach. Existing health security tools and processes should be integrated into a single online platform, and national action plans for health security should be integrated into existing global processes and initiatives to harmonize the global health emergency architecture. The Secretariat should also facilitate transparent and monitorable collaboration to enable countries to request resources following country consultations. His Government supported the conceptual framework of the data-driven dynamic preparedness metric tool but there should be further deliberations between Member States before its adoption. The expansion of the capacities of Member States should focus on the pathways and action tracks identified in the One Health Joint Action Plan. Human, animal and environmental sectors should collaborate by looking at the national action plans for health security of Member States and the core capacities of the International Health Regulations (2005) to expand multisectoral and interdisciplinary surveillance. Collaboration between those sectors already preserved antimicrobial efficacy and ensured sustainable and equitable access to antimicrobials.

The representative of MALAYSIA said that the coronavirus disease (COVID-19) pandemic, as one of the longest ever global health emergencies, had highlighted the need to strengthen national and global health security. The core capacities of the International Health Regulations (2005) guided Member States to continue building and maintaining national capacities. Progress in relation to those capacities could be evaluated through the State Party self-assessment annual reporting tool or the joint external evaluation. The Secretariat should continue to support Member States in developing and implementing national action plans. She noted the available tools and resources, such as the Strategic Tool for Assessing Risk, the dynamic preparedness metric and the One Health Joint Plan of Action, and urged the Secretariat to continue sharing information with Member States.

The representative of DENMARK, speaking on behalf of the Member States of the European Union, said that the candidate countries North Macedonia, Montenegro, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with the statement. WHO's work to respond to 50 emergencies worldwide and to collaborate with 900 national and international partners was highly valued.

The war of aggression started by the Government of the Russian Federation in Ukraine was unprovoked, unjustified and illegal. It grossly violated international law and the Charter of the United Nations and undermined international security and stability. The Member States of the European Union condemned it in the strongest possible terms and expressed full solidarity with Ukraine and its people. The Government of the Russian Federation should respect its responsibilities under international humanitarian law at all times. The health consequences of the invasion were severe; the multiple attacks on health care and disruption in accessing health care and medicines impacted those most in need. Moreover, public health risks affected beyond Ukraine and refugee-receiving countries; collective efforts should therefore reflect the magnitude and global scale of the crisis. He shared the Secretariat's

concerns regarding the challenges to the response identified in the report, including staffing, and encouraged it to take further action to mitigate the negative health and humanitarian impacts of the war, such as by ensuring access to basic health and care services, mental health and psychosocial support, routine vaccination and treatments, and support for victims of gender-based violence. Efforts to prevent and respond to sexual exploitation, abuse and harassment must be strengthened. Further reporting on measures to address the deterioration of sexual, reproductive, maternal and child health would be welcomed. He noted that resource mobilization for the health response had been successful in 2022 and expressed the hope that efforts to that end would continue.

He requested the Secretariat to prepare an updated implementation report on resolution WHA75.11 (2011) to be presented at the Seventy-sixth World Health Assembly and in a Member State briefing.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that the Secretariat's efforts to ensure that health remained a priority, health workers were protected, and the health system and facilities were functional, safe and accessible were appreciated. Increases in the risks of vaccine-preventable diseases and the spread of HIV/AIDS and multidrug resistant tuberculosis revealed that health systems were stretched.

It was important that vulnerable populations, particularly women, children and unaccompanied children, were not overlooked in emergency situations. WHO had a unique mandate to ensure their physical and mental well-being. She requested that the Board approve resources for the Secretariat to ensure that staff and essential commodities were available for humanitarian responses. There should be no disruption to essential health services and there was an urgent need to scale up rehabilitation services and provide mental health services. In that regard, the use of community mental health teams was commendable. The Secretariat should ensure that the response to humanitarian crises included measures to prevent sexual exploitation, abuse and harassment. The Secretariat should continue to monitor and collect information on attacks on health workers, patients and facilities.

The Secretariat should recognize alcohol as a major risk factor for violence against women and children. Improvements should be made to data collection, monitoring and the capacity of the health care sector to identify domestic violence.

The representative of the REPUBLIC OF KOREA said that his Government supported WHO's humanitarian and emergency health response in Ukraine and in countries hosting and receiving refugees. The Secretariat should expand support to health care services to protect refugees in collective accommodation who were more vulnerable to infection, malnutrition and mental health problems. Refugee children and adolescents lacked access to education and experienced fatigue; the Secretariat should provide them with psychological support, including developing relevant guidelines. The Secretariat should provide regular updates about the health situation in Ukraine. He supported a briefing session for Member States to be held before the Seventy-sixth World Health Assembly.

The representative of the UNITED STATES OF AMERICA commended WHO's work at the international, regional and country levels to respond to the COVID-19 pandemic and other global health emergencies. She encouraged WHO's support of the health cluster to coordinate humanitarian health action and adhere to the emergency response framework. WHO's emphasis on cooperation at all levels was key. She urged the Secretariat to include all partners and support the participation of Taiwan<sup>1</sup> as an observer at the World Health Assembly and in WHO's work, affirming the slogan "Health For All".

She remained gravely concerned about the impact that the unprovoked and unjustified full-scale invasion of Ukraine was having on the health of the Ukrainian population, surrounding regions and other vulnerable groups. The humanitarian crisis caused by the aggression of the Government of the Russian

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

Federation was indefensible. She condemned the attacks, which had caused unspeakable harm to civilians and critical infrastructure and hindered medical access for children, the elderly and other vulnerable groups. The sexual violence perpetrated by the Russian military, particularly against women and children, had immediate and long-term health impacts. She encouraged continued support for a robust, coordinated response across all three levels of the Organization through the WHO Health Emergencies Programme. She recognized efforts to ensure resources and mechanisms were in place to address and prevent sexual exploitation and abuse during the emergency. In light of the worsening conditions, the Secretariat should produce a report on the health emergency in Ukraine and surrounding regions, including an update on attacks on health care since October 2022 and the secondary impacts of the war in order to better understand the impact on relief efforts and the Ukrainian health system. The report should contain an assessment of access to sexual and reproductive health services, particularly for the survivors of sexual violence. She was in favour of holding a briefing for Member States on the report ahead of the Seventy-sixth World Health Assembly. The Government of the United States of America assured the people of Ukraine of its steadfast and enduring commitment to them for as long as necessary.

The representative of the RUSSIAN FEDERATION said that the report on the implementation of WHA75.11 had become the logical extension of a resolution drawn up by the Governments of Ukraine and other western countries against the Russian Federation. It did not solve the humanitarian situation in Ukraine and it blamed the Government of the Russian Federation for every regional and global problem. It was regrettable that WHO, which was an authoritative organization with experience in responding to emergencies, had been politicized. She denied the slanderous claims that attacks had been carried out on medical facilities, that gender-based violence had been perpetrated and that the Government of the Russian Federation was responsible for the global food crisis. No attempts had been made to explore the reasons behind or the nuances of the conflict and unacceptable terms, such as “aggression”, “invasion”, “occupied areas” and “war in Ukraine”, had been used in the report. The report was supposed to provide data relating to countries that were hosting refugees but made no mention of the refugees that had arrived in the Russian Federation, which demonstrated its one-sided and politicized nature. WHO experts had never even requested Russian data, despite her Government’s willingness to cooperate. Therefore, the report could not be submitted to the Seventy-sixth World Health Assembly in its current state. The Secretariat should review its approach, take a balanced position and remain politically neutral. The Secretariat had experience in preparing balanced reports about conflict situations and it should use that experience to rework the report.

The representative of FRANCE said that she supported the new five-year strategy for the development of national action plans for health security, given their importance for ensuring a link between capacity evaluations, financing and the implementation of capacity-building initiatives. The results framework was essential to monitoring the implementation of the plans. She supported the use of data-driven tools to strengthen preparation efforts. In that regard, the dynamic preparedness metric should obtain scientific approval before it was used by governments to set national priorities. A trial phase with an evaluation was recommended. The One Health Joint Action Plan represented an important milestone in emergency preparedness and she welcomed efforts to strengthen stakeholder and national capacities in the areas highlighted in the plan. The Standing Committee on Health Emergency Prevention, Preparedness and Response could produce guidance on national and regional priorities, particularly with regard to strengthening the core capacities. National capacity-building could be supported at the regional level by regional institutions and WHO regional offices.

The representative of MOLDOVA commended WHO’s response to the health emergency in Ukraine. WHO continued to be crucial in keeping the health system operational and providing life-saving services, especially in remote areas where medical services were disrupted, systems were overburdened and specialized facilities were damaged or destroyed. She was grateful for the support

that the WHO Regional Office for Europe had provided to her Government, which had granted full medical coverage to all refugees. The most serious cases of violence against children happened in war zones, including Ukraine, and they involved life-changing injuries. Thousands of people were left with disabilities as a result of conflicts. It was lamentable that efforts to immunize populations and eradicate infectious diseases could not be carried out in conflict areas and left populations vulnerable. War deprived people of their most fundamental right to health. Peace and equal access to high-quality medical devices and modern diagnostic methods should be ensured, and politicians should be urged to stop wars and work together for better health for all.

The representative of CANADA said that, in order to prevent, prepare for, detect and respond to health emergencies, a global health community was required in which participation was not restricted to Member States. Many actors contributed to better public health outcomes and they should be given opportunities to participate. The Standing Committee on Health Emergency, Prevention, Preparedness and Response could provide a forum for more in-depth exploration of the questions presented to the Board in the report contained in EB152/15.

She welcomed the report on the implementation of resolution WHA75.11 and appreciated how rapidly the Contingency Fund for Emergencies had been mobilized to respond to the humanitarian emergency in Ukraine. The unjustifiable and illegal attacks of the Government of the Russian Federation were exacerbating food insecurity and depriving millions of people of safe and reliable access to essential health services. Her Government continued to call for international humanitarian law to be respected and for medical workers to be protected. In light of the attacks recorded by the WHO surveillance system for attacks on health care, monitoring should continue. She supported the call for the Secretariat to update the report before the Seventy-sixth World Health Assembly and hold a Member State briefing.

The representative of AFGHANISTAN emphasized that WHO was not the only actor in humanitarian crises, both technically and financially, but it did lead the most significant part of the operations – the health cluster – to ensure the required level of synergism. The Secretariat, through the WHO Health Emergencies Programme, should therefore invest further in its coordination capacity and mechanisms with local governments and other stakeholders in humanitarian settings. It should also invest in WHO's capacity to keep abreast of political developments around the world and plan proactively. Sustainability must be incorporated at all levels of decision-making and operations, which could only be achieved through effective coordination and realization of the link between humanitarian and development efforts. The disconnect between humanitarian and development efforts, especially during protracted conflicts, had caused resource wastage and lack of sustainability. The COVID-19 pandemic should have led to more global thinking and local action. In that regard, WHO should improve its relationship with local markets and the private sector to ensure better preparation for disease outbreaks. Lastly, he warned against repeating the mistake made in 2001 when emergency preparedness had been abandoned in post-conflict planning in Afghanistan. He repeated his message that if the available time window was not utilized to strengthen local preparedness, tomorrow would be too late, especially in conflict zones such as Afghanistan.

The representative of ETHIOPIA expressed appreciation for the work of the Secretariat in addressing health emergencies caused by epidemic diseases, conflicts and climate change and other situations.

The categorization in the report of the emergency situation in northern Ethiopia as Grade 3 required a critical response from the Secretariat and other stakeholders. However, the level of attention allotted to addressing the situation by the Director-General was politically driven, which had prompted her Government to request the Secretariat to conduct an independent investigation into the Director-General's role in that regard. Conflict damaged health care infrastructure and systems, increasing mortality and morbidity rates. She expressed dismay that her Government's repeated calls to

report incidents of such damage in her country through the surveillance system for attacks on health care had not been heeded. The separate web portal on the crisis in northern Ethiopia only partially reflected the reality on the ground. It was regrettable that the Director-General had been vilifying Ethiopia and politicizing WHO's work and she called for a prompt response. Further international support would be necessary to rebuild damaged health systems. She called on the Secretariat and stakeholders to work with the Government of Ethiopia to redouble efforts to rebuild and improve damaged health care infrastructure and systems.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, given the global reach and rapid spread of health emergencies, it was important to include experts from across the world in discussions on global health emergencies. He noted the breadth and complexity of the health emergencies that WHO was helping countries to address and the resulting impact on the allocation of resources and on the effectiveness, morale and safety of staff. An update from the Secretariat on progress on the revised WHO Emergency Response Framework and on how WHO and Member States should respond to the analysis of the foresight report would be welcome.

He condemned the ongoing illegal and unprovoked Russian invasion of Ukraine, which continued to destroy health systems and have a grave impact on the people of Ukraine. The Government of the Russian Federation should cease attacks on civilian infrastructure and end its military aggression. The Secretariat should produce an updated report on the implementation of resolution WHA75.11 before the Seventy-sixth World Health Assembly and organize an associated briefing. The report should include an update on the number of Russian attacks on Ukrainian health care, recommendations on improving coordination between ministries, an analysis of the ability of the Ukrainian health care system to continue providing services, and an assessment of WHO and partners' ability to access and provide medical support in territory currently under Russian control. When reporting on cases of gender-based violence, the term "survivor" should be used instead of "victim".

The representative of the SYRIAN ARAB REPUBLIC supported WHO's efforts to ensure an effective response to health emergencies worldwide. It should apply a non-discriminatory and comprehensive approach consistent with its technical role, and it should ensure that its activities remained politically neutral and that it addressed emergency situations non-selectively. In that regard, the report on the implementation of resolution WHA75.11 should not lead to politicization and unilateralism. The Secretariat should maintain a balanced approach in its reports to the Board, providing substantive recommendations with regard to the situation in and around Ukraine and ensuring the provision of support. Unfortunately, it had not done so in the report on the implementation of resolution WHA75.11. She therefore aligned herself with the representative of the Russian Federation.

The representative of OMAN, acknowledging WHO's work in health emergencies and efforts to improve health for all, noted that the national action plans for health security for the relevant sectors were reviewed through national committees to comply with the recommendations of the International Health Regulations (2005) joint external evaluations. Global partnerships were essential to exchanging information on public health emergencies, epidemics and diagnostic capabilities, and to sharing samples for genetic sequencing studies and vaccines. The equitable provision of vaccines to low- and middle-income countries should be ensured. The Secretariat should establish a clear framework and allocate resources to help Member States engage in ongoing discussions. That framework should prioritize national sovereignty while protecting the world from harm. She expressed appreciation for WHO's efforts during the COVID-19 pandemic to strengthen the global architecture for health emergency preparedness, response and resilience. Collaboration between countries had been the key to success.

The representative of BELARUS said that WHO should not exceed its mandate and collaborative efforts should not be politicized. It was clear that the assessment in the report on the implementation of

resolution WHA75.11 was one-sided and that the issues of providing support to the population of Ukraine and building the capacity of health systems should be explored further. He acknowledged the difficult situation of the people of Ukraine and his Government would provide support, including free access to health services for refugees. In that regard, the Government of Belarus was working closely with the specialized agencies of the United Nations, including WHO. With regard to the link between the global food crisis and the conflict in Ukraine, sanctions against his Government worsened the situation of those suffering from disease and hunger in Belarus.

The representative of BRAZIL said that it was regrettable that there was limited and unequal access to health products and technologies related to monkeypox (mpox). Ongoing discussions within the Working Group on Amendments to the International Health Regulations (2005) and the Independent Monitoring Board should address the issue. Further discussions between Member States were needed on the Universal Health and Preparedness Review and it should function as a peer-to-peer mechanism. The One Health Joint Plan of Action should be implemented in a balanced and cohesive manner in accordance with the environmental, economic and social pillars of sustainable development. Environmental challenges should be addressed and it was important to highlight the importance of equity as well as responsibilities with regard to international environmental law, climate change and biodiversity. During the implementation of that plan, further emphasis should be placed on pathogens that affected populations in poor countries, such as arboviruses and vector-borne diseases.

It was regrettable that the conflict in Ukraine received disproportionate attention and that other conflicts were never discussed with the same concern. He supported WHO's work in Ukraine but political polarization threatened effective multilateralism within the Organization.

The representative of PERU welcomed WHO's efforts to respond to health emergencies around the world, such as the COVID-19 pandemic, monkeypox and other regional and local emergencies. WHO's response to the humanitarian and health emergencies in Ukraine and in refugee-receiving countries was appreciated. He joined calls for the Secretariat to keep Member States informed about WHO's work in that regard and to update the report before the Seventy-sixth World Health Assembly.

The representative of CHINA said that he hoped that the Secretariat would keep strengthening WHO guidance on the prevention and control of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and work to assess risks and analyse pathogenicity, transmission and the ability of variants to circumvent immunity.

As the crisis in Ukraine continued, it was becoming more complex and bringing more uncertainty to the world, which benefited nobody. The Government of China had followed its own approach to support a peaceful resolution to the conflict and ease the humanitarian crisis. He appreciated the health systems of other countries that continued to protect the health rights and meet the needs of vulnerable groups. Action taken by the United Nations and its specialized agencies should help to de-escalate the situation and find diplomatic solutions. The crisis in Ukraine was a matter of international peace and security. WHO provided a platform for Member States to discuss health-related issues and those issues should not be politicized. He called on all sides to strengthen dialogue and negotiation while taking into account all concerns so as to avoid further escalation and a worsening of the humanitarian crisis.

The representative of the MALDIVES said that she supported a whole-of-government, whole-of-society and One Health approach to responding to health emergencies. The COVID-19 pandemic had demonstrated the large-scale and far-reaching humanitarian impacts of health emergencies, which often resulted in crippling socioeconomic conditions in low-resource settings. Collaborative discussions between technical experts and leaders and multisectoral efforts were necessary to mitigate the detrimental effects. The Secretariat should continue to work with Member States to strengthen emergency preparedness and response in all sectors. It should advocate for increased investment in health security to ensure effective responses to future emergencies. The Secretariat and



Member States should support capacity-building at subnational level to ensure an efficient response to hazards and conflicts. Emergencies had a particularly debilitating effect on resource-deficient countries that relied on imports and the kindness of other Member States.

The representative of JAPAN, condemning Russian aggression in Ukraine, said that it was important to ensure that everyone, particularly vulnerable groups, had access to basic health services. The Secretariat should continuously share information about the conflict with Member States.

Regions, such as Taiwan,<sup>1</sup> that had successfully handled the COVID-19 pandemic should be used as examples of good public health responses. No region should be left behind in addressing global health issues as that would create regional vacuums.

The Secretariat's allocation of human and financial resources should be appropriate to each response. Support should not be concentrated towards a particular health emergency. The Government of Japan was committed to responding to monkeypox and evaluating mpox vaccines. WHO's work should focus on filling gaps in mpox research and there should be no delay in evaluating mass casualty management systems.

With regard to the development of national action plans for health security, the Secretariat should share lessons learned from the pilot phase of the Universal Health and Preparedness Review, as well as from Member States' experiences in participating in the pilot and the technical explanations of indicators, including the dynamic preparedness metric.

The Quadripartite group of partners should make recommendations to Member States on how to strengthen national coordination between the health, environmental and agricultural sectors. Those partners should communicate with their respective Member States and compile the Quadripartite's work on a single website for better communication.

The representative of MONACO<sup>2</sup> expressed her Government's solidarity with the Ukrainian people. Her Government had supported resolution WHA75.11 and she was concerned that the situation in Ukraine had been classified as a Grade 3 emergency. She condemned all attacks on health care. International humanitarian law, as defined in the Geneva Conventions, should be applied in full and health care and humanitarian workers should be able to access all civilians requiring assistance in Ukraine. Ukrainian civil society also played a critical role in providing health services to the wounded. She applauded those countries that had welcomed Ukrainian refugees despite the impact on their own health systems and WHO's work in responding to health emergencies, particularly polio, in conflict zones.

The representative of UKRAINE<sup>2</sup> commended WHO's efforts to coordinate the health cluster, help the Ukrainian Ministry of Health deliver health services and support medical evacuations. She welcomed efforts to ensure the effective implementation of resolution WHA75.11. She described the humanitarian and health crises in her country, which were exacerbated by ongoing attacks on critical infrastructure. She agreed that the Secretariat should update the report on the resolution before the Seventy-sixth World Health Assembly with data from after 31 October 2022. In that regard, the Secretariat should also organize a briefing for Member States.

The representative of POLAND<sup>2</sup> said that the Government of the Russian Federation had launched a full-scale aggressive war against Ukraine and had been killing civilians, raping women and children and spreading disinformation. Attacks on health care had limited health system capacity and left millions without access to urgently needed health care. The war had resulted in major atrocities within Ukraine, the largest refugee crisis in Europe since the Second World War and the risk of famine

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

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

in countries around the world. The statement delivered by the representative of the Russian Federation had been intended to deceive the global community and it should be condemned in the strongest possible terms. The global community should pressure the Russian Government to end its aggression in order to ensure that Ukrainian independence was respected and its territorial integrity fully restored. He expressed appreciation for the collective actions of WHO and other health and humanitarian actors with regard to the conflict in Ukraine. The international community should support medical evacuations and meet the health needs of refugees. WHO, governments and nongovernmental organizations should scale up support to Ukraine, especially given the ongoing winter conditions.

The representative of NAMIBIA<sup>1</sup> encouraged the Secretariat to develop strategic responses and operational plans with national health authorities and partners for all graded emergencies. He expressed concern at the number of Member States reporting attacks on health care workers and patients. Health care workers saved lives and should therefore be protected. Information about those attacks should continue to be collected and action taken. The use of data-driven tools to enhance the implementation of the International Health Regulations (2005) was welcomed. The Secretariat should continue discussions on the improvement of tools within the Working Group on Amendments to the International Health Regulations (2005) and the Independent Monitoring Board.

The representative of NICARAGUA<sup>1</sup> said that dialogue mechanisms should be used to achieve peace, provide humanitarian support and remain neutral in the face of conflicts that put security and lives at risk. All Member States of the United Nations should foster relations based on the fundamental principle of equality. The politicization of international organizations, including WHO, was unacceptable and undermined their role. In the case of WHO, it hindered its ability to respond to populations most in need.

The representative of CUBA<sup>1</sup> said that WHO's work should be objective and transparent, and its bodies should work with accurate and confirmed information. Efforts to strengthen WHO and improve health for all should continue and should remain politically neutral, in line with the Organization's mandate.

The representative of AUSTRALIA<sup>1</sup> condemned the Government of the Russian Federation for its unprovoked, unjustified and illegal invasion of Ukraine. Attacks on health care infrastructure were particularly concerning and should continue to be reported to mitigate health system vulnerabilities. She welcomed the report on the implementation of resolution WHA75.11 and commended WHO's support for the humanitarian and emergency health response in Ukraine. She was also pleased to note WHO's support for mainstreaming actions for the protection against sexual exploitation among implementing partners.

She appreciated efforts to respond to emergencies and to support Member States in strengthening preparedness and response activities. In that regard, inclusivity was vital. She welcomed the five-year strategy for national action plans for health security and encouraged the leveraging of financial mechanisms to accelerate implementation. The dynamic preparedness metric helped countries to make evidence-based improvements to emergency preparedness through a multisectoral approach and the strengthening of health care systems. She was pleased to note the Secretariat's work to strengthen the One Health approach to build key capacities that were supported by the work of the Quadripartite, One Health High-Level Expert Panel and the Scientific Advisory Group for the Origins of Novel Pathogens.

The representative of NORWAY<sup>1</sup> commended WHO's work in health and humanitarian emergencies and was pleased to note the report on the implementation of resolution WHA75.11. She

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

strongly condemned the aggression by the Russian Government in Ukraine, which violated international law and the sovereignty and territorial integrity of the country. Constant attacks on civilians and civilian infrastructure were particularly concerning and she expressed the full and unwavering support of her Government to the people of Ukraine. She welcomed WHO's efforts to document attacks on health care providers and to strengthen Ukrainian capacity to provide health care services. Efforts to strengthen national structures to prevent and respond to gender-based violence and support neighbouring countries, including through the Refugee Health Extension, was welcome. She agreed that the Secretariat should provide an updated report on the implementation of resolution WHA75.11 before the Seventy-sixth World Health Assembly and a Member State briefing.

The representative of ARGENTINA<sup>1</sup> was pleased to note the report on public health emergencies, particularly with regard to monkeypox and the COVID-19 pandemic. Cooperation was key regarding vaccines, treatment, diagnostic capacity, and research and development projects. Turning to the global genomic surveillance strategy for pathogens with pandemic and epidemic potential, 2022–2032, she highlighted the need for a framework to share information on pathogens with pandemic potential, which would benefit molecular diagnostics, candidate vaccines and therapeutics. The framework should ensure fair, timely and equal access to benefits derived from its use, in line with conventions such as the Nagoya Protocol on Access and Benefit-sharing.

The representative of NEW ZEALAND<sup>1</sup> said that her Government continued to stand in solidarity with Ukraine following the illegal and unprovoked invasion of the Russian Federation. Ukrainians were facing persistent and intensifying public health challenges and action must be taken. Reports of Russian attacks on civilian health care facilities, workers and ambulances were appalling and the disregard that the Government of Russia demonstrated for civilians, particularly women and children, was incomprehensible.

She welcomed the report on public health emergencies and commended ongoing WHO support to humanitarian and emergency responses in Ukraine. She was pleased to note that funds had been released from the Contingency Fund for Emergencies in February and March 2022 to scale up the WHO response. Reporting on WHO's support to local health responses in Ukraine and other emergency contexts would be appreciated, alongside updates to ensure emergency responses took into account all at-risk groups.

The representative of KENYA<sup>1</sup> welcomed the report on public health emergencies, particularly with regard to the drought and food insecurity in the Greater Horn of Africa. She echoed calls to raise US\$ 2.5 billion to boost the Contingency Fund for Emergencies, and her Government stood ready to provide additional support through the logistics hub in Nairobi and the Africa Centres for Disease Control and Prevention. She looked forward to discussions with the Independent Monitoring Board and the Working Group on Amendments to the International Health Regulations (2005) to strengthen national, regional and global capacities for emergency preparedness and response.

The representative of BANGLADESH,<sup>1</sup> commending WHO's work in Grade 3 emergencies, said that the Organization needed strong human and financial resources to provide timely and equitable services to countries experiencing those emergencies. Upholding human rights and the right to health for all would help to set political commitments. Humanitarian emergencies in areas experiencing inequality and health inequity were particularly concerning. It was essential to ensure affordable health services and products to people in conflict areas, who were in dire need of food and medicine. A One

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

Health approach in those areas would not be possible until peace was restored, hence the need for political solidarity, will and commitment to resolve conflicts.

The representative of PALESTINE<sup>1</sup> noted the report on public health emergencies, which confirmed WHO's key role in emergency preparedness and response. He highlighted the emergency situation, in which health infrastructure was frequently attacked. Efforts were under way to strengthen the public health system against such attacks, which placed an excessive burden on first responders and saturated public health services. He commended the work of the United Nations and its specialized agencies and international nongovernmental organizations to ensure coverage in all areas, particularly Area C, which was inaccessible to ambulances.

The representative of the INTERNATIONAL ATOMIC ENERGY AGENCY said that the Board of Governors of the International Atomic Energy Agency had responded to Ukrainian requests for assistance. It had approved an off-cycle technical cooperation project under the Rays of Hope Initiative to strengthen radiation therapy and medical imaging by providing equipment and improving human resource capabilities. In doing so, the Agency ensured additional access to, and effective delivery of, cancer management, diagnosis and treatment services, particularly in medical institutions that had become key locations for cancer patients from different regions in Ukraine. A joint mission by the Agency and WHO would assess current cancer care services in Ukraine and explore how cancer management could be enhanced. Before that mission, virtual meetings with stakeholders would be held to set up communication channels and identify priorities.

The representative of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that, despite the enormous efforts of governments, international organizations, researchers and frontline responders, there was a lack of preparation for public health emergencies. The three key principles of effective preparedness – trust, equity and local action – had still not been integrated into laws, policies and programmes. He expressed the hope that the World Disasters Report would contribute to immediate and future joint efforts.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO responses to public health emergencies, many of which had occurred in hunger hotspots, as it was common for health and nutrition crises to follow emergencies. That trend would continue with the current global hunger crisis. Disease outbreaks and lack of food and water led to increased mortality, particularly among children. National action plans for health security should include acute malnutrition treatment, breastfeeding support and investments in community and primary health care.

The CHAIR took it that the Board was ready to note the report on emergency preparedness and response contained in EB152/15.

The Board noted the report.

The REGIONAL DIRECTOR FOR EUROPE said that his visit to Dnipro, Ukraine, two months earlier, had confirmed his conviction that attacks on civilian energy infrastructure posed huge challenges to health and health systems. Energy was vital to ensuring hospitals functioned, maternity wards had incubators, and vaccines and blood could be stored. The Government of Ukraine needed to secure generators and access to health for the most vulnerable, particularly during winter. The Regional Office

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

for Europe, alongside the Secretariat and health cluster partners, would triple its assistance in terms of mental health, rehabilitation and prosthesis support.

The Ukrainian health system had endured due to its heroic workforce as well as financing and budget support for salaries and medicines, funded by other governments. It was essential to keep collectively advocating for humanitarian corridors to areas that were currently inaccessible, such as in Mariupol and Donbas. In refugee-hosting countries, the Regional Office for Europe worked with partners and ministries of health to address the health needs of Ukrainians. It was imperative that fatigue did not set in and that support for the Ukrainian health system continued, while efforts were sustained to leave no one behind in any Member State in the European region.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), noting the requests for continued discussion, consultation and process-shaping, pledged to carry out that work diligently and welcomed intersessional processes to update, engage and respond to representatives of Member States. He was pleased to note that many countries were making progress with regard to national action plans to strengthen public health security and health emergency preparedness, which was vital for global health security. He noted that many representatives had expressed the need for subnational interventions, particularly in fragile or conflict settings, and he acknowledged the ability of governments to take on board partners at national level.

The cholera pandemic that had started in 1961 had never ended and the situation was deteriorating, particularly in southern and eastern Africa. Malawi was most affected and the Government of Malawi was carrying out vital work in response. The outbreak was a result of climate change, conflict, population density and a lack of investment in water and sanitation. Controlling cholera was fundamentally linked to multisectoral preparedness and it was necessary to introduce appropriate social and economic infrastructure. He thanked the Government of Zambia, particularly the President of Zambia, for their leadership in the Global Task Force on Cholera Control.

Frontline health and humanitarian workers, nongovernmental organizations and ministries of health saved lives. The role of the Secretariat was to provide the means, training, resources and protection for them to work optimally. Protecting the lives and welfare of those health workers was not a political issue; they had the right to serve, which should be preserved regardless of the circumstances. The Secretariat would continue to carry out surveillance on behalf of all to protect that right.

With regard to the report on the implementation of resolution WHA75.11, the Secretariat was prepared to provide intersessional updates at any time. It collected data on all emergencies, and the crisis in Ukraine had led to an unprecedented collaboration between the three levels of the Organization. He looked forward to continuing to serve the people of Ukraine.

The CHAIR took it that the Board was of the view that the report mandated by resolution WHA75.11 should be updated by the Secretariat to ensure that the most up-to-date information, including on all relevant impacts, was available at the upcoming Seventy-sixth World Health Assembly. In that regard, the Board was of the view that the Secretariat should brief Member States accordingly before the Seventy-sixth World Health Assembly. She took it that the Board acknowledged the report contained in EB152/16.

The representative of the RUSSIAN FEDERATION, noting the statement made on behalf of her Government and other governments, said that the report on the implementation of resolution WHA75.11 was not balanced and it would not be possible to present it at the Seventy-sixth World Health Assembly in its current format. It was not up to date and needed to be completely reworked. All affected parties should be taken into account, including those hosting refugees and the report should not contain biased statements, unfounded accusations and contentious terms.

The CHAIR asked whether the representative of the Russian Federation would be satisfied if the updated report covered all relevant points of view and impacts.

The representative of the RUSSIAN FEDERATION agreed that all points of view should be reflected in the report and that it needed to be completely reworked. She was not prepared to acknowledge the report as it stood and that a mere update was not sufficient.

The CHAIR said that, given that a consensus could not be reached, the item would be postponed until the afternoon.

**The meeting rose at 13:05.**

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