

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

**WHO headquarters, Geneva
Saturday, 4 February 2023, scheduled at 14:30**

Chair: Dr K. V. PETRIČ (Slovenia)

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THIRTEENTH MEETING

Saturday, 4 February 2023, at 14:45

Chair: Dr K. V. PETRIČ (Slovenia)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda (continued)

WHO's work in health emergencies: Item 12.2 of the agenda (continued)

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

The CHAIR, recalling that consensus had not been reached on whether to note the report contained in document EB152/16, and given the limited time available, proposed that the Board should proceed to a vote by show of hands on that matter to ensure that all views were reflected. However, the decision to proceed to a vote should not create a precedent for future sessions of the Board.

She asked whether the Board agreed that the Secretariat should continue its work on the report with a view to presenting comprehensive, balanced and validated data, on the understanding that all relevant aspects would be included. She further asked whether the Board agreed that the Secretariat should provide a briefing on the subject in advance of the Seventy-sixth World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND asked whether it would be possible for Board members to give an explanation of their vote prior to voting.

The LEGAL COUNSEL explained that Rule 55 of the Rules of Procedure of the Executive Board stated that, after the voting had been completed, Board members were permitted to make a brief statement, consisting solely of an explanation of vote.

The representative of the RUSSIAN FEDERATION asked for clarification as to whether the Board was being asked if it agreed to request the Secretariat to continue its work on the report.

The LEGAL COUNSEL said that the Board was being asked whether it understood that the Secretariat would continue its work on the report.

In response to a question raised by the representative of Canada, the CHAIR confirmed that the Secretariat's continued work on the report referred to the process of updating the report.

The CHAIR took it that the Board understood that the Secretariat would continue to work on the report contained in document EB152/16 with a view to presenting comprehensive, balanced and validated data, and that all relevant aspects would be included.

It was so agreed.

The CHAIR took it that the Board agreed that the Secretariat would provide a briefing on the subject in advance of the Seventy-sixth World Health Assembly.

It was so agreed.

The CHAIR invited the Secretariat to proceed with a vote on whether to note the report contained in document EB152/16 by a show of hands. Once the vote was complete, she announced the results, saying that 34 Board members had the right to vote but that 6 were absent or not voting. Six Board members had abstained, and of the 22 Board members present and voting, 18 had voted in favour and 4 against.

The report contained in document EB152/16 was therefore noted by 18 votes to 4, with 6 abstentions.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, expressed deep regret that the Government of the Russian Federation had pushed the Board to a vote on whether to acknowledge a technical, evidence-based report on the health impact of the war in Ukraine. Such action set a worrying precedent, as it undermined the Organization's technical mandate to update Member States on the implementation of Health Assembly resolutions. His Government acknowledged and appreciated the work that had gone into the report and duly took note of it. It was not the first time that the Government of the Russian Federation had sought to deny the existence of facts in relation to Ukraine, and that Government's attempt to politicize WHO and undermine the diligent and technical work of the Secretariat was deeply regrettable. Evidence-based work on health care must be at the heart of all WHO activities.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, said that she had voted in favour of noting the report but expressed disappointment that the issue had been brought to a vote, especially given the efforts of the Chair to encourage dialogue. Consensus had merely been sought in relation to updating and noting the report in a neutral manner, rather than on welcoming it, as many Board members would have preferred. Her Government supported the report and looked forward to receiving updates on implementation of resolution WHA75.11 (2022), including at the briefing to take place prior to the Seventy-sixth World Health Assembly. The information provided would be critical to enable Member States to understand the health situation in Ukraine and take action accordingly.

The representative of DENMARK, speaking in explanation of vote, expressed deep regret that the Government of the Russian Federation had forced the Board to a vote on the simple issue of acknowledging a technical report. It was not the first time that the Russian Federation had sought to deny the existence of facts in relation to the war in Ukraine. The vote set a worrying precedent in terms of undermining WHO's technical mandate to update Member States on the implementation of Health Assembly resolutions. His Government acknowledged and appreciated the work of the Secretariat in producing the report, which it duly noted.

The representative of PARAGUAY, speaking in explanation of vote, expressed regret that the Board had failed to reach consensus. Given the lack of agreement, she had voted in favour of noting the report, on the understanding that Member States would receive updated, unbiased information to ensure that any subsequent decisions took into account the evolving situation.

The representative of FRANCE, speaking in explanation of vote, welcomed the decision to note the report and expressed deep regret that a vote had been necessary despite the reasonable compromises

proposed by the Chair. It was positive that the Secretariat would continue its work by updating the report prior to the Seventy-sixth World Health Assembly. Her Government strongly disapproved of certain Member States' efforts to call into question the neutrality of WHO. The highly competent international teams that WHO had deployed in Ukraine had done remarkable work to support the efforts of the Ukrainian health services and had first-hand knowledge of the situation on the ground; their neutrality and credibility should not be called into question. It was particularly regrettable that certain Member States had politicized their assessment of the facts concerning the situation in Ukraine.

The representative of the RUSSIAN FEDERATION, speaking in explanation of vote, said that the outcome of the vote had demonstrated that far from all Board members agreed with the content of the report. It was regrettable that a precedent had been set for the preparation of an unprofessional, politicized report in what was an important forum for professional cooperation. Her Government recognized that serious pressure was being exerted on the Secretariat, but nonetheless hoped that it would find the courage, prior to the Seventy-sixth World Health Assembly, to prepare a high-quality report on the complex conflict situation in Ukraine.

The representative of BRAZIL, speaking in explanation of vote, welcomed the decision to take note of the report, pointing out that taking note of a report did not imply approval of its content. His Government regretted that it had been necessary to resort to a vote, as it could set a precedent that would have systemic negative consequences for the Organization and could hinder efforts to reach consensus in future. Regarding the next steps, he stressed the importance of ensuring that further work on the report was carried out in a balanced, unbiased way, with both facts and explanations provided and equal weight given to all parties involved.

The representative of SLOVAKIA, speaking in explanation of vote, expressed support for WHO's work to report on the situation in Ukraine, in line with paragraphs (d) and (f) of Article 2 of the Constitution of the World Health Organization. Repeated voting on technical procedures represented a deviation from the agreed objectives of the Organization's work.

The representative of the REPUBLIC OF MOLDOVA, speaking in explanation of vote, thanked the Secretariat for its highly professional report, which she had voted in favour of noting. Her Government had welcomed significant numbers of refugees from Ukraine, providing them with access to health services free of charge to ensure that their right to health was upheld. Providing accommodation and medical services to those in need was neither political nor unprofessional.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, expressed regret that a vote had been required. However, that vote had been necessary, as the report was not balanced and was based on a politicized resolution that fell outside WHO's technical mandate. In future reports, the Secretariat should be objective and professional, and avoid politicization.

The representative of CHINA, speaking in explanation of vote, reiterated that WHO offered a platform for Member States to discuss health-related issues, which should not be politicized. The legitimate concerns of all parties should be respected, and dialogue and negotiations should be fostered by all those involved. Voting on such matters would not help to alleviate the humanitarian crisis and would only exacerbate divisions.

The DIRECTOR-GENERAL said that the report on implementation of resolution WHA75.11 had been written truthfully and in good faith, without any intention of politicizing the issue and with no undue influence from any Member States. Regarding the terminology contained in the report, discussions had been held with the relevant Member States prior to the drafting of the report. Member

States were welcome to raise any concerns they had about the specific elements of the report, to indicate any factual errors it contained, and to provide updates if they believed that relevant information was missing. The Secretariat would verify any additional information provided in order to establish whether it should be included in future reports. The health of populations was fundamental to achieving peace and security.

He expressed regret at the continued allegations that his actions with regard to the conflict in northern Ethiopia had been politically motivated. His own experience of the conflict in the region was extremely painful and he aimed to speak the truth on that and any other conflict. He was hopeful that lasting peace would soon be established in Ethiopia. Indeed, peaceful solutions should be found to all conflicts; the money spent globally on weapons would be much better spent on health.

Currently, more than 330 million people were affected by health emergencies worldwide. He therefore called on Member States to support the WHO Health Emergency Appeal 2023 and to continue supporting the Contingency Fund for Emergencies.

Global Health for Peace Initiative: Item 12.3 of the agenda (document EB152/17)

The CHAIR invited the Board to consider the report contained in document EB152/17, in particular the guiding questions contained in paragraph 33.

The representative of PERU, recalling the role of the Regional Office for the Americas/PAHO in coining the concept of health as an enabler of social cohesion and peace in conflict settings, expressed support for the Global Health for Peace Initiative and its draft road map. His Government was committed to promoting and protecting human rights, including the right to health, as demonstrated by its efforts to establish broad and inclusive social dialogue and achieve universal health coverage in response to recent demonstrations in his country. The draft road map for the Global Health for Peace Initiative should contain global principles, with context-specific priorities developed during implementation at the country level. Further consultations on the draft road map should be inclusive and Member State-driven.

The representative of OMAN, highlighting the importance of peace as an essential condition for social and economic development, as well as for health and well-being, welcomed the progress made on the draft road map for the Global Health for Peace Initiative and urged all Member States to actively participate in the ongoing consultation process. His Government welcomed the approaches, principles and workstreams outlined in the current draft road map, and the policy priorities for WHO under each workstream. However, similar priorities should be proposed for Member States over the same five-year period, to complement those efforts and maximize impact. In addition, consideration of country-specific contexts would help to improve peace outcomes, such as equality, inclusiveness, and local leadership and ownership, which would strengthen and empower vulnerable communities and contribute to international stability and security. It was important to build on efforts to leverage the neutrality of health activities and acceptance of health workers to prevent conflicts and promote peace, and the continued commitment of Member States and international partners was needed to strengthen the links between health and peace.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with his statement. Given the unprecedented number of complex crises driven by conflict, insecurity and climate change, it was of the utmost importance to enhance understanding of the links between health and peace, particularly the direct and indirect impact of conflict on health outcomes. People's needs and their access to health services should be at the heart of conflict prevention and resolution. While he expressed support for WHO's role as an influencer for health and peace in conflict-affected areas, there should be a clear

division of tasks among WHO and its partners based on their respective mandates. Welcoming the draft road map, he said that all actions under the Global Health for Peace Initiative should be guided by the need for health interventions to be conflict-sensitive and by the “do no harm” principle. Community involvement would also be key to the Initiative’s success, since health interventions, such as those to address mental health and provide psychosocial support, could reinforce peace by building trust among communities.

Regarding the consultation process on the draft road map, it was concerning that only 14 Member States had provided input through the online form. The Secretariat should provide clear information on the draft road map’s global objectives and implementation methods ahead of the second round of consultations, which should be inclusive and transparent. The draft road map should pave the way for a robust, realistic framework for action that would allow Member States to address the health–peace nexus in a context-specific manner. Lastly, it would be important for the Secretariat to develop an indicative funding estimate for the draft road map and related strategic framework.

The representative of BRAZIL agreed that WHO should play a fundamental role in promoting better health in conflict settings and in ensuring the equity and affordability of health services, thereby contributing to sustainable peace and development. However, such efforts should not be seen as a way to securitize the global health agenda, and the language used in the draft road map should make that clear. While public health challenges of a transnational nature required multilateral solutions based on dialogue, capacity-building and respect for the sovereignty of Member States, associating health-related efforts with the domestic security of individual countries would adversely impact the effectiveness of health services and WHO’s capacity to work for peace. Any formal projects in that area, including the Global Health for Peace Initiative, should be carried out exclusively in the context of meaningful and comprehensive consultations with Member States, and in collaboration with other relevant entities of the United Nations system and international organizations to avoid any duplication of efforts, with Member States kept informed regarding that collaboration. Lastly, he expressed regret that earlier comments submitted during the consultation process, notably on the need for Member States to remain in charge of implementation of the Global Health for Peace Initiative, had not been taken into consideration for the draft road map.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the Health for Peace approach as a way of pursuing universal health coverage in conflict-affected and other vulnerable settings. Drawing attention to lessons learned in the African Region during the outbreaks of Ebola virus disease, she stressed the need to incorporate communities’ views, customs and concerns into health activities to avoid amplifying mistrust, especially in conflict settings. Efforts had been made in her Region to better understand how health interventions interacted with peace and conflict dynamics in different contexts. In one project in Cameroon, WHO had worked with the Government of Cameroon and IOM to use health interventions as an entry point for dialogue, with a view to strengthening trust and social cohesion and addressing the factors that enabled armed groups in the region to exploit young people. WHO should continue to work with other relevant entities of the United Nations system and non-State actors, and in consultation with all stakeholders, to identify regional priorities that could then be adopted at the country level as appropriate. The Member States of the Region supported the proposed operationalization of the Global Health and Peace Initiative at the country level through action frameworks and welcomed the continued consultations on the draft road map.

The representative of AFGHANISTAN said that the negative consequences of decisions made by politicians at both the national and international levels had led to decades of suffering among populations. Given the responsibility of the health sector to act as a bridge for peace, he called for a programme to be established to assess and treat the psychological disorders of world leaders in order to address the root causes of conflict and prevent such suffering.

The representative of TIMOR-LESTE commended the progress described in the report, observing that the links between peace and health were particularly relevant for post-conflict developing countries. To that end, her Government had taken several steps to improve health by promoting good governance and strengthening social cohesion. The Secretariat should continue mainstreaming the Health for Peace approach into WHO's global guidance documents and operations at the regional and country levels, ensuring that actions were contextualized and country-led. It should also increase its support for country offices by mobilizing resources through the Peacebuilding Fund of the United Nations. Although she appreciated the ongoing virtual consultations, in-person meetings would also be useful to increase the participation of fragile, post-conflict and conflict-affected countries. Lastly, she expressed support for the Secretariat's work to finalize the draft road map.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, drew attention to the heavy impact of both acute and protracted conflicts and emergencies in his Region, which had led to large-scale displacement and migration. It was therefore positive to see ongoing efforts in relation to health and peace, notably through the continuation of the Global Health for Peace Initiative, and he looked forward to the further development of the draft road map.

The representative of the RUSSIAN FEDERATION said that the consultations on the draft road map had not been sufficiently transparent. Member States had been invited to provide written input, yet her Government's proposals had not been taken into account. The draft road map should not undermine national sovereignty, for instance by introducing global, regional or national social monitoring mechanisms. It should be limited to the global level and should not set objectives, or suggest priorities for Member States, or attempt to regulate interaction between governments and their citizens. Open, transparent and inclusive consultations with all Member States offered the best way to move forward.

The representative of the SYRIAN ARAB REPUBLIC said that additional consultations were needed to remove ambiguities in the draft road map and ensure that it was aligned with WHO's mandate and technical role. The draft road map should respect the sovereignty of Member States and avoid any issues that could lead to interference in their domestic affairs. In that context, the development process must be completely transparent and involve all relevant parties, with the roles of related organizations and stakeholders clearly defined in line with their respective mandates. Specifically, the draft road map should be limited to the global level, without setting objectives or suggesting priorities for Member States. Her Government stood ready to collaborate with all parties concerned to develop the draft road map along those lines, in order to contribute to health and peace for all.

The representative of COLOMBIA, observing that peace was both a right and a duty, said that his Government attached particular importance to the Global Health for Peace Initiative. He called for further support from the international community for his Government's work to maintain peace in Colombia. WHO should collaborate with other relevant entities within the United Nations system, as part of a cooperative and participatory approach to peacebuilding. Special attention should also be paid to protecting members of the medical profession.

The representative of the UNITED STATES OF AMERICA welcomed the achievements made under the six workstreams set out in the draft road map for the Global Health for Peace Initiative, particularly the development of a strategic framework and project proposals. However, she regretted that the draft road map reflected only two of the three core pillars of the Charter of the United Nations, failing to incorporate human rights. WHO should continue to promote respect for human rights and fundamental freedoms alongside other entities of the United Nations system, in line with the Charter of the United Nations. The Organization should also promote efforts to address attacks on health workers,

guarantee equitable access to care and treatment, and tackle misinformation and disinformation, in addition to continuing to support Member States with regard to universal health coverage.

The representative of MALDIVES expressed support for the Global Health for Peace Initiative and called on the Secretariat to pay particular attention to the effect of human-made crises on small countries that were heavily reliant on imports. The draft road map for the Global Health for Peace Initiative should also consider the impact of conflict on women, children, persons with disabilities and other vulnerable communities. As conflicts became more protracted and complex, it was alarming to note that the vast majority of WHO's humanitarian caseload and disease outbreaks were in fragile, conflict-affected settings. She therefore called for further progress to be made on the Global Health for Peace Initiative at the Seventy-sixth World Health Assembly, with a focus on promoting equity, inclusiveness, participation and local ownership.

The representative of SLOVAKIA expressed support for the statement made by the representative of Oman and appreciation for the strengthening of research carried out in relation to health and peace, noting that political issues often interfered with technical work and the interpretation of scientific evidence. In that regard, it was necessary to develop methodological, technical and organizational tools that would improve understanding of and communication on the Global Health for Peace Initiative among policy-makers. During the next round of consultations, region-specific priorities and objectives should be established with the participation of Member States. Those regional priorities and objectives could then be scaled up to determine the global objectives for the draft road map.

The representative of EGYPT¹ said that, while he appreciated the efforts made under the Global Health for Peace Initiative, more extensive consultations were needed to establish its scope, procedures and financing mechanisms. In particular, it was essential to preserve the sovereignty of Member States and the specific roles of the various international organizations involved, in line with their respective mandates.

The representative of SWITZERLAND¹ welcomed the progress described in the report, observing that WHO should use its unique role to promote trust and social cohesion. She called on all Member States and Observers to contribute to the ongoing consultations with a view to finalizing the draft road map for the Global Health for Peace Initiative. Her Government was open to collaboration in that respect and remained committed to supporting health for peace, in the spirit of cooperation and solidarity.

The representative of TUNISIA¹ reiterated his support for the Global Health for Peace Initiative, noting that the theme of the Seventy-fifth World Health Assembly of "Health for peace and peace for health" had highlighted the need to work together to find practical solutions to the challenges of health and health security. He drew attention to his Government's support for international peacebuilding efforts, notably as a member of the African Union Peace and Security Council, and stressed the importance of the Djerba Declaration adopted at the Eighteenth Summit of the International Organisation of La Francophonie in November 2022 and the inclusion of peace and the right to health in that organization's priorities for the next biennium.

The representative of FINLAND,¹ welcoming the Global Health for Peace Initiative, expressed concern regarding the increase in deliberate attacks on health care providers in conflict and fragile settings, and regarding the burden faced by women and girls in such contexts. Peace and conflict-sensitivity needed to be mainstreamed in health programmes, with platforms created for discussions on that issue and people living in vulnerable situations placed at the centre of related work. Furthermore,

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

the participation of women in decision-making and peacebuilding was fundamental to ensure that no one was left behind. Her Government looked forward to the findings of the Lancet-SIGHT Commission on Peaceful Societies through Health and Gender Equality, which would be valuable in the development of the strategic framework for the Global Health for Peace Initiative.

The representative of URUGUAY¹ said that it was essential to take health into account in strategies to bring about peace. Indeed, basic access to health services and other measures to guarantee the health of populations were fundamental to establish, maintain and consolidate peace, and prevent the social fragility that could lead to conflict. Her Government was fully committed to the women, peace and security agenda, and paid special attention to the disproportionate impact of conflict on women and children, including in relation to health. It therefore welcomed cross-cutting initiatives such as the Global Health for Peace Initiative. Member States needed to work together to achieve the highest levels of health among populations. In further work on the draft road map, local ownership and leadership would be necessary, as local health care actors were best placed to understand the local context.

The representative of BANGLADESH¹ said that the draft road map represented a positive approach to establishing and maintaining peace. As international cooperation was essential to efforts to address conflict, humanitarian situations and climate change, the draft road map should enable global dialogue on the issue in the run-up to the Seventy-sixth World Health Assembly, in addition to factoring in national priorities.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that all development work by entities of the United Nations system, including WHO, should be carried out in accordance with national plans, needs and priorities, under national ownership. In that context, it was important to ensure that activities undertaken as part of the Global Health for Peace Initiative did not overlap with other internationally agreed initiatives aimed at strengthening peace.

The Observer of PALESTINE said that peace could not be achieved without justice. In that regard, the international community needed to advance health through peace by standing up for the vulnerable populations living in occupied Palestinian territory, including east Jerusalem. He supported the Global Health for Peace Initiative but expressed disappointment that Palestine had not been included in the list of sponsors of decision WHA75(5) (2022) on the Initiative. The promotion of health through peace as part of an inclusive, partnership-based approach was particularly important in the Palestinian context.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that health care services were protected under international humanitarian law on the condition that health personnel and facilities were dedicated exclusively to medical purposes. The aims of the Global Health for Peace Initiative to promote peace and influence conflict dynamics in a positive way breached the principle of medical neutrality and would increase the burden on the health workforce. The draft road map should provide for the impartial provision of health care in accordance with international humanitarian law. Health personnel must be able to comply with their ethical duty to protect the health and well-being of their patients in all contexts.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the draft road map should be updated to include a definition of peace. In addition, it failed to address the mental health challenges stemming from war, conflict and occupation and lacked indicators to assess implementation and the impact of economic sanctions on health. The Secretariat should also recognize that participation in online consultations was

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

often not possible in conflict areas. Lastly, more information was needed on the impact and limitations of the pilot programmes that had been carried out.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses had an obligation to safeguard and promote the right to health during peace and conflict by providing impartial care to those in need. Although the draft road map provided broad guidance on the setting of strategic goals and operational priorities, it lacked clarity on the engagement of health personnel in the implementation phase, which could put nursing and medical neutrality at risk. The Secretariat should therefore provide further clarification and consult stakeholders more widely in the second round of consultations. He supported the goal of designing conflict-sensitive health interventions but emphasized that the work of nurses should remain focused on improving health outcomes.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Global Health for Peace Initiative raised concerns in terms of the ethical integrity and safety of humanitarian operations and staff, and relationships with patients and communities. In shifting from working “in” conflict to working “on” conflict, the Global Health for Peace Initiative could threaten respect for medical neutrality and impartiality, especially in high-intensity conflicts. In addition, the Initiative failed to address issues relating to health care access and quality and did not differentiate between the roles and responsibilities played by different health actors in safeguarding health and peace. The Secretariat should therefore continue consultations with all stakeholders to ensure that the Global Health for Peace Initiative would not do more harm than good.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) emphasized that work on the draft road map for the Global Health for Peace Initiative was ongoing and that consultations would continue, including with partners in the field. While it was important to ensure that health professionals were working “in” rather than being perceived as working “on” conflict, that distinction was often blurred at the community level, which made it all the more important to consider local viewpoints and contexts, and further discussions needed to be held in that regard. He acknowledged that virtual consultations excluded those without adequate access to technology and said that efforts would be made to gather feedback more broadly. Responding to the concerns raised regarding the lack of a specific reference to human rights, he noted that the issue was already implicitly included in work on peace and health, but that Member States could choose to recognize it explicitly if they so wished. Given that access and perceived access to health were major stabilizing factors within communities, the aim of the Global Health for Peace Initiative was to foster a global discussion of the actions that Member States could take at a local level to incentivize peace for health. He thanked speakers for their comments and looked forward to continuing the discussion on the draft road map prior to the Seventy-sixth World Health Assembly.

The CHAIR took it that the Board wished to note the report contained in document EB152/17.

The Board noted the report.

Strengthening WHO preparedness for and response to health emergencies: Item 12.1 of the agenda (continued)

- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document EB152/13)
- **Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits** (documents EB152/14 and EB152/14 Add.1)

The CHAIR invited the Board to consider the report contained in document EB152/13, in particular the guiding questions set out in paragraph 14. She further invited the Board to consider the report contained in document EB152/14, including the Director-General's proposals set out in paragraph 6 and the draft decision on the proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework), set out in paragraph 7.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the support provided by the Secretariat on the implementation of resolution WHA75.8 (2022), including the extensive consultations with Member States, which had led to the identification of global research priorities and the generation of high-quality evidence regarding epidemic and potentially pandemic pathogens and diseases. Many Member States in the Region had participated in global clinical trials during the pandemic of coronavirus disease (COVID-19), which had helped to build national capacities, strengthened the technical expertise of health professionals, and enabled the countries concerned to develop the governance mechanisms needed for such trials. She asked the Secretariat to build on that momentum by further developing WHO capacity at the regional level to coordinate and carry out large-scale randomized controlled trials, both during pandemics and for routine public health interventions requiring such trials. The Member States of the Region would continue to support the Secretariat's efforts to implement resolution WHA75.8 and promote robust clinical trials and called for improved coordination within the clinical trial ecosystem.

Speaking in her national capacity, she said that large multi-site, multi-country randomized controlled trials were more likely to produce the best evidence and made it possible to focus on underrepresented populations. Such trials required close collaboration between Member States, trust between academic teams and sufficient technical capacity within lead teams.

The representative of INDIA agreed that a self-assessment tool with indicators for the maturity of the clinical trial ecosystem at the national and international levels would help identify gaps and improve the clinical trial system. In that regard, the mapping of clinical trial networks should take place on an ongoing basis, with the results made available in the public domain. The Secretariat should contribute to building capacities by providing expertise and helping to harmonize regulatory and ethical differences in multi-country collaborations. It was particularly important to strengthen the global clinical trial ecosystem to ensure that well-regulated trials could take place with adequate representation of populations that would benefit from the interventions concerned. In that context, it was critical to ensure that partners from low- and middle-income countries were able to actively participate in all stages of trials. International funding should be channelled towards the unmet needs of underserved populations, and new products should be made available in developing countries, with negotiations to ensure that pricing structures and concessions took account of resource limitations. Lastly, noting that responsible data sharing could lead to more transparent regulations and increase scientific knowledge, she called for adequate safeguards to ensure the appropriate use of study samples in multi-country trials and avoid the unnecessary transfer of samples.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking on behalf of Argentina, Bosnia and Herzegovina, Canada, Eswatini, Japan, Malaysia, Mexico, Peru, South Africa and the United States of America, thanked the Secretariat for the consultations undertaken on strengthening clinical trials. In terms of supporting Member States, a solid first step would be to develop WHO guidance, supported by the Secretariat's work to establish baselines of existing guidance and capacities, to better understand the current global clinical trial system, in particular by completing the comprehensive mapping exercise. Another helpful resource for Member States would be the identification and timely sharing of best practice case studies. The Secretariat should focus on capacity-building and facilitating the implementation of agreed guidelines while developing new guidance where necessary, taking care to avoid duplicating existing guidance, such as that of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use.

While the plan to develop a self-assessment tool for clinical trial ecosystems fell outside the scope of resolution WHA75.8, such a tool would be useful to inform and support Member States in implementing the resolution. The clinical trial ecosystem capacities necessary for different types of clinical studies should be taken into consideration when developing the tool, and any metrics should be complementary to existing guidelines. The tool would also need to be informed by the outcomes of the Secretariat's ongoing work on mapping and guidance development. She therefore recommended that the proposal should be submitted for further consideration at a future session of the Executive Board once progress had been made on the activities currently under way. Lastly, to enable a coordinated approach to clinical trial ecosystem strengthening, there was a need for further consideration of the respective roles of Member States, non-State actors and the Secretariat. The Secretariat should continue its work and engagement in that regard and update the WHO governing bodies accordingly.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, commended the progress made on strengthening clinical trials. In his Region, there had been an increase in the number and scope of clinical trials being conducted, as well as improvements in terms of regulatory capacity, the harmonization of requirements and protocols, the use of digital technologies, review and approval times, infrastructure and financing. However, many challenges remained, including limited capacities for the evaluation of biotechnological and gene therapy products, inadequate monitoring of the relatively small number of pregnant women enrolled in trials, and failures to report many clinical trials. Overcoming those challenges required increased domestic investment in research and development, the promotion of better access to health interventions and the strengthening of regulatory systems, together with coordination between partners to increase cost efficiency. The Secretariat should therefore continue to provide technical support to build mapping and regulatory capacities and resources to enable countries to undertake clinical trials and implement optimized clinical trial review and approval processes. The Member States of his Region endorsed the proposal to develop a self-assessment tool with indicators for the maturity of the clinical trial ecosystem at the national and international levels; such a tool should also cover the use of digital health technologies for clinical research.

Concerning the proportional division of funds for the Partnership Contribution of the PIP Framework, he expressed appreciation for the support received from Partnership Contribution funds at both the regional and country levels, which, if continued, would ensure that pandemic preparedness capacities were developed across all Member States in the Region. He therefore welcomed the proposal to maintain the current proportional division of funds.

The representative of PERU said that the Secretariat should support Member States in strengthening clinical trials at the international level by facilitating the sharing of experiences relating to regulation, governance and ecosystem organization. At the country level, it should provide tools to ensure effective coordination among the authorities responsible for regulating and developing clinical trials, notably with regard to resource allocation, to improve infrastructure and human resources. That

would help to harmonize national systems to facilitate multi-country clinical trials, particularly on common health priorities. His Government supported the development of a self-assessment tool to establish the maturity of the clinical trial ecosystem, which would provide a road map for the development of national clinical trial systems that focused on local health priorities and would enable Member States to evaluate their progress based on their goals.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Ukraine, and Bosnia and Herzegovina, as well as Armenia, aligned themselves with his statement. A comprehensive approach should be taken to the challenges in increasing clinical trial capacity, with a thorough overview of the multiple dimensions to be addressed. Regulatory capacity and supervision were key, including to guarantee the safety of trial participants. Improvements should be carried out through a stepwise process, starting from Member States that had achieved maturity level 4 under the WHO unified global benchmarking tool for the evaluation of national regulatory systems of medical products. The harmonization of ethics review and regulatory procedures was necessary in drafting normative guidance for novel trial modalities, as was already under way within the European Union. In addition, the European Union continued to support low- and middle-income countries in developing their research and development capacity, which would facilitate trials aimed at finding solutions for neglected tropical diseases, emerging diseases and zoonoses affecting those countries, and improve their capacity to assess innovative new antimicrobial agents and vaccines against diseases such as HIV, tuberculosis and malaria.

Given the need to find new income streams for the Organization, there should be further discussion of how WHO contributions to clinical trials leading to commercial innovations could be monetized to ensure that the public benefited from public investment. He also asked whether the lessons learned from the promotion of research and development on communicable diseases could be extended to noncommunicable diseases. Furthermore, it was important to ensure that what worked in normal times also worked during public health emergencies of international concern. Although the COVID-19 pandemic had improved collaboration and accelerated innovation, just 5% of the related large-scale clinical trials had been appropriately randomized; that percentage could have been higher if systematic, easily accessible normative guidance had been available. Lastly, he asked for further consultations on the possibility of conducting a questionnaire on clinical trial capacities after the current session of the Board.

The representative of MALAYSIA said that it was important for the companies, universities and other stakeholders that had access to the WHO Global Influenza Surveillance and Response System to contribute to its maintenance and pledge to share vaccines, medicines and other intellectual property in the event of a pandemic. Her Government supported the draft decision on the proportional division of funds for the Partnership Contribution of the PIP Framework and hoped that lessons learned in the context of the Framework would inform the access and benefit regimes to be developed for the new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord).

The representative of BRAZIL expressed support for the proposal to maintain the current proportional division of funds between pandemic preparedness measures and response activities, given the need to sustainably strengthen preparedness and surveillance capacities. In relation to clinical trials, it was crucial to improve research quality and coordination, and ensure that developing countries could participate in the early stages of research. The Secretariat should support Member States and other stakeholders to strengthen their clinical research capacities, including by boosting education and training and developing the technical qualification infrastructure of research centres. Clinical trials represented substantial opportunities, and it was necessary to ensure transparency and establish access conditions early on in the research and development process, on the basis of equitable benefit-sharing principles.

The representative of CHINA stressed the importance of strengthening coordination, improving equity and enhancing the capacity of developing countries in relation to clinical trials. His Government endorsed the Secretariat's efforts to establish the baseline of the clinical trial ecosystem and share best practices, including experiences from the COVID-19 pandemic. The Secretariat should provide further technical support for the improvement and coordination of global clinical trial systems and continue to implement resolution WHA75.8 in an inclusive and transparent manner.

The representative of FRANCE said that improvements to the global clinical trial ecosystem required a better understanding of current stakeholders and methods. In particular, during its mapping exercise, the Secretariat should examine the advantages and limitations of the various financing models already in use. It would also be useful for the Secretariat to support the development and expansion of standardized protocols for identifying research priorities; draw up an inventory of clinical trial networks; and harness the Global Accelerator for Paediatric Formulations for the generation of sound clinical data. In addition, Member States should be supported to improve the clinical trial models already in place, and his Government was in favour of developing a self-assessment tool for that purpose. In the light of the growing need for multi-country trials, such an initiative would make it possible to provide a reliable, robust response to priority research issues, including outside emergency situations. Lastly, it was necessary to make improving the quality of clinical trial ecosystems a priority and harmonize clinical trial procedures to facilitate resource mobilization.

The representative of the UNITED STATES OF AMERICA asked the Secretariat to focus its efforts on empowering more stakeholders to implement clinical research that met rigorous standards, and to avoid developing guidelines that conflicted with those issued by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use. In health emergency response settings, the Secretariat should also rapidly convene stakeholders, including scientific and industry experts, WHO collaborating centres, regulators and host country leaders, to advance rigorous randomized controlled trials with a view to providing reliable evidence on safety and efficacy.

Her Government supported the draft decision on the proportional division of funds for the Partnership Contribution of the PIP Framework, noting that any change to the Framework's scope and financing would have an impact on the negotiations to amend the International Health Regulations (2005) and on a potential pandemic accord, and vice versa. The ongoing avian influenza outbreak underscored the importance of work on influenza pandemic preparedness, including through the Global Influenza Surveillance and Response System; investments to improve influenza preparedness and response must be maintained to strengthen the global health security architecture.

(For continuation of the discussion and adoption of a decision, see the summary records of the sixteenth meeting, section 1.)

Rights of reply

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that certain Member States continued to blame and shame her Government, hindering the work of the Organization in the process. The Director-General had remained silent for eight years after the Kiev regime had destroyed its own people in the Donbass region and now appeared to be taking one side in the conflict and ignoring the fact that civilians were being killed and civilian facilities, including hospitals, were being destroyed in that region with weapons supplied by North Atlantic Treaty Organization countries. Information on such attacks sent by her Government had not been included in the reports prepared by the Secretariat, a situation that should be corrected. Her Government would not cease to defend its people and all those who turned to it for support. Lastly, she objected to the suggestion that the vote on noting the report contained in EB152/16 had been forced by her delegation. The vote

had been requested by Member States that believed that their opinion should prevail. Consensus required compromise, not imposition of the will of the majority on the minority.

The representative of DENMARK, speaking on behalf of the European Union and its Member States and in exercise of the right of reply, expressed deep regret that the representatives of the Russian Federation, Belarus and the Syrian Arab Republic had questioned the neutrality of the Secretariat and the Director-General. The direct and indirect health impacts of the war in Ukraine were of the utmost concern, and it was only natural that the health emergency caused by the Government of the Russian Federation's unprovoked and unjustified war should be addressed by WHO. The Member States of the European Union fully supported Ukraine's independence, sovereignty and territorial integrity within its internationally recognized borders, and its inherent right of self-defence against the Russian Federation's aggression, which grossly violated international law and the Charter of the United Nations and undermined international security and stability.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the Government of the Russian Federation's full-scale invasion of Ukraine had been unprovoked and unjustified. The premeditated war had resulted in catastrophic loss of life and human suffering, for which the Government of the Russian Federation was solely responsible and must be held accountable. Addressing the humanitarian crisis caused by the war instigated by the President of the Russian Federation was not a matter of politicization, but rather about ensuring the health and welfare of millions of people. The destruction of health infrastructure and disruption to medical supply chains posed a grave threat to millions of people both within and beyond Ukraine. She thanked WHO, the other entities of the United Nations systems and partners that were providing protection and access to life-saving supplies and services for affected communities and health workers, and reiterated her Government's commitment to supporting the people of Ukraine.

The representative of CHINA, speaking in exercise of the right of reply, objected to the irresponsible remarks made in reference to Taiwan¹ by the representatives of Japan and the United States of America. The issue of China's representation at the United Nations and WHO had been resolved by United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972), which provided a legal basis for WHO to follow the one-China principle. His Government attached great importance to the health and well-being of the population of Taiwan, China and had made appropriate arrangements for the region's participation in WHO activities. Allegations to the contrary were not based on evidence, were politically motivated and caused serious disruption to the meetings and work of WHO. He urged the delegations concerned to focus on technical issues and avoid the politicization of health matters.

The representative of ETHIOPIA, speaking in exercise of the right of reply, said that the Director-General's comments on the conflict in northern Ethiopia constituted lies and misinformation. The Director-General was undermining the progress being made in the African Union-led peace process by continuing to use the WHO platform, thereby compromising the neutrality of the Organization. Such behaviour from a high official within the United Nations system was unprecedented. An investigation should be carried out to establish the full extent of the Director-General's misconduct.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, reaffirmed that her Government would maintain its longstanding policy of supporting the meaningful participation of Taiwan in international forums, including WHO. The COVID-19 pandemic had demonstrated the urgency of engaging with all public health authorities and the value of exchanging

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

lessons learned in real time. When coordinating global health work, it was essential for WHO to include all stakeholders, especially those, like Taiwan,¹ that had demonstrated success in the COVID-19 response and could share important, potentially life-saving information with the global community. It was important not to silence such voices, and there was no reasonable justification for preventing Taiwan¹ from participating in the Health Assembly as an observer.

The representative of JAPAN, speaking in exercise of the right of reply, said that there should be no geographical gaps when addressing the challenges of global health. In responding to COVID-19 and other infectious diseases, it was important to share information and knowledge with all countries and regions in the world, in a free, transparent and timely manner. That included regions such as Taiwan,¹ which had responded effectively to the COVID-19 pandemic.

The representative of CHINA, speaking in exercise of the right of reply, reiterated that his Government had made appropriate arrangements to ensure the participation of Taiwan, China, in WHO activities. It firmly opposed any references to the region that violated the relevant United Nations and WHO resolutions and urged the Member States concerned to focus on improving global health governance.

The CHAIR said that the representative of Ethiopia's comments were made in reference to allegations made by that Government in a note verbale submitted at the 150th session of the Executive Board. Since then, the Chair had received another letter from the Government of Ethiopia concerning the allegations and requesting further action. She had referred the letter to the Independent Expert Oversight Advisory Committee, which had advised that, as no substantially new evidence had been presented in the communication, there was no reason for the Board to reopen its deliberations on the matter. However, the Chair could meet with the delegation to discuss how best to proceed.

The representative of ETHIOPIA replied that it was unclear how it had been concluded that there was no evidence. The Director-General had used the official communications platforms of the Organization to promote his harmful views. She was happy to meet with the Chair, but an official response was required to the letter sent by her Government requesting an investigation. Negotiations had taken place with Board members on how an investigation by the Independent Expert Oversight Advisory Committee would proceed, so it was unclear how it could be claimed that there was insufficient information for an investigation.

The DIRECTOR-GENERAL said that he would not comment further on the allegations, as due process had been observed. Recalling again his experience of the conflict in northern Ethiopia, he reiterated his support for peace both in Ethiopia and around the world.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that there were always at least two parties to any conflict. She hoped that WHO would return to providing a balanced reporting of events and uphold its mandate to help all those suffering in all conflicts, without singling out particular situations.

The representative of ETHIOPIA, speaking in exercise of the right of reply, stressed again that the Director-General should not use his position for his own political agenda or to share details about his personal life.

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

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking on a point of order, said that the current discussion should be brought to a close, as it was not on the agenda.

The meeting rose at 17:45.

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