

## **PROVISIONAL SUMMARY RECORD OF THE FIFTEENTH MEETING**

**WHO headquarters, Geneva  
Monday, 6 February 2023, scheduled at 14:30**

**Chair: Dr K. V. PETRIČ (Slovenia)**

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**FIFTEENTH MEETING****Monday, 6 February 2023, at 14:35****Chair:** Dr K.V. PETRIČ (Slovenia)**PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES****1. STAFFING MATTERS:** Item 25 of the agenda (continued)**Appointment of the Regional Director for the Americas:** Item 25.1 of the agenda (document EB152/46) (continued)

The REGIONAL DIRECTOR FOR THE AMERICAS said that it was an honour and a privilege to have been elected to his position. PAHO and WHO remained united in addressing pressing global health challenges. As demonstrated during the coronavirus disease (COVID-19) pandemic, solidarity and collaboration among regions were crucial to ensuring global health. The forthcoming five years would be particularly important given the need to end the pandemic, move forward towards better preparedness and response, and recover the losses caused by COVID-19. Commitment and investment in universal health coverage would be essential.

The Americas was one of the world's regions with the most inequalities, both among and within countries. Member States faced complex health challenges, with some of the highest rates of heart disease and diabetes, persistent communicable diseases and outbreaks, and other factors, such as violence, traffic accidents and weather events, adversely affecting populations. Five strategic priorities could help to overcome such challenges: help the region gain control of the pandemic, by reinforcing surveillance and improving vaccine coverage; apply lessons learned from COVID-19, strengthening preparedness, detection and response capacities and guaranteeing equitable access to vaccines, medicines and health products; support Member States in their recovery from COVID-19 and their efforts to achieve the health-related Sustainable Development Goals; build resilient national health systems based on renewed and strengthened primary health care; and lastly, modernize and improve the management of PAHO and the Regional Office for the Americas, increasing their transparency and efficiency.

He aimed to support governments in strengthening primary health care by facilitating health promotion, stepping up prevention, surveillance and control of noncommunicable diseases and mental health at the primary level, and accelerating the elimination of communicable diseases. He was committed to promoting respect and gender equity within PAHO, with zero tolerance for sexual abuse and exploitation. Efforts would also be made to strengthen the presence of WHO at the country level and provide quality technical support. He stood ready to work with all Member States in the region to advance the global health agenda in close collaboration with WHO headquarters and other regional offices.

The DIRECTOR-GENERAL said that the Regional Director for the Americas had earned the trust of Member States after a long and distinguished career in public health. His work as Regional Director would begin at a difficult time of a growing burden of noncommunicable diseases and mental health conditions, the continued threat of communicable diseases, the impact of the climate crisis and the challenges of ageing and urbanization. It was also a time when the world was emerging from the COVID-19 pandemic and seeking to jump-start progress towards the triple billion targets and the

Sustainable Development Goals. The pandemic had demonstrated that health was not a luxury or an outcome of development but the foundation of sustainable development and social, economic and political stability. Member States must seize the current opportunity to mobilize political and financial commitment for health. He looked forward to working with the Regional Director for a healthier, safer and fairer Americas.

The OUTGOING REGIONAL DIRECTOR FOR THE AMERICAS said that it had been an honour and a privilege to have served WHO and collaborated with Member States. She demitted office having learned lessons, gained experience and celebrated achievements, and with an undimmed passion and resolve to continue pursuing health for all with dignity and equity.

WHO and the world faced many complex and unprecedented challenges. While it was daunting to build an Organization that was relevant, adaptable, fit for purpose, and able to lead global health policy, action and response, it was exactly what was needed. The task required new resolve, the leadership and commitment of all Member States, and an agile, adequately resourced and purposeful Secretariat.

More than ever, the world needed a strong, reliable and effective WHO. There was an urgent need to strengthen regional offices, particularly country offices and programmes. National political commitment and good governance was equally essential. While resilient, transformed health systems were developed in individual countries, universal health coverage was predicated on reaching everyone in every country. WHO would have to address fragmentation and recommit to working together, drawing on lessons learned from the COVID-19 pandemic, namely the need for solidarity based on mutual respect and the common good.

The DIRECTOR-GENERAL said that the outgoing Regional Director for the Americas had done an outstanding job of leading the region over the past 10 years. Under her leadership, Member States had progressed in ensuring universal health coverage, reducing inequities, expanding vaccine coverage, reducing maternal mortality, eliminating diseases, addressing noncommunicable diseases and tackling many other threats to health, including antimicrobial resistance and the climate crisis. In addition, the PAHO Revolving Fund for Strategic Health had seen a fourfold increase in procurement since 2018, supporting 100 million people with life-saving supplies. The outgoing Regional Director for the Americas had also helped to guide the region through the most severe health crisis in a century, thus leaving a very strong legacy on which to build.

The representative of HAITI,<sup>1</sup> speaking on behalf of the Member States of the Region of the Americas, congratulated the Regional Director on his election, confident that he would deliver high standards of physical and mental health. The Region of the Americas had demonstrated great resilience against emerging health challenges and would be even more prepared to move forward under the guidance and leadership of the Regional Director. The Regional Director's experience would help to reinforce the relationship between PAHO and WHO, and contribute to the institutional strengthening of both organizations. He would undoubtedly lead the region towards better health equity, social justice and universal health coverage.

He welcomed the support provided by the Regional Director in the key negotiating processes under way within WHO, particularly in relation to prevention, preparedness and response to health emergencies. Lastly, the Governments of the Region thanked the outgoing Regional Director for her commitment and hard work in advancing the health of the people of the Americas.

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

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, congratulated the Regional Director on his election and looked forward to working with the Americas and the other regions to achieve better health for all. She thanked the outgoing Regional Director on her outstanding leadership over the previous 10 years.

The representative of MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, congratulated the Regional Director on his election, which had come at a very critical time for the global health agenda. Under his stewardship, the Region of the Americas would continue its progress in achieving all health goals. He thanked the outgoing Regional Director on her outstanding decade-long service.

The representative of MALAYSIA, speaking on behalf of the Member States of the Western Pacific Region, congratulated the Regional Director on his election and thanked the outgoing Regional Director for her good work. The Western Pacific Region stood ready to support and cooperate with the Regional Director to make the regions healthier and safer.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova and Bosnia and Herzegovina aligned themselves with her statement. She thanked the outgoing Regional Director for her tireless efforts and cooperation with the Organization, and welcomed the newly-elected Regional Director, wishing him success in meeting future challenges. In addition to pandemic preparedness and response, particular attention should be paid to the health-environment nexus, and the significant disease burden of noncommunicable diseases.

The representative of ESWATINI,<sup>1</sup> speaking on behalf of the Member States of the African Region, wished the Regional Director success in all his endeavours and thanked the outgoing Regional Director for her 10 years of work. The African Region hoped to continue collaborating with the Region of the Americas during such important times.

## **2. GOVERNANCE MATTERS: Item 23 of the agenda (continued)**

**Global strategies and plans of action that are scheduled to expire within one year: Item 23.2 of the agenda (continued)**

- **WHO global action plan on promoting the health of refugees and migrants, 2019–2023** (document EB152/36) (continued)
- **WHO traditional medicine strategy 2014–2023** (document EB152/37) (continued)

The CHAIR invited the Board to consider the report contained in document EB152/36, in particular the guiding questions contained in paragraph 39, and the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants 2019–2023. She also invited the Board to consider the report contained in document EB152/37, in particular the guiding

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

questions contained in paragraph 28, and the draft decision on the global strategy on traditional medicine.

The representative of URUGUAY<sup>1</sup> welcomed the establishment of the WHO Health and Migration Programme, which had thus far focused on addressing the disproportionate impact of the COVID-19 pandemic on refugees and migrants. It was henceforth necessary to take a more long-term vision to achieve the Sustainable Development Goals, particularly universal health coverage, and the objectives of the Global Compact for Safe, Orderly and Regular Migration and Global Compact on Refugees. The unique needs of women and girl migrants must be taken into account. Her Government wished to sponsor the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants. WHO must consider the views and needs of the people concerned when implementing the plan, and work on the basis of solidarity, equity and health for all. She expressed interest in the draft decision on the global strategy on traditional medicine.

The representative of TÜRKIYE<sup>1</sup> welcomed the establishment of national frameworks for safe and effective traditional medicine, and commended the Secretariat for the progress made towards implementing the WHO traditional medicine strategy 2014–2023. Traditional medicine was accessible and affordable and could therefore help to achieve the Sustainable Development Goals, especially universal health coverage. It must, however, be informed by science and fall under the mandate of WHO. The Secretariat should update its strategy to guide Member States in integrating traditional medicine into their health systems. His Government supported the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants and wished to be added to the list of sponsors.

The representative of POLAND<sup>1</sup> welcomed the report on the WHO global action plan being discussed and described the experience of Poland in hosting Ukrainians. It was important to take extraordinary actions and be flexible with legal provisions in order to offer quality health care to refugees and migrants. Her delegation stood ready to share its experience, ideas and solutions.

The representative of LATVIA<sup>1</sup> asked to be added to the list of sponsors for the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants.

The representative of SINGAPORE<sup>1</sup> welcomed efforts to integrate evidence-based traditional and complementary medicine into health systems. The new WHO traditional medicine strategy 2025–2034 should encourage Member States to carry out robust, well-designed clinical trials that helped to strengthen the evidence base for the efficacy of traditional medicine. A clinical trials registry platform and the sharing of the results of such trials would be helpful to coordinate global efforts. The strategy should also support greater cooperation and knowledge sharing among Member States and different traditions of traditional medicine. Traditional medicine methodologies and best practices to upgrade the skills of traditional medicine practitioners should be shared.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> welcomed the Secretariat's continued work on traditional medicine and thanked the Governments of India and China for the draft decision on the same topic. He recalled the importance of burden and responsibility sharing to better protect refugees and support host countries. Support from international organizations and other stakeholders should be in line with national legislation.

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

The representative of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, speaking at the invitation of the CHAIR, acknowledged the progress made during the implementation of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. In the framework of extending the plan, a firm commitment was needed to equity, transparency and inclusivity, which meant addressing barriers to exclusion. Collaboration should be ensured among governments and communities, and the participation of refugees and migrants should be guaranteed in policy-making and programming at all levels of governance. Lastly, commitment was needed to strengthen domestic health monitoring and health information systems, and to promote cross-country collaboration.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION, speaking at the invitation of the CHAIR, welcomed the report being discussed on the WHO global action plan and applauded progress made thus far. Her organization stood ready to support Member States in global consultations related to the plan. It had worked closely with WHO on several of the items in the report and looked forward to contributing further.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC. speaking at the invitation of the CHAIR, supported the draft decision on the global strategy on traditional medicine, particularly the development of a new strategy and the inclusion of stakeholders. A key stakeholder was the People's Declaration on Traditional, Complementary and Integrative Healthcare network. The new strategy should prioritize research, integration, the regulation of practitioners and products, and the contribution to universal health coverage. It should ensure sufficient incentives and safeguards against the loss or abuse of traditional medical knowledge. An approach to intellectual property could be extrapolated from the European Union in cases where a patent required the use of a protected plant variety and where the use of the protected plant variety infringed on a patent. In such cases, both parties should be entitled to a remunerative compulsory cross-license.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN expressed his condolences to the people affected by the earthquake in Türkiye and the Syrian Arab Republic and thanked Member States for their solidarity. A national emergency had been declared in both countries and WHO country offices were already working with local authorities while the Regional Offices for the Eastern Mediterranean and Europe were collaborating closely. WHO emergency response mechanisms had been activated.

In 2021, two thirds of the world's refugees originated from the Eastern Mediterranean Region and the number of internally displaced persons within the Region had risen to 22 million. Global answers to migration and displacement were needed and the Regional Directors of the African, European, and Eastern Mediterranean Regions thereby supported the extension of the global action plan on promoting the health of refugees and migrants.

The global action plan should be operationalized at both the regional and country levels to maximize its impact. To that end, regional efforts were under way, including the endorsement by the Member States of the Eastern Mediterranean Region of a new regional strategy concerning displaced populations, and consultations among the Member States of the European Region on a new regional action plan. It was essential to work together across regions and implement a whole-of-route approach to refugee and migrant health. Hence the Regional Office for the Eastern Mediterranean would host the second WHO Inter-Regional Meeting on Refugee and Migrant Health in March 2023.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their strong support and guidance on the WHO global action plan on promoting the health of refugees and migrants. The action plan contributed to other international efforts, namely the Sustainable Development Goals, the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees. To support its

implementation, the Secretariat had created the WHO Health and Migration Programme, which facilitated a more systematic and cross-cutting approach to refugee and migrant health, and promoted significant cooperation among all technical programmes at the Organization's three levels.

The report on the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 showed that much progress had been made towards its implementation. Between 2020 and 2022, WHO had disseminated a wide range of advocacy, evidence-based and knowledge tools to support Member States in guaranteeing refugee and migrant health, such as the publication of the first World report on the health of refugees and migrants, and policy proposals relating to migration-related public health priorities. At the regional level, a number of strategies and action plans had been adopted in line with the priorities of the global plan. The Regional Offices for Europe, the Eastern Mediterranean and Africa had convened the first tri-regional meeting on the theme of taking a whole-of-route approach to the public health aspects of migration, while the Regional Offices for Eastern Mediterranean and South-East Asia had hosted the two most recent Global Schools on Refugee and Migrant Health. The Eastern Mediterranean Region also planned to hold the third Global Consultation on Migrant Health.

In many countries, impressive commitments and advancements had been made in addressing the health needs of refugees and migrants, which would be showcased in a compendium of country case studies currently being finalized. The compendium would contain 49 case studies taken from some 90 submissions from around the world. Such achievements included extending COVID-19 vaccination programmes to all refugees and migrants, promoting continuity and quality of essential health services and care, responding to the burden of noncommunicable diseases in refugee camps, and promoting collective health insurance for all displaced persons.

Despite those achievements, much work remained to be done and the Secretariat therefore welcomed the decision to extend the WHO global action plan in question to 2030. The extension would allow the Secretariat to continue pursuing strategic work on refugee and migrant health, maintain alignment with international frameworks, provide relevant technical support to Member States, and reorientate health systems with a primary health care approach to ensure inclusive health services and programmes for refugees and migrants. The Secretariat would continue to raise public awareness about the health of refugees and migrants, promote quality research and information, and build capacities to support evidence-based policies and actions.

Careful note had been taken of all the issues raised, which would be incorporated into the relevant work. In particular, special attention would be paid to promoting equity, integrating refugee and migrant perspectives into initiatives at all levels, and facilitating solutions to address resources constraints.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Life Course) said that the global strategy on traditional medicine must be backed up with scientific evidence so that it could be integrated into universal health coverage, primary health care and the One Health approach. The WHO Global Centre for Traditional Medicine would have a key role to play in scaling up the review and evaluation of the scientific evidence and data for traditional medicine. He noted the need to ensure active collaboration with indigenous communities, and efforts were ongoing in that regard, particularly on the issue of environmental health.

Regarding indicators, WHO had endorsed the International Classification of Diseases 11th Revision in 2019, which included a chapter on traditional medicine. Core indicators had been compiled and were being used by Member States across different regions. Those indicators would be consolidated and used in a Member State survey on traditional medicine. Integration with other platforms, such as those of the World Intellectual Property Organization and the World Trade Organization, was important. It was necessary to ensure intellectual property protections for traditional medicine, particularly for indigenous communities, establish international standards for trade in traditional medicine products, and ensure the safety and quality of all products. WHO would host its first traditional medicine summit in 2023, focusing on the latest evidence to inform the development of the new global traditional medicine strategy.



The CHAIR took it that the Board wished to note the reports contained in documents EB152/36 and EB152/37.

**The Board noted the reports.**

The CHAIR took it that the Board wished to adopt the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.

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

The CHAIR took it that the Board wished to adopt the draft decision on the global strategy on traditional medicine.

**The decision was adopted.<sup>2</sup>**

**WHO reform:** Item 23.3 of the agenda

- **Involvement of non-State actors in WHO's governing bodies** (documents EB152/38 and EB152/38 Add.1)
- **WHO presence in countries, territories and areas** (document EB152/INF./1)

The CHAIR invited the Board to consider the draft decision contained in document EB152/38.

The representative of INDIA said that greater and more flexible funds must be made available to WHO to ensure sustainable financing. WHO should focus on strengthening primary health care to enhance national capacities for health emergencies, to in turn reduce the demand for hospital services, which increased during health emergencies.

While there was room for non-State actors to participate in governing bodies sessions as observers, decision-making should rest with Member States. It was important that conflicts of interest did not arise. Transparency must be built into all interactions with non-State actors, who should be required to adhere to WHO regulations in that regard. Data sharing with any non-State actor must have the approval of the Member State concerned. Constituency statements delivered by non-State actors should focus strictly on technical issues and be directly relevant to the agenda item. The work of the non-State actors engaging with WHO must contribute significantly to the advancement of public health. Monitoring of the performance of non-State actors should also be strengthened. In addition to non-State actors with whom it was in official relations, WHO should engage with non-State actors at the country level to increase outreach in remote areas.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that non-State actors were key to maintaining global momentum towards universal health coverage and must be seen as complementing the efforts of Member States to ensure no one was left behind. He commended the efforts of the Secretariat to improve engagement with non-State actors. WHO must continue to be an intergovernmental organization led by Member States while also valuing engagement with non-State actors. The Secretariat should continue organizing informal pre-meetings with non-State actors in official relations, as decided by the Board, and allowing constituency statements during the

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<sup>1</sup> EB152(17).

<sup>2</sup> EB152(18).

governing body meetings. It was important to continue striving towards more effective and efficient governing body meetings, including by promoting inclusivity.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region and the Observer State of Palestine, welcomed efforts to improve the strategic function of the Board in line with the WHO Constitution but requested a return to the standard practice of accommodating statements from Observer States, including Palestine. She therefore wished to make a minor amendment to the report contained in EB152/38, requesting that a new paragraph be added after paragraph 14 as follows: “14 bis. The proposed way of work should include the two United Nations Observer States in line with some Member States’ request and without any prejudice to the new way of work.” The draft decision in paragraph 18 should then be amended as follows: “Decided that the constituency statements will continue to be implemented during all WHO governing body meetings, in accordance with the modalities outlined in paragraphs 14 bis to 17 of document EB152/38.”

As described in the Thirteenth General Programme of Work, 2019–2025, WHO was and must remain a Member State organization, which meant that equal consideration should be given to Palestine as an Observer State and a member of the Regional Committee for the Eastern Mediterranean. Lastly, she acknowledged the important role of non-State actors regulated through official relations.

The representative of the UNITED STATES OF AMERICA supported the draft decision concerning constituency statements but considered it a priority to enable more effective participation by all categories of non-State actors. It was important to take additional measures, such as pre-meeting consultations and web-based discussions, aimed at improving the engagement of non-State actors in Member State discussions and transparency of the governing bodies. As stated under the Framework of Engagement with Non-State Actors, non-State actors should comprise philanthropic foundations, academia, civil society and advocacy groups, as well as the private sector. The constituencies appeared to consider that the Framework of Engagement with Non-State Actors had not fully allowed them to engage, including during the pandemic. As a result, she hoped that the Secretariat and Member States could make efforts to remove barriers across the spectrum of non-State actors, including during the governing body process.

The representative of SLOVENIA thanked the global and regional initiatives that were meaningfully engaging with non-State actors. Statements by civil society at governing body meetings were important, but being privy to their insights during the intersessional period was even more so. Pre-meetings and side events organized ahead of the World Health Assembly were most welcome. Further developments in engaging civil society in the work of WHO would be welcome. Input from civil society was crucial for implementation at the country level, particularly as it could help to identify the needs of the most vulnerable and hidden populations, and contribute to the development of guidelines and tools addressing those needs. Civil society was also key to achieving health literacy, given its role in ensuring that health policies were understood within communities and in appropriately addressing misinformation and disinformation. He welcomed initiatives such as the WHO Youth Council and WHO Civil Society Commission. He commended the Secretariat for providing guidance on social participation, which have an impact on the implementation of the Thirteenth General Programme of Work, 2019–2025 and the fulfilment of goals.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries, said that while she supported efforts to make engagement with non-State actors more meaningful, engagement could be further improved, particularly in between governing body meetings. The holding of informal pre-meetings ahead of the World Health Assembly was welcome and similar meetings should be organized ahead of Executive Board sessions. Pre-meetings would allow the Secretariat to explain the general work of WHO, thereby improving information sharing with non-State actors and

increasing transparency. They would also provide an opportunity for the Secretariat and Member States to collect important inputs from non-State actors. The Secretariat should provide more support in facilitating engagement between non-State actors and Member States alongside its own direct engagement with them. More engagement among the Secretariat, non-State actors and all Member States would be very fruitful.

The representative of CANADA appreciated the Secretariat's continued efforts to promote meaningful engagement of non-State actors in the governing bodies. He supported continuation of the informal pre-meetings among non-State actors, Member States and the Secretariat prior to the World Health Assembly. In that regard, it would be useful to receive information as early as possible on the schedule, topics to be addressed and selection of panellists. He recommended that the Secretariat resume the practice of conducting web-based consultations to gather feedback from participants of pre-meetings to monitor their effectiveness. The option to provide feedback could also be included in the post-Assembly survey.

The positive experiences of Member States and non-State actors with constituency statements at the Seventy-Fifth World Health Assembly was encouraging. The continued use of constituency statements at future governing body meetings was therefore welcome. The continued possibility for non-State actors to deliver individual statements should they not wish to join a constituency was pleasing, as it would ensure that Member States benefited from a diversity of views. The Secretariat should work with non-State actors to identify where their inputs would be most valuable. Those discussions could, for instance, be held during the informal pre-meetings before the World Health Assembly.

His Government supported the draft decision but proposed that a final point be added as follows: "Further decided that the Secretariat regularly consults Member States and non-State actors in official relations with a view to improving these modalities based on such consultations, and that the results of the first consultation be presented for consideration to the 156th session of the Executive Board."

The representative of MALAYSIA said that the contributions made by non-State actors were valuable and agreed with the proposed way forward outlined in the report. There was a need to strike a balance between strict time restrictions and respect for the diversity of non-State actors, and although constituency statements would save time, individual statements were an acknowledgement of such diversity. She supported the proposal to select a limited number of agenda items for constituency statements based on areas likely to attract the most interest for statements by non-State actors. Doing so would not only prevent prolonged meetings but would also promote meaningful intellectual discourse. She supported the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed appreciation of the role of non-State actors, including civil society, in the work of WHO and the deliberations of governing body meetings. The Secretariat was encouraged to regularly review measures to improve engagement, including through continuous dialogue with non-State actors themselves, enabling them to meaningfully participate in decisions affecting them. He thus supported the amendment to the draft decision proposed by the representative of Canada. He requested that the amendment proposed by the representative of Oman be submitted in writing for further consideration.

He appreciated the paper under discussion that provided a summary of the 2021 country presence report and an update on preparation of the 2023 report. Noting the imbalance in staffing to support social determinants, he trusted that there would be improvements in the level of country office workforce capacity. It would be helpful to know whether the 2023 country presence report would cover relevant items from the Secretariat implementation plan on reform, in addition of country-level operational challenges already indicated, particularly the enhancement of procedures for recruitment and placement of WHO representatives. He wondered whether the 2023 report would include data on the vacancy levels

of WHO representatives, and information on recruitment procedures for WHO representatives and potential recruitment challenges.

The representative of the RUSSIAN FEDERATION emphasized the need to hold informal consultations with non-State actors in official relations with WHO during the intersessional period. The agenda should be established by Member States based on interactions with non-State actors, thus helping the Organization to define and resolve health challenges in a more balanced way. He supported the draft decision.

The representative of COLOMBIA noted the importance of including non-State actors in the work of the governing bodies given their role in social and political matters and in representing people at all levels. The Secretariat should continue to increase the participation of non-State actors in an inclusive and effective way, including during the intersessional period. He welcomed the amendment proposed by the representative of Canada but said that more consultations were needed before the draft decision could be adopted. National and WHO policy-making must take account of the opinions of civil society. The Secretariat must also innovate its working methods, including by using remote technology to guarantee the broadest level of participation. The opportunity to participate must be given to all types of non-State actors to avoid a situation where the only such representatives were from large organizations with influence and resources.

The representative of PERU fully supported the participation of non-State actors in the work of the governing bodies. The pre-meetings presented an opportunity for Member States to receive the valuable contributions from non-State actors ahead of the formal meetings. He supported the amendment proposed by the representative of Canada and suggested that consultations be held in 2023. Member States could then report back at the 156th session of the Board, to decide on the arrangements for those consultations. He supported the amendment proposed by the representative of Oman on the participation of States with Observer status.

The representative of CHINA agreed that non-State actors should continue giving constituency statements, which improved the efficiency of discussions at the governing body meetings. The participation of non-State actors in WHO-related activities must adhere to the Framework of Engagement with Non-State Actors so as to avoid conflicts of interest.

The representative of BANGLADESH<sup>1</sup> said that, although WHO was an intergovernmental organization based on the leadership of Member States, it was vital to tap into the voice of non-State actors in a meaningful way. The Secretariat should hold discussions with non-State actors while adhering to the Framework of Engagement with Non-State actors. There should be further discussion on constituency statements at the forthcoming World Health Assembly to promote transparency and efficacy in that regard. WHO's limited human resource capacity at the country level was concerning. It was worrisome that the allocation of flexible and core funding at the country level had declined because of increasing earmarked funding. WHO must be able to listen and respond to the people in order to achieve health for all. Repurposing voluntary contributions to fill the gaps in core funding would demonstrate that WHO was serious about helping people in need.

The representative of AUSTRALIA<sup>1</sup> said that strong, responsive and well-staffed country offices were critical to achieve sustainable health outcomes and have an impact in country. She welcomed efforts to develop effective country-level leadership with the appropriate experience and skillset, and to

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

streamline recruitment processes to reduce time for onboarding. Achieving gender parity in country-level leadership must remain a priority. She welcomed the progress illustrated in the 2021 country presence report, including the integration of WHO's work with the United Nations Sustainable Development Cooperation Framework. She nevertheless noted with concern the decrease in flexible and core funding for country-level work. Country offices could only respond to new and emerging issues with adequate resources. In addition, it was unacceptable that full access for staff with disabilities was provided in only 26% of country offices, which should be inclusive and accessible to all. She welcomed the meaningful engagement of non-State Actors in governing body meetings, noting the significant role they had played in supporting WHO in the COVID-19 response. She broadly supported the decision to continue implementing constituency statements in governing body meetings.

The Observer of PALESTINE took note of the document on WHO presence in countries, territories and areas, and called on the Secretariat to comply with official United Nations nomenclature related to Palestine when drafting its material as WHO was a specialized United Nations agency and language used outside the United Nations system was unacceptable. He deplored the fact that the 2021 country presence report did not make mention of the WHO Office for the West Bank and Gaza Strip (Occupied Palestinian territory). Such errors must be corrected in the 2023 country presence report as in all other WHO documents.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that young people, as the world's biggest demographic, had a key role in influencing change and addressing emergent global health challenges. As such, the Secretariat and Member States make all efforts to engage young people, both at the global and regional levels.

Over recent years, with WHO recovering from the impact of the pandemic, there had been limited seats and speaking opportunities for non-State actors to engage in a meaningful way. It was therefore crucial that the Secretariat and Member States include non-State actors in pre-meeting negotiations and decision-making processes; ensure an equitable number of seats and time for non-State actors in all meetings; and add agenda points in WHO meetings for non-State actors to elaborate on the programme set by WHO each year. The key to achieving health for all lay in creating opportunities for engaging Member States and non-State actors to ensure an all-encompassing and empowered approach to a healthier future.

The representative of the SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO's recognition of the need to make the participation of non-State actors more meaningful, increase the efficiency and effectiveness of interactions and respect the diversity of non-State actors. It was, however, disappointing that the proposed way forward did not guarantee that consultations would take place regarding the informal pre-meetings and constituency statements. The consultation process that had taken place in 2022 to prepare the informal pre-meetings was appreciated and there should be continued engagement from all actors, including Member States, in the 2023 pre-meetings. There was a need for pre-meetings prior to the Executive Board in addition to those prior to the World Health Assembly. The lack of transparent and open dialogue on the selection of agenda items for the constituency statements, and the lack of time given to properly prepare, were regrettable.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, supported the objective to increase the effectiveness and efficiency of the engagement with non-State actors in governing body meetings. In that regard, she recommended that WHO commit to more systematic consultations in the preparation of pre-meetings and technical documents to leverage the expertise and community reach of organizations in official relations with WHO. Documents and decisions must be released in a timely manner to allow for consultation and

coordination with non-State actors. She cautioned against limiting the size of non-State actor delegations, particularly for umbrella organizations. It was important to utilize technology to reduce barriers to participation, especially for community organizations from low- and middle-income countries. Lastly, Member State participation in informal pre-meetings should complement interactions at governing body meetings.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that non-State actors, especially civil society, must be involved in the decisions affecting their participation. Unfortunately, the report did not guarantee that non-State actors would be consulted on the agenda items that would be covered by constituency statements, nor on the organization of pre-meetings prior to the World Health Assembly. Indeed, the space assigned to non-State actors had shrunk to unprecedented levels at the present session of the Board, where they had been almost entirely excluded from the room. Such an exclusion not only conflicted with the report but also overlooked the critical role of civil society, which often filled gaps for the government in the delivery of health services. She urged Member States to request robust and meaningful non-State actor involvement in governing body meetings through timely consultation on joint statement agenda items and organization of pre-meetings with appropriate consultation and sufficient time for preparation.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, supported efforts to amplify the voices of non-State actors in the governing bodies. Nurses provided hands-on care, had professional knowledge and expertise, and were integral to person-centred care. Ignoring the direct voice of 28 million nurses represented by non-State actors worldwide would omit critical information needed to address global health and well-being. Non-State actors must be consulted before decision-making on agenda items and constituency statements, which should not replace individual statements.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the proposed measures failed to acknowledge the true added value of diversity and the expertise inherent in non-State actors. They risked diluting the voice of non-State actors and limiting their meaningful participation in discussions and in efforts to find solutions to current health challenges. Her organization joined others in the Joint Call for Meaningful Involvement of non-State actors in WHO Governing Bodies, proposed by the International Planned Parenthood Federation, requesting that the Secretariat create a transparent consultation process where all non-State actor constituencies at the national, regional and global levels were heard. Member States must request that the Secretariat ensure robust and meaningful involvement of non-State actors in governing bodies meetings.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of the World Obesity Federation and Movendi International, welcomed the opportunity to improve processes governing non-State actor engagement given that the current system had led to dissatisfaction among Member States and non-State actors alike. The proposed constituency statements and informal meetings were opportunities for civil society to share diverse expertise. He called on the Secretariat to engage non-State actors in organizational processes and deliver documents in a timely manner. Options for delivering statements must include pre-recorded video and remote participation to facilitate the inclusion of civil society. Member State engagement in informal meetings should be strengthened and informal meetings should supplement – not replace – civil society’s participation in official proceedings.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the Secretariat had systematically marginalized the voice of civil society organizations in governing bodies meetings. While other United Nations agencies afforded civil society organizations sufficient speaking time, WHO gave individual organizations one minute, which undermined the democratization of global health. The draft decision under discussion essentially made the constituency statements a permanent feature and allowed the Secretariat to freely decide the agenda items for those statements. It thus prevented civil society organizations from providing diverse technical inputs to various agenda items and overlooked differences among non-State actors by grouping them as constituencies. In addition, the draft decision had been proposed without any discussion with non-State actors in official relations. She called upon the Board to request that the Director-General carry out an in-depth consultation with civil society organizations and Member States on enhancing participation of non-State actors in governing body meetings.

THE ASSISTANT DIRECTOR-GENERAL AD INTERIM (External Relations and Governance) took note of the comments regarding the essential role of non-State actors in delivering the global health agenda and in enriching the work of the governing bodies. He pointed out that 96 statements by non-State actors had been condensed into 13, on three agenda items during the 150th session of the Executive Board. It was a win-win situation for the Executive Board and civil society organizations, notwithstanding the concerns raised. The arrangement allowed items to be brought forward while concentrating them in a way that was more impactful. It was clear from the interventions that the proposed way forward was the right one, but required further work. He duly noted the suggestions for improvement, some of which could be implemented immediately, such as ensuring timely notification of meetings and increasing the number of intersessional meetings and pre-meetings. He was firmly committed to holding more consultations with non-State actors regarding agenda items for possible inclusion in constituency statements and was willing to collect feedback from the informal sessions. The ideas about the use of technology were appreciated. He apologized for the limited presence of non-State actors in the meeting room which was down to space constraints. There was no intent to limit the voices of non-State actors, whose diversity added value to discussions.

**The Committee noted the report.**

The CHAIR took it that the Board wished to postpone the adoption of the draft decision contained in document EB152/38 in order to give the Secretariat more time to incorporate the proposed amendments.

**It was so agreed.**

**Engagement with non-State actors:** Item 23.4 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB152/39)
- **Non-State actors in official relations with WHO** (documents EB152/40 and EB152/40 Add.1)

The CHAIR drew attention to the report contained in document EB152/39. She also drew attention to the draft decision contained in document EB152/40, the financial implications of which were contained in document EB152/40 Add.1. Lastly, she drew attention to the recommendations and

guidance of the Programme, Budget and Administration Committee of the Executive Board set out in paragraphs 54–63 of document EB152/4.

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 54–63 of document EB152/4, particularly the recommendation therein that the Board note the reports in documents EB152/39 and EB152/40 and adopt the draft decision contained in document in EB152/40.

The representative of the UNITED STATES OF AMERICA, noting efforts to improve the implementation of the Framework of Engagement with Non-State Actors, requested updates on the WHO Youth Council and WHO Civil Society Commission as they were rolled out. She asked how the Secretariat monitored and compared the engagement of non-State actors across the Organization, including in the regional offices; why levels of engagement varied across the Organization; and where WHO could improve outreach to ensure consistency in such engagement. She asked how many and what types of cases requiring senior management guidance had been discussed by the Proposal Review Committee for the Framework of Engagement with Non-State Actors in 2022. The evident problems with the implementation of the Framework of Engagement with Non-State Actors needed clarification.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, commended the Regional Office for Africa for its efforts to engage with non-State actors, as set out in the report being discussed, and encouraged other regional offices to do the same. Actions were appreciated to advance the implementation of the Framework of Engagement with Non-State Actors and to develop a comprehensive management response. Given the increase in proposals for engagement, the Secretariat should enhance the capacity of WHO regional and country offices to ensure efficient and timely clearances of such proposals. Adequate capacity at regional and country levels was key to ensuring due diligence on engagement with non-State actors in order to avoid potential risks associated with such engagements, including conflicts of interest and sexual exploitation, abuse and harassment. The engagement of non-State actors was vital to ensuring the delivery of essential health services in partnership with civil society organizations, particularly in humanitarian and emergency settings.

She called for continued engagement with non-State actors in areas where value could be added to Member States and the Secretariat. Furthermore, the Secretariat was encouraged to explore ways to engage with the private sector while maintaining the balance of country priorities and the role of Member States. She took note of the reports and endorsed the adoption of the draft decision.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, encouraged the Secretariat to effectively implement the Framework of Engagement with Non-State Actors. It was clear that some engagements with non-State actors violated the letter and spirit of the Framework. They included WHO's collaboration on the Healthy FIFA World Cup Qatar 2022, under which it had worked together with the International Federation of Football Association, an organization that had entered into partnerships with health-impeding industries, such as the alcohol industry. In line with the Framework of Engagement with Non-State Actors and the WHO Framework Convention on Tobacco Control, she called on WHO to implement processes that prevented health-impeding industries – including but not limited to the tobacco industry – from influencing WHO decision-making and standard-setting through the acquisition of subsidiaries that provided health care services or medical technologies. She noted with concern that the Secretariat had not implemented paragraph 13 of the Framework requiring non-State actors to be nongovernmental organizations, philanthropic foundations or academic institutions.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, welcomed WHO's efforts to continue



constructive dialogues, staff capacity-building and effective partnerships with non-State actors to advance the public health agenda. However, partnerships with non-State actors must exist at all three levels of the Organization. Member States were encouraged to actively involve young people, including in national delegations, and as a key demographic of civil society in the decision-making processes and negotiations.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that alcohol was the number one risk factor for disease in people aged 25–49 years. However, through its partnership with the International Federation of Association Football, WHO had helped to promote an event that had exposed children, young people and vulnerable adults to beer advertising every 40 seconds during matches. In the context of conflicts of interest, he was very concerned about WHO's dialogue with the alcohol industry. Indeed, it had been demonstrated that the implementation of the Framework of Engagement with Non-State Actors in relation to alcohol companies was inadequate. The alcohol industry was interfering in proven alcohol policy best buy interventions, blocking Member States from protecting people from alcohol harm. The Secretariat must terminate its dialogue with the alcohol industry.

The representative of CHINA recognized the contributions made by non-State actors in official relations with WHO. Relevant WHO bodies should engage with non-State actors in strict accordance with the Framework of Engagement with Non-State Actors. WHO was an intergovernmental organization and decision-making processes should therefore be led by Member States. While non-State actors were not placed to participate in decision-making, their recommendations could serve to inform Member States. The Secretariat should strengthen its supervision, review and follow-up procedures for engagement with non-State actors to ensure their participation was consistent with the spirit and principles of relevant WHO resolutions. It must terminate relations with any non-state actors found to have been involved in misconduct and, to that end, a mechanism of withdrawal should be introduced. In view of the rapid increase in the number of applications from non-State actors, it was important to adopt innovative ways of enhancing engagement based on the Framework. Noting the need for further resources, the Secretariat should clarify the resources currently invested in supporting engagement with non-State actors, the demand for the immediate future, and the possible allocation of follow-up resources.

The representative of MADAGASCAR said that the COVID-19 pandemic had demonstrated the value of collaborating with non-State actors, especially in relation to managing disinformation and mobilizing communities. It was necessary to build the capacities of non-State actors and to provide materials for training at the national and regional levels. Capacity-building should also be carried out for regional non-State actors, including academic institutions, which were more familiar with the situation on the ground. All country-level efforts to enhance collaboration with non-State actors should include local organizations.

The CHEF DE CABINET said that the implementation of the Framework of Engagement with Non-State Actors would continue to be improved, building on the comments and suggestions provided. The aim was to further innovate while balancing risks and benefits. The Director-General had undertaken to streamline processes and address silos across the Organization to encourage collaboration with non-State actors and harmonize approaches. The Secretariat was developing a tracking system, expected to be ready by January 2024, and was reviewing training and communications material to support the WHO workforce in engaging with non-State actors. Several multistakeholder initiatives had also been developed, such as the WHO Alliance for Anaemia Actions, the Healthy Ageing Collaborative, the Tobacco Cessation Consortium, the Youth Council and the Civil Society Commission.

It was conducive to hold more technical meetings with non-State actors and report back to Member States more regularly. The Secretariat had hosted dialogues with non-State actors, including private sector entities, on themes such as access to medicines, technologies for diabetes care and effective use of social media to fight misinformation and disinformation. The Secretariat acknowledged that work remained to be done. It was making every effort to adapt and take on board the lessons learned from the COVID-19 pandemic. She would report back on additional improvements in January 2024.

THE ASSISTANT DIRECTOR-GENERAL AD INTERIM (External Relations and Governance) said that all efforts were anchored in the Thirteenth General Programme of Work, 2019–2025, which instructed the Secretariat to strengthen partnerships, particularly with civil society. To that end, the Secretariat had held a number of dialogues but wished to organize the work more effectively through the Youth Council and Civil Society Commission. Both were Secretariat-led WHO networks, aimed at strengthening engagement with the relevant sectors across all three levels of the Organization. The Secretariat had held a briefing on the Youth Council and Civil Society Commission in January 2023 and stood ready to hold more briefings in the future.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/39 and EB152/40.

**The Committee noted the reports.**

The CHAIR took it that the Board wished to adopt the draft decision on engagement with non-State actors, contained in document in EB152/40.

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

**Provisional agenda of the Seventy-sixth World Health Assembly and date and place of the 153rd session of the Executive Board:** Item 23.5 of the agenda (documents EB152/41 and EB152/42)

- **Considerations for possible electronic voting at future governing bodies meetings** (document EB152/43)

**3. UPDATE ON THE INFRASTRUCTURE FUND:** Item 22 of the agenda

- **Geneva buildings renovation strategy** (document EB152/32)

The CHAIR drew attention to the draft decisions contained in documents EB152/41 and EB152/42. The Board was invited to note the report and provide guidance on the two action points contained in paragraph 19 of EB152/43. After considering document EB152/32, the Programme, Budget and Administration Committee recommended that the Board should note the report contained therein.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, supported the decisions taken by the Health Assembly regarding the Geneva buildings renovation strategy, including the decision to approve the use of the Real Estate Fund to finance the renovations of

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<sup>1</sup> EB152(19).

the main building. WHO must comply with modern energy performance standards and other additional requirements, including adaptations for persons with disabilities.

He endorsed the proposals for possible electronic voting at future governing body meetings but emphasized that such a system must be secure and available before the proposal was adopted. Overall, he supported the recommendations set out in the reports given their potential to improve governance and operations at all levels of the Organization.

The representative of FRANCE opposed the idea of electronic voting for secret ballots and elections as it would raise both security and legal issues. Any technical malfunctions, for example, could prevent delegates from participating or undermine the secrecy of the vote. He did not oppose electronic voting for public votes in principle. However, remote voting during in-person meetings was not desirable and electronic voting should not replace efforts to reach consensus.

The representative of BRAZIL said that decision-making by consensus remained at the heart of multilateralism. It helped to bridge gaps between different positions by identifying common ground and spearheading real, concrete and shared actions, and was especially important for health matters. Electronic voting was more likely to encourage dissent among delegations instead of bringing them closer. He noted the challenges associated with reinforcing decision-making by consensus as standard practice. It was regrettable that certain bodies had increasingly resorted to voting instead of making decisions based on consensus. It was a rare feat to achieve consensus and it should thus be valued.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, recognizing the point made by the representative of France regarding secret ballots, said that his own comments related to public ballots. Consensus must remain the aim of all decisions and discussions within governing body meetings. The relative ease of use of an electronic voting system could increase the likelihood that Member States opted for it. However, he was sceptical that a change in rules would mitigate that risk. Member States must hold each other accountable to ensure all routes to reach consensus had been exhausted before resorting to a vote. There was no single solution to the electronic voting question and different approaches should be taken for the Executive Board and the World Health Assembly. As the Executive Board was inherently a more dynamic forum with fewer Member States called on to vote, the argument for an electronic voting system on grounds of efficiency was less robust. A show of hands, for instance, could be conducted quickly and transparently. The efficiency argument was, however, stronger for the World Health Assembly, especially as the systems were already set up at the Palais de Nations and start-up costs should therefore be lower. He was reassured that tabulation and reporting could be carried out transparently. It would be helpful to consider the experience of electronic voting in other United Nations bodies and the Secretariat should provide feedback on lessons learned.

The representative of CHINA said that Member States should do everything possible to resolve programmatic and technical issues by consensus. Voting on such issues was not conducive to ensuring unity among Member States, implementing relevant programmes and technical activities, or maintaining WHO's reputation as a specialized agency for health. The electronic voting method might save some time but it must not increase the dependence of Member States on voting. The Secretariat must assess the security of electronic voting methods, especially when used for a show of hands or secret ballots. It was important to consider both the convenience and reliability of electronic voting, as well as Member States' preferences in that respect.

The representative of MALDIVES said that the security of electronic voting systems must be regularly reviewed and updated to avoid security risks or malfunctions that impacted the legitimacy of the voting process. Provisions must remain in place to allow for manual voting should Member States

opt for it. It was necessary to adapt to the needs of persons with disabilities and to establish audit trails for electronic votes. The rules of procedure for governing bodies meetings must reflect the implications of the proposed changes. She called on the Secretariat to make different means of voting available to increase efficiency and accessibility, and reduce human error. Her Government could support electronic voting only after the completion of a risk assessment and a financial analysis. It was vital that decisions continued to be made by consensus. Voting must only be considered if efforts to reach consensus had failed.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) took note of the comments made, particularly the point that consensus should remain the objective. The Secretariat would carry out a risk assessment and a financial analysis and report back to Member States.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/41, EB152/42, EB152/43 and EB152/32.

**The Board noted the reports.**

The CHAIR took it that the Board wished to adopt the draft decision on the provisional agenda of the Seventy-sixth World Health Assembly contained in document EB152/41.

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

The CHAIR took it that the Board wished to adopt the draft decision on the date and place of the 153rd session of the Executive Board contained in document EB152/42.

**The decision was adopted.<sup>2</sup>**

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

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

**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) (continued)
- **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) (continued)

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<sup>1</sup> EB152(20).

<sup>2</sup> EB152(21).

The CHAIR drew attention to the draft decision contained in document EB142/14.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed his appreciation for the Partnership Contribution of the Pandemic Influenza Preparedness Framework, particularly for the investments made relating to countries in need, including those in the Eastern Mediterranean. The investments were helpful in building the core capacities required by the International Health Regulations (2005). He drew attention to the importance of partnerships under the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (the PIP Framework), as demonstrated during the COVID-19 pandemic. He supported the proportional division of Partnership Contribution funds as set out in the report on that issue, and the temporary modification of the allocation of such resources in order not to hinder response measures. He welcomed the support provided by WHO in the implementation of the PIP Framework and reiterated his commitment to it.

The representative of the REPUBLIC OF KOREA recognized the Secretariat's efforts to develop new guidance on strengthening clinical trials. He supported the proposed development of a self-assessment tool for the clinical trial ecosystem and requested that the Secretariat continue to share information about the consultation process and any progress. The need to strengthen capacities for pandemic preparedness had never been greater and in that context, the proportional division between preparedness and response was appropriate. However, that division should remain flexible to be able to respond to the next influenza pandemic.

The representative of the RUSSIAN FEDERATION supported the proposal to develop a self-assessment tool with a view to strengthening clinical trials at both the national and international levels. Unified criteria for self-assessment for all countries would help to clarify problems and more effectively use resources. Standards must be developed for the inclusion of vulnerable groups, particularly in the early stages of a trial, and criteria should be established on the volume of data required from a clinical trial. Trial designs should take the form of short guidelines with various criteria. Caution should be exercised when assessing results as certain evaluations were subjective. Contrary to the situation that evolved during the COVID-19 pandemic, sufficient volumes of data were needed for a particular treatment to be deemed effective.

The representative of JAPAN said that the proposal on the proportional division of funds for the Partnership Contribution set out in the report clearly reflected the lessons learned from COVID-19, including the need to strengthen pandemic preparedness and response capabilities in peacetime and provide for an initial surge of funds for pandemic response.

If pandemic response under the PIP Framework did not expand beyond influenza, her Government agreed with the allocation of contributions proposed in paragraph 1 of the draft decision. Regarding paragraph 2 of the draft decision, while a temporary modification in the allocation of resources was acceptable considering the need for rapid mobilization of funds in an emergency, maintaining accountability was also important. To achieve both goals, she requested the Director-General to immediately report on any such modifications to Member States, as well as to contributors. In that context, she proposed that the words "and contributors immediately" be added to the very end of paragraph 2.

The COVID-19 pandemic would be a catalyst for future discussions on the PIP Framework. It would be necessary to revisit partnership contributors and their contributions in the case that mRNA vaccines for influenza were developed, the scope of pathogens covered by the PIP Framework was expanded, or an increase in the number of contributions was to be considered. The Secretariat should continue to share information on the PIP Framework, on a regular basis, with Member States and other entities concerned, including manufacturers.

The representative of COLOMBIA said that it was important to hold clinical trials in various areas, protect the rights of underrepresented groups and ensure the technologies used were subject to safety checks. To that end, special regulations were needed. Priorities should be established for research worldwide taking account of country and region specificities. Paediatric clinical trials should be promoted to develop special treatment strategies for children. The results of clinical trials must be shared in the interests of transparency and with a view to being used in public policy-making. Clinical trial capacities in developing countries should be enhanced and participants' personal data protected. It was critical that developing countries had access to the health technologies being studied after the trials to ensure that participants benefited as much as possible. Patients and communities must be involved in clinical trials as they were central to the research and the recipients of the treatment. Procedures should be harmonized among countries and research committees to prevent barriers to the development of local clinical trial capacities, which would in turn help to ensure a balance between the public and the private spheres. Overall, clinical trial processes must help to strengthen health sovereignty and equity.

The representative of ARGENTINA<sup>1</sup> welcomed the adoption of resolution WHA75.8 (2022) on strengthening clinical trials and endorsed the statement made by the representative of the United Kingdom of Great Britain and Northern Ireland. The COVID-19 pandemic had shown that many trials were not adequate in size, design or implementation, which meant they did not generate the solid evidence needed for decision-making. Strong regional capacities were vital so that trials could be run collaboratively, thus improving health outcomes. Alongside clinical trials, it was important to carry out real-life studies, applied research, and financial impact analyses to obtain accurate and sustainable results. The self-assessment tool would help to improve the quality and equity of clinical trials and their ecosystems.

The representative of NORWAY<sup>1</sup> said that the Secretariat should develop a standardized survey to support Member States in mapping clinical trials and invite both Member States and international clinical trial networks to take part. Professional societies could also be invited so as to include the primary health care level. He reiterated the need to see the clinical trial ecosystem in a larger context to break down silos from clinical trials to clinical practice. In a way that did not overconsume resources, the Secretariat should consider expanding the current mapping to obtain a fuller overview. The self-assessment tool was of interest and the self-assessment sheet, developed by the European Clinical Research Infrastructure Network, could prove useful in that respect.

The representative of AUSTRALIA<sup>1</sup> welcomed the important work done to strengthen clinical trials. Well-designed clinical trials were critical to support development of new medical products and foster good decision-making based on safety and efficacy. She welcomed implementation of resolution WHA75.8 and the actions proposed, particularly the work to map gaps in the ecosystem of clinical trial networks and publish relevant guidance. However, further information was needed on the self-assessment tool to allow Member States to consider their participation.

She supported the draft decision to maintain the current proportional division of Partnership Contribution funds until 2030. The allocation would enable the continual strengthening of national pandemic preparedness capabilities. She welcomed the option to temporarily modify the allocation of Partnership Contribution funds to ensure response measures were not hindered during pandemic influenza emergencies.

The representative of URUGUAY<sup>1</sup> wished to be added to the list of sponsors of the draft decision.

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

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the report concerning clinical trials outlined some of the challenges of generating clinical evidence but failed to adequately address issues of access. There was a need to establish conditions and principles regarding access, and ensure transparency of clinical trial data and costs to enable access to technologies and know-how. Equally, a comprehensive system of access and benefit sharing for clinical trials was necessary to facilitate timely sharing of pathogens and genomic sequences. Those aspects should be central both in the best practices document to be developed by the Secretariat, mandated by resolution WHA75.8, as well as in the self-assessment tool to be designed with broad participation, particularly of low- and middle- income countries, to improve clinical trial design across all settings.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, encouraged the Secretariat to coordinate the development of normative guidance for all aspects of clinical trials in order to further expand the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use guidelines and include health care professionals in their development. She supported the comprehensive mapping of national clinical trial infrastructures, the inclusion of not-for-profit cooperative oncology groups therein, and the development of self-assessment tools with indicators to track progress.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that her federation was deeply concerned about the recommendation by the PIP Framework Advisory Group to expand the PIP Framework to include seasonal influenza viruses and to take the discussion to Member States. Such an expansion would not improve influenza pandemic preparedness and response nor strengthen the WHO Global Influenza Surveillance and Response System. It would not effectively address the access and benefit-sharing challenges that it sought to improve, and would negatively impact rapid development, manufacturing and delivery of seasonal influenza vaccines. It would also necessitate a third negotiation process in parallel to the discussions between the Intergovernmental Negotiating Body and the International Health Regulations (2005) Emergency Committee. In addition, the PIP Framework should not be considered an access and benefit-sharing model under the new pandemic accord, as its transactional nature was not fit for purpose for rapid pandemic response.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, urged Member States to address the gaps indicated in the report on the strengthening of clinical trials by improving coordination among new and existing clinical trial networks, including multicountry platform trials, especially in and led by low- and middle-income countries, while seeking to standardize processes and requirements related to trials. Gaps should also be addressed by supporting coordination and cooperation mechanisms for regulatory authorities and ethics committees to streamline clinical trial approval and review processes; and by ensuring that clinical research activities included diverse populations, focused on priority needs, such as evidence to inform the use of antibiotics, and addressed gaps in data by collecting data disaggregated by sex and gender.

**The meeting was suspended at 17:30 and resumed at 18:00.**

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