
PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

WHO headquarters, Geneva
Monday, 30 January 2023, scheduled at 14:30

Chair: Dr K. V. PETRIČ (Slovenia)

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SECOND MEETING

Monday, 30 January 2023, at 15:15

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

Appointment of the Regional Director for the Americas: Item 25.1 of the agenda (document EB152/46)

**The meeting was held in private session from 14:30 to 15:15,
when it resumed in public session.**

At the request of the CHAIR, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for the Americas adopted by the Board in private session:¹

The Executive Board,
Considering the provisions of Article 52 of the Constitution of the World Health Organization;
Considering also the nomination made by the Regional Committee for the Americas at its seventy-fourth session,

1. APPOINTS Dr Jarbas Barbosa Da Silva Jr as Regional Director for the Americas as from 1 February 2023;
2. AUTHORIZES the Director-General to issue a contract to Dr Jarbas Barbosa Da Silva Jr for a period of five years as from 1 February 2023, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIR congratulated Dr Jarbas Barbosa Da Silva Jr on his appointment and conveyed the Board's best wishes for success in his post.

At the invitation of the CHAIR, Dr Barbosa Da Silva Jr took the oath of office contained in Staff Regulation 1.10 and signed his contract.

At the invitation of the CHAIR, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in private session:²

¹ Resolution EB152.R1.

² Resolution EB152.R2.

The Executive Board,

Desiring to express its appreciation to Dr Carissa Faustina Etienne for her services as Regional Director for the Americas;

Mindful of Dr Etienne's lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for the Americas;

Recalling resolution CSP30.R8 adopted by the 30th Pan American Sanitary Conference, 74th session of the Regional Committee for the Americas, which designated Dr Carissa F. Etienne Director Emeritus of the Pan American Sanitary Bureau,

1. EXPRESSES its profound gratitude and appreciation to Dr Carissa F. Etienne for her invaluable contribution to the work of WHO and of PAHO, especially her courageous service in the face of the COVID-19 emergency;
2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to the global health community.

The CHAIR said that any statements regarding the election of the Regional Director of the Americas would be given on Monday 6 February 2023.

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the agenda (continued)
(document EB152/2)

The representative of the PHILIPPINES¹ expressed appreciation for the emphasis on the “five Ps”, in particular the whole-of-government and whole-of-society approach to health. Those priorities would support Member States' commitment to achieving equity in health care capacities. The work of the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response was essential in strengthening health systems to adapt, adjust and sustain responses to coronavirus disease (COVID-19) while ensuring continuity of public health and social measures and progress towards universal health coverage. His Government remained committed to the increase in assessed contributions and to the WHO Contingency Fund for Emergencies, which would contribute to sustainable financing.

The representative of SINGAPORE¹ said that the COVID-19 pandemic had delayed progress towards the triple billion targets. Continued investments in improving primary care and preventive health would lead to healthier populations and would mitigate future pressures on health systems, even during pandemics. Despite highlighting critical gaps in the global health architecture, the COVID-19 pandemic had enhanced global cooperation, political commitment and scientific development. The lessons learned and the spirit of resilience, innovation and collaboration should be applied to health promotion and health services strengthening. In WHO's seventy-fifth year, he affirmed the Organization's central role in global health and health emergency response and highlighted the need for a strong mandate in all areas, even as the COVID-19 pandemic continued. Moreover, WHO required sustainable financing to continue working towards achieving the triple billion targets.

The representative of THAILAND,¹ recognizing the progress made in the COVID-19 response, noted the outcomes in each of the “five Ps”. He expressed support for the Universal Health Periodic Review and called for more data to be collected on its impact. He reiterated his call for WHO to stop

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

selling alcoholic beverages and sweetened soft drinks in its cafeteria and to stop serving oily, salty and sweetened foods at its functions. Such leadership would contribute to improvements in global health.

The representative of KENYA¹ commended the Director-General's leadership in efforts to achieve gender parity and welcomed the launch of the Young Professionals Programme to support young professionals from least developed countries. She took note of the "five Ps" and welcomed the proposed increase in funding for countries and regions. She welcomed the creation of the Regional Emergency Response Appeal for the Greater Horn of Africa to combat the impacts of climate change and food insecurity and called for donors to support it. She noted the information provided regarding the malaria vaccine, the introduction of which should be further supported.

The representative of ECUADOR¹ said that the COVID-19 pandemic had demonstrated the fragility of economies and health systems and had highlighted the inequity between and within States. Moreover, it had shown the value of multilateralism and collaboration. WHO had a vital central role in the global health architecture. He therefore supported the ongoing process to reform and strengthen the Organization. However, while continuing its work in the area of health emergencies, WHO and its Member States should intensify efforts to address issues that had been pushed aside during the COVID-19 pandemic, which would be crucial to achieving the Sustainable Development Goals and the triple billion targets and to strengthening health systems. He expressed appreciation for the "five Ps" and their contribution to the development of national strategic plans for health.

The representative of SPAIN¹ commended the work of WHO towards achieving health for all. She condemned the military aggression by the Government of the Russian Federation against Ukraine. She supported WHO's central role in the global health governance architecture, which should be adequately funded. Furthermore, funding should be shared at the country level, in accordance with established priorities. She expressed support for the process to amend the International Health Regulations (2005) in order to strengthen the emergency preparedness and response framework, and for the development of a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (hereinafter "pandemic accord"). WHO should continue to strive for universal health coverage and the achievement of the Sustainable Development Goals.

The representative of SOUTH AFRICA¹ expressed support for the "five Ps", and their integration into the work of WHO. However, their success would require sustainable financing, and she called for the implementation of the planned increase to assessed contributions, which would enable more resources to be directed to countries and regions. In light of the ongoing COVID-19 pandemic, WHO should continue to support Member States in strengthening their national health systems. She expressed appreciation for the work of the Intergovernmental Negotiating Body and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the process to amend the International Health Regulations (2005).

The Observer of PALESTINE said that the occupation and repeated attacks by the Israeli army against health workers and facilities remained a serious obstacle to achieving access to health for Palestinians, which was a basic human right. He condemned such actions and blockades preventing ambulances and health workers from reaching health facilities. The long-standing occupation had had a negative impact on the health system and on mental health, especially children. He called on the international community to guarantee protection to Palestinian health workers and patients, welcoming

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

the support provided by the Government of the United States of America. He called on the Secretariat to rectify issues on the nomenclature in relation to Palestine.

The representative of UNAIDS said that, with regard to the process to develop an international pandemic accord, there were three critical lessons that could be learned from the global response to AIDS. First, it was critical to consider health technologies as global public goods in order to address their unequal distribution. Second, ending any pandemic required the elimination of all inequalities. Third, an effective pandemic response required the full protection and promotion of the human rights of all people, including those in vulnerable communities and countries. Those principles should be applied to all pandemics, including that of AIDS.

The DIRECTOR-GENERAL thanked Member States for their support and for their constructive guidance and advice, which would be taken into consideration. In response to the comment by the representative of the United Kingdom of Great Britain and Northern Ireland concerning the indirect impact of the COVID-19 pandemic, he said that studies had shown that excess deaths indirectly related to COVID-19 had been the result of social isolation, economic insecurity, unemployment and the reduction in access to regular health services. There had also been a clear impact on the health workforce. The indirect impact of the pandemic required further study so that the lessons learned could be included in health emergency preparedness and response plans. He highlighted that excess deaths were higher in minority and underprivileged communities; thus, any data should also be disaggregated by population groups, age, gender and other factors. More research was needed to understand the long-term effects resulting from infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). He noted that one positive indirect impact of the COVID-19 pandemic had been the immediate improvement in the environment during the period of global lockdown. While that impact had since been reversed, the international community should remain open to steps that could be taken in that regard.

3. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 3 of the agenda (document EB152/3)

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that the Regional Committee for Africa had discussed WHO's thematic priorities and matters of public health in its Member States. The draft programme budget 2024–2025 should focus on supporting the regions and countries with the greatest needs. Extending the Thirteenth General Programme of Work, 2019–2023, to 2025 provided an opportunity to achieve its targets through an inclusive and evidence-based bottom-up approach to planning and implementation. With regard to the work of the Intergovernmental Negotiating Body and other similar committees, care should be taken to avoid any duplication or overlap with existing international instruments and the Working Group on Amendments to the International Health Regulations (2005). A multisectoral and multidisciplinary approach to emergency response was crucial. The Regional Committee called for Member States to invest in emergency preparedness and response, primary health care and improving health services. The Committee had approved an updated regional strategy for the management of environmental determinants of health and had adopted a regional strategy to address severe noncommunicable diseases at first-level referral health facilities. An adapted health security and emergency response strategy should take into account the lessons learned from the COVID-19 pandemic. He welcomed efforts to strengthen the regional implementation of the Comprehensive Mental Health Action Plan 2013–2030 and the integrated approach to the control, elimination and eradication of tropical and vector-borne diseases.

The representative of SLOVAKIA asked the Regional Director for Europe to comment on staff well-being and sustainability, and whether any plans were in place to protect the health workforce, enhance the health environment, provide mental health support for regional members of staff, and prevent trauma and burnout. He said that regulations and decisions were necessary but ensuring the sustainability of the workforce required more than that.

The representative of the MALDIVES recalled that the priorities of the South-East Asia Region included increasing the proposed programme budget 2024–2025 to meet the needs of WHO country offices, regional offices and fragile health systems. He highlighted the regional road maps for health security and health system resilience for emergencies and diagnostic preparedness, integrated laboratory networking and genomic surveillance. He reiterated the Region's call to increase capacity, stockpile and distribute pandemic products in order to address the challenges identified during the COVID-19 pandemic and meet the needs of small island developing States. The pandemic had exacerbated mental health disorders and had restricted access to mental health services. He therefore welcomed the endorsement of the Paro Declaration on universal access to people-centred mental health care and services. Concerning the proposed programme budget 2024–2025, he supported the selection of priorities using an evidence-based, inclusive and bottom-up approach to maximize impact at the country level. He called on Member States to expand universal health coverage and enhance primary health care.

The representative of the RUSSIAN FEDERATION said that he had noted a negative trend of Member States politicizing thematic issues and using terminology that had not been agreed by consensus. That led to the initiation of voting procedures, and the implementation of any decision that could not be adopted by consensus would be limited. He called on the Regional Office for Europe to focus exclusively on professional goals and to work with Member States when drafting any documents.

The representative of ISRAEL¹ said that his Government had been honoured to host the first in-person session of the Regional Committee for Europe since the beginning of the COVID-19 pandemic. He highlighted the range of topics that had been discussed by the Committee and the action frameworks and plans that had been adopted. The invasion of Ukraine by the Government of the Russian Federation and its effect on health had led to difficult decisions being made in order to benefit the people of the Region.

The REGIONAL DIRECTOR FOR AFRICA said that the COVID-19 pandemic had demonstrated the need to invest more in emergency preparedness and response and to move away from verticalized and fragmented programme implementation. She called on the Secretariat to support those efforts. Member States and partners were committed to accelerating progress towards universal health coverage, through people-centred approaches to primary health care, and to building resilient health systems. The Committee had adopted a regional strategy to address severe noncommunicable diseases at first-level referral health facilities, a framework to strengthen the implementation of the Comprehensive Mental Health Action Plan 2013–2030 in the Region, and resolutions on health security and emergencies and the management of the environmental determinants of health. Member States had emphasized that any pandemic accord should be equitable, legally binding, adequate and sustainably financed. They had also expressed support for research and development and efforts to improve local manufacturing capacity related to emergency response. The eradication of poliomyelitis remained a key regional priority, and ongoing efforts should focus on resource mobilization, community and environmental and cross-border surveillance, access to clean drinking water, and adequate sanitation and hygiene. Innovation and partnership were also regional priorities. Member States had expressed

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concern regarding sexual exploitation and harassment in WHO operations and had reiterated their support for the Secretariat's work in that regard.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that during the 69th session of the Regional Committee for the Eastern Mediterranean, Member States had approved a regional plan to build more resilient health systems to advance universal health coverage and ensure health security, identifying seven priorities, goals, targets and priority actions to guide joint action. They had also approved a new regional framework on the One Health approach, focusing on controlling zoonotic diseases, reducing antimicrobial resistance and improving food safety. A strategic framework to coordinate and integrate the support provided to Member States in the region by Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria had been adopted, together with a regional strategy on digital health to strengthen the regional transformation to new technologies. Moreover, the Committee had approved a regional strategy for the elimination of cervical cancer and adopted a resolution on promoting health and well-being in the Region.

The REGIONAL DIRECTOR FOR EUROPE said that the Regional Committee for Europe had endorsed ambitious and practical action plans and frameworks for action to achieve the highest attainable standard of health for persons with disabilities and to address alcohol consumption. In addition, the Committee had endorsed a road map to accelerate towards eliminating cervical cancer and action plans relating to HIV and multidrug-resistant tuberculosis. The Committee had adopted WHO's first action plans on behavioural and cultural insights and operationalizing digital health. In addition, it had adopted a strategy to increase collaboration between the Regional Office and its Member States. In response to an evaluation carried out on the management of regional governing bodies, Member State consultation and improving transparency, a comprehensive management and accountability report was being developed by the Regional Office. He invited Member States to attend a regional conference on primary health care to celebrate the anniversaries of the Alma Ata and Astana Declarations to be held before the October 2023 session of the Regional Committee. Responding to the question posed by the representative of Slovakia, he agreed that staff health and well-being were significant concerns. He noted the publication of the report entitled *Health and care workforce in Europe: time to act*, the first pan-European report of its kind. The Regional Office for Europe would distribute annual data on burnout and stress, and psychologically safe work environments. Mental health was not an individual responsibility; the Organization had to do more to support its workers and eradicate any feelings of shame.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA expressed appreciation for the evidence-based process for selecting priorities that would maximize the impact of the proposed programme budget 2024–2025 at country level. The Regional Committee for South-East Asia commended ongoing efforts to improve WHO's financing model and expressed support for a phased approach to increasing assessed contributions. The Committee had endorsed the Paro Declaration on universal access to people-centred mental health care and services, focusing on the need to integrate mental health services into primary health care. The Region's approach to building back better from COVID-19 was focused on strengthening primary health care. The Committee had endorsed a regional road map on health security and health system resilience for emergencies. Member States had identified the gaps in core capacities required by the International Health Regulations (2005) that were critical for preparedness, response and recovery. The Committee had expressed support for the proposed regional health emergency council, in consultation with Member States and in line with the Global Health Council, and had extended the regional framework for action to build health systems' resilience to climate change to 2027. It welcomed the development of a regional knowledge mechanism to support Member States in enhancing primary health care.

The OFFICER IN CHARGE OF THE REGIONAL OFFICE FOR THE WESTERN PACIFIC said that Member States in the Region had made good progress towards global health, including the elimination of trachoma in Vanuatu and rubella in Singapore. The Regional Committee had endorsed five regional frameworks on noncommunicable disease prevention and control, which called on governments to change the focus of their health systems from illness to health; mental health; the future of primary health care; reaching the unreached, to ensure equitable access to all health benefits; and the prevention and control of cervical cancer. She commended the collaboration between Member States and regional partners that had led to the adoption of the frameworks. Returning to the issue of staff health and well-being, she said that cultural and behavioural change required the participation of all staff members. In seeking to ensure a respectful workplace, several initiatives had been implemented in the Region. Those included the appointment of an ombudsperson and a new technical officer for the prevention of sexual exploitation and harassment, and the review of administrative procedures to reduce staff workload and thus reduce stress and burnout.

The Board noted the report.

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

4. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda

Strengthening WHO preparedness for and response to health emergencies: Item 12. 1 of the agenda

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document EB152/12)

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia and Montenegro, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with his statement. Strengthening global pandemic preparedness and response and ensuring the central role of WHO was a priority for the Member States of the European Union. They welcomed WHO's central coordinating and leadership role in shaping the global architecture for health emergency preparedness, response and resilience and the discussion of WHO's 10 proposals to build a safer world together. Strong and resilient health systems were crucial to health emergency preparedness and response. The global architecture for health emergency preparedness, response and resilience should not only focus on health security but also support Member States in strengthening national health systems, particularly essential public health functions. He welcomed the continued implementation of the proposals on the negotiations on the pandemic accord, establishment of the Fund for Pandemic Prevention, Preparedness and Response, and targeted amendments to the International Health Regulations (2005). He noted advances made in universal health and preparedness reviews and independent monitoring.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that the African Region remained vulnerable to health emergencies and faced several key challenges: the implementation of international health guidelines and frameworks; inadequate human resources for emergency preparedness, detection and response; timely access to supplies; and heavy

reliance on international funding. She encouraged the Secretariat to continue regional consultations on health emergency preparedness and response and all stakeholders to support those efforts. Existing mechanisms should continue to be Member-State-led, aligned with existing international instruments and linked closely to the discussions by the Intergovernmental Negotiating Body and the revision of the International Health Regulations (2005). The key performance indicators should include support for country offices, strengthening of the core capacities required by the International Health Regulations (2005) and regular reporting. Funding should be coordinated to target critical gaps at the global, regional and national levels and to ensure that funding flows were augmented by catalytic and gap-filling funding. Further explanations were needed regarding the Global South in governance, African representation in the Pandemic Fund and the possibility of direct funding to countries. There must be greater focus on equitable access to health products, technologies and expertise, and on funding and capacity incentives, thus further enabling Member States to share information with the international community. Equity, inclusivity and coherence were necessary to ensure effective implementation of the proposals. Stakeholders must provide urgent international support to countries to strengthen preparedness and response activities.

The representative of CANADA, welcoming that the proposals were guided by the principles of equity, inclusivity and coherence, said that equitable and gender-responsive approaches could be better integrated to ensure that no one was left behind and to strengthen proactive communication efforts to counter mis- and dis-information. He welcomed discussions on the establishment of a council to facilitate multisectoral engagement in areas such as socioeconomic, security and political risks associated with pandemics and highlighted the benefit of such discussions being held in New York. He supported the need for independent monitoring of prevention, preparedness and response capacities. The Secretariat and pilot countries should provide more insight into whether the Universal Health and Preparedness Review had helped to improve the core capacities required by the International Health Regulations (2005). He remained supportive of the inclusive approach towards establishing a platform for medical countermeasures and looked forward to additional information that would build on the recommendations from the independent evaluation of the Access to COVID-19 Tools (ACT) Accelerator. To build public trust, the Secretariat should consider what actions it was taking to proactively inform the public of ongoing efforts to strengthen the global architecture for health emergency preparedness, response and resilience and, in particular, the processes to negotiate pandemic instruments and amendments to the International Health Regulations (2005). Noting the work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005), and the ambitious scope of the proposals on health emergency preparedness, response and resilience, he asked where the Secretariat saw the need for priority action.

The representative of CHINA expressed support for the 10 proposals, particularly those relating to the pandemic accord, the work of the Intergovernmental Negotiating Body and the amendments to the International Health Regulations (2005). The proposals provided a means for Member States to work together towards improving global health security. He called on Member States to strengthen communication, coordination and cooperation; his Government was committed to doing so proactively. When developing the pandemic accord and making amendments to the International Health Regulations (2005), care must be taken to avoid repetition or clashes. All stakeholders were encouraged to explore ways to ensure sustainable financing, which was essential to health emergency preparedness and response. The Secretariat should provide details of the next phase of implementation or improvement of the proposals, and continue strengthening transparency to ensure full participation by Member States.

The representative of OMAN highlighted the importance of global cooperation to exchange information regarding public health emergencies, epidemiology and diagnostic capabilities, and to share samples for genetic sequencing and vaccine research. There must be equitable vaccine provision to low- and middle-income countries. He supported the 10 proposals and appreciated that they took account of

Member States' views through ongoing multilateral consultations. The Secretariat should establish a clear framework for Member States' engagement in the ongoing discussions and the resources allocated. The framework should prioritize each country's sovereignty while protecting the world from potential harm.

The representative of PERU expressed support for the 10 proposals and reiterated that the international community must work together to tackle global challenges. He welcomed the global efforts to prevent future pandemics by creating a pandemic accord and making targeted amendments to strengthen the International Health Regulations (2005). He agreed that equity was one of the main pillars of the global architecture for health emergency preparedness, response and resilience. WHO must create country- or region-specific mechanisms to strengthen the public health emergency workforce as an international priority. Strengthening WHO would better help countries, particularly low- and middle-income countries, to achieve universal health coverage and develop the core capacities required by the International Health Regulations (2005). Institutional frameworks, rules and procedures must be established to facilitate decision-making on collective needs and action. Strengthening rules-based multilateralism was crucial in confronting global challenges, such as access to health care and sustainable development.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, with regard to proposal 1 on the establishment of a global health emergency council and a main committee on emergencies of the World Health Assembly, he agreed that care must be taken to ensure that the new structures did not fragment the existing structures. With regard to proposal 4, he welcomed the strengthening of national health capacities, particularly in countries with limited capacities, and strengthening the Global Outbreak Alert and Response Network. However, in the event of a future pandemic, the global health emergency corps could prove problematic, as each country would be competing for resources. Furthermore, the Secretariat must consider whether adding new financing mechanisms would improve or complicate the situation. He supported the amendments to the International Health Regulations (2005). The One Health approach must be strengthened, particularly given WHO's central role in the Quadripartite Joint Secretariat. The link between animal and human health should be further explored.

The representative of the UNITED STATES OF AMERICA, supporting the need for a stronger and more coherent, inclusive and equitable global health architecture, emphasized that it should be up to Member States to determine which elements should go forward and expressed the hope that the change could be achieved through ongoing negotiations. In referencing the work carried out by the Working Group on Amendments to the International Health Regulations (2005) and the Universal Health and Preparedness Review, she expressed support for Member-State-to-Member-State mechanisms instead of peer-review mechanisms. Thus, there could be a more collaborative review of health systems and preparedness, similar to the Trade Policy Review Mechanism at WTO. She welcomed that the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body allowed Member States to reach a consensus on preparedness, response and recovery and to define the rules and responsibilities of Member States, the Secretariat and, particularly, non-State actors. The Secretariat should not establish any architecture without the prior approval of Member States and the relevant international institutions.

The representative of BRAZIL, expressing support for the global architecture for health emergency preparedness, response and resilience, said that it should not only ensure equitable access to medical countermeasures and strengthen health systems, but also respect and promote human rights and racial and gender equality. There was merit in establishing a new financial mechanism; however, some key issues, particularly those relevant to developing countries, had not been properly addressed. Equity was absent from most, if not all, of the proposals. Moreover, he expressed concern over the feasibility

and usefulness of some proposals, such as the establishment of a global health emergency council. He commended the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) for their increased transparency and inclusiveness in drafting the proposals. They should be developed solely within the relevant governing and negotiating bodies, including the latter two bodies, for discussion and further development if agreed by Member States.

The representative of YEMEN, expressing support for the 10 proposals, said that existing pandemic response structures should be strengthened rather than create new ones. In addition, activities, programmes and projects should be developed to implement the proposals. In that regard, WHO should make use of the international expertise available, including within the Secretariat and the regional and country offices. Member States urgently required the necessary funding to strengthen their emergency preparedness and response capacities. There should be coordinated efforts among countries within the same region, with the sharing of lessons learned and experiences. The Secretariat should strengthen the capacities of country and regional offices to ensure that they could fulfil their roles effectively.

The representative of MALAYSIA welcomed the consultations held with Member States in the development of the 10 proposals. She also expressed appreciation for the recommendations concerning strengthening WHO preparedness for and response to health emergencies by means of the global architecture for health emergency preparedness, response and resilience. Funding sources were vital and the expansion of the WHO Contingency Fund for Emergencies to ensure a rapidly scalable emergency response was particularly welcome.

The representative of the MALDIVES expressed appreciation for WHO's efforts to strengthen global health emergency preparedness, response and resilience, particularly in the ongoing consultations to obtain Member States' views on the 10 proposals, which should be incorporated into the recommendations. She welcomed the equitable allocation of funds from the Pandemic Influenza Preparedness Framework Partnership Contribution for preparedness and response activities in Member States. Reviewing the International Health Regulations (2005) for increased transparency was important. She cautioned against overlapping, fragmenting or duplicating responsibilities, efforts and conflicts of interest. Any new bodies or mechanisms should have a clear delineation of roles and responsibilities to ensure streamlined decision-making and strengthened coordination to increase efficiency and effectiveness during an emergency. She agreed on the importance of promoting the One Health approach. Member States must address the links between animal and human health before finalizing any mechanisms.

The representative of JAPAN said that, in light of the proposal by the Independent Panel for Pandemic Preparedness and Response to establish a global health emergency council under the leadership of the United Nations General Assembly, in order to ensure a balance of legitimacy, representation and effectiveness, whether the council should be established under WHO or the General Assembly should be discussed before the high-level meeting of the General Assembly on pandemic preparedness and response in September 2023. It would be a challenge for Member States to reach a consensus on whether the council should be established under WHO without clarity on what would be discussed and decided by the council, who would prepare the materials for the discussion and whether the World Health Assembly schedule would allow for it. The proposed establishment of Committee E also required clarification, including whether the monitoring of vulnerabilities, gaps and priorities pertaining to health emergency preparedness and response, as outlined in proposal 7, should be included in its work. He requested clarification on WHO's relationship with the G20 Joint Finance and Health Task Force. There must be more consultation and sharing of information with Member States before the Secretariat scaled up the Universal Health and Preparedness Review outlined in proposal 3. Concerning the implementation of new financial mechanisms for access to medical countermeasures, as outlined in proposal 9, it was important to foster donor understanding by presenting specific systems and expected

outcomes. He asked whether the Secretariat was considering using assessed contributions for the WHO Contingency Fund for Emergencies or a new fund to allow additional disbursements of large amounts, as opposed to the Fund's existing replenishment strategy. A gap analysis must first be conducted to identify fund gaps or excesses and to ascertain whether challenges were related to delivery on the ground, rather than to the resources themselves. Discussions should not be on the premise of the existence of unused resources. The Secretariat should share details of its exchanges with and feedback from Member States and other stakeholders, which would help in the development of more feasible and comprehensive proposals.

The representative of PARAGUAY agreed on the need for ongoing efforts to ensure that the global architecture for health emergency preparedness, response and resilience addressed the many challenges that arose, particularly disparities within and among countries. The International Health Regulations (2005) were limited in scope and did not sufficiently address equity; they could be strengthened by the efforts of the Intergovernmental Negotiating Body as a priority. Discussions on the global architecture for health emergency preparedness, response and resilience should be anchored in the ongoing transparent and inclusive processes within the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) and care should be taken to avoid duplication in addressing issues. The Standing Committee on Health (Pandemic) Emergency Preparedness and Response must be given time to make progress in its work before the establishment of a global health emergency council. The principle of resilience in health emergencies could be strengthened in key areas by fostering greater collaboration with countries that had recorded good progress. He therefore called for Taiwan's¹ participation in the Organization. Referencing proposal 9 on expanding the funds available for rapidly scalable and sustainable emergency response, he stressed that alternative ways of increasing and optimizing resources must be explored to ensure equitable allocation to low- and middle-income countries.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed efforts to strengthen the global architecture for health emergency preparedness, response and resilience. Clarification was needed regarding the proposed global health emergency council's role, prerogatives and connection with the Standing Committee on Health (Pandemic) Emergency Preparedness and Response. Welcoming the idea of establishing a global health emergency corps, he also emphasized the ongoing need for attention to monitoring, laboratory work, clinical health care and combating health emergencies on all fronts. He commended the efforts to amend the International Health Regulations (2005) and the work of the Intergovernmental Negotiating Body; the forthcoming first draft of the pandemic accord would provide clarification on the proposed amendments to the Regulations. The Universal Health and Preparedness Review should be voluntary and more clarification was needed on the criteria of the review process and on its link to the review of the International Health Regulations (2005). With regard to the Fund for Pandemic Prevention, Preparedness and Response, more should be done for low- and middle-income countries. Transparency was key in the allocation of funds, and he sought clarification on the Secretariat's eligibility criteria for funding.

The representative of BOTSWANA welcomed that the 10 proposals had been informed by Member States' experiences in responding to health emergencies, and especially that the proposals were based on equity, inclusivity and coherence. He commended efforts to strengthen the Universal Health and Preparedness Review mechanism following the pilot programme. Given that the mechanism was being implemented alongside existing mechanisms already aimed at improving accountability, the Secretariat should provide more and equitable financial and technical support, paying particular

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

attention to the diversity and complexity of each region and Member State. Reporting under the mechanism should not become a burden, particularly for low-resource countries, and it should not be punitive but encourage peer learning and collaboration. He called for effective and sustainable resource mobilization to support the proposals.

The representative of AFGHANISTAN said that more attention must be paid to ensuring that Member States and health care facilities benefited from the higher levels of coordination, knowledge and capacities within WHO's governing bodies, and that plans developed by the Secretariat were appropriate for use by health care facilities. Consideration must be given to whether the substantial budget allocated for emergencies would sustainably strengthen health systems at the country level, and to whether policies developed were linked to the situation on the ground. The global architecture for health emergency preparedness, response and resilience would be effective only if it was developed first based on feedback from health care facilities, Member States and the regions.

The representative of GHANA commended the Secretariat on its efforts to improve health emergency preparedness and response. He welcomed the mobilization of resources, particularly to enable the African Region to better implement the Regional strategy for health security and emergencies 2022–2030. The Secretariat should advocate for increased domestic investment in health emergency preparedness, and technical and financial support should be provided for domestic resource mobilization. He supported the call for the coordination of all funds in order to improve coherence and accountability and boost preparedness and response, which would ultimately lead to better health outcomes and more efficiency.

The representative of COLOMBIA, expressing support for the proposals, said that governance, financing and equity were key to ensuring that any global architecture achieved its purpose. He highlighted the importance of universal structures that ensured access to truly equitable health care that was a right rather than a good to be traded and was not dependant on people's ability to pay. Owing to climate change, the new architecture must not focus solely on pandemic preparedness but also on prevention. Global action on climate change, climate justice and the One Health approach must be stepped up, ensuring that human, animal and environmental health were taken into account. The health sector and WTO must discuss how to achieve equity in the production and distribution of medicines and technologies; regional authorities, such as regional regulatory agencies, would be essential in that regard. Universal access to public information was key and discussions on health care must take into account the diversity of the people being cared for. Likewise, the knowledge, practices and customs of all cultures must be taken into account in the development of pandemic prevention strategies.

The representative of the RUSSIAN FEDERATION supported WHO's efforts to strengthen the global architecture for health emergency preparedness, response and resilience. He noted the progress made in the processes to amend the International Health Regulations (2005) and to develop the content of the proposed pandemic accord. However, several other existing initiatives had yet to be discussed or approved by Member States and efforts to that end must continue. Member States had repeatedly opposed initiatives that could fragment the global health architecture, duplicate current processes or overload participants in those processes, by not taking into account the capacity of small delegations. It was premature to consider establishing a global health emergency council, an additional committee of the Health Assembly on health emergencies and a global health emergency corps. A global register of specialists, laboratories and rapid response teams for operational use by Member States in emergency situations would enable all States to access assistance and support from experts. The introduction of a mandatory universal review of pandemic preparedness and response systems was unacceptable, as it would encroach on States' sovereignty. Any such reviews should be carried out solely on a voluntary basis. WHO's central role in coordinating epidemic responses should be supported and strengthened, and he therefore supported the proposals to enhance the Organization's financing. However, the

involvement of the G20 Joint Finance and Health Task Force and the contributions to the Fund for Pandemic Prevention, Preparedness and Response alone were insufficient. In light of the importance of the reform of global health care structures, WHO should focus on proposals and initiatives that already had the support of Member States.

Rights of reply

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, expressed his disappointment with certain individual statements that undermined the substantive discussions. The reasons for the special operation in Ukraine were well known, and included attacks by Ukrainian forces on civilian infrastructure, including medical facilities, with the support of NATO Member Countries in the Donetsk and Luhansk People's Republics. Recent attacks on hospitals had been carried out using weaponry procured from the Government of the United States of America and intelligence gathered by NATO Member Countries. The lack of reaction by NATO Member Countries to such flagrant violations of international humanitarian law served to confirm their direct involvement in the conflict. He called on WHO to condemn any such acts.

The representative of DENMARK, speaking in exercise of the right of reply and on behalf of the European Union and its 27 Member States, said that the direct and indirect health impacts of the war on the Ukrainian population were of utmost concern. It was only natural that a health emergency of the scale of the one triggered by the unprovoked and unjustified war should be addressed by WHO Member States. The Government of the Russian Federation's war of aggression against Ukraine continued to affect the health situation across the globe, particularly in the most vulnerable countries. He reiterated his full support for Ukraine's independence, sovereignty and territorial integrity within its internationally recognized borders. He recognized Ukraine's inherent right to self-defence against the Government of the Russian Federation's aggression, which grossly violated international law and the United Nations Charter and undermined international security and stability. He stressed that the Government of the Russian Federation must always assume its responsibilities under international humanitarian law.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that Western Member States were distorting facts and engaging in disinformation. The long-term goal of the Government of the United States of America was clear; even though the cost of such a victory included costs of a humanitarian nature. The Ukraine regime, using weaponry obtained from NATO Member Countries, was committing criminal acts. All such acts would be punished.

The representative of NORWAY,¹ speaking in exercise of the right of reply, said that she aligned herself with the statement made by the representative of Denmark.

The meeting rose at 17:45.

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