
PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

WHO headquarters, Geneva
Tuesday, 31 January 2023, scheduled at 14:30

Chair: Dr K. V. PETRIČ (Slovenia)

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FOURTH MEETING

Tuesday, 31 January 2023, at 14:45

Chair: Dr K. V. PETRIČ (Slovenia)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

1. BUDGET AND FINANCE MATTERS: Item 20 of the agenda (continued)

Thirteenth General Programme of Work, 2019–2025: Item 20.3 of the agenda (document EB152/28) (continued)

Scale of assessments for 2024–2025: Item 20.4 of the agenda (document EB152/29) (continued)

Amendments to the Financial Regulations and Financial Rules: Item 20.5 of the agenda (documents EB152/30 and EB152/30 Add.1) (continued)

The representative of FRANCE said that, with respect to the proposed amendments under Financial Regulation 6.5, his Government supported option B. Automatic suspension of the voting rights of a Member State in excessive arrears seemed consistent with the rules of sound financial management – and with WHO governance reform generally – and was in line with the rest of the United Nations system. However, in view of the subject matter dealt with by WHO, some flexibility should be provided for through the addition of wording similar to that of Article 19 of the Charter of the United Nations, to the effect that the Health Assembly might waive the suspension if it found that the arrears were due to circumstances beyond the Member State's control. Further consultations should be held before the Seventy-sixth World Health Assembly.

The representative of the SYRIAN ARAB REPUBLIC said that her Government supported option A because the continuing serious impact of the coronavirus disease (COVID-19) pandemic and other difficulties was preventing many States from meeting their financial obligations. Decisions on the suspension of privileges must be left to the Health Assembly to enable the concerned State to find alternative solutions to meet those obligations.

The representative of PERU said that the Thirteenth General Programme of Work, 2019–2025, must be aligned with the Sustainable Development Goals and facilitate achievement of the triple billion targets. An inclusive, bottom-up and data-driven prioritization process that complemented the development of acceleration scenarios and the strengthening of regional and country offices should be followed. That was the only way to ensure appropriate planning, mobilization and allocation of resources and a measurable impact on health in countries. Regarding proposed Financial Regulation 6.5, option A was preferable.

The representative of TIMOR-LESTE, noting the improved alignment of the triple billion strategy with the “five Ps” and the draft Proposed programme budget 2024–2025, said that the bottom-up, inclusive and evidence-driven approach to prioritization should continue. His Government appreciated the Secretariat's efforts to intensify support to countries while continuing to use the WHO results framework and was pleased that the extension of the Thirteenth General Programme of Work, 2019–2025, was aimed at strengthening country capacities. The Secretariat should continue to support

countries in promoting integrated services and cross-cutting interventions. Capacity-building in country and regional offices was also critical, and the data-driven, delivery-for-impact approach would enhance monitoring and management. Good quality country data were essential, especially in view of proposed new indicators in such areas as mental health, nutrition and climate change. The Secretariat should include capacity-building at country level in its plan for improving impact measurement indicators.

The representative of DENMARK, speaking on behalf of the eight Nordic and Baltic countries, said that the full implementation of the Thirteenth General Programme of Work, 2019–2025 should continue. Further consultations on how the “five Ps” would impact WHO’s work in that regard, especially in relation to the planned emphasis on high-impact interventions to achieve the triple billion targets, could be useful. He welcomed the decision to keep the WHO results framework unchanged and supported the request for its external evaluation. Lastly, in view of the limited consultations on the extension of the Thirteenth General Programme of Work, 2019–2025 he proposed that the Board only note, rather than endorse, document EB152/28.

The representative of COLOMBIA said that, in the light of the current proposal to increase assessed contributions, option A under Financial Regulation 6.5 was preferable. Decisions such as suspending voting rights must be taken by the Health Assembly.

The representative of NAMIBIA¹ welcomed the extended Thirteenth General Programme of Work, 2019–2025, which maintained the alignment with the “five Ps” provided strategic direction for the draft Proposed programme budget 2024–2025 and would strengthen country capacity. Under Financial Regulation 6.5, his Government strongly supported option A, which reflected the current application of Article 7 of the Constitution, and looked forward to further consultations on the matter.

The representative of BANGLADESH,¹ recalling the aims of extending the Thirteenth General Programme of Work 2019–2025, said that the Secretariat should provide equity-based support at country level to address challenges facing the health sector in Member States, including as a result of COVID-19, climate change and political crisis. It should also evaluate the impact of the “five Ps” on the triple billion targets and strategic functions. Option A under the proposed Financial Regulation 6.5 was preferable. Further consultations should be held in the absence of agreement among Member States.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that there appeared to be general agreement on the recommendations of the Programme, Budget and Administration Committee to proceed with the amendments to the Financial Regulations and Financial Rules, with the exception of the removal of point (e) on sustainable procurement in proposed revised Rule 111.2, and the options proposed concerning the application of Article 7 of the Constitution. Further consultations would be held in the coming months.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/28, EB152/29 and EB152/30.

The reports were noted.

The CHAIR asked whether the Board was prepared to note the outcomes of the consultations held with Member States on the extension of the Thirteenth General Programme of Work, 2019–2023, to 2025, contained in document EB152/28.

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

It was so agreed.

The CHAIR took it that the Board wished to adopt the draft resolution on the scale of assessments for 2024–2025 contained in document EB152/29, and the draft resolution on amendments to the Financial Regulations and Financial Rules contained in document EB152/30.

The Board adopted the resolutions.¹

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery for Impact) thanked Member States for their careful review of and insightful comments on the extended Thirteenth General Programme of Work, 2019–2025. As a result of that input, WHO would be better placed to actively support countries and make measurable national and subnational impact, which would contribute to achieving the 2030 Agenda for Sustainable Development and facilitate reporting. The “five Ps” supported prioritization based on country needs and would also contribute to the development of the fourteenth general programme of work.

2. MANAGEMENT MATTERS: Item 21 of the agenda

Prevention of sexual exploitation, abuse and harassment: Item 21.1 of the agenda (document EB152/31)

STAFFING MATTERS: Item 25 of the agenda

Human resources: Item 25.4 of the agenda (documents EB152/48 Rev.1 and EB152/48 Rev.1 Add.1)

The CHAIR invited the Board to note the reports contained in documents EB152/31 and EB152/48 Rev.1, and to consider the draft decision on reform of the Office of Internal Oversight Services contained in EB152/48 Rev.1. The financial and administrative implications of the draft decision were contained in document EB152/48 Rev.1 Add.1.

The representative of the MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the recommendations and guidance proposed by the Committee on the prevention of sexual exploitation, abuse and harassment set out in paragraph 53 of document EB152/4.

The DIRECTOR-GENERAL, noting that the Secretariat was now using the umbrella term “sexual misconduct” for sexual exploitation, abuse and harassment, said that more than 90% of the 150 activities in the Management Response Plan had been completed. Highlighting some of the achievements over the previous 14 months, he said that tangible progress had been made in shifting to a victim- and survivor-centred approach, by changing policies, procedures and practices. WHO had provided holistic support through its Survivor Assistance Fund to all 83 survivors identified in the report of the Independent Commission on the allegations of sexual abuse and exploitation during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo, regardless of whether the alleged perpetrators were WHO personnel.

A WHO survivor support function would be established, and counselling services were being provided for staff around the world in multiple languages. In the Democratic Republic of the Congo,

¹ Resolutions EB152.R3 and EB152.R4.

WHO had worked with local organizations to raise awareness among at-risk communities of its expected standards, complaints procedures and access to services, such as its free legal aid for survivors. Stressing the urgent need to address bystander culture and victim-blaming, he thanked the nongovernmental organization Rise for highlighting the need for empathy through its powerful exhibition at WHO headquarters “What were you wearing?”

More than 90% of WHO staff globally had completed two mandatory United Nations courses and 90% of managers had completed a special module on their responsibilities. WHO country office heads and focal points for sexual misconduct across the Organization received training and briefings, with the focal points delivering training and awareness campaigns in the field. WHO had also helped to develop a United Nations-wide toolkit for implementing partners, which would be rolled out in 2023.

Efforts in 2022 had focused on structural and cultural reform of WHO to make zero tolerance a reality, and capacity-building at all levels to prevent and respond to sexual misconduct had been a large part of that work. Candidates for the expert positions in the 10 priority countries and for the remaining senior regional coordinator positions had been identified, and all regional offices now had dedicated teams for sexual misconduct. The Department of Prevention of and Response to Sexual Misconduct was now fully staffed, and the Office of Internal Oversight Services had been restructured and was scaling up capacity to manage all misconduct investigations. Given the increased risk of sexual misconduct in emergencies, the Emergency Response Framework had been updated to include benchmarks and targets for the integration of sexual misconduct prevention and response into the incident management system and was being used to address sexual misconduct in several grade 2 and 3 emergencies.

The Secretariat had developed end-to-end safeguarding measures for recruitment and deployment, including regular screening through the United Nations ClearCheck database, and had systematically created transparency mechanisms such as the WHO webpage and dashboard on sexual misconduct investigations. Starting from 2023, the dashboard would show information on disciplinary measures taken, as well as case numbers. Of the 107 complaints of sexual exploitation, abuse or harassment filed in 2022, 75 had been investigated and the rest remained under investigation. Three staff members and one consultant had been dismissed.

The WHO investigations team had completed its report on allegations of sexual misconduct by a WHO staff member during the World Health Summit in October 2022. The Global Advisory Committee was reviewing the case, and any necessary disciplinary action would be taken. It was regrettable that the media had identified the alleged perpetrator.

In its report on the managerial mishandling of allegations of sexual misconduct during the 10th Ebola outbreak in the Democratic Republic of the Congo, the United Nations Office of Internal Oversight Services had found that the allegations against the three staff members identified in the Independent Commission’s report were unsubstantiated. The staff members who had been on administrative leave were returning to active service. Observing significant inconsistencies between the report of the United Nations Office of Internal Oversight Services and the report of the Independent Commission, the Secretariat had shared the United Nations report with WHO’s Independent External Oversight and Advisory Committee to seek guidance. Although the United Nations report identified institutional shortcomings – which had already been highlighted in the Management Response Plan, the Independent Commission’s report and a recent independent audit of WHO accountability functions – it was not intended to be a comprehensive review of WHO’s response to sexual misconduct and did not capture many aspects of the progress made which had been highlighted by the Independent External Oversight and Advisory Committee and in the United Nations system-wide survey on sexual misconduct.

There was no room for complacency, and the WHO draft policy on preventing and addressing sexual misconduct to be launched in February 2023 had been sent to all Member States. It covers best practices and management of sexual exploitation, abuse and harassment allegations. The new policy would be supported by a revised policy on preventing and addressing retaliation, and a revised Code of Conduct was to be issued soon.

The reform of the Office of Internal Oversight Services and the establishment of dedicated investigation capacity for sexual misconduct had boosted confidence and trust, with triple the number of complaints filed in 2022 compared to 2021. The investigations team had cleared the backlog of sexual misconduct allegations and was now working on cases in real time and meeting the 120-day completion target, accelerating the delivery of justice. A new Head of Investigations had been appointed, and the three team heads of that unit and a new director of the Office of Internal Oversight Services were being recruited.

With the increase in the total number of allegations received, the backlog in allegations of other abusive workplace conduct, fraud and corruption, and the vacancies to be filled in the investigations team, he requested a final extension of the suspension of Financial Rule XII, 112.1, in part, until the 153rd session of the Executive Board, in order to maintain the gains made. Both the Independent Expert Oversight Advisory Committee and the Programme, Budget and Administration Committee had endorsed the request, and there were no financial implications for the Secretariat. As a transitional measure, the current head of the investigations team would remain responsible for all investigations of sexual misconduct and other abusive conduct, and the newly appointed Head of Investigations would report to her in that area.

With the Management Response Plan coming to an end, WHO was transitioning to a three-year strategy to institutionalize the gains made. The Secretariat was fully committed to ongoing improvement since WHO's handling of misconduct would determine the trust that Member States and the public placed in it to deliver public health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking also on behalf of Argentina, Australia, Brazil, Canada, Chile, Costa Rica, Ecuador, the 27 Member States of the European Union, Ghana, India, Indonesia, Israel, Japan, Malaysia, Maldives, Mexico, Monaco, Montenegro, New Zealand, Panama, Peru, Republic of Korea, Rwanda, South Africa, Switzerland, Thailand, Uruguay and the United States of America, said that WHO's transition from the Management Response Plan to the three-year strategy and associated monitoring and accountability framework showed the significant strides made in recent years. WHO must also reflect on challenges to be addressed, risks to be managed and lessons to be learned. Survivors, whistleblowers and all who had supported investigations should be commended for their bravery. The governments on whose behalf he was speaking would engage in due course with WHO on the findings of the investigation report by the United Nations Office of Internal Oversight Services. The misconduct investigations function must be stabilized through dedicated, sustainable funding and fully competent staff.

A victim- and survivor-centred approach must be at the core of WHO's work and the progress made by WHO in that regard through policy and system reform was welcome. Meaningful, context-appropriate community engagement was critical to protect victims and survivors, who must be provided with psychosocial and other suitable support. Their rights, privacy, needs and wishes should be prioritized, including in the investigative process, by strengthening community-based reporting mechanisms and structures. WHO management should set the tone in building a culture of integrity and transparency, in particular by establishing clear lines of responsibility.

WHO's investment in staff training and efforts to strengthen its investigation capacity for investigation were strongly supported. The Secretariat should provide prompt and confidential reports to Member States, including on the actions taken to address sexual exploitation, abuse and harassment, and ensure that private information was not leaked. WHO's efforts to embed robust safeguards in its operations, especially in high-risk settings, were appreciated. It should continue to prioritize inter-agency coordination on prevention and response to sexual exploitation, abuse and harassment, especially in the design and operation of complaints mechanisms, and the response to reports.

The representative of DENMARK, welcoming the development of the three-year strategy, said that a strict policy of zero-tolerance to sexual exploitation, abuse and harassment was required. WHO

should always stand with the victims. It was a question of trust, not only of Member States in the Secretariat, but also – and even more importantly – of the global community in WHO. His Government would continue to support WHO's efforts to safeguard victims and take robust action. It supported a final extension of the temporary suspension of Financial Rule XII, in part, until the 153rd session of the Executive Board, with the expectation that permanent measures to ensure that internal oversight services were fit for purpose would be presented.

The representative of the UNITED STATES OF AMERICA, thanking the Director-General for outlining the immediate action taken regarding the allegations reported in the media about a WHO staff member, welcomed the Secretariat's work to advance WHO's zero-tolerance policy on sexual misconduct, develop a new consolidated policy framework and adopt a victim- and survivor-centred approach. The recommendation on a holistic review of the Office of Internal Oversight Services and the commitment to share the report of the United Nations Office of Internal Oversight Services with Member States were also appreciated. The Secretariat must pursue any necessary measures to ensure accountability for the incidents in the Democratic Republic of the Congo and to further strengthen WHO's efforts in that area. Member States input on those issues was critical.

All Member States should help to ensure the success of the Secretariat's efforts to safeguard against any form of sexual misconduct through the governing bodies and financial and technical collaborations. In countries where WHO had operations, it was also important to engage with United Nations and humanitarian country teams, as appropriate, and with inter-agency networks in order to deal with the issue properly and support work on common approaches by all stakeholders. Gender-based violence programming should be prioritized as a lifesaving intervention and stakeholders were requested to provide further investment to ensure that work was properly resourced. Noting that many global health and development professionals had experienced sexual misconduct throughout their careers, she called on WHO and its Member States to stand by victims and survivors and continue working to deliver justice.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that the Secretariat's full commitment to zero tolerance for sexual exploitation, abuse, and harassment was appreciated, and the topic should be integrated into the WHO pillars to ensure its sustainability. Regional and national mainstreaming through the focal point network and the capacity-building mechanisms adopted had made a good start towards building an institutional culture. The significant efforts of the Regional Office for Africa, in particular by embedding the prevention of sexual exploitation and abuse in all response and programme mechanisms, were acknowledged.

The Member States of the African Region called for further collaboration among governments, their agencies and WHO country offices through information exchange, reporting and formal review mechanisms. WHO must also support and strengthen the gender-based violence response system in countries, ensuring alignment with the victim- and survivor-centred approach. Community engagement and mobilization, and WHO's frontline leadership role in holding humanitarian workers accountable were crucial. Stronger, harmonized efforts with other United Nations and humanitarian organizations, predictable resource mobilization and joint review would support a comprehensive and coordinated system-wide approach and ensure sustainability.

The representative of CHINA said that his Government would study the report of the United Nations Office of Internal Oversight Services on the managerial mishandling of allegations of sexual misconduct and supported WHO's zero-tolerance approach. The Secretariat should accelerate action on staff misconduct and focus on priority areas identified by Member States. It was hoped that the Secretariat would continue to enhance the care and support provided to victims through the Implementation Plan of the Management Response and increase transparency through regular and timely reporting and consultation with Member States.

The representative of AFGHANISTAN, thanking the Secretariat for the great strides taken to address and prevent sexual misconduct, said that the topic was very sensitive, especially in the context of different cultural and religious values. The term “victim” could be applied to both the accuser and the accused in view of the potential reputational harm to both parties, as well as to the institution, during an investigation. Given the difficulty of repairing such damage, the Secretariat should prepare specific guidelines on strategic communication with the media and on social media. When recruiting for the new investigations unit it was important to be aware of cultural sensitivities and diversity and assign teams to cultural contexts that they understood.

The representative of JAPAN expressed appreciation for the Secretariat’s hard work to address sexual exploitation, abuse and harassment. Stronger engagement with governments and authorities in countries where WHO had programmes and operations was needed. Implementation monitoring and evaluation, technical support and proper budget allocation were also essential for timely and appropriate action. The topic should be mainstreamed in all high-risk settings, and a corresponding budget should be included in all sectoral response plans. Partnerships should be strengthened in the area of gender-based violence and among humanitarian actors to enhance sector-wide investigation capacity, referral and hotline services. The integration of sexual and reproductive health and gender-based violence services was also key in achieving more holistic referral services. The Secretariat should consider adhering to the OECD’s Development Assistance Committee Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance.

The representative of FRANCE said that his Government attached high priority to combating sexual exploitation and abuse within the United Nations system and commended the Secretariat’s work to apply the Implementation Plan, in particular the strengthening of WHO’s investigation services. His Government would closely follow the future three-year strategy and the proper integration of specific and transformational measures aimed at bringing about real, long-term organizational culture change. It would also support the Secretariat’s efforts to address the fragmentation of WHO’s investigation functions.

The representative of BRAZIL said that her Government welcomed the steps taken to enhance prevention and response to sexual exploitation, abuse and harassment and the shift towards a victim- and survivor-centred approach. Further action was essential to create a zero-tolerance environment in which victims could speak out without fear of retaliation and were assured accountability and appropriate support.

The representative of TIMOR-LESTE applauded WHO’s efforts to achieve zero tolerance for sexual exploitation, abuse and harassment and welcomed the unified framework provided by the Implementation Plan. Collaboration with all stakeholders, especially United Nations country teams, civil society organizations and ministries was essential. Sexual exploitation, abuse and harassment must no longer go ignored or unreported because of fear of retaliation, discrimination or the victim’s lack of awareness. Her Government aligned itself with the statement made by the representative of Denmark.

The representative of PERU said that a victim-centred policy of zero tolerance should be implemented in WHO regional and country offices, as well as at headquarters. A truly victim-centered approach must ensure a swift and effective response to cases of inappropriate conduct and include measures to address retaliation. The additional backlog in cases, generated by the sharp increase in reports over the preceding year as a result of greater awareness, had delayed the administration of justice, ultimately violating victim’s rights. The new investigations unit must be adequately staffed to deal with current and future cases.

The representative of INDIA, welcoming action taken by WHO to address sexual harassment, said that a clear zero tolerance message and prompt punishment were needed. A robust mechanism should be created to identify, report and address such incidents at a very nascent stage. WHO country offices should activate their internal mechanisms and work closely with local communities and authorities to prevent any form of sexual misconduct. In order to ensure predictable resource allocation for prevention and response efforts, all budget centres should provide earmarked funds, designate dedicated human resources in every office, invest in capacity-building and awareness raising, and have a pool of readily deployable experts. To safeguard its workforce, WHO should focus on aligning its policies with international best practices, actively involve local communities and authorities in all its interventions, conduct regular staff training, provide communication in the local dialect, have a coherent system of streamlined reporting and delegation of authority, and develop context-specific risk management for prevention of sexual exploitation, abuse and harassment in field operations.

The representative of ISRAEL¹ said that her Government had zero tolerance for sexual exploitation, abuse or harassment and strongly supported a survivor-centred approach in addressing the lasting and traumatic impact. Her Government recognized the progress made in the implementation of the Management Response Plan as a WHO-wide legal framework and welcomed its three pillars.

Noting the importance of ensuring that victims and survivors were appropriately protected and supported, she commended the Secretariat for establishing the Survivor Assistance Fund. Given the high risk of sexual misconduct in emergency settings, the inclusion of the prevention of sexual misconduct in the WHO Health Emergencies Programme was welcome. Increased engagement was needed in the countries where WHO programmes and operations needed strengthening. Her Government strongly encouraged collaboration between WHO, other United Nations agencies and humanitarian partners in strengthening the prevention of sexual misconduct, which was a shared responsibility.

The representative of MEXICO¹ thanked the Director-General for his extensive report. Recalling the Directive on Sexual Harassment in United Nations Peacekeeping and Other Field Missions in force since 2003 and WHO's importance within the United Nations system, she requested the Secretariat to share with Member States relevant information from the 2022 annual letter to the United Nations Secretary-General on cases of sexual exploitation, abuse and harassment and action taken by the Secretariat.

The representative of NAMIBIA¹ commended WHO's efforts to address sexual exploitation, abuse and harassment, in particular in the African Region. Future reports should provide details on the number of cases involving WHO staff members who had been referred to their national governments for investigation and prosecution, to ensure accountability at the national and government levels. Welcoming the Secretariat's zero-tolerance policy and survivor-centred approach, his Government encouraged continued close collaboration with countries so that government systems were better aligned with that approach.

The representative of FIJI,¹ commending the Secretariat's work on the issue, said that funding and support were critical in strengthening the operations of the Office of Internal Oversight Services in particular and in meeting the expectations of Member States. The efforts of whistleblowers and victims were commendable. Due diligence and full compliance with established practices must be ensured, and the role of the Office of Internal Oversight Services in investigations must be respected. It was of concern that certain members of the Secretariat had leaked highly confidential information. The

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

investigation should be allowed to take its own course, without undue influence from the media. Due process must be respected, and all individuals involved must receive fair treatment and equal protection.

The representative of the NETHERLANDS¹ said that her Government looked forward to further discussions on the reasons for the inconsistencies between the two investigation reports. She asked the Secretariat whether the concerned WHO staff members had received the report of the United Nations Office of Internal Oversight Services or been informed about the discrepancies. Her Government would welcome the views of the Independent Expert Oversight and Advisory Committee on how to deal with the discrepancies and, at a later stage, an assessment of the lessons learned from the establishment of such an independent commission. The extension of the dual leadership of the Office of Internal Oversight Services highlighted the need to review the structure and functioning of that Office. She would appreciate an update at the next meeting of the Programme, Budget and Administration Committee concerning progress made in that regard, necessary amendments to the Financial Regulations and Financial Rules and the Charter of the Office of Internal Oversight Services. Thanking the Secretariat for its hard work on the topic, she expressed the hope that the increased transparency and dialogue with Member States would become institutional practice, facilitating regular follow up on the matter.

The representative of AUSTRALIA¹ said that her Government, which had zero tolerance for inaction on sexual exploitation, abuse and harassment, commended the Secretariat's continued progress in implementing the management response to the Independent Commission's report. The efforts to strengthen investigative and institutional capacity, including in WHO country and regional offices, and focus more on safeguarding in high-risk settings were encouraging. The establishment of a dedicated department and network of focal points would ensure that risks were managed and issues addressed in a timely manner. Meaningful community engagement tailored to local contexts was critical. Welcoming WHO's leadership on the topic, her Government looked forward to the broader influence of WHO's landmark three-year strategy across the United Nations system. However, it remained concerned that the umbrella term "sexual misconduct" risked obscuring the gravity of the offences, and looked forward to working with the Secretariat and other Member States to agree on appropriate terminology. Embedding a culture based on integrity, transparency and accountability should remain a priority for WHO to empower beneficiaries and staff to come forward, in particular where complaints had not been adequately addressed in the past.

The DIRECTOR (Prevention and Response to Sexual Misconduct) thanked Member States for their acknowledgement, feedback and guidance, and staff across WHO for their contributions to the Organization-wide efforts. While she agreed that many women in global and public health had experienced sexual misconduct in their careers, she noted that men, as well as women were trying to make the victim- and survivor-centred approach meaningful and execute it effectively. She welcomed Member States' feedback on the three-year strategy and responses to the questions posed in the report, including on strengthening collaboration with governments, stakeholders and, in particular, communities. The allocated budget was just the foundation, and prevention activities in high-risk contexts required significant additional resourcing.

WHO's workforce was multicultural and the investigation team was made up of 20 different nationalities. While WHO staff were very aware of cultural differences, it should be borne in mind, however, that they were obliged to adhere to the standards expected of international civil servants, not those of their individual cultures. The Director-General's annual letter to the United Nations Secretary-General would be made available to Member States, as would letters of representation to the Director-General from senior management and heads of WHO country offices, and information on WHO's participation in various United Nations initiatives on preventing and responding to sexual

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

exploitation and abuse. The Secretariat was following the OECD Development Assistance Committee recommendation and would be assessed using the related standards. It would keep Member States updated through the quarterly briefings.

The representative of the OFFICE OF THE LEGAL COUNSEL, responding to the representative of the Netherlands, said that investigation reports were internal confidential documents and not automatically shared with the subject. A report, or parts thereof, would be shared with those concerned on a need-to-know basis only when a disciplinary process was initiated, as was the case for any confidential document. In the case at hand, it had been deemed useful to share a redacted version of the Independent Commission's report, as it was not public. The Secretariat took very seriously the view that a further suspension of Financial Rule XII, 112.1, in part, suggested inadequate functioning of the Office of Internal Oversight Services. Efforts were under way to review and strengthen that Office, and any necessary adjustments to the regulatory framework would be proposed at the next Board session.

The DIRECTOR-GENERAL thanked Member States for their input and support and looked forward to continued collaboration on the topic. The Secretariat would remain focused on the challenges and problems, analysing their root causes, and learning from mistakes. He fully agreed that integrity, transparency and accountability were crucial. Regarding the regrettable leaks of information, he said that staff and the media knew the rules and should respect them. The cooperation and integrity of all parties was needed to address the serious problem of sexual exploitation, abuse and harassment. Noting that only the United States of America had responded to his request for secondments to all levels of WHO, he again requested Member States to second staff to share their expertise so that WHO could make continued progress on the issue.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/31 and EB152/48 Rev.1.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/48 Rev.1.

The decision was adopted.¹

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

3. 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 the global architecture for health emergency preparedness, response and resilience** (document EB152/12) (continued)

¹ Decision EB152(1).

The representative of NORWAY¹ said that a strengthened architecture for pandemic prevention, preparedness, and response needed WHO at its centre, with due consideration of the Organization's normative and leading roles. There was a need for greater engagement of heads of State and government in pandemic prevention, preparedness and response, and although WHO's guidance should provide the basis of such dialogue, the United Nations General Assembly was a better forum for such discussions. Moreover, creating additional committees would risk overburdening delegations. A permanent medical countermeasures platform that delivered faster and more equitable access should be established and would need to be compatible with, and linked to, a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord). Joint future preparedness and response capacity must be built on solid country-level systems. Member States should consider how WHO, the pandemic accord, the Fund for Pandemic Prevention, Preparedness and Response and other global health initiatives could better support and incentivize health systems strengthening and the achievement of universal health coverage.

The representative of THAILAND,¹ expressing his Government's full support for the principles of coherence, equity and inclusivity, said that the Standing Committee on Health Emergency, Prevention, Preparedness and Response might duplicate the function of the Emergency Committee established by Article 48 of the International Health Regulations (2005) and add a layer of governance and management. The Standing Committee was a temporary measure and should be terminated once the governance mechanism of the WHO pandemic accord had been adopted and fully implemented. Furthermore, a new mechanism, such as the proposed global health emergency council, would increase fragmentation and create multiple administrative layers, burdening the Secretariat. The two governance mechanisms under the International Health Regulations (2005) review and the pandemic accord should be the main instruments during a public health emergency of international concern or pandemic and must be harmonized accordingly.

The representative of TUNISIA,¹ referring to the recommendations submitted at the Seventy-fifth World Health Assembly by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, said that the programme should have a single structure, budget and workplan and adopt an integrated approach to maintain the expertise and capacity of the coronavirus disease (COVID-19) response team. Member States should increase funding to support WHO, and lessons should be learned from the COVID-19 pandemic to improve preparedness and response and enhance WHO's leadership role in that area. The capacities of all involved in pandemic preparedness and response must be strengthened by securing sustainable and flexible funding, building trust, enhancing international and regional cooperation to meet the needs of Member States, and involving civil society.

The representative of SINGAPORE¹ welcomed WHO's work in strengthening the global health architecture and developing the 10 proposals. The establishment of multiple guidance bodies could lead to duplication, and the guidance roles of the global health emergency council and the Standing Committee appeared to overlap. There was value in adopting a regional approach to strengthen core prevention, detection and response systems since it could provide the scale needed for certain initiatives and faster responses than global systems. Regions with shared interests and priorities could more easily build on existing regional structures and initiatives to address gaps in the genomic surveillance landscape, strengthening global preparedness. While the 10 proposals contained many good ideas, some aspects were rightly the purview of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response or of the Working Group on Amendments to the International Health Regulations (2005). The Secretariat could better inform discussions in those bodies by providing further details, including

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

on Member States' obligations and necessary resources, and could also facilitate discussions on strengthening the global health architecture.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association, and the Global Self-Care Federation, said that the private sector's ability to deliver quickly and at scale should be leveraged in preparedness, response and recovery efforts. Any new system in the global health architecture should avoid duplication, leverage existing instruments and have a clear relationship to existing frameworks. As a global technical authority, WHO should maintain focus on its core mission of setting norms and standards. Tasks more efficiently performed nationally or regionally should remain at those levels. Regarding the Pandemic Fund, continued investments and timely availability of funding during and between pandemics would enhance health system readiness and resilience. Essential health care service provision for noncommunicable diseases should continue throughout public health emergencies, and all pandemic prevention, preparedness and response efforts should support achievement of universal health coverage.

The representative of MEXICO¹ said that her Government supported certain proposals, including those relating to the Universal Health And Preparedness Review, amendments to the International Health Regulations (2005) and the strengthening of the five core components. Others, however, such as the establishment of a global health emergency council, required more detailed discussion and the Secretariat should continue its dialogue with Member States. The pandemic accord would help to reduce fragmentation, in line with the key principle of coherence, by strengthening WHO as the leading health authority. Noting that the Access to COVID-19 Tools (ACT) Accelerator had sought to improve coherence, she asked the Secretariat how and where a similar such mechanism should be established, taking into account the lessons learned, and what the Secretariat had already done to reduce fragmentation, improve coordination with other international organizations and avoid duplication of efforts.

The representative of AUSTRALIA¹ welcomed the support provided by the Secretariat to help Member States address many aspects of the 10 proposals. The Secretariat should continue to provide information and advice to the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) to inform decision-making. The proposal concerning a new global health emergency committee and a Health Assembly committee on emergencies required careful consideration. A specific informal consultation to consider those governance ideas ahead of the first substantive meeting of the new Standing Committee could offer a useful opportunity for discussion. Her Government had contributed 50 million Australian dollars to the Pandemic Fund and remained committed to strengthening the WHO Contingency Fund for Emergencies and other funding mechanisms to address critical financing gaps. While recognizing the unprecedented number of complex, intersecting health emergencies faced by the Health Emergencies Programme, her Government expected WHO to continue to lead the critically important work already well under way to build stronger systems using lessons learned from the pandemic. Member States and the Secretariat were partners in that effort.

The representative of NEW ZEALAND¹ said that her Government strongly supported the 10 proposals and the overarching principles of the framework, which should continue to guide efforts to strengthen health emergency preparedness and response. Noting the various work streams under way, she said that efforts to strengthen the global health architecture must be coherent and aligned. The

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Secretariat should facilitate the work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) and enable those bodies to complete their mandates by May 2024. It should also identify more clearly which of the 10 proposals required action and which were already being addressed through other forums.

The representative of FIJI,¹ highlighting the importance of multisectoral action in achieving universal health coverage, said that her Government supported the 10 proposals together with the central principles of equity, inclusivity and coherence. Governance and partnerships were critical to achieve the 2030 Agenda for Sustainable Development, especially for small island developing States like her own, where inherent vulnerabilities to climate change and natural disasters added to the burden of noncommunicable diseases and mental health.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Pharmaceutical Federation, the International Council of Nurses, The World Medical Association, Inc., WaterAid International, the International College of Surgeons, PATH, Amref Health Africa, IntraHealth International, Inc. and the International Society for Telemedicine and eHealth, said that it was important to involve civil society in the work of the proposed global health emergency council; apply the WHO Global Code of Practice on the International Recruitment of Health Personnel; strengthen health data governance; and provide decent, safe and responsive working conditions. Members States and WHO must involve health professionals in developing the way forward.

The representative of the MARSHALL ISLANDS,¹ said that inclusivity was critical in advancing the 10 proposals, in particular proposal 6 on expanding partnerships and strengthening networks. Taiwan² had proven a valuable partner in countering global health threats and should be included in all WHO technical meetings, activities and mechanisms, including as an observer at the World Health Assembly.

The representative of SWEDEN,¹ noting that some of the proposals, notably those concerning the pandemic accord, amendments to the International Health Regulations (2005) and the Pandemic Fund were already being addressed, said that some of the other proposals raised important questions about WHO's mandate and role. The Organization should avoid mission creep and focus on its core mandate and role in health emergency preparedness and response by leading on normative and technical matters and using its convening power. The report did not adequately reflect the breadth of key players in the international system. Ongoing international processes, such as the future platform for medical countermeasures and the United Nations high-level meeting, would provide further opportunities for discussion. His Government did not view the 10 proposals as a package, rather as individual initiatives that should be assessed in their own right and in light of ongoing and related processes. Before identifying gaps for future work, the aims and purposes of the proposals and implications for WHO should be clarified.

The representative of MONACO¹ said that certain proposals, in particular proposals 1 and 3 concerning, respectively, a global health emergency council and the Universal Health and Preparedness Review should be discussed further, either on an ad hoc basis or as part of ongoing processes. Monitoring the implementation of the conclusions of the Working Group on Sustainable Financing and

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² World Health Organization terminology refers to "Taiwan, China".

of the Agile Member States Task Group would also be relevant. Regular information on the Pandemic Fund would be welcome.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that WHO should develop standards and public repositories for the transparent provision of information on issues such as research and development costs, subsidies, patents and clinical trials during pandemics. Governments should use appropriate permitted exceptions to intellectual property rights and should be required, under the pandemic accord, to incentivize the sharing of such rights and meaningful technology transfer. Pooling mechanisms were an alternative solution for the global sharing of knowledge and technology. She expressed support for African Member States' call for a cell-line repository for biotherapeutics and vaccines and pricing transparency.

The representative of KENYA¹ said that the Secretariat should continue to support the ongoing processes in the Intergovernmental Negotiating Body and Working Group on Amendments to the International Health Regulations (2005) and await their outcome before implementing certain proposals, such as the proposed Global Health Emergency Council, the introduction of new or continuation of existing countermeasure mechanisms, the Universal Health and Preparedness Review process, and the most suitable financing mechanism that would promote inclusivity and equity. Her Government supported the prioritization and full implementation of the Thirteenth General Programme of Work, 2019–2025 to achieve measurable impacts on people's health at the country level.

The representative of PAKISTAN,¹ welcoming the 10 proposals and three principles of the framework, said that the mobilization of international public and private finance was essential to develop resilient prevention and response tools for future international health emergencies. The principles of equity, common but differentiated responsibilities and adequate international assistance and cooperation, including technology sharing, must be embedded in the future prevention and response architecture. Although the WHO Contingency Fund for Emergencies provided a critical lifeline during health emergencies, additional financing and support mechanisms were necessary.

The representative of INDONESIA¹ said that the global architecture for health emergency, preparedness and response must be built on strong national capacities. While his Government was open to the ideas presented, the Secretariat should refrain from establishing another workstream to discuss the 10 proposals so as to avoid overlapping with other bodies and prejudging the outcome of their discussions. His Government asked the Secretariat how it would ensure that the proposed global health emergency council was agile and inclusive and avoided further fragmentation. The establishment of a main committee on emergencies of the World Health Assembly should be further explored, as it could provide both inclusivity and a better space for discussion. In addition, his Government supported more comprehensive access to the benefits of pathogen-sharing.

The representative of GERMANY,¹ said that discussion of the 10 proposals was helping to identify gaps and interactions between different processes. Welcoming WHO's role at the centre of global prevention, preparedness and response, she said that constructive collaboration was needed to counteract fragmentation, avoid duplication, create synergies and increase efficiency. WHO should use its convening power to bring together Member States and stakeholders for inclusive, constructive discussions on their joint vision. Her Government would prefer the Seventy-sixth World Health Assembly to take note of the report, which was a living document. The Secretariat should hold in-depth sessions on the topics identified in the report to build a common vision in the upcoming months.

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The representative of WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the Framework Convention Alliance on Tobacco Control, the International Alliance of Patients' Organizations, the International College of Surgeons, the International Diabetes Federation, the International Society of Nephrology, Movendi International, PATH, The Worldwide Hospice Palliative Care Alliance, the World Hypertension League and the World Stroke Organization, said that Member States should prioritize ongoing prevention, screening, and treatment in national pandemic response and recovery plans. They should also increase domestic resource allocation and develop targeted policies to address cardiovascular and noncommunicable disease risk factors; integrate noncommunicable disease data and risk factors as key performance indicators of pandemic readiness, resilience and response; strengthen primary health care and invest in family medicine to ensure equitable and continuous access to essential health services; and strengthen the noncommunicable disease component of emergency preparedness and response by formalizing the above actions in an international instrument on pandemic prevention, preparedness and response.

The representative of NAMIBIA¹ said that his Government endorsed the proposals and the three key principles of equity, inclusivity and coherence. Lessons learned from the COVID-19 pandemic should be used as a catalyst for strengthening the global health architecture and he highlighted the importance of the five core components for effective health emergency preparedness and response. His Government underscored the need for adequate, predictable and timely financing for health emergency preparedness, response and resilience. The Secretariat should provide more information on how Member States, in particular the African Region, would be represented in the Pandemic Fund and on their role in its governance structures. He also requested more information on the framework for the allocation and distribution of funding to countries, and the mechanisms for ensuring accountability and transparency in the administration of the Fund.

The representative of SOUTH AFRICA¹ said that, while her Government appreciated the progress made in strengthening global health architecture, there was still work to be finalized on topics such as governance and financing and it was hoped that the processes under way concerning the Intergovernmental Negotiating Body and the International Health Regulations (2005) would contribute to that objective. The Facilitation Council for the Access to COVID-19 Tools (ACT) Accelerator, chaired by South Africa and Norway, had highlighted the important issue of medical countermeasures and it was hoped that the discussions at its forthcoming high-level technical meeting would help to inform WHO's work on how to deal with issues of equity in access to countermeasures.

The representative of EGYPT¹ said that his Government was looking forward to further consultations with Member States on proposal 1 concerning the establishment of a global health emergency council and a main committee on emergencies of the Health Assembly, and proposal 3 on scaling up universal health and preparedness reviews and strengthening independent monitoring. He underscored the importance of the voluntary nature of those reviews.

The representative of GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, and also on behalf of the International Federation of Medical Students' Associations, IntraHealth International Inc., PATH, The Albert B. Sabin Vaccine Institute, Inc., The Save the Children Fund, The Task Force for Global Health, Inc., WaterAid International, Women Deliver, Women in Global Health, Inc., and the World Federation of Societies of Anaesthesiologists, supported the guiding principles of coherence, equity and inclusivity and the 10 proposals, which should be connected to other ongoing processes. Targeted amendments should be made to the International Health Regulations (2005) to ensure coherence with the pandemic accord. Action should be taken to strengthen the health workforce,

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partnerships, networks and health data governance to foster a whole-of-society approach to health emergency prevention, detection and response. Coordination between finance and health policy-makers should be enhanced to ensure that the Pandemic Fund was sustainably financed. WHO should be at the centre of the global architecture for health emergency preparedness, response and resilience. Member States should, with critical guidance from the Secretariat, remain the driving force to ensure that the proposals moved forward swiftly and with consensus and WHO should commit to meaningful engagement with non-State actors in that regard.

The representative of MOZAMBIQUE¹ said that more African Members States should be involved in the development and implementation of the Pandemic Fund. Through WHO, there was an opportunity for fruitful discussion with global financial institutions to address human resources shortages, in particular in the area of emergency response, in the most underdeveloped countries. Her Government looked forward to working with the Secretariat and Member States on the ten proposals outlined to strengthen the global architecture for health emergency preparedness, response and resilience.

The representative of the PHILIPPINES¹ said that the highest level of political commitment was needed to strengthen the global architecture for health emergency preparedness, response and resilience. While the establishment of a global health emergency council should be considered further, duplication with existing entities should be avoided. The outcome of the Intergovernmental Negotiating Body and amended International Health Regulations (2005) should include strong provisions on the transparent and timely sharing of epidemiological data across Member States. Safe and scalable care would only be possible if marginalized groups were included in the efforts to achieve universal health coverage. Implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel should be emphasized to support countries in ensuring a sustainable supply of human resources for health for their domestic needs.

The representative of BANGLADESH¹ said that the 10 proposals for overhauling the global health architecture were timely and agreed that proposal 1 on a global health emergency council and a main committee on emergencies of the Health Assembly required further discussion. Developing countries had yet to hear any robust commitment on how their expectations expressed during discussions in different processes would be addressed. Measures on how to operationalize equity needed to be reflected in the proposals. National and international investment in health promotion and primary health care to eliminate health inequity was a priority. Diverting essential health service resources at country level to implement health security measures would slow progress towards achieving the Sustainable Development Goals. Issues relating to the pandemic accord and amendments to the International Health Regulations (2005) should be discussed and decided by the Intergovernmental Negotiating Body and the relevant working group. Public health should be prioritized over commercial interest when expanding WHO's partnerships and networks. Funds from international financial institutions should not be debt generating and should be additional to the financial mechanism called for by developing countries.

The representative of URUGUAY¹ said that there was an urgent need for coordinated collective efforts and broader participation at all levels so that any future health emergency response was more effective, rapid, coordinated and equitable than the response to the COVID-19 pandemic. Progress towards the Sustainable Development Goals was also required. In order to advance on the 10 proposals, action had to reflect the wishes of all Member States across all WHO regions and sovereignty must be respected. The concerns of Member States should be listened to carefully, the proliferation of agencies

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should be avoided, and collaborative surveillance should be strengthened. Early preparation should take into account the complexity of current challenges, including climate change.

The representative of EL SALVADOR¹ said that the best way to move forward was for WHO country offices to work together to measure the progress of each country, evaluate health system maturity and identify gaps. Regional offices should be seen as points of contact that could provide guidance, technical advice and funding to respond to specific needs. They could also support surveillance and monitoring to facilitate international coordination and processes such as the transfer of medicines, while respecting the principles of equity and solidarity.

The representative of ARGENTINA¹ said that improved equity and coherence should be prioritized. Regarding proposal 1 on establishing a global health emergency council and a main committee on emergencies of the Health Assembly, she said that progress should be made in the discussions in the Intergovernmental Negotiating Body and on the amendments of the International Health Regulations (2005) to avoid any duplication with existing committees or others that might be established. Regarding proposal 5 on strengthening health emergency coordination and proposal 6 on expanding partnerships and strengthening networks, she said that subnational, national and international efforts were required and commitments and regulations in that regard needed to be formalized. Ways to increase alternative resources for low- and middle-income countries had to be found. The Pandemic Fund should prioritize investment in preparedness, prevention and response capacities at the national level, in accordance with national action plans, national and joint external evaluations and an analysis of gaps from the State Party self-assessment annual reporting tool. Investment must have a direct impact on health systems and on building national preparedness and response capacities, including in strategic areas. In terms of improving WHO's governance structure, the report should not make specific statements that could influence or prejudice solutions which should come from the Intergovernmental Negotiating Body and the bodies negotiating amendments to the International Health Regulations (2005).

The representative of ESWATINI¹ outlined some of the steps taken by her Government to address gaps in its emergency preparedness and response capabilities. Effective partnerships with bilateral and multilateral organizations, as well as local communities, were important and her Government was grateful for the assistance it had received. Joint efforts from the international community were required to address the COVID-19 pandemic and her Government recognized the significant role of Taiwan² in global health efforts. WHO should remain neutral and professional and include Taiwan² in all its technical meetings, activities, and mechanisms, including as an observer at the World Health Assembly.

Rights of reply

The representative of the UNITED STATES OF AMERICA, exercising her right to reply, said that the President of the Russian Federation had chosen a premeditated war that had brought catastrophic loss of life and human suffering, with documented and unprecedented attacks on health care workers, hospitals and other health facilities. Although Russian military attacks on health care workers and hospitals were not new, her Government was surprised and saddened that, as a Member State on the Executive Board, the Russian Federation was attempting to blame others for its own actions through blatant misinformation. Furthermore, the claim made by the Russian Federation that a WHO collaborating centre in the United States of America had refused to share influenza reference viruses was completely false. The Russian Federation's unprovoked and unjustified war against Ukraine had

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made it difficult to identify couriers equipped to ship biological materials and provide a regular delivery service from the United States of America to the Russian Federation. Her Government, which had a long, documented history of supporting the WHO Global Influenza Surveillance and Response System, as well as the sharing of critical resources within the network, would continue to work with WHO to identify solutions to support the system's work.

The representative of the RUSSIAN FEDERATION, exercising his right to reply, said that the WHO's mandate did not include war and peace, and the discussion of certain aspects of political processes in any country was the task of the United Nations Security Council. He urged the Chair to limit political statements. His Government was against starting a debate on the Ukrainian issue during Board meetings and the politicization of WHO. It was the methods of military terrorism used by Kiev that had led to a huge increase in the number of civilian casualties in Donbass, and that number had risen by a factor of four since the Armed Forces of Ukraine had begun using heavy weapons supplied by Western countries. The members of the North Atlantic Treaty Organization, therefore, bore the lion's share of responsibility for what was happening.

The meeting rose at 17:45.

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