PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

WHO headquarters, Geneva
Monday, 22 January 2024, scheduled at 09:30

Chair: Dr H.M. AL KUWARI (Qatar)
later: Dr Y. SUZUKI (Japan)

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FIRST MEETING

Monday, 22 January 2024, at 09:45

Chair: Dr H.M. AL KUWARI (Qatar)
later: Dr Y. SUZUKI (Japan)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the provisional agenda (documents EB154/1 and EB154/1 (annotated))

Opening of the session

The CHAIR declared open the 154th session of the Executive Board.

Adoption of the agenda

The CHAIR noted that the Secretariat had proposed the deletion of provisional agenda item 24.4, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been put forward. She took it that the Board agreed to that proposal.

It was so agreed.

The representative of SWITZERLAND expressed concern regarding the large number of topics on the provisional agenda. The focus was no longer solely on health, and it was becoming increasingly difficult to reach consensus in negotiations. While she was not proposing any amendments to the provisional agenda for the current session of the Executive Board, in future the role of the Officers of the Board should be strengthened so that meetings could be streamlined and discussions managed more efficiently, which would enable delegations to give due attention to key issues. The reforms proposed by the Agile Member States Task Group on Strengthening WHO’s Budgetary, Programmatic and Financing Governance were a step in the right direction. Member States should also exercise greater discipline, set priorities in keeping with the spirit of the Organization and use the governing bodies more effectively. The importance of the draft fourteenth general programme of work, 2025–2028, for instance, had been lost in the large number of consultations and many outstanding issues remained.

The unwillingness of Member States to compromise was regrettable, and many of the draft decisions and resolutions proposed for consideration at the current session would create further challenges for WHO in terms of additional areas of work and their funding. There were also positive developments, however, such as the introduction of guiding questions in the documentation for Board sessions and Health Assemblies. To advance WHO’s work and make best use of the Board as the preparatory body for the Health Assembly, Member States must focus on the Organization’s mandate and ensure dialogue and consensus; political debates should not take place within the specialized agencies of the United Nations system. Her Government would submit a proposal for improvements ahead of the forthcoming Seventy-seventh World Health Assembly.

The representative of the RUSSIAN FEDERATION, reiterating the need to use the Organization’s resources efficiently, proposed that the discussion on climate change and health under item 22 of the provisional agenda should be deleted to avoid the duplication of efforts. In line with

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
decision WHA74(24) (2021), that issue had already been discussed within the framework of the WHO global strategy on health, environment and climate change at the Seventy-sixth World Health Assembly in the year 2023 and would be further discussed at the Seventy-eighth and Eighty-second World Health Assemblies, in the years 2025 and 2029, respectively.

The representative of the DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA supported the proposal made by the representative of the Russian Federation to delete the discussion on climate change and health from the provisional agenda.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the call made by the representative of Switzerland for a more streamlined agenda going forward. The climate was a health-related priority and the discussion on climate change and health should therefore remain on the provisional agenda, particularly in the light of recent and forthcoming ministerial and other events in that field. It would be productive for the Board to discuss the topics that should be included in the draft fourteenth general programme of work as core health priorities.

The representatives of FRANCE, PERU, JAPAN, AUSTRALIA, DENMARK, CANADA and SLOVAKIA, echoing the remarks made by the representative of Switzerland on the scale of the provisional agenda, agreed that the discussion on climate change and health should remain on the provisional agenda.

The CHAIR noted that the Board wished to maintain the discussion on climate change and health under item 22 of the provisional agenda.

The agenda, as amended, was adopted.¹

The representative of DENMARK, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in the year 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 154th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The CHAIR took it that the Board wished to accede to the request.

It was so agreed.

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the agenda (document EB154/2)

The DIRECTOR-GENERAL said that, while much had been achieved in the year 2023, the year had been marred by conflict, disaster, preventable disease and death – including the deaths of Dr Carissa F. Etienne, the former Regional Director for the Americas, and Dima Abdullatif Mohammed Alhaj, the WHO colleague who had been killed in the Gaza Strip along with a number of her family members. The year’s achievements and challenges demonstrated the importance of a strong, sustainable, effective,

¹ Document EB154/1 Rev.1.
efficient and empowered WHO. The full agenda before the Executive Board reflected the extent of WHO’s work and included the draft fourteenth general programme of work, 2025–2028, which was based on five key priorities for health – promoting, providing, protecting, powering and performing.

With regard to promoting health, progress had been made in the previous year, particularly through a decrease in tobacco use, while the Conference of the Parties to the United Nations Framework Convention on Climate Change had included a day dedicated to health for the first time.

In terms of providing health, the Secretariat was supporting Member States on universal health coverage and the strengthening of primary health care and the health and care workforce. Access to medicines and other health products, maternal and child mortality, care for older persons and access to survivor-centred services for sexual violence were other areas of significant work. Work on vaccines included a joint initiative launched with UNICEF and Gavi, the Vaccine Alliance, to counter vaccine-preventable disease outbreaks and restore immunization programmes, while the Strategic Advisory Group of Experts on Immunization had recommended new vaccines for dengue, meningitis and malaria. A number of countries had eliminated one or more neglected tropical diseases and efforts to eradicate poliomyelitis had been stepped up. The Secretariat continued to provide support to help countries to tackle noncommunicable diseases, while the forthcoming high-level meeting of the United Nations General Assembly on antimicrobial resistance would provide a further opportunity to secure concrete commitments in that key area.

With regard to protecting health, COVID-19 and mpox remained global threats and he urged Member States to maintain and reinforce the capacities acquired during the COVID-19 pandemic as part of their commitment to ensure preparedness for future health emergencies. In the year 2023, WHO had responded to 65 graded public health emergencies, and, in the previous week, had launched the WHO Global Health Emergency Appeal, to raise US$ 1.5 billion. While progress was being made on a range of initiatives for health emergency prevention, preparedness, response and resilience, he expressed concern that Member States might not meet the May 2024 deadline for the conclusion of negotiations on the pandemic agreement and the amendments to the International Health Regulations (2005); urgency and purpose were needed to reach consensus.

In terms of powering health, the Secretariat continued to provide support on the delivery-for-impact approach and digital technologies and artificial intelligence for health. In October 2024, the WHO Academy would open in Lyon, France, which would serve as a game-changer for capacity-building for Member States and the Secretariat.

In the area of performing for health, measures taken included the roll out of new enterprise resource management and staff contracting systems and improved staff access to mental health care. Member States’ progress in implementing the recommendations of the Working Group on Sustainable Financing was appreciated. He understood that, in return, Member States expected a more effective and efficient WHO that delivered measurable impact. He remained committed to the Secretariat implementation plan on reform, including zero tolerance of any form of sexual misconduct. The Secretariat had provided one year of support for the victims of sexual misconduct in the Democratic Republic of the Congo, in keeping with the United Nations standard, and was extending its support on a case-by-case basis. Strengthening country offices was a key priority for the coming year through the six-point action plan developed by the Action for Results Group and the delegation of authority to WHO Country Representatives to empower them to provide more responsive and timely support to Member States.

The year 2024 would be a defining year for global health and for WHO. It was also an opportunity to shape the global health strategy for the coming four years through the draft fourteenth general programme of work, the future of health emergencies through the pandemic agreement and the amendments to the International Health Regulations (2005), and the future of WHO through the investment round. He urged Member States to seize those opportunities to make the world a healthier, safer, fairer and more peaceful place.
The representative of BRAZIL said that the Board’s main objective at the current session should be to help Member States to build resilient health systems and improve equity in access to health products, services and technologies. That objective would also be a priority during his Government’s presidency of the G20. In the run-up to the Seventy-seventh World Health Assembly, the main challenge would be to ensure that pandemic prevention, preparedness and response efforts were focused on the local and regional production of medicines, vaccines and strategic health supplies. The successful conclusion of the negotiations on a pandemic agreement in May 2024 would represent a turning point for global health but depended on Member States’ capacity to embrace equity and solidarity and go beyond entrenched positions.

Many of the topics on the Board’s agenda were both sensitive and urgent, and addressed fundamental issues beyond the context of health emergencies. While the Board should not be burdened by excessive or unnecessary formalities, efficiency should not be pursued at the expense of transparency and inclusiveness. It was important to remain attentive to the discussion of topics that reflected the realities faced by developing countries.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, North Macedonia, Montenegro, Albania, Ukraine and Georgia aligned themselves with his statement. Reiterating that there could be no health without peace, and no peace without health, he called for an end to the conflicts causing devastation and deep human suffering in the Middle East, Ukraine, the Sudan, Ethiopia, Myanmar, the Democratic Republic of the Congo and elsewhere. Recalling resolution EBSS7.R1 on health conditions in the occupied Palestinian territory, including east Jerusalem, which the Board had adopted in December 2023, he expressed the hope that the draft decision on the Global Health and Peace Initiative would also be adopted as an important measure to protect people’s health and well-being.

WHO’s efforts to respond to numerous health emergencies, support health systems in crisis and protect civilians and health workers were commendable, as was its leadership role in raising awareness about the need to build climate-resilient and low-carbon health systems and the endorsement of the Declaration on Climate and Health at the twenty-eighth meeting of the Conference of the Parties to the United Nations Framework Convention on Climate Change in December 2023. WHO should continue its efforts to promote the Health in All Policies and One Health approaches.

Welcoming the participatory and inclusive process for the development of the draft fourteenth general programme of work, he expressed support for the clear focus on leveraging and reinforcing WHO’s comparative strengths concerning its leadership, coordination, and operational and normative functions. Fostering inclusive collaboration between international actors and addressing fragmentation in the global health ecosystem were crucial to ensure an effective international system that left no region behind.

Turning to the programme budget, he remained concerned about the persistent imbalances in financing for different segments and priorities. The planned link between the investment round and the draft fourteenth general programme of work was therefore welcome. The European Union and its Member States remained committed to meaningfully strengthening the legal and normative framework for pandemic and emergency prevention, preparedness and response through a pandemic agreement and amendments to the International Health Regulations (2005) at the Seventy-seventh World Health Assembly, and to prioritizing global health for all.

The representative of CANADA said that multilateral engagement to enhance global health security would continue to be a priority for her Government, including to ensure the successful adoption of a pandemic agreement and amendments to the International Health Regulations (2005) in May 2024. The numerous crises affecting the world were severely weakening health systems and increasing humanitarian-based health needs. A strong WHO was critical to effectively respond to people experiencing health emergencies, particularly the most vulnerable. It was therefore essential to build resilient health systems at the community level, with health promotion at the core.
A robust draft fourteenth general programme of work and vision were needed to ensure that WHO could remain agile and responsive to evolving challenges and build on current successes. She supported the draft fourteenth general programme of work, with well-being forming the foundation of its goals and strategic objectives. Multisectoral action, coupled with gender equality and health equity, were critical to its success, as were a Health in All Policies approach envisioning health as a long-term investment for society. Supporting the development of enabling environments for all – especially for women and girls, Indigenous Peoples and populations living in vulnerability – to improve physical and mental health and well-being should also be a priority. Her Government stood ready to work with others to ensure that the draft fourteenth general programme of work would achieve concrete results, deliver impact and advance the health-related Sustainable Development Goals.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, said that the importance of health and well-being had grown in the wake of the COVID-19 pandemic and demand for health services continued to rise, with calls for a more holistic, inclusive and equitable approach to health, and for health and well-being to guide humanitarian, economic and development programmes. Such an approach was particularly important in the light of emerging and re-emerging infectious diseases, the growing burden of noncommunicable diseases, neglected tropical diseases, hunger and climate change. The growing debt burden of developing countries, particularly those in sub-Saharan Africa, undermined their capacity to increase investment in health systems and hindered progress towards the Sustainable Development Goals. Major differences in countries’ digital and health system infrastructure meant that new technological advancements could deepen inequalities. While the establishment of more regional institutions had helped to strengthen cooperation and build capacities in his Region, efforts to reinforce primary health care towards universal health coverage remained a priority.

He welcomed the strategic priorities of the draft fourteenth general programme of work, and looked forward to working with other Member States on its finalization, including with regard to its indicators and the strategic objective on climate change. He expressed the hope that the investment round would attract new donors and enable the Secretariat to continue its work with Member States. It was important for WHO to be predictably, flexibly and sustainably financed using all funding sources in order to achieve its strategic objectives.

The representative of JAPAN said that, during its presidency of the G7 in the year 2023, his Government had committed to working with the global community to build a healthier future by developing and strengthening the global health emergency architecture, contributing to building more resilient, equitable and sustainable universal health coverage through health systems strengthening, and promoting health innovation. The earthquake that had struck his country on 1 January 2024 had once again demonstrated the need to build strong and resilient health systems in preparation for any health emergency. He called on the Secretariat to support countries in strengthening their health systems.

He welcomed the inclusion of lessons learned from the Thirteenth General Programme of Work in the draft fourteenth general programme of work, alongside other improvements, such as the clarification of the theory of change. Further clarification was needed, however, concerning the outputs and outcomes and information availability, and the targets should be realistic. His Government supported WHO’s efforts to ensure sustainable financing and would actively participate in discussions on the investment round.

The representative of the UNITED STATES OF AMERICA, acknowledging WHO’s efforts to combat the world’s most deadly diseases, as well as the importance of its technical and normative role, said that WHO’s evidence-based work must be allowed to proceed unhindered. Her Government stood ready to work with WHO to ensure the implementation of the reforms approved the previous year aimed at increasing the effectiveness of the Organization’s work, including by ensuring good governance, accountability and transparency at all levels.
She welcomed the consultations on the draft fourteenth general programme of work and reiterated the importance of focusing on concrete outcomes and outputs, and on how WHO could contribute and add value to achieve those results. WHO’s efforts to attract new donors through the investment round were appreciated, and she looked forward to the Secretariat’s continued engagement with Member States and partners to that end. With regard to the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005), while more work was needed to achieve consensus, it was important to conclude negotiations by May 2024 in order to reach an agreement that would ensure preparedness for future health emergencies or pandemics. She appreciated the work of WHO and other Quadripartite partners to galvanize momentum on addressing antimicrobial resistance, which required a multistakeholder, multisectoral response, and looked forward to the forthcoming high-level meeting of the United Nations General Assembly on the issue.

While health systems and access to health care should be emphasized, it was important to ensure that those priorities were rooted in equity, inclusion and opportunity, in order to include in decision-making the voices of women, minorities, LGBTQIA populations and other historically marginalized groups. Sexual and reproductive health and rights for all were of particular importance in that regard.

The representative of UKRAINE commended WHO staff members for their outstanding work in providing life-saving support to people in his country. While it was true that health should not be part of the political agenda, it was also important to continue to draw attention to the ongoing aggression of the Russian Federation against his country and its impact on public health. The Russian Federation had made the destruction of civilian infrastructure, including health care and education facilities, a part of its war strategy. Furthermore, the Russian Federation was again seeking to weaponize the harsh winter conditions by purposefully destroying electricity, heating and water supply systems. There must be accountability for such illegal actions. He thanked those Member States that continued to demonstrate solidarity with and support for the people of Ukraine.

The representative of SLOVENIA said that, in a context of numerous conflicts and natural disasters, it was difficult to focus efforts on seemingly less urgent matters; yet the world was behind in achieving the health-related Sustainable Development Goals and universal health coverage. Persistence and continuity in strengthening health systems were crucial to address both immediate and long-term health challenges. In that regard, she thanked the Government of Kazakhstan for organizing a side event on primary health care policy and practice before the start of the seventy-third session of the Regional Committee for Europe, and the Government of Estonia for organizing the high-level health systems conference in December 2023.

While the adoption and implementation of a pandemic agreement and amendments to the International Health Regulations (2005) were necessary to ensure preparedness in addressing communicable diseases, noncommunicable diseases remained a largely underfunded and underprioritized area of work despite their impact on health equity. Better ways of promoting progressive policies and the use of tools developed by WHO were needed, particularly in terms of best buy interventions.

The draft fourteenth general programme of work should be ambitious yet realistic, and sufficient resources should be allocated for its implementation. A successful response to antimicrobial resistance and climate-related health threats could only be achieved if the tools, mechanisms and guidelines already produced by the Secretariat were implemented in all Member States. In that regard, Member States needed a strong Secretariat that could provide technical support to strengthen countries’ capacities. She expressed support for efforts to increase investment in WHO’s capacities at all levels, in particular within countries, allowing for flexibility in line with regional and national specificities.
The representative of FRANCE said that an effective multilateral response was needed to the many health challenges the world faced. WHO’s work was essential in that regard, and his Government was proud to have increased its support for the Organization’s health emergency work in the year 2023, in particular to provide assistance to the populations in Ukraine and the Gaza Strip. His Government would continue to work with WHO in the year 2024 to address health crises and rebuild and strengthen health systems, and would support the WHO Academy, to be opened in his country later that year.

The COVID-19 pandemic had highlighted the importance of health systems strengthening and the concomitant need to protect and train health workers, as well as the need to reinforce the global health architecture. The negotiations on the pandemic agreement and amendments to the International Health Regulations (2005) were crucial and must be completed by May 2024; WHO, with its role at the core of the renewed global health architecture, must be strengthened. The launch of the investment round would be an important additional step in the financial reforms under way since the year 2022. An effective WHO was needed to address the fragmentation of the global health ecosystem.

The representative of CHINA commended the Secretariat for coordinating the response to global health emergencies, promoting universal health coverage and advancing WHO’s governance reform. The Board’s discussions on topical global health issues were welcome and his Government had sponsored a number of draft decisions for consideration by the Board at the current session. He expressed appreciation for the six strategic objectives set out in the draft fourteenth general programme of work.

The response to COVID-19 had shown that large gaps remained between developed and developing countries’ access to equitable health services, and that vulnerable groups still lacked access to basic medical and health services. Governments and societies shared the responsibility to promote high-quality primary health care and realize universal health coverage, and his Government firmly supported WHO’s leading role in promoting health equity. It also supported the ongoing work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) as part of efforts to build global capacities to respond to public health emergencies.

The Secretariat should work to enhance efficiency by focusing on its main areas of expertise, increasing transparency and accountability, and improving the representation of developing countries and attracting more health experts from those countries. The Secretariat should provide more details on the performance indicators to ensure the effective use of Member States’ assessed contributions and should report regularly to Member States on their implementation. Funding should be geared towards Member States, and the decision-making process in that regard should be more open, transparent and Member State-led in order to further improve the health sector in developing countries and ensure the timely attainment of the health-related Sustainable Development Goals.

The representative of TIMOR-LESTE, emphasizing the importance of global health as a key enabler of development and progress, noted that new variants of COVID-19 continued to emerge; outbreaks of climate-sensitive diseases such as dengue and cholera were increasing; conflicts were causing untold misery; and climate disaster was looming. Nevertheless, there were reasons for hope, such as the inclusion of health in the agenda of the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change for the first time, and the ongoing elimination of infectious diseases in the South-East Asia Region.

She expressed support for the priorities set by the Director-General and his visionary approach of promoting, providing and protecting health, which would build system resilience with a focus on primary health care and ensure that health promotion and prevention formed the bedrock of health security. The leadership of the outgoing Regional Director for South-East Asia was appreciated, in particular her work to ensure that 75% of funds were allocated at the country level. Developing countries in her Region looked forward to the Secretariat’s ongoing cooperation, collaboration and evidence-based technical support as they sought to ensure that health remained a priority amid conflicts and crises.
The representative of ETHIOPIA welcomed WHO's coordinated response to global health emergencies and disease outbreaks but expressed concern about slow progress on some targets and reversals of gains in certain areas. Renewed commitment was needed, and access to quality, affordable health care must be enhanced and the reorientation of health systems towards primary health care accelerated in order to meet the triple billion targets and the Sustainable Development Goals. There was also a need for increased domestic and international financing for health, especially for low-income countries. If designed well, the draft fourteenth general programme of work and the investment round would provide opportunities for a sustainably and flexibly financed WHO and therefore deliver impact in countries. Development models should be centred on health and social protection. While he expressed full support for WHO's ongoing reforms to improve effectiveness, efficiency and transparency within the Organization, he emphasized that regions’ unique needs, such as the needs of the African Region, must be duly considered. While WHO’s growing engagement with stakeholders, including civil society and the private sector, was appreciated, it was crucial to manage conflicts of interest to safeguard WHO’s integrity and independence.

The forthcoming Seventy-seventh World Health Assembly would be pivotal for global health governance. Equity must be operationalized in both the pandemic agreement and the amendments to the International Health Regulations (2005), and he called on all delegations to work together to bring about meaningful change in people’s lives.

The representative of MALAYSIA said that there was an urgent need to restructure health care delivery through reforms that shifted the focus away from treating illness and towards promotive and preventive care that empowered people to maintain their health and well-being. To that end, his Government was working to advance digital health and health financing reforms. Harnessing the power of digital technology would help to transform health services through a proactive, patient-centred approach, while innovative health financing mechanisms would facilitate health systems strengthening and progress towards universal health coverage. The principles of equity and fairness must be operationalized in both the pandemic agreement and the amendments to the International Health Regulations (2005).

The representative of SLOVAKIA commended WHO's work, including the efforts of WHO staff members in responding to 65 graded emergencies in the year 2023. In order for the Organization to meet the deadlines to which Member States had committed, political leadership would be needed to ensure space to build a trusted and transparent Organization, prevent disinformation and improve financing.

The representative of AFGHANISTAN said that WHO’s technical work was not only crucial but also profoundly appreciated in the face of global health challenges. In a world of evolving geopolitical dynamics, WHO was at the forefront of efforts to address new challenges and was taking on responsibility that went beyond its technical expertise. The Organization was uniquely positioned to navigate the complex landscape of global health in a highly volatile environment. It was imperative for WHO to uphold its normative work while also leveraging its social and transnational capital for peace, in order to shape the global narrative, foster cooperation, understanding and unity, and ensure that health became a catalyst for lasting peace. Member States should take the opportunity to transform WHO into both the guardian of global health and a force for peace and diplomacy.

The representative of AUSTRALIA, expressing strong support for the Director-General’s commitment to delivering in-country impact and supporting resilience and continuity in health systems and health security, welcomed the ongoing reforms to strengthen WHO’s operating model, financing, workforce and culture. The months ahead would be critical in ensuring progress towards a pandemic agreement and amendments to the International Health Regulations (2005), and Member States should maintain momentum through collaboration, cooperation and compromise, to meet the May 2024 deadline. The year 2024 also presented an opportunity to strengthen WHO’s role at the centre of global
health through the draft fourteenth general programme of work, in which ongoing governance reforms should be recognized as a key component of WHO’s core work to improve transparency and accountability.

His Government would continue to work closely with other Member States to drive progress on governance reforms, improve the governing bodies and maximize impact at the regional and country levels. Moreover, his Government welcomed the prioritization of climate change in the draft fourteenth general programme of work, recognizing the risk it posed to health outcomes, particularly in the Western Pacific Region. Expressing concern at the dire humanitarian situations in a range of locations worldwide, he commended WHO’s ongoing efforts to address urgent health needs. Humanitarian pauses should resume to enable the flow of humanitarian aid to those in need.

The representative of PARAGUAY, stressing the importance of fostering collaboration and cooperation, said that it was crucial to continue to work towards equity and equality in access to quality health services for all, regardless of social, economic or geographical origin. To achieve the goals set for the Organization and ensure a timely and effective response to health challenges, it was necessary to address cross-cutting factors that contributed to the spread of disease, such as water supply, agriculture, education, climate change and animal welfare. Equitable access to health care was the key to a world free of disease and pandemics. She called on WHO to continue to fulfil its mandate, taking into account countries’ different socioeconomic realities, and to ensure accountability and transparency in its work. She reaffirmed her Government’s commitment to the negotiation process for a pandemic agreement and amendments to the International Health Regulations (2005), underscoring the need for all to actively participate in those processes, particularly developing countries and small delegations.

The representative of the FEDERATED STATES OF MICRONESIA expressed support for the goals and strategies set out in the draft fourteenth general programme of work and appreciated WHO’s efforts to drive impact at the country level. He welcomed efforts to strengthen health systems as part of WHO’s transformative agenda and noted the importance of digital health in improving health equity and protection within the framework of universal health coverage. The impact of climate change on health continued to represent an existential threat to people’s health and well-being, particularly in his country, where access to health care was also being severely impacted by climate change. He welcomed Member States’ efforts to reach a consensus on the pandemic prevention and response agenda.

The representative of the SYRIAN ARAB REPUBLIC said that it was important to show solidarity in the face of pandemics, natural disasters, climate change and emergencies. The international community needed to work together to strengthen health systems and improve preparedness by mobilizing efforts to achieve universal health coverage. He thanked the Director-General for visiting his country in the wake of the devastating earthquake that had struck in February 2023. He also highlighted the difficulties his country faced as a result of the unilateral coercive measures imposed on it by certain Member States; such measures hindered the delivery of essential medicines and other medical supplies and the rebuilding of infrastructure. WHO had confirmed that such measures had an impact on health and he called for the immediate and unconditional lifting of those measures.

The world was facing many health emergencies, including in the occupied Palestinian territory. There was a risk that the crisis could spread throughout the region, leading to further health emergencies. It was therefore essential to end the aggression in the Gaza Strip, hold Israel to account for its crimes against the Palestinian people and ensure the delivery of humanitarian and medical supplies. It was also necessary to develop sustainable strategies to prepare for disasters, pandemics and emergencies.
The representative of PORTUGAL\(^1\) said that WHO’s efforts over the previous year had been pivotal in mitigating the public health impact of challenges such as conflicts, disease outbreaks and climate change events, and in ensuring that health services remained accessible even in the most challenging circumstances. While notable progress had been made in combating communicable diseases, the ongoing threat of emerging and re-emerging diseases required sustained surveillance, global cooperation and the bridging of health inequities. WHO’s coordination of those efforts – ensuring universal access to vaccines and treatments irrespective of geographical or economic barriers – was commendable. In addition, the Organization’s focus on reinforcing primary health care infrastructure and improving essential services had enhanced the collective capacity to respond to health crises.

The year ahead would be a test of Member States’ capacity to achieve consensus and foster cooperation. It would be essential to find common ground not only on the pandemic agreement and the amendments to the International Health Regulations (2005), but also on other important matters, such as the draft fourteenth general programme of work. He reaffirmed his Government’s commitment to multilateralism and underscored WHO’s pivotal role in global health governance. Member States should work together to build a healthier and more resilient world.

The representative of GERMANY\(^1\) said that the year 2024 had the potential to be a game-changer for global health and for WHO. While the focus of the draft fourteenth general programme of work on WHO’s comparative strengths was welcome, the Organization must have a clearer understanding of where it was best positioned relative to other actors and must better fulfil its coordination role. He called on the Board to approve the investment round, which would enable the Secretariat to meet Member States’ expectations by increasing the flexibility and predictability of funding. In addition, Member States must not fail to adopt a pandemic agreement and amendments to the International Health Regulations (2005) in May 2024. He welcomed the inclusion of climate change on the agenda of the current session of the Board and as a key priority in the draft fourteenth general programme of work. The opportunity presented by the forthcoming high-level meeting of the United Nations General Assembly on antimicrobial resistance must be harnessed. The Board’s increasing difficulty in finding consensus on previously agreed language and technical issues was a cause of concern and had direct consequences for health and the principle of leaving no one behind.

The representative of TUNISIA\(^1\) welcomed WHO’s efforts, in particular to reform the global health system and improve the Organisation’s working methods and resources. He expressed the hope that agreement would be reached on the text of the draft decision proposed by his Government and others on social participation for universal health coverage, health and well-being. Adopting a pandemic agreement remained WHO’s primary objective for the year ahead. His Government was actively engaged in those efforts and in those to amend the International Health Regulations (2005). He expressed support for the mRNA vaccine technology transfer hub and the selection of six Member States of the African Region that would benefit from that technology. His Government supported and was keen to benefit from that process and called for coordinated action with all stakeholders to that end. Drawing attention to the severity of the health situation in the occupied Palestinian territory, he called on the international community, in particular WHO, to intervene to save the Palestinian people and ensure their access to health care; an immediate ceasefire was needed in the Gaza Strip to allow urgent access to humanitarian aid.

Dr Suzuki took the Chair.

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of BANGLADESH\(^1\) said that the principles of equity, solidarity and inclusiveness should be applied when transforming the global health system. Member States must be bold in order to create meaningful instruments, actions and deliverables to meet the needs of people and countries. As a climate-vulnerable country, his Government prioritized climate-related issues, however, decarbonization and the transition to net zero emissions within health systems should not undermine the priority of ensuring basic health services in developing countries. WHO’s work on the local manufacturing and diversified production of health emergency and pandemic products needed to be strengthened through a disciplined approach. The major shift in the political narrative since the COVID-19 pandemic had the potential to weaken the process of overhauling the global health architecture and governance; stronger leadership from WHO was therefore required.

The representative of the RUSSIAN FEDERATION\(^1\) said that it was important for WHO to step up its work, in particular on achieving universal health coverage and on the prevention and control of communicable and noncommunicable diseases. Concerning the environmental agenda, while WHO could make a significant contribution to assessing the adverse effects of certain climate-related risk factors and to developing climate adaptation measures, the combating of climate change should be addressed by the instruments with a specific mandate to do so. In order to meet the May 2024 deadline for the adoption of the amendments to the International Health Regulations (2005), the pandemic agreement and the draft fourteenth general programme of work, it would be necessary to adopt a systematic approach, take due account of national specificities, and ensure mutual respect and strict compliance with the principles of consensus and of non-intervention in Member States’ domestic affairs. Her Government would continue to support countries in areas such as noncommunicable diseases, tuberculosis, maternal and child health, capacity-building in relation to the amended International Health Regulations (2005) and health emergency response efforts. In its role as Chair of both the Commonwealth of Independent States and the Brazil, Russian Federation, India, China and South Africa group in the year 2024, her Government would attach great importance to health issues and do its utmost to ensure that countries in those groupings worked towards achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The representative of NORWAY,\(^1\) speaking on behalf of the eight Nordic and Baltic countries, expressed concern that in the year 2023 alone more than 700 health workers and patients had been killed as a result of attacks on health care. In the Gaza Strip, medical personnel were treating severely injured and highly traumatized patients at great risk to their own safety and security, while the Russian Federation’s unprovoked, unjustified and illegal war against Ukraine continued, with serious consequences for health in Ukraine. He welcomed WHO’s efforts to coordinate and address urgent health needs, and ensure the protection of health workers and facilities.

The draft fourteenth general programme of work clearly put WHO at the centre of the global health architecture, giving the Organization a clear voice on climate and health, and a strong mandate to lead global efforts and to guide and support countries in finding synergies across sectors, actors and initiatives. The Nordic and Baltic countries remained committed to increasing assessed contributions and supported the investment round. Efforts to build a strong and robust WHO based on good governance, accountability and transparency, along with more strategic and accessible reporting on results, were welcome. While the Organization had made progress in strengthening the prevention of and response to sexual exploitation, abuse and harassment, the Secretariat must remain fully committed to addressing all serious misconduct.

The Secretariat played an increasingly important role in supporting Member States to achieve universal health coverage and the Sustainable Development Goals. The promotion and protection of universal access to sexual and reproductive health and rights was essential to achieving gender equality.

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and a precondition for sustainable development; it was a cause of concern that well-established gender-related approaches that addressed the root causes of gender inequalities in health systems and societies had become contested. All Member States must safeguard WHO’s technical and normative functions and uphold the Secretariat’s autonomous role. As Member States prepared for the negotiations on the pandemic agreement, it was essential to bear in mind WHO’s mandate and the consequences of failing to provide better pandemic prevention, preparation and equitable response.

The representative of THAILAND expressed confidence that the pandemic agreement, the draft fourteenth general programme of work and related results framework, and the investment round would all be successfully implemented under the capable leadership of the Director-General. Highlighting the Director-General’s success as the first African and the first non-medical leader of the Organization, he called for more non-medical staff members from developing countries to be recruited to top-level positions within the Secretariat.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she looked forward to a successful investment round, which should be underpinned by a general programme of work that set out clear priorities for WHO. The Organization’s place in the global health architecture should help to accelerate progress towards the Sustainable Development Goals through a gender-responsive approach. Her Government was committed to the adoption of a pandemic agreement and to targeted amendments to the International Health Regulations (2005), in order to ensure preparedness for future health threats while also respecting national sovereignty.

The representative of KENYA expressed appreciation for the continued support of the Secretariat at all three levels of the Organization. With regard to WHO’s ongoing work in emergencies, she called for a greater focus on the Horn of Africa region, which was currently facing severe food insecurity and a Grade 3 health emergency. To prevent a further deterioration in the health situation, more sustained funding, including for the management of human resources, supplies and logistics, was urgently needed. WHO should focus its efforts on its core mandate and ensure that the unfinished work of the Thirteenth General Programme of Work was carried forward in the draft fourteenth general programme of work. To build resilient and sustainable health for all, it would be essential to harness the power of multilateralism.

The representative of MOZAMBIQUE welcomed the inclusion of the lessons learned from the Thirteenth General Programme of Work and the COVID-19 pandemic in the development of the draft fourteenth general programme of work, the pandemic agreement and amendments to the International Health Regulations (2005). She expressed appreciation to the Director-General and the Regional Director for Africa for visiting his country in the year 2023, and for the support provided by WHO to better prepare for and respond to health emergencies, such as poliovirus, cholera and measles, which had hampered health system efforts to recover from the COVID-19 pandemic. The shortage of human resources was a major challenge to building resilient health systems and achieving the Sustainable Development Goals and other health and well-being objectives. Even if trained health professionals were available, the limited fiscal space in developing countries often prevented their recruitment. The

_participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board._
availability of quality human resources for health was pivotal to promoting, providing and protecting health towards universal health coverage.

The representative of POLAND\(^1\) strongly condemned the unprovoked, unjustified war of aggression by the Russian Federation against Ukraine and welcomed the inclusion of the item on the implementation of resolution WHA75.11 (2022) on the agenda of the current session of the Board. The humanitarian crisis in the Gaza Strip was deeply regrettable, and all partners involved must continue talks to restore peace in the region and improve the situation for the civilian population. WHO’s efforts to respond to numerous health emergencies were commendable, as was the collective work to amend the International Health Regulations (2005) and draft a pandemic agreement. To make progress on that front, Member States needed to take a realistic approach.

The representative of the UNITED REPUBLIC OF TANZANIA\(^1\) commended the Director-General for steering WHO towards universal health coverage in challenging and complex times, and for the support provided to his country to successfully end a Marburg virus disease outbreak in the year 2023. The impact of the COVID-19 pandemic had differed significantly among Member States, widening inequalities and hindering progress towards the Sustainable Development Goals in most developing countries.

He welcomed the draft fourteenth general programme of work, which built on the lessons learned and unfinished agenda of the Thirteenth General Programme of Work and would guide WHO’s work and serve as an agenda-setting instrument for Member States. The Secretariat should support Member States in integrating the draft fourteenth general programme of work into their national plans, including by transferring the monitoring framework to the national context.

Climate change and health should be considered within the Organization’s mandate; his country was experiencing increasing health challenges as a result of extreme climate events. The Secretariat should work to strengthen Member States’ capacity to mitigate the health impacts of climate change.

The representative of BOTSWANA\(^1\) said that issues, such as worsening poverty, humanitarian crises, increasing geopolitical instability and climate change required collective action and global solidarity. For WHO to effectively deliver on its mandate, it needed predictable, flexible and sustainable resources, and the progress in that area was commendable. He supported the investment round, which would supplement the approved increase in assessed contributions. The Organization needed to ensure the equitable allocation of resources at all three levels, including for chronically underfunded programmes. In particular, more human and financial resources needed to be shifted to the country level in order to reinforce country offices, strengthen national health systems and promote more equitable access to health services. His Government looked forward to working with the Secretariat and Member States on the finalization of the draft fourteenth general programme of work and its strategic priorities, and on the pandemic agreement and the amendments to the International Health Regulations (2005), which must seek to deliver equity and move towards universal health coverage.

The representative of the REPUBLIC OF KOREA\(^1\) said that, while the COVID-19 pandemic had resulted in setbacks in universal health coverage, it had also highlighted the importance of issues such as ensuring equitable access to medical countermeasures and strengthening the preparedness and response capabilities of all countries. Her Government would continue to work to improve global pandemic preparedness and response capacities, including by providing training courses through the global biomanufacturing training hub. It was committed to proactively engaging in discussions with other Member States to strengthen the global health architecture and would be actively involved in the

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discussions on the pandemic agreement and amendments to the International Health Regulations (2005), which together would form the cornerstone of a robust and stable global health cooperation system.

The representative of BELGIUM \(^1\) expressed regret that people’s health was suffering as a result of the numerous conflicts worldwide and noted that peace was a precondition for health. He expressed the hope that resolution EBSS7.R1 on health conditions in the occupied Palestinian territory, including east Jerusalem, would be implemented, and called for a humanitarian ceasefire and the establishment of humanitarian corridors to allow aid to reach people in the Gaza Strip.

He expressed support for the draft fourteenth general programme of work, which closely aligned with the objectives of his Government’s presidency of the Council of the European Union. His Government looked forward to working closely with WHO in that role, particularly on building health system resilience with a focus on health workers, safeguarding investments in health, combating antimicrobial resistance and ensuring equitable access to health products. It also attached great importance to WHO’s normative role, which required the Organization to remain independent and scientifically rigorous. His Government was committed to participating in the work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005), which should be completed by the May 2024 deadline.

The representative of EL SALVADOR \(^1\) said that the COVID-19 pandemic had put health at the top of the global agenda and it was important to build on that momentum in order to bring about change. The health sector required an evidence- and system-based, intersectoral approach, strong political and technical leadership, and a focus on key health processes, with a view to improving quality of life and life expectancy, closing gaps in care and identifying factors that needed to be addressed. Moreover, it was essential to work with sectors involved in education, the environment, healthy lifestyles, water and road safety.

The representative of SPAIN \(^1\) said that universal health coverage had been achieved in his country. His Government was working to make health a central element of climate change policies, and would host the first meeting of the Alliance for Transformative Action on Climate and Health in March 2024. Efforts were also being made to improve gender equality through a non-androcentric approach to health.

The DIRECTOR-GENERAL thanked Member States for their confidence, support and input and for committing to work together to find solutions to current challenges. He reiterated that 2024 would be a historic year, with the negotiations on the draft fourteenth programme of work, the investment round, the pandemic agreement and amendments to the International Health Regulations (2005). Other key issues included climate change and health, and antimicrobial resistance. The Brazilian presidency of the G20 represented an opportunity for coordination, in particular on the investment round.

Highlighting the direct links between peace and health, he said that the health services in the Gaza Strip were barely functioning, and many of the dead were women and children; a ceasefire was therefore needed. It was to be hoped that a political solution would be found, so that all populations could live in peace. The Secretariat would continue to work to the best of its ability to help people in the Gaza Strip. The special session of the Executive Board convened in December 2023 to address the matter had been helpful, and he expressed the hope that Member States would continue to give attention to the issue and to call for a ceasefire.

The Board noted the report.

The meeting rose at 12:40.

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.