

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

**WHO headquarters, Geneva
Thursday, 25 January 2024, scheduled at 14:30**

Chair: Dr H.M. AL KUWARI (Qatar)

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NINTH MEETING

Thursday, 25 January 2024, at 14:40

Chair: Dr H.M. AL KUWARI (Qatar)

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

1. WHO'S WORK IN HEALTH EMERGENCIES: Item 14 of the agenda (documents EB154/14, EB154/15 and EB154/51) (continued)

The CHAIR recalled that the Executive Board had before it three draft decisions, on the Universal Health and Preparedness Review, on strengthening health emergency preparedness for disasters resulting from natural hazards, and on strengthening laboratory biological risk management, all of which respectively contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly. It also had before it a draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The representative of PORTUGAL¹ welcomed Member States' support for the draft decision on the Universal Health and Preparedness Review. In preparation for the global peer review phase, there was a need to reflect on national processes and resource vulnerabilities, and upscale health-related management capacities according to best practices, while working on strong legal and regulatory emergency response frameworks. Methodologies for continuous preparation, evaluation and improvement across multiple sectors and intergovernmental communication should be incorporated to build resilience. A dynamic information exchange network was essential for enhancing the capabilities of each country. All Member States were encouraged to participate in the forthcoming global review and join the Universal Health and Preparedness Review on a voluntary basis, and strengthen other established mechanisms to ensure better public health emergency preparedness. He appealed for increased contributions to the WHO Contingency Fund for Emergencies, noting the importance of flexible funding for the initial health emergency response.

The representative of EGYPT¹ said that his Government reaffirmed its strong position regarding the one-China principle. He thanked the Director-General for his report on health conditions in the occupied Palestinian territory, including east Jerusalem, and called for an immediate increase in humanitarian health assistance to meet the growing needs of the affected populations. Health systems in the occupied Palestinian territory, including east Jerusalem, must be safeguarded through the establishment of an environment conducive to safe and dignified access to health care. An immediate ceasefire should be put in place to support the delivery of humanitarian assistance. WHO's efforts to strengthen the global architecture for health emergency preparedness, response and resilience were appreciated.

The representative of TÜRKIYE¹ said that his Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem. Despite the unanimous adoption by the Board of resolution EBSS7.R1 at its seventh special session in December 2023, nothing had changed. The indiscriminate attacks against civilians and health

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

infrastructure were a clear violation of international law, and it was regrettable that the international community was unable to stop the bloodshed and human suffering in the Gaza Strip.

He commended the extraordinary efforts and dedication of WHO staff in delivering life-saving assistance in the Gaza Strip under such deplorable conditions. An immediate and permanent ceasefire was required to ensure an unimpeded and substantial flow of humanitarian aid. His Government was making every effort to continue to provide such assistance and called on all Member States to support a diplomatic solution and the recommendations of the Director-General. A just and lasting peace in the Middle East would not be achieved without a just settlement for the Israelis and Palestinians through the establishment of a sovereign, independent, geographically contiguous State of Palestine on the basis of the 1967 borders, with east Jerusalem as its capital.

The representative of NICARAGUA¹ welcomed the report contained in document EB 154/51 and WHO's efforts in responding to the unprecedented humanitarian crisis in the Gaza Strip. She called for an ongoing presence on the ground and the continued provision of funding to ensure the basic functioning of the degraded health system and assistance for the civilian population. Israel was urged to comply with its obligations under international law, immediately cease its military assault against the Palestinian people and open humanitarian corridors. She also called for an end to the occupation and for the establishment of conditions conducive to a lasting and permanent solution for a sovereign and independent State of Palestine within the 1967 borders. Her Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem. The Board should continue to promote a permanent ceasefire, the passage of humanitarian relief to the Gaza Strip, the protection of all humanitarian and health workers and the provision of medical supplies to the Palestinian people. Recalling United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972), her Government reaffirmed its support for the one-China principle.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that WHO's emergency response work at all three levels was essential in addressing serious health emergencies and must be strengthened by the international community providing sufficient funding. Her Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, and called for full compliance with international humanitarian law. She commended WHO staff in the field and expressed solidarity with the Palestinian people. She reaffirmed her Government's support for the one-China principle, recognized in the United Nations system and at WHO in relevant resolutions on the issue, and emphasized that WHO's work should not be politicized.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, said that she was also speaking on behalf of the Global Alliance for Tobacco Control, FDI World Dental Federation, HelpAge International, the International Agency for the Prevention of Blindness, the International College of Surgeons, the International Diabetes Federation, the International Federation on Ageing, the International Society of Nephrology, Multiple Sclerosis International Federation, the Union for International Cancer Control, the World Heart Federation and The Worldwide Hospice Palliative Care Alliance. She welcomed efforts to facilitate the synergies and complementarity of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body. Recognition of a steep global increase in humanitarian health needs and efforts to build more resilient communities and health systems was also welcome. Since people living with noncommunicable diseases faced greater challenges in humanitarian settings, Member States were urged to recognize them as a vulnerable population in WHO's work on health

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emergencies, integrate essential services for noncommunicable diseases in all parts of the emergency cycle, and build resilient models of people-centred and affordable primary health care.

The draft text of the pandemic agreement should: include persons with health conditions, including noncommunicable diseases, within the definition of persons in vulnerable situations, as originally foreseen in the zero draft; strengthen language on the role of pandemic prevention, preparedness and response in the realization of universal health coverage; safeguard specific language concerning a multidisciplinary health and care workforce and the continuation of essential health services, particularly for people living with noncommunicable diseases, during pandemic preparedness, response and recovery; and reinstate previous draft text commitments on mobilizing resources to maintain essential health services during and after a pandemic.

The representative of SRI LANKA¹ said that the deteriorating humanitarian catastrophe in the Gaza Strip was of serious concern, and she reiterated international calls for an immediate ceasefire to halt the mounting civilian death toll and enable the injured and displaced to obtain desperately needed assistance. Unhindered access should be provided to ensure the passage of humanitarian workers and aid into the Gaza Strip, and collective international action was required to secure a ceasefire. Her Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

Her Government supported the one-China principle, recalling that United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 provided the legal basis for the representation of China at WHO, as had been confirmed on many occasions. The Board should adhere to the salient principles in that regard.

The representative of TUNISIA,¹ commended WHO and the Director-General for their tireless efforts to ensure the provision of emergency health assistance and humanitarian assistance wherever needed, including to the Palestinian people, despite the difficult situation and obstacles faced as a result of the actions of the occupying authorities. Welcoming the information provided on the health conditions in the occupied Palestinian territory, he said that the Board must take urgent steps to ensure appropriate action to improve the health situation there. The occupying authority must also shoulder its responsibilities in accordance with the Geneva Conventions of 12 August 1949 for the Protection of War Victims and the principles of international humanitarian law.

The representative of NAMIBIA¹ commended WHO's proactive steps in developing strategic responses and operational plans with national health authorities for all acute and protracted graded emergencies during the reporting period. The increase in the number of countries reporting attacks on health care was a concern, and he called for the protection of health care systems and workers, in areas such as the occupied Palestinian territory, including east Jerusalem. WHO should seek to engage the parties involved in armed conflict and urge them to comply with international humanitarian law, including by ensuring that health care personnel and infrastructure were not attacked.

With regard to the questions set out in document EB154/15, the Secretariat and Member States should integrate lessons learned from coronavirus disease (COVID-19) into existing systems, enhance the development and implementation of operational plans through whole-of-government and whole-of-society approaches, strengthen the implementation of national action plans for health security, and enhance other flagship initiatives for emergency preparedness and response. The international community should redouble its efforts under the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005), to ensure that equity prevailed as a principle and an outcome in those processes.

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The representative of LUXEMBOURG¹ praised the tireless efforts of WHO staff to address the high number of health emergencies, many of which were in conflict areas, and condemned any attack against health care workers and infrastructure. The Director-General's report on health conditions in the occupied Palestinian territory, including east Jerusalem, was deeply shocking. The health system in the Gaza Strip had been systematically destroyed as a result of intensive bombing and unnecessary restrictions had been imposed on the passage of essential humanitarian assistance. Although his Government had unequivocally condemned the atrocities perpetrated by Hamas on 7 October 2023, the Israeli army's military operation was at increasing risk of leading to war crimes and crimes against humanity in violation of international humanitarian law. His Government called for an immediate and lasting ceasefire that would pave the way for the resumption of peace talks to establish a just and lasting peace based on the two-State solution with Israelis and Palestinians living side by side in peace and security.

The representative of GERMANY¹ said that the work of WHO and its staff in health emergencies was highly valued, and called for the protection of health workers everywhere. Her Government was the largest donor to the WHO Contingency Fund for Emergencies, which was an essential resource for the initial response to acute events. Overall funding, however, needed to be better coordinated, as inefficiencies and duplication weakened the global system. Interoperable surveillance systems should be further developed, building on the work of the WHO Hub for Pandemic and Epidemic Intelligence and the European surveillance system. The expertise and participation of all were required to tackle health emergencies and related provisions should be included in the amendments to the International Health Regulations (2005) and the pandemic agreement.

The humanitarian and health crisis in the Gaza Strip was a cause of deep concern and she praised WHO's efforts to address the most urgent health needs. Her Government recalled Israel's right to defend itself in accordance with international law, including international humanitarian and human rights law, and reiterated its condemnation of the Hamas terrorist attacks, including the systematic use of sexual violence, the abuse of hospitals and use of civilians as human shields. All remaining hostages held by Hamas must be released immediately, without precondition, and the International Red Cross and Red Crescent Movement must be granted continued access to them.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that she was also speaking on behalf of the International Federation on Ageing, the International Federation of Medical Students' Associations, The Task Force for Global Health, Inc., WaterAid international, Women in Global Health, Inc., and the United Nations Foundation, Inc. A multifaceted and multisectoral approach was required for health emergency prevention, preparedness and response, with WHO playing a unique, integral role. Efforts to strengthen the global health security architecture must ensure complementarity with existing mechanisms, add value to existing systems and avoid duplication. Consideration should be given to how existing mechanisms, such as the pandemic fund, could help to finance important initiatives such as a pandemic agreement, to avoid further fragmentation. In order to ensure robust and resilient health systems, essential public health functions should be strengthened. Investment should be made in the formal and informal health care workforce to ensure regular compensation, safe and dignified working conditions, protection in conflict settings, access to countermeasures and appropriate personal protective equipment. Systems strengthening efforts must also include diagnostic testing capacity and infrastructure. Meaningful civil society engagement remained crucial in building trust in WHO's work in health emergencies.

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The representative of BRUNEI DARUSSALAM¹ said that the pandemic accord and amendments to the International Health Regulations (2005) were critical to building a more resilient global health system better prepared to respond to future pandemics, and negotiations were at a crucial stage. Time was of the essence, and Member States needed to work together to reach agreement and finalize both instruments by May 2024. Negotiations should reflect a strong commitment to equity, which should remain the fundamental principle in both instruments. Clear and binding terms for the sharing of access, benefits, intellectual property and know-how should be included. Sustainable support for the implementation of both instruments was required.

The representative of IRELAND¹ noted the commitment to protecting the health of acutely vulnerable populations affected by humanitarian crises and ensuring that the needs of the furthest behind were prioritized, in particular in conflict settings. With regard to the ongoing conflict in the Gaza Strip, she said that, although United Nations Security Council resolution 2720 (2023) had been a step in the right direction, it had not gone far enough. The increasingly desperate situation in the Gaza Strip demanded an immediate humanitarian ceasefire. Her Government had condemned the 7 October attacks by Hamas and called for the immediate and unconditional release of all hostages. However, all parties to conflicts had obligations under international law and must ensure the protection of civilians, and her Government strongly condemned attacks on health workers and facilities, and restrictions on supply chains that had interrupted patient treatment.

The increasingly protracted and complex nature of humanitarian crises propelled by multiple overlapping drivers was a cause of concern. Similarly, health worker and resource shortages, antimicrobial resistance and the emergence of new diseases signalled the need for dramatic reforms to health service provision. Multisectoral, sustainably financed preventive and mitigation action was required. WHO's increasing operational effectiveness in humanitarian settings was appreciated. All stakeholders were urged to engage in processes led by the United Nations Office for the Coordination of Humanitarian Affairs and WHO. Her Government endorsed the reform of the International Health Regulations (2005) and the development of a pandemic agreement.

The representative of BELGIUM¹ said that, with regard to joint external evaluations and the Universal Health and Preparedness Review, WHO evaluations that accurately, transparently and independently identified critical gaps in preparedness in an evidence-based manner were important for a thorough evaluation, rather than just confirmation of the status quo. The situation on the ground in the Gaza Strip was a humanitarian and public health catastrophe of deep concern that continued to worsen, despite the adoption of resolution EBSS7.R1 at the seventh special session of the Board in December 2023. All parties to the conflict were called on to abide strictly by international humanitarian law, prioritize the protection of civilians and respect the sanctity of medical facilities and personnel. Member States were urged to finance immediate health needs in the occupied Palestinian territory. An immediate ceasefire by all parties was required and all countries were urged to do their utmost to help to achieve that goal.

The representative of the UNITED REPUBLIC OF TANZANIA,¹ commending the Secretariat's work to support Member States in emergency prevention, preparation and response, said that his Government was committed to engaging meaningfully in the Intergovernmental Negotiating Body process and work on the amendments to the International Health Regulations (2005), and recognized the importance of filling gaps with respect to the implementation of the Regulations. It was vital to strengthen laboratory biological risk management, due to the increasing number of emerging pathogens. The increasing frequency and intensity of natural disasters and climate-related extreme weather events and their impacts on health were a cause of concern and his Government stood ready to work with others

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to finalize the language of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ paid tribute to WHO and other United Nations staff members who had lost their lives in health emergencies, in particular in the occupied Palestinian territory. A human tragedy was unfolding: tens of thousands had been killed or injured by Israeli attacks and the health care system in the besieged territory had completely collapsed. Immediate and decisive international intervention was required to stop the crimes and genocide perpetrated by Israel. The continued killing of civilians, in particular women and children, was not an act of self-defence. Under international law, all supporters of Israel were complicit and must be held accountable for their role in the catastrophic situation. Member States should mobilize available resources to alleviate the situation in the Gaza Strip. Shortages of essential resources should be monitored closely and action taken to address the displacement of individuals and the prevalence of disease. WHO should continue to provide accurate and updated information on the health situation in the Gaza Strip.

The representative of NEW ZEALAND¹ said that his Government was proud to support the WHO Contingency Fund for Emergencies. The situation in the Gaza Strip, where the health infrastructure was barely functioning, was a health catastrophe. The risk of outbreaks of disease and significant challenges associated with nutrition, sanitation, overcrowding and health care access were causes of deep concern. The delivery of life-saving assistance was also being delayed. All parties to the conflict must comply with their obligations under international law, including the need to ensure the protection of medical and humanitarian personnel and facilities, in line with United Nations Security Council resolution 2286 (2016). Medical facilities must never be used for military purposes or be the object of attack. He expressed unwavering support to those working under appalling conditions to provide life-saving medical assistance to people in need in the Gaza Strip and offered his condolences for the loss of health care workers in the conflict.

The representative of ZIMBABWE¹ questioned the politicization of WHO's technical work by raising controversial issues regarding Taiwan.² His Government reaffirmed its support for and position on the one-China principle and recognized that the Taiwan² region was an inalienable part of Chinese territory. That position was consistent with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1, which provided the legal foundation for addressing issues related to Taiwan,² and respected the principle of non-interference in the internal affairs of sovereign States. The participation of the Taiwan² region in WHO must be handled in accordance with those resolutions and the position of the Government of China should be respected.

The representative of SOUTH AFRICA¹ commended WHO on its continued efforts to provide the necessary support in response to numerous health emergencies, including in Palestine and east Jerusalem. She supported the Director-General's call for an immediate ceasefire to facilitate the provision of enhanced humanitarian and life-saving services in response to the escalating humanitarian crisis in the Gaza Strip.

The need for a strong global health architecture and strengthened and agile national health systems to deal with health emergencies at the country level had become more urgent. Sustainable financing and a strong multilateral mechanism embodying the principles of equity and solidarity were required. Her Government was committed to working with others on the drafting and negotiation of a pandemic agreement and targeted amendments to the International Health Regulations (2005). Both instruments

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² World Health Organization terminology refers to Taiwan, China.

should include equity targets and outputs and should be submitted to the Seventy-seventh session of the World Health Assembly in May 2024. Her Government supported the draft decisions under the agenda item. It wished to be added to the list of sponsors of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards and the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The representative of COLOMBIA¹ said that his Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem. The unprecedented humanitarian crisis and inexplicable suffering of the civilian population were of deep concern to his Government. The humanitarian and health tragedy was not confined to the loss of human life: more than 85% of the population of the Gaza Strip had been displaced, the health system was on the brink of collapse and grave and systematic violations of international humanitarian law were continuing, with women and children disproportionately affected. Since the acts that had given rise to the situation might constitute violations of Israel's obligations under the Convention on the Prevention and Punishment of the Crime of Genocide, he welcomed the initiative by the Government of South Africa to bring a case before the International Court of Justice regarding those violations, actions and measures that might constitute acts of genocide. All parties to the conflict must respect the principles of distinction and proportionality, and ensure that health care facilities and hospitals were protected. He called for an urgent ceasefire, release of the hostages and full respect for international humanitarian law. To prevent future suffering, the parties were urged to reach a compromise and overcome their differences to pave the way for peaceful coexistence. The conflict must be resolved through dialogue and based on a two-State solution, in accordance with numerous United Nations resolutions.

The representative of the REPUBLIC OF KOREA¹ expressed appreciation for WHO's efforts to systematically and promptly respond to health emergencies around the world. More Member States should take advantage of the programme to support countries in strengthening their health crisis response capacities developed by WHO, in order to minimize the impact on the population of infectious diseases and natural disasters. Exchanges with peers could be useful in building Member States' capacities to protect from infectious diseases, and the draft pandemic agreement under discussion included a call for a peer review mechanism. The results of the pilot phase of the Universal Health and Preparedness Review should be shared with Member States as soon as possible, to provide practical advice on the introduction of an assessment mechanism.

The representative of SOMALIA¹ expressed concern regarding the growing number of health emergencies, which had overstretched the capacity of national and international aid agencies, including WHO, and commended the tireless efforts of WHO's staff in affected countries. Member States would be remembered for their action, or lack thereof, with respect to the public health catastrophe unfolding in Palestine. The killing of innocent civilians and health workers and the destruction of health infrastructure by the occupying power were clear violations of international humanitarian law and the Geneva Convention relative to the Protection of Civilian Persons in Time of War of 12 August 1949. In accordance with United Nations Security Council resolution 2720 (2023), all restrictions on the delivery of humanitarian assistance must be lifted. His Government called for an immediate ceasefire in the Gaza Strip and wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The Observer of PALESTINE said that there were no words to describe the humanitarian disaster and catastrophic health situation in the Gaza Strip and asked how the international community could accept such devastation, genocide and unimaginable suffering. Women and children in particular were

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being robbed of their dignity, and the hygiene and sanitary situation was shocking. Some 1.5 million people whose homes had been destroyed by the occupying power had been forcibly displaced and were now living in overcrowded refugee camps where disease was rife. The occupying power was trying to justify its actions on the pretext of self-defence but the violation of international humanitarian law could not be accepted. How could a cancer hospital, ambulance or United Nations office be a legitimate military target? The international community should not remain silent in the face of such atrocities. The people in the Gaza Strip were being subjected to collective punishment by the occupying power: humanitarian assistance could not reach them and electricity and drinking water were being cut off, while the indiscriminate bombing was allowed to continue. Even before the occupation, terrible atrocities had been committed against the Palestinian people. The international community must shoulder its humanitarian, ethical and moral responsibility to put an end to the military aggression and the violence, and allow the Palestinian people to survive.

The observer of GAVI, THE VACCINE ALLIANCE, said that, in order to strengthen the global health architecture and improve health security based on learning from the COVID-19 pandemic, Member States should include routine immunization in the pandemic agreement and similar instruments as an essential intervention for prevention, preparedness and response. Consideration should also be given to an expanded collaborative role for specialist agencies such as Gavi in the global health architecture, to ensure rapid, coordinated, equitable and sustainable responses to future pandemics. Financing mechanisms should address both prevention and preparedness investments as well as funds that could be mobilized rapidly. In order to promote a whole-of-society approach, Member States should prioritize meaningful country and civil society engagement in future global health emergency architecture initiatives.

The representative of the INTERNATIONAL DEVELOPMENT LAW ORGANIZATION, speaking at the invitation of the CHAIR, said that investment in the rule of law was key to building strategic resilience for responses in humanitarian settings and addressing public health emergencies. His organization was promoting capacity-building initiatives to strengthen countries' legal preparedness and build long-term and sustained national capacity across sectors. Member States should place emphasis on legal preparedness as a key enabler of the global health system, and adequate resources should be made available to support countries in strengthening their national capacities.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that, in order to ensure alignment across the political declaration of the United Nations General Assembly high-level meeting on pandemic prevention, preparedness and response, the International Health Regulations (2005) and the pandemic agreement, further consideration should be given to integrating sustainable cancer care services into preparedness and response planning. That would require continued and timely access to cancer and palliative care services and medicines, the continued implementation of existing clinical trials, the development of ethical and methodological decision-making guidelines, and support for the well-being of the health workforce.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that health emergencies had serious consequences for persons with disabilities, including higher rates of morbidity and mortality. The significant barriers such persons faced in escaping from hazards and accessing emergency assistance were compounded by discriminatory attitudes, a lack of inclusive emergency planning and inaccessible public health information. WHO and Member States should pay close attention to the right to health for all people in health emergencies and to ensuring that persons with disabilities were clearly recognized as persons in vulnerable situations, and were properly included in negotiations a pandemic agreement.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO's leadership in responding to significantly more emergencies in 2023 than in 2022. In 2024, global humanitarian needs would remain at alarming levels and the response sector would be overwhelmed by the scale, frequency and complexity of crises. The Save the Children Fund, as it finalized its accreditation as an emergency medical team, stood ready to work closely with WHO to meet the needs of children and their families.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, said that, in transitioning to the more sustainable management of the COVID-19 pandemic, it was important to ensure that equitable access to countermeasures remained in focus, including for future pandemics. There was a need to strengthen mechanisms such as licensing and technology transfer, through which several affordable treatments had been made available to low- and middle-income countries, and to sustain the capacities built through the global WHO/Medicines Patent Pool mRNA Technology Transfer Programme.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, given the current global context of crises and conflicts, it was inexcusable that the WHO Health Emergencies Programme was underfunded by 40%. High-income countries had a responsibility to ensure adequate funding for the Programme and it was in their own interest to do so. The Programme should be given sufficient authority and resources, in line with the conclusions of the Independent Oversight and Advisory Committee. To ensure sustainability, universal access to medical countermeasures and technology, and to adequate financing, must be built into health emergency prevention, preparation and response. Member States must commit to refraining from attacks on health care facilities and personnel and from obstructing access to health care.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that public health emergencies affected the provision of sexual and reproductive health services, with global supply chain disruptions giving rise to unplanned pregnancies, unsafe abortions and higher rates of sexually transmitted infections. Member States should ensure the continuation of sexual health services, including by integrating sexual and reproductive health care in public health emergency preparedness and response planning at all levels and securing funding to avoid the reduction of critical services. They must also work with local actors and sexual and reproductive health organizations to increase the level of operational preparedness and response.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, highlighted the ongoing need for investment in countermeasures to tackle possible pandemics, given the current inadequate systems of incentives for drug development. Public sector funding of research and development, and incentives delinked from high prices or monopolies, such as open source dividends and technology buy-out approaches, should also be provided. The two primary challenges with respect to the pandemic agreement were the need for a global framework to share the costs of funding research and development, and an agreement on financing approaches that were consistent with timely, affordable and equitable access.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, in fragile and conflict-affected settings, where the operating environment was highly insecure and large population groups faced unacceptable challenges and risks, country-specific approaches were needed for the timely delivery of care. Simplified procedures, clear roles and responsibilities for governments, communities and implementers, adapted tools, stockpiles, fast track allocation of medical countermeasures and a safe and secure working space were required. Binding rules should govern pandemic response to avoid a repeat of history. Access would only be

possible if the parties to a conflict and their supporters respected the medical mission and international humanitarian law, which was not the case at present.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed concern that the draft proposals for the pandemic agreement would compromise systems for innovation and practical solutions to address equity. They were likely to delay access to pathogens, lead to a weaker pipeline of vaccines, diagnostics and treatment for diseases with pandemic potential, deter investment in research and development through weakened intellectual property, and fail to propose an adequately funded procurement mechanism for low-income countries. Commitments to remove trade restrictions should be strengthened to facilitate equitable access. The Berlin Declaration issued by her organization set out practical solutions to address equity in future pandemics, including a commitment from pharmaceutical companies to reserve an allocation of vaccines, treatment and diagnostics for priority populations in lower-income countries. Governments should focus on practical solutions and avoid a repeat of the export restrictions that hampered the roll-out of COVID-19 vaccines and drove inequity.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that WHO's key standard-setting role must be maintained and protected with transparent, sustainable funding that was free from commercial influence. The provision of short-term and ready-to-use products should never be inappropriately promoted, commercially exploited or undermine breastfeeding, indigenous complementary foods and culturally acceptable local food solutions where available. The International Code of Marketing of Breast-milk Substitutes and the Operational Guidance for Infant and Young Child Feeding in Emergencies were key tools in emergency preparedness and response. The deprivation of food, water and medical supplies should never be imposed as a weapon of war.

The ASSISTANT DIRECTOR-GENERAL (Health Emergency Intelligence and Surveillance Systems) said that the Secretariat had noted Member States' appreciation of the work of the WHO Health Emergencies Programme across all levels in response to an increasing number of health emergencies, and particularly the recognition of the challenges faced by staff in increasingly complex contexts. It had also noted the determination expressed by Member States to deliver a pandemic accord and the revised International Health Regulations (2005). As requested, the Secretariat would contribute to accelerating efforts so that the pandemic agreement could be ready by the Seventy-seventh World Health Assembly in May 2024. It would also continue to move forward on the health emergency preparedness and response framework, joint external evaluations and the Universal Health and Preparedness Review. The Secretariat had noted concerns regarding the resourcing of WHO's work in health emergencies and the increasing demands on the programme, as evidenced by the number of graded events at any one time. It had also noted the deep concern expressed regarding attacks on health care workers and settings and the support expressed for WHO to increase its capacity to measure and analyse the risks. It had heard the call on WHO to do everything possible to preserve the capacity and humanitarian imperative of health care delivery wherever needed, particularly in conflict situations. Noting that the Secretariat had been requested to continue to build the capacity of Member States in several areas to respond to natural and humanitarian emergencies, he said that Member States' expectations of the Programme were growing, despite the increasing demand for emergency response activities. WHO would continue to push forward on all fronts.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that it was a difficult time for emergency preparedness and response, and he thanked Member States because it was their institutions, agencies and partners that were actually on the ground. The WHO Health Emergencies Programme was a platform through which Member States could assist one another, share the best

science, knowledge and logistics, and channel the most appropriate supplies in the interests of collective health security.

The pandemic agreement under negotiation was a deepening of the commitment to collective security and to ensuring timely detection, assessment and sharing of risks, and the sharing of benefits and innovation, so that those most in need were given the protection they required as soon as possible. Although easy to say, it was exceptionally difficult to do. WHO had been striving to achieve that goal for 75 years and results had been achieved; the next step was to strengthen the collective response. In the area of governance, efforts included the establishment of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and the Universal Health and Preparedness Review, targeted revisions of the International Health Regulations (2005), and hopefully through a solemn accord between Member States. In the area of finance, the establishment of the WHO Contingency Fund for Emergencies had been a game changer for the Secretariat's capacity to support Member States' needs and had facilitated WHO's response to 208 emergencies. He thanked the 29 donors that had contributed to the Fund. WHO had appealed for US\$ 1.5 billion during the current year to cover the acute part of the emergency response. In 2023, many of its partners in the Global Health Cluster had received only 12% of what they had requested to respond to humanitarian crises, making it very difficult for them to maintain a credible response on the ground. Member States were invited to consider not only how they funded WHO, but also its partners, which were the true front line of humanitarian intervention.

He praised the agility, loyalty and passion of WHO's staff for their work in areas as diverse as supporting the Intergovernmental Negotiating Body process, international public health law, global science, standard-setting, innovation, research development, and rescuing patients on the front line.

The DIRECTOR-GENERAL said that the situation in the Gaza Strip had deteriorated since the special session of the Executive Board in December 2023. It was WHO's view that a ceasefire was long overdue. Thus far, around 26 000 people had died, 8 000 were missing, there were some 100 000 direct casualties and 1.7 million displaced persons. The fact that 70% of the dead were women and children was itself sufficient justification for a ceasefire. The number of deaths would only increase, not only as a result of injuries sustained, but also because the risk of epidemics, hunger, starvation and famine was growing. The health service was on its knees and chronically ill people were not receiving the care they needed. Of the 16 hospitals remaining, some were functioning partially and others were operating only at a minimum level. A solution could be found provided there was the political will. War did not offer solutions, only more war, more hatred, more agony and more destruction; peace must be chosen and the issue resolved politically. He expressed the hope that the war would end and a true solution found: the situation in the Gaza Strip was beyond words.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/14, EB154/15 and EB154/51.

It was so agreed.

The CHAIR took it that the Board wished to adopt the draft decisions on universal health and preparedness review and on strengthening laboratory biological risk management.

The decisions were adopted.¹

The CHAIR took it that the Board wished to postpone the adoption of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards so as to allow

¹ Decisions EB154(9) and EB154(10).

for further consultations among Member States during the intersessional period on the text of the draft resolution contained therein.

It was so agreed.

The CHAIR further took it that the Board wished to adopt the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The resolution was adopted.¹

The representative of ISRAEL² said that the resolution, like the one adopted by the Board at its special session in December 2023, sent a loud and clear message to Hamas that terrorism won and that the international community was turning a blind eye to the murder, rape, abduction, torture and abuse of hundreds of Israelis, and to the use of hospitals and Palestinians as human shields. The international community had chosen to ignore the fate of the 136 Israeli hostages still subjected to unthinkable horrors by a terrorist organization that had openly demonstrated its inhumanity and barbarism. It had shown the hostages that it was simply choosing not to care. The resolution represented a grave moral failure. Israel would continue to fight terrorism. It would defeat Hamas and bring its people home.

2. IMPLEMENTATION OF RESOLUTION WHA75.11 (2022): Item 15 of the agenda (document EB154/16)

The CHAIR invited the Board to consider the report contained in document EB154/16 and to provide guidance on the elements set out in paragraph 26 of the document.

The representative of UKRAINE welcomed WHO's valuable efforts in his country in 2023, including in coordinating the health cluster for the provision of life-saving assistance to the population affected by the Russian Federation's ongoing aggression, collaborating with the Ministry of Health of Ukraine and supporting the medical evacuation process. More than 23 months into the full-scale aggression against his country by the Government of the Russian Federation, the severe humanitarian crisis and displacement continued to be exacerbated by attacks on civilians and critical infrastructure. According to WHO, 14 of the 35 attacks on medical facilities worldwide since the start of 2024 had happened in Ukraine, and it was to be hoped that WHO would continue its strong response. He looked forward to the preparation of an updated report on implementation of resolution WHA75.11 for the Seventy-seventh World Health Assembly, and reiterated his Government's gratitude to all international partners and friends for their support and solidarity with the people of Ukraine.

The representative of the UNITED STATES OF AMERICA said that her Government continued to condemn the unprovoked and unjustified full-scale invasion of Ukraine by the Government of the Russian Federation in the strongest terms. The humanitarian crisis was indefensible, as were the Russian Federation's relentless attacks that had caused unspeakable harm to civilians and critical infrastructure. The provision of life-saving supplies and services by WHO and its partners to affected communities and health workers was welcome. WHO's efforts to improve coordination with humanitarian stakeholders at the health cluster level were appreciated and should continue, with a view to improving the efficiency of health equipment distribution. WHO was well placed to support efforts to expand the inclusion of

¹ Resolution EB154.R7.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

refugees from Ukraine into host governments' national health systems and it should continue that work. The Secretariat should update the report set out in document EB154/16 so that the Seventy-seventh World Health Assembly could fully understand the impact of the Russian aggression on Ukraine's health system and related relief efforts. Her Government assured the people of Ukraine of its steadfast and enduring commitment.

The representative of BRAZIL, acknowledging the grave health situation in Ukraine, said that the barriers to access health services, the risk of radio-nuclear incidents and of gender-based violence, the disruption of drinking water supplies and the occurrence of hepatitis A were causes of concern. WHO's various health interventions, which had reached approximately 7.2 million people in Ukraine, were welcome, as were the development of a national referral centre for rehabilitation of spinal cord injuries, WHO's support for the implementation of Ukraine's national immunization programme, and its work on enhancing access to clinical services for gender-based violence survivors. WHO was to be commended for its financial support to Ukraine and for its procurement, since February 2023, of medicines, medical equipment and supplies for the Ukrainian population.

The representative of JAPAN reiterated that the aggression against Ukraine by the Government of the Russian Federation was an outrageous act that shook the very foundation of the international order, infringing upon Ukraine's sovereignty and territorial integrity and violating the principles of the United Nations Charter. His Government condemned the Russian attacks on health care facilities and staff in Ukraine. It was deeply concerned that Ukraine was facing difficulties in ensuring adequate health care and he appreciated WHO's work in Ukraine. Outlining some of the support provided by his Government, he called on the Secretariat to submit an updated report to the Seventy-seventh World Health Assembly in May 2024.

The representative of CANADA expressed her Government's steadfast support for Ukraine's sovereignty and territorial integrity. It was deeply concerned about the humanitarian and health impacts of the illegal war of aggression on Ukraine waged by the Government of the Russian Federation, and was committed to supporting Ukraine's response to emergency health needs. All parties should uphold United Nations Security Council resolution 2286 (2016) to protect medical and humanitarian personnel. To facilitate a transition towards longer-term sustainable development, WHO should continue efforts to address immediate needs, while also supporting essential health sector recovery and reconstruction based on priorities identified by the Government of Ukraine. Stakeholder coordination at all levels was essential. An inclusive process that focused on advancing gender equality and an actively engaged civil society were crucial for the health emergency response and the recovery and reconstruction of Ukraine's health system. Gender-disaggregated data collection and gendered analyses should continue to address the troubling increase in gender-based violence. The Secretariat should update the report for consideration by the Seventy-seventh World Health Assembly.

The representative of the REPUBLIC OF MOLDOVA said that her Government would continue to facilitate access for Ukrainian refugees to medical, social and education services. The report set out in document EB154/16 should be updated for the Seventy-seventh World Health Assembly: paragraph 6 should indicate that the water from the Kakhovka reservoir was needed to remove heat from the reactors of Zaporizhzhia nuclear power plant and spent fuel ponds and to cool emergency diesel generators when in operation. A new chapter should be added on the Zaporizhzhia power plant, as an accident at the facility would cause an unprecedented catastrophe that would affect the health of millions of people for years and IAEA situation reports should be exchanged with WHO. Paragraph 15 should provide information on the current measles emergency in the European region, and WHO should provide urgent support for an immunization campaign in Ukraine.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. He said that almost two years had passed since the start of the unprovoked, unjustified and illegal war of aggression against Ukraine by the Government of the Russian Federation, which grossly violated international law and the United Nations Charter. The European Union and its Member States reiterated their resolute condemnation of the invasion and reaffirmed their unwavering support for Ukraine's independence, sovereignty and territorial integrity within its internationally recognized borders, and its inherent right of self defence against the Russian aggression.

The health and humanitarian consequences of that aggression were severe, with over 1 300 confirmed attacks on health care facilities, and Ukraine's health system and access to critical health care services, medicines and treatment had been severely compromised. The deliberate destruction of the Kakhovka dam had further exacerbated health care challenges in the region. Moreover, the consequences of the war went beyond Ukraine and refugee-receiving countries, and included the worsening of an already significant global food security crisis and the risks of radiological, biological and chemical events and hazards. WHO was encouraged to take further action to mitigate the negative health and humanitarian impacts of the war, such as by ensuring access to basic health and care services, mental health and psychosocial support, routine vaccination and treatments, and support for victims of gender-based violence. Efforts to prevent and respond to sexual exploitation, abuse and harassment must be strengthened. Securing financial resources was key. The Member States of the European Union had dedicated over €2.9 billion to humanitarian assistance in Ukraine and remained committed to supporting Ukraine's repair, recovery and reconstruction. They would continue their global outreach efforts to garner international support for a comprehensive just and lasting peace and achieve the key principles of Ukraine's peace formula. He looked forward to the preparation of an updated implementation report on resolution WHA75.11 to be presented at the Seventy-seventh World Health Assembly.

The representative of TOGO, speaking on behalf of the Member States of the African Region, welcomed WHO's work in recent years to provide humanitarian and medical assistance to victims of conflict throughout the world, in line with the principle set out in the WHO Constitution that enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. WHO should continue working to ensure the highest standard of health for all and mobilize partners and resources to better meet the health needs of those in conflict situations.

The representative of BELARUS welcomed the comprehensive and balanced report and WHO's work to respond to public health emergencies. The assistance given to the people of Ukraine, including to those who had left the country, was appreciated and he acknowledged the important role of the WHO Regional Office for Europe in that process. His Government was working closely with specialized agencies of the United Nations and nongovernmental organizations to provide support to Ukrainians; citizens of Ukraine and stateless persons arriving in Belarus without a temporary residence permit were given the right to affordable medical care on the same basis as Belarusian citizens.

His Government had abstained from supporting resolution WHA75.11. It had considered that the text was politicized and made no mention of issues requiring attention from WHO and the international community, such as the inadmissible use of medical facilities and other civilian infrastructure for military purposes and the need to protect the sick and the wounded and treat prisoners of war humanely. As a consequence of an approach that criticized the actions of only one party to the conflict, there had been dozens of civilian deaths. Increasing the supply of lethal weapons to Ukraine would not put an end to the health emergency and the suffering of the civilian population. Negotiation was the only way to resolve the situation. Noting the many health emergencies caused by conflicts around the world, including in the Gaza Strip, he said that the retention of the item as a separate agenda item was clearly politically motivated.

The representative of FRANCE said that his Government once again condemned the brutal and illegal war of aggression waged by the Government of the Russian Federation against Ukraine and its people. The health and humanitarian situation must remain at the centre of international attention. Given the major risks of epidemics and of nuclear contamination as a result of Russian attacks against nuclear power plants, WHO's humanitarian assistance was more necessary than ever. Member States must send a clear message demanding an end to attacks against hospitals, full respect for international humanitarian law and unhindered access for the brave and dedicated WHO staff on the ground. His Government would continue to provide every assistance to Ukrainian refugees in France and to WHO's crucial efforts in supporting the Ukrainian health system and population. He looked forward to the preparation of an updated implementation report on resolution WHA75.11 to be presented at the Seventy-seventh World Health Assembly.

The representative of PERU welcomed the important work of WHO and the refugee-hosting countries in response to the health and humanitarian emergency in Ukraine. As the situation on the ground was constantly evolving, it would be useful for WHO to continue providing information on its work in the field and to update the report under consideration for the Seventy-seventh World Health Assembly.

The representative of AUSTRALIA condemned, in the strongest possible terms, the illegal invasion of Ukraine by the Government of the Russian Federation, which violated the fundamental principles of sovereignty and territorial integrity. The dire health impacts of the invasion were a source of grave concern, as were the continued attacks on health infrastructure, which were depriving people of urgently needed care, endangering health workers, increasing the risk of infectious disease outbreaks and undermining health systems. WHO was to be commended for its sustained support for the humanitarian and emergency health response in Ukraine. The continued focus on promoting access to health care services for sexual and reproductive health and mainstreaming support to tackle sexual exploitation, abuse and harassment in its response operations was particularly welcome. She looked forward to the preparation of an updated report for the Seventy-seventh World Health Assembly.

The representative of CHINA said that the continuation of the crisis in Ukraine was not in the interests of any party and would only bring deep suffering to innocent people, undermine regional peace and stability and create additional obstacles to development, including in the context of the 2030 Agenda for Sustainable Development. It also affected international peace and security and the health and well-being of people. His Government had always advocated peace and dialogue in resolving the issue and its position remained unchanged. It stood ready to maintain communication with all parties to promote a political solution and had put forward a six-point plan in that regard. The international community should step up its efforts to create an environment conducive to the early resumption of peace talks. All initiatives aimed at easing the humanitarian crisis were welcome and increased humanitarian assistance should be provided to the affected population on the basis of the principles of humanity, neutrality, impartiality and independence. His Government had always opposed the politicization of health issues and expressed the hope that WHO would focus on its responsibilities. The report should address the legitimate concerns of all parties in a balanced and objective manner.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government reiterated its condemnation, in the strongest terms, of the unprovoked, premeditated attack on Ukraine by the Government of the Russian Federation, which continued to destroy health systems. The invasion was causing grave and long-lasting health impacts, including on the mental health of Ukrainians. She thanked the Secretariat for its ongoing support to Ukraine and those countries hosting Ukrainian refugees. Supporting Ukraine's recovery and reconstruction was a priority for her Government, which, in addition to providing financial assistance, was working with the Ukrainian Ministry of Health on health technology assessment in the country,

reform and the wider availability of medicines. Noting with concern the attacks on health facilities, she called for the Government of the Russian Federation to urgently de-escalate and withdraw its troops. The Government of the Russian Federation must be held accountable for its actions and stop undermining democracy, global stability and international law.

The representative of NEW ZEALAND said that her Government continued to condemn unequivocally the ongoing aggression of the Government of the Russian Federation, which was causing persistent and increasing public health challenges. The continued deliberate attacks on civilian infrastructure, including health care facilities, were appalling and the complete disregard for basic amenities needed by civilians was incomprehensible. WHO was to be commended for its ongoing efforts in the humanitarian and emergency health response in Ukraine, in particular in supporting Ukrainian refugees' access to health care in host countries, coordinating with Ukraine's Ministry of Health for service delivery, upskilling health care workers and implementing the national immunization programme. The sharp increase in gender-based violence, particularly sexual violence, in Russian-occupied regions of Ukraine was a concern, and her Government continued to support WHO's prioritization of the prevention of sexual exploitation, abuse and harassment in response efforts. Information on how WHO ensured that its emergency response work was inclusive for potentially at-risk population groups could be included in the updated report for the forthcoming World Health Assembly.

The representative of NORWAY condemned, in the strongest terms, the war of aggression waged on Ukraine by the Government of the Russian Federation. Although Ukraine had shown remarkable resilience and strength, attacks on civilians and civilian infrastructure, including health care facilities, continued unabated. Civilians must be protected and international humanitarian law respected. In addition to the important work of documenting attacks on health care providers, she commended WHO's efforts to strengthen Ukraine's ability to provide health care services and the focus on strengthening national structures for sexual and gender-based violence prevention and response. It was essential to keep the Ukrainian Government functioning and basic services running, and her Government was providing support to that end through the World Bank. As one of the largest humanitarian donors to Ukraine, her Government would continue to coordinate its efforts to meet Ukraine's need for assistance in the future.

The representative of MONACO thanked WHO for its health interventions in Ukraine thus far, in particular in regard to medical evacuations, the delivery of medical equipment and supplies, and the implementation of the national immunization programme. She urged WHO to keep up its efforts and continue to work with civil society in Ukraine. Monaco was one of the Member States that had voted in favour of resolution WHA75.11, and remained fully committed to its implementation. The protracted nature of the conflict in Ukraine and the humanitarian and health impacts, including shortages in essential utilities that were also affecting health facilities, were of serious concern. Human rights and international humanitarian law must be systematically and fully respected. Hospitals and other health facilities must be protected under all circumstances. Health workers must have unrestricted access to such facilities and must also be protected from any violence.

The representative of SLOVAKIA called on the international community to support efforts to end the conflict in Ukraine, which had brought about death, uncertainty, an unsafe environment for the healthy development of children and adolescents, poverty and worsening mental health, and was likely to cause post-traumatic stress disorder in future generations. More collaborative efforts should be made to ensure access to early diagnosis and continued treatment for all people with sexually transmitted diseases, chronic communicable and noncommunicable diseases, and to psychosocial support and trauma therapy. The international community should work together to ensure peace and health, which were inextricably linked.

The representative of POLAND strongly condemned the full-scale aggressive war launched by the Government of the Russian Federation against Ukraine in 2022. No matter how the Russian Government attempted to justify it, the war was unprovoked, unjustified and illegal. She thanked the Secretariat for its commitment to supporting Ukraine and delivering the necessary assistance. She was also grateful to WHO and other health and humanitarian actors for the support given to neighbouring and refugee-hosting countries. WHO and other actors should take further action to mitigate the negative health and humanitarian impact of the war. The international community should strengthen its efforts to achieve a just and sustainable peace in Ukraine, with full respect for the country's territorial integrity and the provisions of the United Nations Charter. Those responsible for war crimes in Ukraine must be held accountable.

The representative of the RUSSIAN FEDERATION thanked all those countries that had spoken out against the further politicization of WHO's work. It was unfortunate that the Director-General had had to spend valuable time preparing the report under consideration, since the decision to prepare such a document had been imposed by a small group of countries that were trying by any means to divert the attention of the international community while hiding their own efforts to prolong the conflict. For the second year in a row, representatives of North Atlantic Treaty Organization member countries had insisted on including the item on the agenda with the sole purpose of gaining airtime to read out unsubstantiated accusations against the Russian Federation. At the same time, their governments were supplying Ukraine with lethal weapons that were being used against the civilian population and medical infrastructure. Should anyone still have any doubt that the only purpose of the report and the corresponding Health Assembly resolution was anti-Russian propaganda, she drew attention to the fact that, according to the International Institute for Strategic Studies, there were 183 regional conflicts in 2023. According to WHO, there had been 16 Grade 3 acute and protracted emergencies in addition to Ukraine. Member States had been given only three minutes to express their positions on WHO's work in all those emergencies, the pandemic agreement and amendments to the International Health Regulations (2005), yet they were given an additional three minutes to speak on Ukraine alone. The demand to discuss the situation in Ukraine separately clearly demonstrated the double standards of the West with respect to the medical needs of civilians in other emergency situations around the world.

The report did not provide any added value, as the same information on the situation in Ukraine was already regularly included in WHO presentations to the Standing Committee on Health Emergency Prevention, Preparedness and Response. The duplication of work meant that the resources of WHO, the Executive Board and the World Health Assembly were not being used rationally and detracted from urgent health issues. She did not agree with the proposal that the Board should note the report.

The representative of IAEA said that, in response to the Ukrainian authorities' request for assistance to resolve current challenges in providing safe cancer care, IAEA was supporting Ukraine under its Rays of Hope initiative, including by providing and funding radiotherapy equipment for a clinical oncology centre and human resource capacity-building. In 2023, IAEA had initiated a medical assistance programme to help Ukrainian nuclear power plants to put in place arrangements for their operating personnel to access physical and mental health services and fitness-for-duty assessments. It also aimed to ensure that medical facilities were able to provide such services and deliver critical medical support and care. IAEA continued to deliver technical support and assistance to Ukraine, including in the field and in the delivery of nuclear-safety and security-related equipment. The IAEA Director General also continued to provide regular updates on the nuclear safety and security situation in Ukraine.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked WHO's partners in the Global Health Cluster, the United Nations system and on the ground for the incredible amount of work that had gone into providing urgent medical assistance in Ukraine. Although 92% of all the health facilities in Ukraine remained intact, severe damage had been caused throughout the system. Much work had been done by WHO and its partners to improve surveillance and mass casualty

management, and to provide training in trauma management and preparation for radio-nuclear and biological incidents. Efforts and capacity had been pooled from around the world, particularly from within the European Union, to assist the people of Ukraine, Ukrainian refugees and those who had to be medically evacuated. He thanked donors for their support, noting that over US\$ 70 million of medical supplies had been delivered to health facilities and that a further US\$ 51 million was in the pipeline. One hundred inter-agency convoys with health support had been completed and WHO had undertaken over 100 missions to the front line to assess the delivery of goods and services. Reporting that there had been 1439 direct attacks on health care, which had resulted in 218 injuries and 112 deaths, he assured Member States that WHO would continue to update its data on a daily basis and coordinate with its team on the ground. The response effort was being led by the WHO Regional Office for Europe, which showed how the Organization could move its locus of coordination and control depending on the pressures faced. Noting that there had been over 800 deployments by WHO into Ukraine since the beginning of the conflict, he said that WHO's response to the humanitarian crisis was one of the most intense, sustained and comprehensive it had ever been able to mount. WHO would continue to update its assessments and epidemiological data for the Seventy-seventh World Health Assembly.

The DIRECTOR-GENERAL said that he wished to assure the representative of the Russian Federation of the neutrality of WHO, and said that the report under consideration had not been written under the influence of any country or group of countries. He took full responsibility for its content, which was entirely fact-based. He invited her to provide any specific comments to the Secretariat.

The Board noted the report.

The meeting rose at 17:30.

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