



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

155TH SESSION

GENEVA, 3–4 JUNE 2024

DECISIONS

ANNEXES

SUMMARY RECORDS

GENEVA

2024

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDP	– United Nations Development Programme
IAEA	– International Atomic Energy Agency	UNEP	– United Nations Environment Programme
IARC	– International Agency for Research on Cancer	UNESCO	– United Nations Educational, Scientific and Cultural Organization
ICAO	– International Civil Aviation Organization	UNFPA	– United Nations Population Fund
IFAD	– International Fund for Agricultural Development	UNHCR	– Office of the United Nations High Commissioner for Refugees
ILO	– International Labour Organization (Office)	UNICEF	– United Nations Children’s Fund
IMF	– International Monetary Fund	UNIDO	– United Nations Industrial Development Organization
IMO	– International Maritime Organization	UNODC	– United Nations Office on Drugs and Crime
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
IOM	– International Organization for Migration	WFP	– World Food Programme
ITU	– International Telecommunication Union	WIPO	– World Intellectual Property Organization
OECD	– Organisation for Economic Co-operation and Development	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WOAH	– World Organisation for Animal Health
UNAIDS	– Joint United Nations Programme on HIV/AIDS	WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 155th session of the Executive Board was held at WHO headquarters, Geneva, on 3–4 June 2024.¹

The Seventy-seventh World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board² in place of those whose term of office had expired,³ giving the following new composition of the Board:

Designating country	Unexpired term of office ⁴	Designating country	Unexpired term of office ⁴
Australia	2 years	Micronesia (Federated States of)	1 year
Barbados.....	2 years	Morocco	1 year
Brazil	1 year	Norway	3 years
Brunei Darussalam	3 years	Poland	3 years
Bulgaria	3 years	Qatar	2 years
Cameroon	2 years	Republic of Korea.....	3 years
Canada.....	1 year	Republic of Moldova	1 year
Chile	3 years	Senegal.....	1 year
China	1 year	Slovakia	1 year
Comoros	2 years	Somalia	3 years
Costa Rica	3 years	Switzerland	2 years
Democratic People's Republic of Korea	2 years	Thailand	3 years
Ethiopia	1 year	Togo.....	2 years
Israel.....	3 years	Ukraine	2 years
Lebanon.....	3 years	United States of America.....	1 year
Lesotho	2 years	Yemen.....	1 year
Maldives	1 year	Zimbabwe	3 years

The list of members and other participants is contained in document EB155/DIV./1 Rev.1.

¹ Decision EB154(16) (2024).

² Decision WHA77(7) (2024).

³ The retiring members had been designated by Afghanistan, Belarus, Denmark, France, Japan, Malaysia, Paraguay, Peru, Rwanda, Slovenia, Syrian Arab Republic and Timor-Leste (see decision WHA74(8) (2021)).

⁴ At the time of the closure of the Seventy-seventh World Health Assembly.



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Pillar 4: More effective and efficient WHO providing better support to countries

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¹ As adopted by the Board at its first meeting (3 June 2024).

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LIST OF DOCUMENTS

EB155/1 Rev.1	Agenda ¹
EB155/1 (annotated)	Provisional agenda (annotated)
EB155/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB155/3	Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response
EB155/4	Evaluation: annual report
EB155/4 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ²
EB155/5	Report on hosted partnerships
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¹ See page ix.

² See Annex 2.

³ See Annex 1.

EB155/11 Matters for information: report on meetings of expert committees and study groups

EB155/12 Rev.1 Future sessions of the Executive Board and the Health Assembly

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EB155/INF./1 Statement by the representative of the WHO staff associations

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EB155/DIV./1 Rev.1 List of members and other participants

EB155/DIV./2 List of decisions

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COMMITTEES¹

Programme, Budget and Administration Committee²

Mr Blair Exell (Australia), Ms Zhang Yang (China), Dr Pak Jong Min (Democratic People's Republic of Korea), Dr Lia Tadesse Gebremedhin (Ethiopia), Ms Aishath Rishmee (Maldives), Dr Abdelkrim Meziane Bellefquih (Morocco), Dr Rosa Gutiérrez Palomino (Peru), Dr Hanan Mohamed Al Kuwari (Qatar, member ex officio), Dr Salih Ali Al-Marri (Qatar), Dr Ala Nemerenco (Republic of Moldova), Dr Sabin Nsanzimana (Rwanda, member ex officio), Dr Marie Khémesse Ngom Ndiaye (Senegal), Professor Jozef Šuvada (Slovakia), and Ms Barbara De Rosa-Joynt (United States of America).

Fortieth meeting, 22–24 May 2024: Mr Yong Feng (China, Chair), Mr José Acacio (Australia), Dr Pak Jong Min (Democratic People's Republic of Korea), Dr R.N. Belachew (Ethiopia), Ms S. Mohamed (Maldives), Ms Fatima Ezzahra Rachidi (Morocco, alternate to Dr Abdelkrim Meziane Bellefquih), Dr E.R. Peña Sánchez (Peru), Dr Hanan Mohamed Al Kuwari (Qatar, member ex officio), Dr Salih Ali Al-Marri (Qatar), Mr Andrei Cazacu (Republic of Moldova), Dr Sabin Nsanzimana (Rwanda, member ex officio), Mr B. Gning (Senegal), Professor Jozef Šuvada (Slovakia), and Ms Barbara De Rosa-Joynt (United States of America).

¹ Showing current membership and the names of those who attended the meeting to which reference is made.

² Showing the membership as determined by the Executive Board in decision EB153(5) (2023), with changes of representatives for Australia, China, Ethiopia, Maldives, Republic of Moldova, Peru and Senegal.

PART I

DECISIONS

ANNEXES

DECISIONS

EB155(1) Evaluation: annual report¹

The Executive Board, having considered the report by the Director-General,² and having noted the report of the Programme, Budget and Administration Committee of the Executive Board,³

Decided to initiate a revision of the evaluation policy, taking into account the comparative study and the comments from the Executive Board at its 155th session, and to request that the draft revised evaluation policy, following review by the Independent Expert Oversight Advisory Committee, be submitted for consideration by the Executive Board at its 157th session in 2025.

(Second meeting, 3 June 2024)

EB155(2) Membership of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board, having considered the reports on committees of the Executive Board: filling of vacancies,⁴ appointed as members of the Programme, Budget and Administration Committee Dr Said Anli Aboubacar (Comoros), Mr Wayne Marshall (Barbados), Mr Tovar da Silva Nunes (Brazil), Dr Viroj Tangcharoensathien (Thailand), Ms Cathrine Marie Lofthus (Norway), Dr Ali Haji Adam Abubakar (Somalia) and Mr Minsoo Park (Republic of Korea) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Dr Ibrahima Sy (Senegal), Dr Pak Jong Min (Democratic People's Republic of Korea), Mr Andrei Cazacu (Republic of Moldova), Dr Salih Ali Al-Marri (Qatar) and Mr José Acacio (Australia), who were already members of the Committee. The Chair of the Board and Ms Rhena Forrer (Switzerland), Vice-Chair of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(Third meeting, 4 June 2024)

EB155(3) Membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response

The Executive Board, having considered the reports on committees of the Executive Board: filling of vacancies,⁴ appointed as members of the Standing Committee on Health Emergency Prevention, Preparedness and Response Dr Yawa Djatugbé Apétsianyi (Togo), Dr Alejandra Pizarro Ibáñez (Chile), Dr Pak Jong Min (Democratic People's Republic of Korea), Mrs Katarzyna Drażek-Laskowska (Poland), Professor Plamen Dimitrov (Bulgaria), Dr Haji Mohammad Isham Haji Jaafar (Brunei

¹ See Annex 2 for the financial and administrative implications for the Secretariat of this decision.

² Document EB155/4.

³ Document EB155/2.

⁴ Documents EB155/8 and EB155/8 Add.1.

Darussalam) and Mr Minsoo Park (Republic of Korea) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Mr Selibe Mochoboroane (Lesotho), Ms Christine Harmston (Canada), Mr Ahmed Naseem (Maldives), Dr Abdelkrim Meziane Bellefquih (Morocco) and Dr Qasem Mohammed Buhaibah (Yemen), who were already members of the Committee. The Chair of the Board and Ms Rhena Forrer (Switzerland), Vice-Chair of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(Third meeting, 4 June 2024)

EB155(4) Membership of the State of Kuwait Health Promotion Foundation Selection Panel

The Executive Board, in accordance with the Statutes of the State of Kuwait Health Promotion Foundation, appointed Dr Firass Abiad (Lebanon) as a member of the Health Promotion Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair of the Board and a representative of the Founder, members ex officio. It was understood that if Dr Abiad were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Foundation Selection Panel.

(Third meeting, 4 June 2024)

EB155(5) Membership of the Dr LEE Jong-wook Memorial Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Dr LEE Jong-wook Memorial Prize for Public Health, appointed Mr Li Mingzhu (China) as a member of the Dr LEE Jong-wook Memorial Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair of the Board, member ex officio. It was understood that if Mr Li were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Prize Selection Panel.

(Third meeting, 4 June 2024)

EB155(6) Membership of the Nelson Mandela Award for Health Promotion Selection Panel

The Executive Board, in accordance with the Statutes of the Nelson Mandela Award for Health Promotion, appointed Dr Aspect J.C. Maunganidze (Zimbabwe) as a member of the Nelson Mandela Award for Health Promotion Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair and first Vice-Chair of the Board, members ex officio. It was understood that if Dr Maunganidze were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Award Selection Panel.

(Third meeting, 4 June 2024)

EB155(7) Appointment of representatives of the Executive Board at the Seventy-eighth World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7 (1977), appointed its Chair, as well as its first three Vice-Chairs, Dr Abdulla Khaleel (Maldives), Mr Marcus Samo (Federated States of Micronesia) and Dr Malachie Manaouda (Cameroon), to represent the Executive Board at the Seventy-eighth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chair, Ms Rhena Forrer (Switzerland) and the Rapporteur, Dr Qasem Mohammed Buhaibah (Yemen), could be asked to represent the Board.

(Third meeting, 4 June 2024)

EB155(8) Amendments to the Statutes of the State of Kuwait Health Promotion Foundation

The Executive Board, having considered the report on amendments to the Statutes of the State of Kuwait Health Promotion Foundation,¹ decided to approve the revision of Article 4 of the Statutes of the State of Kuwait Health Promotion Foundation as outlined in Annex 1.

(Third meeting, 4 June 2024)

EB155(9) Non-State actors in official relations with WHO²

The Executive Board, having considered the report by the Director-General,³ and having considered the report of the Programme, Budget and Administration Committee of the Executive Board,⁴

Decided to admit into official relations with WHO the following non-State actors: Rare Diseases International and The Center for Reproductive Rights, Inc.

(Third meeting, 4 June 2024)

EB155(10) Place, date and duration of the 156th session of the Executive Board and the forty-first meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that its 156th session should be convened on Monday, 3 February 2025, at WHO headquarters, Geneva, and should close no later than Tuesday, 11 February 2025. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its forty-first meeting from Wednesday to Friday, 29–31 January 2025, at WHO headquarters. Should any limitations to physical meetings preclude the holding of these meetings in person, adjustments to the modalities should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General. The Board further decided that the Standing Committee on Health Emergency Prevention, Preparedness and

¹ Document EB155/9.

² See Annex 2 for the financial and administrative implications for the Secretariat of this decision.

³ Document EB155/7.

⁴ Document EB155/2.

Response should hold its fifth meeting on Tuesday and Wednesday, 3 and 4 September 2024, and its sixth meeting on Wednesday and Thursday, 16 and 17 April 2025.

(Fourth meeting, 4 June 2024)

EB155(11) Place, date and duration of the Seventy-eighth World Health Assembly and the forty-second meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that the Seventy-eighth World Health Assembly should be held in Geneva, opening on Monday, 19 May 2025, and should close no later than Tuesday, 27 May 2025. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its forty-second meeting from Wednesday, 14 to Friday, 16 May 2025, at WHO headquarters, Geneva. Should any limitations to physical meetings preclude the holding of these meetings in person, adjustments to the modalities should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Fourth meeting, 4 June 2024)

EB155(12) Process of handling and investigating potential allegations against WHO Directors-General¹

The Executive Board, having considered the report of the Programme, Budget and Administration Committee² and, at its private session, having considered the outcome of the Seventy-seventh World Health Assembly,

Decided:

- (1) to welcome the report of the leads for Member State-led governance reform on a process for handling and investigating potential allegations against WHO Directors-General;
- (2) to request the leads for Member State-led governance reform to continue to chair consultations on this matter, including by involving regional groups, with a view to finalizing draft procedures for consideration by the Executive Board at its 156th session in 2025;
- (3) to ensure that the consultations should remain open-ended, maintaining inclusivity and transparency;
- (4) to urge all Member States to participate actively in all consultations; and, as appropriate, to hold regional discussions among themselves including through or on the margins of the regional committees;
- (5) to request the leads for Member State-led governance reform, with the support of Secretariat, to continue to provide regular informal progress briefings to Member States regarding development of the revised draft. This should include intersessional briefings on the current document with all WHO regions to foster a shared understanding of the approach and to continue

¹ See Annex 2 for the financial and administrative implications for the Secretariat of this decision.

² Document EB155/2.

incorporating considerations already taken into account in developing the procedures presented to the Seventy-seventh World Health Assembly;

(6) to request the Independent Expert Oversight Advisory Committee, and Secretariat staff that are appropriately positioned and capable of providing impartial guidance free of any real or perceived conflicts of interest in the outcome of the draft procedures, to provide timely advice and support to Member States.

(Fourth meeting, 4 June 2024)

ANNEX 1

Text of amended Statutes of the State of Kuwait Health Promotion Foundation¹

[EB155/9, Annex 1 – 23 April 2024]

Article 4

Purpose

1. The purpose of the Foundation is to award a prize (“His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for the Promotion of Healthy Ageing”) to a person or persons, an institution or institutions or a nongovernmental organization or organizations, who have made an outstanding contribution to research, health promotion, policy and/or programmes on healthy ageing. The specific criteria that shall be applied in the assessment of the work done by the candidate/candidates shall be determined by the Foundation Selection Panel. The Foundation Selection Panel has developed guidelines in this regard.
2. The Prize shall be presented during a session of the World Health Assembly to the recipient or, in his absence, to a person representing him.

¹ See decision EB155(8).

ANNEX 2

Financial and administrative implications for the Secretariat of decisions adopted by the Executive Board

Decision EB155(1)	Evaluation: annual report
A. Link to the approved Programme budget 2024–2025	
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:	4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:	Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	One year (from May 2024 to May 2025).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	US\$ 0.46 million.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:	US\$ 0.46 million.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:	Zero.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:	Not applicable.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.

- 5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**
US\$ 0.46 million.
 - **Remaining financing gap in the current biennium:**
Zero.
 - **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Zero.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.46	0.46
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.46	0.46
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB155(9)	Non-State actors in official relations with WHO
A. Link to the approved Programme budget 2024–2025	
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:	Not applicable.

3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.
4. Estimated time frame (in years or months) to implement the decision: Official relations with non-State actors is a standing agenda item of the Executive Board.
B. Resource implications for the Secretariat for implementation of the decision
1. Total budgeted resource levels required to implement the decision, in US\$ millions: Resources (both income and expenses) associated with interactions with non-State actors in official relations are part of the regular planning cycle and are not calculated separately.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: Not applicable. 2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: Not applicable.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.
5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions – Resources available to fund the decision in the current biennium: - Not applicable. – Remaining financing gap in the current biennium: - Not applicable. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: - Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Decision EB155(12)	Process of handling and investigating potential allegations against WHO Directors-General
A. Link to the approved Programme budget 2024–2025	
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:	Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	Thirteen months (until June 2025).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	Zero. Actions related to this decision fall under the related costs of decision EB154(5) (2024).
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:	Zero. Actions related to this decision fall under the related costs of decision EB154(5).
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:	Not applicable.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions	
– Resources available to fund the decision in the current biennium:	Not applicable.
– Remaining financing gap in the current biennium:	Not applicable.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:	Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

PART II

SUMMARY RECORDS¹

¹ These summary records attempt to capture the essence of interventions made during the meetings recorded. The necessary summarization, involving omission of specific words spoken, is merely clerical and should not be taken to reflect any position on the part of WHO. Likewise, except where members of the Secretariat are speaking, the views expressed in statements recorded in these summary records are those of the speakers alone and do not necessarily reflect the position of WHO; and the recording of terminology or characterization of events used by speakers does not imply any endorsement or approval on the part of WHO.

FIRST MEETING

Monday, 3 June 2024, at 09:50

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

later: Mr M. WILSON (Barbados)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB155/1 and EB155/1 (annotated))

Opening of the session

The CHAIR declared open the 155th session of the Executive Board.

- 2. ELECTION OF CHAIR, VICE-CHAIRS AND RAPPORTEUR:** Item 1 of the provisional agenda

The CHAIR drew attention to Rule 13 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of rotation among WHO regions, Mr Matthew Wilson (Barbados) had been nominated for the office of Chair of the Executive Board.

Mr Wilson (Barbados) was elected Chair.

Mr Wilson took the Chair.

The DIRECTOR-GENERAL commended the outgoing Chair for her leadership during her term of office, congratulated Mr Wilson on his election as Chair, and welcomed the new members of the Executive Board. Reflecting on the Seventy-seventh World Health Assembly, he highlighted the adoption of the Fourteenth General Programme of Work, 2025–2028; the planned WHO investment round; the historic adoption of amendments to the International Health Regulations (2005); and the agreement on the next steps towards the development of a pandemic agreement. The Secretariat would continue to support Member States and to implement the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and the Secretariat implementation plan on reform. In the coming years, WHO would need to focus on strengthening country offices.

The CHAIR thanked the Board for electing him and paid tribute to his predecessor. He highlighted the ongoing health challenges facing Member States and encouraged Board members to keep in mind their responsibility and commitment to multilateralism when seeking to build consensus. Referring to Rule 13 of the Rules of Procedure of the Executive Board, he said that following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairs: Dr Abdulla Khaleel (Maldives), Ms Rhena Forrer

(Switzerland), Dr Malachie Manaouda (Cameroon) and Mr Marcus Samo (Federated States of Micronesia).

Dr Khaleel (Maldives), Ms Forrer (Switzerland), Dr Manaouda (Cameroon) and Mr Samo (Federated States of Micronesia) were elected as Vice-Chairs.

The CHAIR said that, under Rule 17 of the Rules of Procedure, if the Chair were unable to act between sessions, one of the Vice-Chairs would act in her or his place; the order in which the Vice-Chairs would be requested to serve would be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairs would serve in the following order: Dr Khaleel (Maldives), Mr Samo (Federated States of Micronesia), Dr Manaouda (Cameroon) and Ms Forrer (Switzerland).

The CHAIR said that, pursuant to Rule 13 of the Rules of Procedure and in accordance with the principle of rotation among geographical regions, Dr Qasem Mohammed Buhaibah (Yemen) had been nominated for the office of Rapporteur.

Dr Buhaibah (Yemen) was elected Rapporteur.

The CHAIR informed the Board that Dr Jerome X. Walcott (Barbados) had indicated that he would be available to Chair the Executive Board at its 156th and subsequent sessions. He therefore proposed suspending the current agenda item, to allow for further changes to be made as appropriate.

It was so agreed.

(For continuation of the discussion, see the summary records of the fourth meeting, section 3.)

3. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB155/1 and EB155/1 (annotated)) (resumed)

Adoption of the agenda

The CHAIR proposed that the first bullet point of item 6.2, Proposals for WHO to host formal partnerships; item 6.6, Amendments to Financial Regulations and Financial Rules; and item 7.2, Amendments to the Staff Regulations and Staff Rules, should be deleted from the provisional agenda, as they were no longer needed.

It was so agreed.

The agenda, as amended, was adopted.¹

The representative of POLAND, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 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. She requested that, as at previous sessions, representatives of the European

¹ See page ix.

Union should be invited to participate, without vote, in the meetings of the 155th 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.

The representative of CHILE, speaking on behalf of the Member States of the Region of the Americas, commended the outgoing Chair for her leadership and welcomed the new members of the Board and the newly elected Chair.

The representative of THAILAND, congratulating the Chair on his appointment, said that the Board must collectively implement healthy practices during meetings.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, welcomed the newly elected Chair and called for the timely and efficient implementation of decisions made at the Board's current session.

4. OUTCOME OF THE SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY: Item 3 of the agenda

The CHAIR invited the Board to discuss the outcome of the Seventy-seventh World Health Assembly, noting that the follow-up to decision WHA77(15) (2024) on the process of handling and investigating potential allegations against WHO Directors-General would initially be discussed in a closed session, prior to the holding of discussion in a public session.

The representative of BRAZIL welcomed the achievements of the Seventy-seventh World Health Assembly and highlighted the establishment of the single drafting group to consider matters related to the work of both the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

There was no room for polarization or politicization in health; health inclusivity and equity should be at the core of WHO's work. Consensus-building was a key principle of WHO, and as such, the record number of votes at the Seventy-seventh World Health Assembly was regrettable. Member States should work together to achieve health for all. Division among Member States would only fuel disinformation, misinformation and isolationism. He welcomed resolution WHA77.15 (2024) on aligning the participation of Palestine in the World Health Organization with its participation in the United Nations, which would increase WHO's inclusivity and efficiency.

He commended the Working Group on Amendments to the International Health Regulations (2005) for adding equity and solidarity to its governing principles and reaching agreement on access to health products and financing arrangements. That progress would also contribute to the work of the Intergovernmental Negotiating Body, leading to a meaningful and ambitious pandemic agreement, with a focus on equity. He highlighted the importance of sustainable and predictable financing for the Organization as a whole.

The representative of BRUNEI DARUSSALAM expressed the hope that a successful investment round would place the Fourteenth General Programme of Work, 2025–2028, on a path towards predictable and sustainable financing and would accelerate action on global health challenges and provide tailored support for Member States. He commended the adoption of resolution

WHA77.14 (2024) on climate change and health, which was critical to small countries. Urgent action had to be taken, and with the support of the Alliance for Transformative Action on Climate and Health, he called on WHO to strengthen actions on climate change and health within the Fourteenth General Programme of Work, 2025–2028.

He commended the significant progress made to strengthen the global health security architecture, including the amendments agreed to the International Health Regulations (2005). WHO should work with States Parties to the International Health Regulations (2005) to strengthen core capacities and implement the agreed amendments. Ongoing negotiations on a pandemic agreement, which his Government supported, should build on the progress made relating to the International Health Regulations (2005).

The representative of SWITZERLAND said that while much had been achieved at the Seventy-seventh World Health Assembly, most notably in adopting the Fourteenth General Programme of Work, 2025–2028, and the amendments to the International Health Regulations (2005), there had not been enough time for in-depth discussions on specific health matters. Member States had too frequently turned to votes instead of striving for consensus; and too much time had been spent on geopolitical issues. She reiterated her Government's concern regarding the size of the agendas of governing bodies meetings, and therefore expressed support for the planned reforms to make the management of the agenda more strategic. WHO must be able to discuss key health issues. Strengthening the Board's mandate would streamline meetings and ensure that discussions were efficient and targeted.

The representative of SLOVAKIA, echoing the sentiments expressed by the representative of Switzerland, called on the incoming Officers of the Board and the Health Assembly to take steps to ensure more focused and effective discussions. Efforts should be made to avoid the fragmentation and politicization of discussions, and to focus on items such as vulnerable health systems, challenging health policies and fragile political determinants of health. He proposed grouping items in such a way that discussions were focused on global priorities; information on national matters should be published in detail online. He requested that an update and proposals in that regard be submitted for the consideration of the Executive Board at its 156th session.

The representative of POLAND expressed concern regarding the general sense of disorder at the Seventy-seventh World Health Assembly, which had been characterized by confusing schedule changes and long working hours that had made effective discussions on global health impossible. She highlighted the need for equitable representation on committees and for collective efforts to advance public health.

The representative of the REPUBLIC OF KOREA welcomed the adoption of the comprehensive and ambitious Fourteenth General Programme of Work, 2025–2028, and commended its strategic objectives. He expressed support for the WHO investment round, which would contribute to enhancing the sustainability and predictability of WHO's financing, and called for continued efforts to further strengthen WHO's financial security and operations. The adoption of resolutions and decisions on universal health coverage, health and well-being, and health emergency preparedness and response were crucial to achieving the triple billion targets. The Fourteenth General Programme of Work, 2025–2028, should build on the progress achieved under the Thirteenth General Programme of Work, 2019–2025.

The representative of the UNITED STATES OF AMERICA reiterated the comments expressed by others regarding the need to better manage the agendas of governing bodies meetings and to enhance discipline. Member States needed sufficient time to contribute to the work of WHO through robust and healthy discussions, such as the candid conversation held in Committee B on the process of handling and investigating potential allegations against WHO Directors-General. It was regrettable that resolution WHA77.8 (2024) on strengthening health emergency preparedness for disasters resulting from natural hazards had been put to a vote as a result of the inclusion of gender-responsive policies. Work in areas related to disasters and conflict should be evidence-based and technical in nature. She commended the collaborative work that had led to the adoption of amendments to the International Health

Regulations (2005), which was an important milestone in global health. She similarly applauded the smooth adoption of the Fourteenth General Programme of Work, 2025–2028. WHO should build on that momentum and continue to enhance global health security and global health equity.

The representative of CANADA said that the transparency, robust consultation, preparation and consistent communication that had led to the successful adoption of the Fourteenth General Programme of Work, 2025–2028, could be replicated in other work carried out by the governing bodies. The meetings of the governing bodies represented a unique opportunity to hold meaningful and respectful discussions to generate effective policies that could be implemented at the country level, and as such, should be protected. Any such discussions should be science and evidence-based and technical in nature. Facilitating effective discussions within the governing bodies would mitigate the need to replicate or continue discussions in other forums. To that end, she reiterated the need for informal consultations with Member States to discuss the end-to-end design of the governing bodies meeting cycle, pursuant to the proposals for improving the effectiveness of the WHO governing bodies, contained in document EB154/33 Add.1. Lastly, she reiterated that holding evening sessions during governing bodies sessions should be the exception rather than the norm.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, welcomed efforts to expedite the conclusion of a pandemic agreement through the continuing work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; the adoption of amendments to the International Health Regulations (2005); the Fourteenth General Programme of Work, 2025–2028; and the launch of the WHO investment round, which would supplement WHO's existing resource mobilization efforts. He welcomed the updates provided on key health issues, and the decisions and resolutions that sought to strengthen WHO's role in supporting Member States and enhance regional and global collaboration on critical health matters.

The representative of BULGARIA noted that while the Seventy-seventh World Health Assembly had been crucial, its agenda had also been overloaded. He noted the adoption of the Fourteenth General Programme of Work, 2025–2028, and the amendments to the International Health Regulations (2005). Regrettably, differing views remained within the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Recognizing that a one-size-fits-all approach to a pandemic agreement was not applicable, he noted the extension of the mandate of the Intergovernmental Negotiating Body by one year in order to reach an outcome that was realistic, measurable, achievable and implementable by all Member States.

The representative of MALDIVES commended efforts to achieve consensus on decisions and resolutions at the Seventy-seventh World Health Assembly, many of which had been challenging. Grouping related items of the agenda had helped to streamline discussions. She welcomed the adoption of decisions and resolutions on key areas of work, including WHO reform and the transformation agenda. Since sustainable financing would be crucial to those initiatives, a successful investment round remained essential.

The representative of NORWAY said that the amended International Health Regulations (2005) and the decision to extend the work to develop a pandemic agreement were important milestones in the work of WHO. The Fourteenth General Programme of Work, 2025–2028, put WHO at the centre of global health architecture. A strong and effective WHO required trust, accountability, transparency and sustainable financing. She echoed concerns about the increasing complexity and unpredictability of the Health Assembly and said that it was important to avoid polarization within that forum. Agenda items should be carefully prioritized, keeping the focus on health. The Board should consider how different forums could be best used in order to facilitate discussions of a strategic agenda. She expressed the hope that the Fourteenth General Programme of Work, 2025–2028, would help to streamline future governing

bodies meetings. Her Government remained committed to promoting the importance of the predictable, flexible and sustainable financing of WHO, and she noted the importance of the forthcoming investment round.

The representative of CHILE requested that mental health should be incorporated as a separate item on the agenda of the Seventy-eighth World Health Assembly. That proposal was already supported by various Member States worldwide, and she called for its broader approval. She noted that there had been several organizational challenges during the Seventy-seventh World Health Assembly. The last-minute inclusion of new items on the agenda and schedule changes in particular had meant that Member States with smaller delegations had been unable to participate effectively.

The representative of AUSTRALIA said that the work to amend the International Health Regulations (2005) and to develop the pandemic agreement had provided a model for building consensus: constructive debate, collaboration and a basis of evidence and data. As the body responsible for overseeing WHO's governance, the Board should continue to focus on how WHO operated. There was a growing concern among the Member States in the Western Pacific Region regarding the ability of all States to effectively participate in the Health Assembly agenda, which undermined the WHO's fundamental principle of inclusivity. He urged the Board to use all possible forums for discussion in order to lead to bold recommendations for reform.

The representative of ISRAEL said that the Seventy-seventh World Health Assembly had been complicated and politicized and had had an overwhelming number of agenda items to discuss. It had been challenging for small delegations to attend discussions and participate in drafting group meetings and other negotiations relating to the International Health Regulations (2005) and the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Long working hours should not be the only way to reach consensus on complicated issues, and he encouraged the Board to seek a better way of working prior to the Seventy-eighth World Health Assembly and future meetings of the Intergovernmental Negotiating Body. Preparation would be a key element of any such mechanism. Failing to communicate WHO's achievements to the public led to conspiracy theories and fake news. He supported the request made by the representative of Chile to include mental health in all settings on the agenda of the Seventy-eighth World Health Assembly, as well as genomic medicine and precision medicine.

The representative of BARBADOS welcomed the WHO investment round and the adoption of the Fourteenth General Programme of Work, 2025–2028, and the amendments to the International Health Regulations (2005). Member States should be enabled to make purposeful and effective interventions, and repetition and duplication of work should be avoided. He called for better management of the agenda and better working hours, which would particularly help those Member States with smaller delegations. Grouping agenda items based on public health themes allowed for a more productive Health Assembly. WHO should focus more on core public health challenges than on geopolitics.

The representative of SOMALIA welcomed the adoption of resolution WHA77.5 (2024) on accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2, and resolution WHA77.14 on climate change and health. His Government would participate actively in the implementation of those and the other resolutions adopted during the Seventy-seventh World Health Assembly.

The representative of CHINA said that the adoption of amendments to the International Health Regulations (2005) was an historic achievement. He welcomed the consensus reached on the way forward in negotiations on the pandemic agreement. He expressed the hope that the Board would adopt that same spirit of consensus and that it would remain focused on health-related challenges.

The representative of YEMEN said that while Member States should be proud of their achievements at the Seventy-seventh World Health Assembly, there had been some challenges. It was regrettable that repeated changes had been made to the order of work, new agenda items had been added and many evening sessions had been necessary.

The representative of COSTA RICA applauded the historic achievements of the Seventy-seventh World Health Assembly. She agreed that many discussions had become politicized but said that governing bodies discussions had to reflect the reality in each nation if WHO were to fulfil its mandate of strengthening health governance and attaining the highest possible standard of health for all. It was important to share the outcomes of the Health Assembly in order for them to be fully implemented. For example, the amendments made to the International Health Regulations (2005) would only lead to progress if they were implemented by Member States.

The representative of ETHIOPIA said that while it was commendable that the amendments to the International Health Regulations (2005) had been adopted, it was important not to lose sight of the work still needed to finalize the pandemic agreement. WHO should ensure that all decisions were implemented on the ground. She said that constructive solutions were needed to enable Member States to reach consensus at future Health Assemblies.

The representative of KUWAIT¹ welcomed the adoption of decision WHA77(18) (2024) on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, resolution WHA77.16 (2024) on health conditions in the occupied Palestinian territory, including east Jerusalem and resolution WHA77.15 on aligning the participation of Palestine in the World Health Organization with its participation in the United Nations, as well as the adoption of the amendments to the International Health Regulations (2005). He expressed the hope that a comprehensive agreement on the pandemic treaty could be reached prior to the Seventy-eighth World Health Assembly. He called on all Member States to refrain from politicizing WHO's work.

The representative of BANGLADESH¹ expressed concern regarding the overwhelming number of meetings at the Seventy-seventh World Health Assembly and the fact that so many technical resolutions had been put to a vote. Going forward, the Secretariat should continue to address administrative concerns in-house. He expressed the hope that the success achieved in adopting the amendments to the International Health Regulations (2005) could be replicated in the work to develop an effective pandemic instrument. He called for a limit to be placed on the number of resolutions that could be discussed at a Health Assembly to allow sufficient time for discussions. He urged the Director-General to speak publicly to address misinformation regarding the pandemic instrument. WHO should remain a technical forum and its agenda should not be politicized unnecessarily.

The Observer of PALESTINE expressed his gratitude for those Officers of the Board past and present that had supported humanitarian efforts and had guided discussions towards a consensus on the catastrophic health conditions in the occupied Palestinian territory, including east Jerusalem. He requested that the occupying power should not interfere in the work of WHO and the Board, whose duty it was to defend health for all. Any Member State that violated international law and WHO principles and norms should not be allowed to serve on the Board.

The representative of the RUSSIAN FEDERATION¹ expressed concern regarding the politicization of WHO's work. The late inclusion of unnecessary additional agenda items had led to items having to be grouped for discussion and to evening sessions being required. WHO must remain focused on health-related concerns. He welcomed the adoption of the Fourteenth General Programme of Work, 2025–2028, and the amendments to the International Health Regulations (2005), as well as the

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

extension of the mandate of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

The representative of the DOMINICAN REPUBLIC¹ commended the adoption of the amendments to the International Health Regulations (2005) and the extension of the mandate of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. She expressed concern, however, about the efficiency and predictability of the Health Assembly's work and agenda, which had proven challenging for all Member States, particularly those with small delegations. She drew attention to the increased number of votes and the politicization of technical issues and highlighted the fact that some decisions, which had been agreed upon by consensus in the Executive Board, had been reopened for discussion. She expressed support for the request made by the representative of Chile to include mental health as a stand-alone item on the agenda of the Seventy-eighth World Health Assembly.

The representative of the SYRIAN ARAB REPUBLIC¹ welcomed the adoption of the amendments to the International Health Regulations (2005), the Fourteenth General Programme of Work, 2025–2028, and resolution WHA77.15 on aligning the participation of Palestine in the World Health Organization with its participation in the United Nations. The latter was a positive step towards the participation of all countries in the work of the Health Assembly. She urged WHO to remain focused on health for all, avoiding politicization, bias and partiality.

The representative of TUNISIA¹ said that Palestine's enhanced participation at the Health Assembly was well deserved. He emphasized the importance of decision WHA77(18) on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. His Government firmly opposed the election of the occupying power to the Executive Board. He expressed concern regarding the long working hours during the Health Assembly and the preceding negotiations on the amendments to the International Health Regulations (2005) and of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Such working hours placed an unequal burden on those Member States with smaller delegations and should be reconsidered in that light. He welcomed the adoption of the amendments to the International Health Regulations (2005) and reiterated his Government's commitment to the work of the Intergovernmental Negotiating Body.

The CHAIR suspended discussion of the item pending the conclusion of a closed session to discuss the process of handling and investigating potential allegations against WHO Directors-General.

(For continuation of the discussion, see the summary records of the second meeting, section 1.)

5. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB155/2)

The representative of CHINA, speaking in his capacity as the Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to document EB155/2 and the Committee's recommendations to the Executive Board contained in paragraphs 29 and 32. He also drew

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

attention to the Committee's guidance for the Secretariat contained in paragraphs 9, 15, 19, 23, 29 and 42.

The representative of the REPUBLIC OF MOLDOVA expressed support for the Committee's emphasis on sustainable financing and ensuring that WHO's workforce was fit for purpose. She welcomed the WHO investment case and the clear targets set out in the Fourteenth General Programme of Work, 2025–2028. She looked forward to a robust draft programme budget for 2026–2027 that would facilitate the achievement of the health-related Sustainable Development Goals at the country level. She expressed support for ongoing efforts to strengthen WHO's compliance, risk management and ethics frameworks. She also supported the establishment of a robust case-management system that guaranteed confidentiality and enhanced effective Organization-wide risk management. She noted the concerns raised by the representative of the WHO staff associations and urged the Secretariat to continue engaging with the staff associations to improve working conditions and support the mental health of staff members. She supported the Committee's recommendations.

The representative of BRAZIL welcomed the extended duration of the thirty-ninth and fortieth meetings of the Programme, Budget and Administration Committee, which had allowed for more in-depth discussions. It was concerning that neither the Executive Board nor the Programme, Budget and Administration Committee had been able to recommend the admission of certain non-State actors into official relations with WHO because of divergent views, despite their compliance with the Framework of Engagement with Non-State Actors. She emphasized the importance of gender equality and geographical representation among WHO's staff members at all levels. Predictable and sustainable financing were required to ensure that WHO was sustainable, efficient, fit for purpose and representative of the needs of all Member States. She reiterated her concern that a large proportion of the budget was financed by voluntary earmarked contributions.

The representative of NORWAY said that the Committee should remain focused on finance and governance. It was the role of Executive Board members to provide guidance on priority-setting and to ensure that WHO was financially able to fulfil its objectives. In return, Board members expected transparency, accountability and risk management. She emphasized the need for a safe and respectful working environment and urged the Secretariat to follow up on its commitments to achieving gender parity and to implement the WHO Policy on Preventing and Addressing Sexual Misconduct.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that the Fourteenth General Programme of Work, 2025–2028, and the WHO investment round were crucial to strengthening impact in countries and building sustainable, predictable and flexible funding. She noted the Committee's recommendations and guidance, with particular reference to strengthening WHO's ethics function. She commended the progress made towards gender parity but highlighted the need for ongoing improvement in decision-making positions. She called for adequate resources to strengthen WHO's evaluation capacity across the regions. She urged Member States to find a solution to the failure to admit two non-State actors into official relations with WHO as a result of divergent views.

The representative of TOGO commended the achievements of the Independent Expert Oversight Advisory Committee, the Office of Compliance, Risk Management and Ethics, and the Joint Inspection Unit and welcomed the implementation of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. She expressed support for the Programme, Budget and Administration Committee's guidance to the Secretariat, particularly that related to staff well-being and working conditions.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA urged WHO to take measures to enhance the implementation of its mandate at the country level, which required

sustainable, predictable and transparent funding. In respect of human resources, it remained critical to prioritize geographical representation and gender parity across all three levels of the Organization.

The representative of CHILE said that while WHO's implementation of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women was commendable, more could be done to reduce gender inequalities and improve gender parity in positions at the P4 level and above. She called for a more ambitious action plan that would produce concrete results in the short and medium term.

The representative of the REPUBLIC OF KOREA commended the comprehensive efforts to strengthen WHO's evaluation function and welcomed the decentralized approach to evaluation. Noting that staff members remained WHO's most valuable asset, he commended progress made in the implementation of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. He urged the Secretariat to link initiatives under that Action Plan to wider efforts to improve WHO's working conditions. Creating a safe working environment would enhance operational efficiency. The Secretariat should work closely with WHO's staff associations to ensure that staff needs were met and that recruitment was based on competence.

The representative of the UNITED STATES OF AMERICA said that more needed to be done to achieve the remaining unmet targets under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. She highlighted the need to appoint more qualified women to senior positions, thereby achieving gender parity across all three levels of the Organization. Alongside related efforts to prevent and respond to sexual exploitation and abuse, such action would help to foster the necessary cultural change within WHO. She urged the Secretariat to work with the Independent Expert Oversight Advisory Committee on restructuring WHO's ethics function. It was regrettable that the Committee had not issued a recommendation concerning the admission of two non-State actors into official relations with WHO. She urged the Board to respect the Framework of Engagement with Non-State Actors and to seek value engagement with non-State actors as a way forward.

The representative of MALDIVES commended the mainstreaming of gender equality in the Fourteenth General Programme of Work, 2025–2028. A successful investment round would be critical to securing sustainable funding for the Fourteenth General Programme of Work, 2025–2028, the provisions of which offered a unique opportunity to achieve the health-related Sustainable Development Goals.

The representative of SLOVAKIA expressed support for the Committee's recommendations, especially on financial governance and the investment round. He called on the Secretariat to align WHO's programmatic work with the Fourteenth General Programme of Work, 2025–2028, and the available human resources and funding. He welcomed the efforts made towards preventing misconduct and fostering behavioural change.

The representative of CHINA recognized the Committee's role in facilitating the completion of the Fourteenth General Programme of Work, 2025–2028, and the investment round. The Secretariat should continue to provide timely updates on administrative matters, which would strengthen governance transparency and efficiency. He called for the Committee to provide a consolidated report in future that also included any reports to the Health Assembly.

The representative of THAILAND proposed that the Board should adopt a decision that would read: "The Executive Board takes note of the report contained in document EB155/2, and approves all the proposals from the Programme, Budget and Administration Committee, except those relating to evaluation and engagement with non-State actors". Adopting such a decision would strengthen the Committee's work.

The representative of the FEDERATED STATES OF MICRONESIA expressed support for the Committee's recommendations on gender equality, sustainable financing, management and Organization-wide culture change. It was regrettable that the Committee had not issued a recommendation concerning admitting certain non-State actors into official relations with WHO.

The representative of HAITI¹ welcomed the focus on equity in the Fourteenth General Programme of Work, 2025–2028. Sufficient, sustainable and flexible funding would enable WHO to meet global health needs, particularly in relation to universal health coverage. He urged the Secretariat to involve Member States more closely in the WHO investment round. He called for increased funding for the Region of the Americas and greater flexibility in programme implementation to ensure that local needs were being met.

The LEGAL COUNSEL, in response to the proposal made by the representative of Thailand, clarified that the report contained guidance for the Secretariat regarding actions within existing mandates as well as recommendations for specific decisions to be made by the Executive Board. The practice to date had been for the Board not to take specific decisions in respect of the guidance to the Secretariat and simply to note the Committee's report. That was in contrast to recommendations for decisions by the Board, which were considered and acted upon by the Board. If the Board wished, it could comment upon the Committee's guidance to the Secretariat when noting the report or during discussion of a particular item; it was also open to the Board to indicate, when noting the Committee's report, that further discussion of certain aspects was required.

The representative of THAILAND, expressing appreciation for the explanation provided, noted with concern that the Committee's proposals would not be fully implemented if the Board did not adopt them, and merely noted them in accordance with usual practice. That said, he agreed to continue following the usual practice of noting the report, provided that the Director-General stated publicly that he was committed to implementing the Committee's proposals.

The CHAIR said that the Secretariat would transmit that suggestion to the Director-General. He took it that the Board wished to note the report contained in document EB155/2, recalling that the Board would refer back to the report under the relevant items of the agenda throughout its current session.

It was so decided.

6. REPORT OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE: Item 5 of the agenda (document EB155/3)

The representative of CANADA welcomed the simulation exercise to test standard operating procedures for extraordinary meetings of the Standing Committee on Health Emergency Prevention, Preparedness and Response. Any revision to those procedures should take into account the value of extraordinary meetings. It would be useful to have an understanding of the substantive elements of a proposed extraordinary meeting, the knowledge or strategic planning gap it was seeking to fill, and the potential burden of such a meeting on the Secretariat. Recalling that a proposal had been made to review the role of the Standing Committee at its fifth meeting, she supported an initial small-scale review in order to preserve vital resources. The outcome of that review could subsequently inform the work of the Standing Committee at its fifth meeting.

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

The representative of SWITZERLAND welcomed the proposed review of the role of the Standing Committee on Health Emergency Prevention, Preparedness and Response and underscored the Standing Committee's ongoing relevance. Clarifying and amending its mandate would allow the Standing Committee to better respond to questions raised by Member States during health emergencies. Enabling all Member States to participate in the review would also ensure that the Standing Committee remained able to respond to the needs of all Member States.

The representative of BRAZIL said that the Standing Committee on Health Emergency Prevention, Preparedness and Response played a vital role and should continue to issue recommendations regarding the design of preparedness and response plans for extreme weather events. As public health emergencies did not respect national borders, she noted that the Standing Committee provided a platform to address regional health challenges within the context of a global framework and ensured coordinated and efficient responses to emerging health threats. Her Government continued to support WHO's pivotal role in coordinating the Global Outbreak Alert and Response Network. The Standing Committee had helped to avoid the duplication of work carried out by other bodies working in the field of pandemic response. In the future, the Standing Committee could also be used to integrate any initiatives resulting from negotiations on the International Health Regulations (2005) or under the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

The representative of the UNITED STATES OF AMERICA agreed that the Standing Committee on Health Emergency Prevention, Preparedness and Response should play a key role in implementing the amendments to the International Health Regulations (2005) and any initiatives relating to the proposed pandemic agreement. Member States should have oversight over the framework for health emergency preparedness, prevention, response and resilience and how it was operationalized. Member States should be informed of progress in that regard, particularly in relation to elements of the framework that had not yet been presented to the Standing Committee at its fourth meeting.

The representative of MOROCCO said that the evaluation of the coronavirus disease (COVID-19) pandemic had highlighted the importance of the Standing Committee on Health Emergency Prevention, Preparedness and Response in consolidating international efforts to address health emergencies and in promoting a rapid and effective response to global health crises. Cooperation among the Secretariat and other stakeholders was required to strengthen health emergency preparedness and response. He expressed support for a review to assess the effectiveness of the Standing Committee in achieving its goals and to identify areas for improvement. By identifying lessons learned, existing mechanisms could be strengthened. The review would produce valuable lessons that would be crucial to strengthening mechanisms and optimizing future responses to health emergencies. The review should be carried out prior to the Standing Committee's fifth meeting in September 2024 so as to provide up-to-date data and clear guidance for future discussions. He reiterated his Government's interest in serving as chair of the Standing Committee and asked for the Board's support for its candidacy.

(For continuation of the discussion, see the summary records of the second meeting, section 2.)

The meeting rose at 12:30.

SECOND MEETING

Monday, 3 June 2024, at 15:40

Chair: Mr M. WILSON (Barbados)

- 1. OUTCOME OF THE SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY:** Item 3 of the agenda (continued from the first meeting, section 4)

The meeting was held in private session from 14:35 to 15:40, when it resumed in public session.

(For continuation of the discussion and approval of the draft decision, see the summary records of the fourth meeting, section 1.)

- 2. REPORT OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE:** Item 5 of the agenda (document EB155/3) (continued from the first meeting, section 6)

The representative of YEMEN outlined the challenges faced by his country in responding to health emergencies, including those resulting from the continuing conflict in Yemen, the internal displacement of populations and climate change. The ongoing spread of poliomyelitis in the region and the difficulty in conducting vaccination activities in areas of Yemen outside the Government's control underscored the need for regional action to prevent the spread of poliovirus and work towards poliomyelitis eradication. The Secretariat should coordinate efforts at the local, regional and global levels to tackle the different health emergencies faced by countries. Low- and middle-income countries in particular required technical support and resources.

The representative of POLAND acknowledged the importance of leveraging past experiences to strengthen health systems. Risk communication and community engagement activities were vital to tackle misinformation and vaccine hesitancy. He supported the establishment of networks to bolster genomic surveillance capacities, such as the International Pathogen Surveillance Network, and commended the progress made in relation to country capacity assessments and the Universal Health and Preparedness Review. However, the increasing number of global health emergencies, especially those related to armed conflicts, such as the Russian Federation's war of aggression against Ukraine, the civil unrest and violence in Haiti and the ongoing hostilities in the Gaza Strip, called for heightened action. Highlighting the need for regional and global cooperation, he urged Member States to prioritize preparedness and response activities and ensure the continued effectiveness of the WHO Health Emergencies Programme.

The representative of BRUNEI DARUSSALAM said that strengthening national and global health emergency preparedness, response and resilience capacities entailed more than simply preparing for and preventing the next pandemic. Given the interlinkages among health threats, efforts to resolve them should be coordinated and coherent at all levels, with the Standing Committee on Health Emergency Prevention, Preparedness and Response playing a critical role. He therefore welcomed the focus of the Standing Committee's work across WHO's health emergency preparedness and response

initiatives and the progress made in strengthening collaborative surveillance and ensuring timely data sharing.

Health emergencies related to humanitarian crises, including the unprecedented health emergency in the Gaza Strip, meant that people were being denied the fundamental right to health and the ability to access health care. He called for immediate, unimpeded access to humanitarian and health care services and supported WHO's actions to safeguard and restore health systems throughout the occupied Palestinian territory, in particular in the Gaza Strip.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, noting the increased frequency and severity of health emergencies worldwide, said that key challenges remained in ensuring reliable and flexible funding for WHO's work and in strengthening the health workforce at the regional and country levels. He called on the Secretariat to reinforce collaboration between Member States and stakeholders to ensure timely risk mitigation and rapid, effective health emergency response. Support should also be provided to establish national and local emergency operation centres, taking into account country contexts.

The representative of CHINA supported a modest increase in the allocation of core flexible funding to the WHO Health Emergencies Programme, as well as a review of the Programme's staffing and resources in order to ensure its effective response. She expressed the hope that the Standing Committee on Health Emergency Prevention, Preparedness and Response would better leverage the expertise of the Global Preparedness Monitoring Board in identifying priority areas for global health emergency and pandemic preparedness and in providing technical guidance in the negotiations on a pandemic agreement, in particular on the WHO Pathogen Access and Benefit-Sharing System, with a view to finalizing an agreement before the Seventy-eighth World Health Assembly. She expressed support for the proposal to review the functioning and impact of the Standing Committee and requested that the key issues to be discussed at its fifth meeting be shared well in advance.

The representative of NORWAY looked forward to following developments regarding the terms of reference of the Standing Committee on Health Emergency Prevention, Preparedness and Response, which was an important step in ensuring a cohesive approach to strengthening pandemic preparedness and response while supporting WHO's normative functions. A review of the Standing Committee's functioning and impact would also be a positive step in reducing fragmentation, increasing accountability and leveraging resources and information. She encouraged the Standing Committee to continue supporting WHO's evidence-based response to public health events.

The representative of TOGO, speaking on behalf of the Member States of the African Region, welcomed the progress made in relation to governance and financing initiatives and country capacity assessments. She expressed appreciation for the update on the major ongoing health emergencies globally, as well as the support provided by WHO to address them, which had resulted in key achievements such as a decrease in cholera cases, control of diphtheria outbreaks and a reduction in cases of dengue. The Region nevertheless required diagnostics, vaccines, other medical supplies and funding for the majority of health emergencies. She therefore welcomed the adoption of key amendments to the International Health Regulations (2005) and called for their swift implementation. The Secretariat should intensify resource mobilization efforts in order to facilitate equitable access to medical products and technologies, including by supporting local production. She called for strengthened international coordination and cooperation and sustainable financing for joint health emergency interventions.

The representative of the REPUBLIC OF KOREA expressed concern at the increasing impact and duration of health emergencies. The sustainability of WHO's funding must be enhanced to ensure a rapid and effective response at the outset of emergencies. He requested the Secretariat to provide an estimate of the additional financing required for health emergency response operations. Expressing concern at the recent spread of poliovirus around the world, he supported WHO's strategic actions to

eradicate the disease. It was important to establish close international cooperation from the earliest stages of global health emergencies.

The representative of THAILAND welcomed the efforts and achievements of the Standing Committee on Health Emergency Prevention, Preparedness and Response. Challenges nevertheless remained, notably in ensuring flexible funding to enhance response capabilities, strengthen health systems and foster multilateral collaboration and cooperation. He suggested that the next meeting of the Standing Committee should include an agenda item on emergency preparedness for potential pandemics and the adopted amendments to the International Health Regulations (2005), with a focus on related challenges at the regional and national levels.

The representative of MALDIVES recognized the need to strengthen the global architecture for health emergency prevention, preparedness and response in order to better coordinate emergency management. Sustainable funding was required to implement preparedness, resilience and response activities and address the effects of funding gaps. It was therefore essential to evaluate the functioning and impact of the Standing Committee on Health Emergency Prevention, Preparedness and Response to identify areas for improvement.

The representative of SLOVAKIA said that an evaluation of the effectiveness and efficiency of the work of the Standing Committee on Health Emergency Prevention, Preparedness and Response should be conducted before the next session of the Executive Board. It should reflect the theory of change and value-for-money approach, with a focus on achieving results at the country level and organizational strengthening. Considering the large number of current graded emergencies worldwide, clearer guidance on diseases such as smallpox and mpox and other unresolved technical issues would be welcome. Improved communication with Member States on new and existing emergencies would also be appreciated, both through regular and ad hoc updates provided either via the Standing Committee or directly by the Secretariat. Such information would help to facilitate a more rapid coordination of support and the allocation of resources to support WHO's important work in addressing emergencies and strengthening global health security.

The representative of SENEGAL welcomed the recommendations of the Standing Committee on Health Emergency Prevention, Preparedness and Response, which would help to strengthen country preparedness. He expressed concern at the risks related to emerging diseases, which were becoming increasingly frequent in African countries. The increased risk of outbreaks due to health emergencies, particularly those in conflict zones, was also a cause for concern. He reaffirmed his Government's commitment to working with all stakeholders to improve health emergency prevention, preparedness and response.

The representative of LEBANON welcomed the newly adopted amendments to the International Health Regulations (2005) while highlighting the importance of upholding existing regulations, particularly those safeguarding health care workers and facilities during conflicts. He supported ongoing initiatives on health emergency prevention, preparedness and response and the finalization of a pandemic treaty, which should integrate lessons learned from recent experiences. It was important to integrate climate resilience into health emergency preparedness, particularly in low-resource settings. He encouraged the Standing Committee on Health Emergency Prevention, Preparedness and Response to address the challenges faced by countries in fragile settings, including those affected by conflict or migration. In that regard, health systems strengthening, improved coordination with humanitarian organizations and the promotion of community resilience were essential. The international community should share responsibility for tackling the refugee crisis to prevent further strain on health systems and ensure health for all. He looked forward to continued collaboration to safeguard global health security.

The representative of the FEDERATED STATES OF MICRONESIA said that the recommendations of the Standing Committee on Health Emergency Prevention, Preparedness and

Response were timely but could prove overwhelming for small island developing States, including Pacific island countries such as his, whose differing situations and resources should be taken into account. Nevertheless, ways of strengthening health care systems to respond to health threats were welcome, including through the establishment of Emergency Medical Teams and other capacity-building and training activities.

The representative of BANGLADESH,¹ highlighting the impact of climate change on health, urged the Secretariat to focus greater attention on adaptation measures to respond to seasonal outbreaks of dengue across regions. To address infectious diseases, which disproportionately affected certain regions, country-level enablers should be developed to ensure an effective public health response and prevent their spread. Given the growing prevalence of health emergencies, WHO Health Emergencies Programme staff should be retained by allocating the necessary budget, and sustainable funding for the Programme must be ensured at the country level. Support provided in humanitarian emergencies must not be guided by political considerations.

The Observer of PALESTINE said that it was regrettable that a report on the health emergency situation in Palestine had not been included in the agenda of the fourth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, as agreed in resolution EBSS7.R1 (2023) on health conditions in the occupied Palestinian territory, including east Jerusalem. That omission should be rectified by submitting a report on the topic to the Standing Committee at its fifth meeting.

The representative of INDIA¹ supported emergency response initiatives to ensure staff safety and security, particularly in conflict settings. She welcomed the adoption of amendments to the International Health Regulations (2005), noting that their early implementation would be pivotal to health emergency prevention, preparedness and response. She looked forward to the ongoing deliberations of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement of other international instrument on pandemic prevention, preparedness and response, and emphasized the need to ensure equity in that process.

The representative of the PHILIPPINES,¹ expressing support for the recently adopted amendments to the International Health Regulations (2005), said that comprehensive reporting on the results of the State Party Self-Assessment Annual Reporting Tool and the Universal Health and Preparedness Review must be ensured. Timely, well-coordinated multisectoral preparedness and response systems were essential. She emphasized the need for equitable health technology distribution between developed and developing countries, and the importance of ensuring the availability of essential medicines, vaccines and other medical supplies. The Secretariat should lead efforts to reinforce regional and global platforms for equitable knowledge generation and data sharing. The role of regulatory agencies during health emergencies should also be strengthened. Turning to the poliovirus public health emergency of international concern, she called for additional guidance on and a clear timeline for the transition to inactivated poliovirus vaccine, as well as monitoring of vaccine-derived poliovirus elimination.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) commended the Standing Committee on Health Emergency Prevention, Preparedness and Response for the work achieved during a short period. The large number of technical products and global goods developed by the WHO Health Emergencies Programme demonstrated its important normative and standard-setting role in strengthening preparedness in addition to response. The Standing Committee's recognition of that and other work undertaken by the Programme, including on the health emergency preparedness, prevention, response and resilience framework and the five core health emergency capabilities, was

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

appreciated. While welcoming the focus on sustainable financing for the Programme, he explained that it was the distribution of the available core funding that posed an issue, rather than the allocated budget. The core budget available to the Programme was the same for the biennium 2024–2025 as it had been for the biennium 2016–2017.

The Board noted the report.

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

3. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS: Item 6 of the agenda

Evaluation: annual report: Item 6.1 of the agenda (documents EB155/4 and EB155/4 Add.1)

The CHAIR invited the Board to consider the report contained in document EB155/4 and drew attention to the recommendations proposed by the Programme, Budget and Administration Committee of the Executive Board, contained in paragraph 29 of document EB155/2. He also drew attention to the draft decision contained in paragraph 23 of document EB155/4, the financial and administrative implications of which were contained in document EB155/4 Add.1.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, called for the necessary financial resources to be made available for the implementation of joint independent evaluations of WHO's contribution to health policy and programme objectives at the country level. A more equitable allocation of resources was also required, taking into account the differing needs of WHO regions and levels, with a focus on country-level impact. Additional resource mobilization was also needed for evaluating health promotion and prevention, in particular to control chronic noncommunicable diseases. He called on the Secretariat to provide the Region with dedicated human resources for evaluation, which would enable the WHO Regional Office for Africa to better support Member States in the area of health system governance. He welcomed efforts to continue strengthening the capacity of WHO staff engaged in evaluations, which would in turn support countries in relation to results-based management. Those opportunities should be harnessed to reinforce national health sector evaluation systems.

The representative of TOGO welcomed the progress made in implementing the WHO evaluation policy and future directions, including the development of tools and guidance to enhance coherence and joint ownership across the three levels of the Organization and support decentralized evaluations. The comparative study of evaluation functions and practices across entities of the United Nations system that were comparable to WHO in size or structure was also welcome. She endorsed the Organization-wide evaluation workplan and welcomed collaboration with other bodies. The Secretariat should expand the coverage of evaluations, allocate adequate financial and human resources and strengthen regional evaluation capacities. She supported a revision of the WHO evaluation policy.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the implementation of participatory, independent and transparent evaluations of WHO's contribution at the country level. He called for the consideration and application of the recommendations from the country evaluations conducted in Djibouti, Iraq and Tunisia in 2023 to be accelerated and for a progress update to be provided to the Board. Sufficient resources must be mobilized and allocated to maintain the independence of that crucial oversight function, particularly at the regional level. He requested further information on the resource constraints hindering the implementation of eight country programme evaluations in the Region.

The recently conducted comparative study provided an opportunity to optimize the Organization's evaluation function in support of its strategic objectives and the health-related Sustainable Development Goals. Expressing concern over WHO's low level of investment in its evaluation function over the past decade compared with other entities of the United Nations system, he called for the urgent implementation of the recommendations identified in the comparative study and for progress updates to be provided at upcoming sessions of the Executive Board.

The representative of NORWAY welcomed a revision of the WHO evaluation policy. Evaluation was an important tool to ensure that WHO was an evidence-based Organization with a focus on results-based management. Embedding the evaluation function within the Organization and following up on findings at all levels would be vital for the successful implementation of the Fourteenth General Programme of Work, 2025–2028, and to secure sustainable financing. The results of evaluations were essential to enable Member States and the Secretariat to make informed decisions and necessary adjustments.

The representative of LEBANON said that the WHO evaluation policy should be updated, and an implementation road map and monitoring and evaluation framework developed in alignment with the Fourteenth General Programme of Work, 2025–2028, focused on country-level impact. He supported the priorities proposed by the Evaluation Office, in particular the decentralization of evaluations by establishing regional- and country-level evaluation functions, as well as plans to support country-led sector-wide evaluations. Knowledge transfer on evaluation and reporting should be encouraged in order to harmonize national reporting. Innovative, efficient, automated and timely evaluation frameworks should also be put in place without increasing administrative costs or affecting programmatic budgets. Acknowledging the challenges in securing the required resources for the Organization-wide evaluation workplan, especially in low-resource settings, he encouraged the Secretariat to facilitate and finance evaluations through a dedicated budget line. Research and training programmes on evaluation should be developed through the WHO Academy.

The representative of THAILAND said that effective evaluations yielded significant returns and should not be viewed as an expense. An independent evaluation office supported with at least 5% of the budget was essential. Evaluations should assess the impact of WHO's technical and catalytic role, and the Secretariat should consider conducting developmental evaluations to provide real-time feedback and facilitate adaptation to complex and evolving contexts. Country office capacity should also be strengthened to leverage WHO's social and intellectual capital in achieving the revised triple billion targets and the Sustainable Development Goals.

Expressing support for a revision of the WHO evaluation policy, she proposed that the second paragraph of the draft decision should be amended to read: "Decided to initiate a revision of the evaluation policy, taking into account the comparative study and the comments from the Executive Board meeting, and to request that the draft revised evaluation policy, following review by the Independent Expert Oversight Advisory Committee, be submitted for consideration by the Executive Board at its 157th session in 2025."

The representative of CHINA said that clear coverage norms should be developed for key areas of WHO's work. It was important to establish a common strategic approach to evaluation at the three levels of the Organization. The capacity of regional and country office staff should be strengthened to develop evaluation plans and manage evaluations. Country office evaluations should also be increased, and the participation of country-level stakeholders in evaluation processes should be enhanced, in addition to promoting their decision-making in evaluations. It was necessary to align support systems with WHO's objectives on gender equality and geographical distribution. She supported efforts to evaluate the diversification of resources.

The representative of SLOVAKIA requested that the Secretariat consider collaboration with other entities. Adequate funding for evaluation should be ensured at the regional and country levels, with a more effective use of allocated resources and partnerships to fulfil the evaluation function.

The representative of JAPAN¹ stressed the importance of promoting the funding of evaluations from the funding source of the respective evaluated programme or initiative. He requested the Secretariat's views on how to obtain donors' support in that regard.

The CHEF DE CABINET said that Member States' comments on updating the WHO evaluation policy, as well as on the budget and financing for the evaluation function across the three levels of the Organization had been taken on board. Guidance on capacity-building, especially at the country level for decentralized evaluations, and on feeding evaluation results back into programmes and policies had also been noted. The revision of the WHO evaluation policy was ongoing. The road map for evaluation across all levels of WHO, which contained coverage norms and targets, had been informed by the comparative study conducted across various entities of the United Nations system. The Secretariat was developing a three-level institutional mechanism to further strengthen the evaluation function. Capacity-building efforts, in particular at the regional and country levels through the WHO Academy, were also under way. The allocation of resources was being examined across all three levels of the Organization to ensure that evaluation plans were adequately funded. Ways of ensuring the effective implementation of such plans were also being considered. Increased financing, especially flexible funding, would help to finance those key accountability functions across the Organization.

The DIRECTOR (Evaluation) said that comments on the need for a budget for evaluation to enhance oversight and guide evaluation activities in order to optimize results had been noted. With regard to funding evaluations, the practice at some entities was to embed the evaluation budget of programmes or activities funded through voluntary contributions within the programme budget of those programmes or activities, based on a percentage or absolute amount of the programme funding. Efforts were under way to move forward on United Nations General Assembly resolution 77/283 (2023) and to initiate the provision of training through the WHO Academy, but additional funding would help to accelerate progress in that regard. A draft of the revised WHO evaluation policy would be made available in 2025 for review by the Executive Board at its 157th session.

The CHAIR took it that the Board wished to note the report contained in document EB155/4.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in paragraph 23 of document EB155/4, as amended.

The representative of SLOVAKIA sought clarification on the wording of the proposed amendment and on whether the guidance proposed in the report of the Programme, Budget and Administration Committee on future implementation would be duly reflected.

A representative of the SECRETARIAT, responding to the representative of Slovakia, confirmed that the amendment proposed by the representative of Thailand was to the second paragraph of the draft decision, which would be amended to read: "Decided to initiate a revision of the evaluation policy, taking into account the comparative study and the comments from the Executive Board meeting, and to request that the draft revised evaluation policy, following review by the Independent Expert Oversight Advisory Committee, be submitted for consideration by the Executive Board at its 157th session in

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

2025.” The report of the Programme, Budget and Administration Committee had been noted as per standard procedure.

The decision, as amended, was adopted.¹

Hosted partnerships: Item 6.2 of the agenda

- **Report on hosted partnerships** (document EB155/5)
- **Review of hosted partnerships** (document EB155/6)

The CHAIR invited the Board to consider the reports contained in documents EB155/5 and EB155/6 and drew attention to the recommendation proposed by the Programme, Budget and Administration Committee of the Executive Board, contained in paragraph 32 of document EB155/2.

The representative of BRAZIL commended the significant contribution of the Partnership for Maternal, Newborn and Child Health and called for collaboration with the Partnership to be further strengthened. WHO’s collaboration with Unitaïd, whose work included fostering equitable and affordable access to health products and innovations, addressing the impact of climate change on health, and promoting collaboration with communities, civil society, donors and strategic partners, should also be reinforced, thereby contributing to the successful implementation of both the Unitaïd Strategy 2023–2027 and the Fourteenth General Programme of Work, 2025–2028, as well as to the achievement of the Sustainable Development Goals.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, called for the Secretariat to share the updated framework for hosted partnerships and the related monitoring mechanisms. He thanked partners for their contribution to WHO’s work and welcomed the renewal of their membership. The periodic review of hosted partnerships would provide a clear picture of actions taken and major developments in areas including universal health coverage, primary health care, the impact of climate change on health, and the reduction of maternal, newborn and infant mortality. He welcomed the Secretariat’s efforts to ensure accountability with regard to hosted partnerships.

The representative of TOGO welcomed the findings and recommendations of the periodic review of WHO’s hosted partnerships. Noting the contribution of hosted partnerships to improving health and harmonizing actions in support of the Sustainable Development Goals, she endorsed the hosting arrangements.

The Board noted the reports.

Engagement with non-State actors: Item 6.3 of the agenda

- **Non-State actors in official relations with WHO** (documents EB155/7, EB155/7 Add.1 and EB155/7 Add.2)

The CHAIR invited the Board to note the report contained in document EB155/7 and consider the draft decision contained in document EB155/7 Add.1, the financial and administrative implications of which were contained in document EB155/7 Add.2. The Programme, Budget and Administration Committee of the Executive Board had not made a recommendation on the proposal to admit the two

¹ Decision EB155(1).

non-State actors under consideration into official relations with WHO owing to divergent views, as explained in paragraph 42 of document EB155/2.

The representative of POLAND, speaking on behalf of the European Union and its Member States, recalled that Member States had agreed that the Framework of Engagement with Non-State Actors was a satisfactory tool, and that the Secretariat had complied with the procedure outlined in the Framework regarding the admission of non-State actors, confirming that Rare Diseases International and The Center for Reproductive Rights, Inc. had met the applicable criteria. It was therefore deeply regrettable that the Programme, Budget and Administration Committee had not been able to reach consensus on a recommendation to the Board, despite the Secretariat's guidance and the Committee's mandate set out in paragraph 60 of the Framework. Undermining agreed procedures set a concerning precedent. The Framework had been carefully negotiated over a long period and adopted by consensus and should be respected in the Organization's collective interest.

The representative of BRAZIL, highlighting the importance of social participation, welcomed resolution WHA77.2 (2024) on social participation for universal health coverage, health and well-being and strongly supported efforts to engage non-State actors in WHO's activities, including in the negotiations of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. He emphasized the need to safeguard the Framework of Engagement with Non-State Actors, rather than specific entities. It was important to refrain from setting a precedent of not admitting specific non-State actors even though they had fulfilled the criteria set by Member States. He acknowledged the lack of agreement among some countries but underscored the importance of reaching consensus for the benefit of health.

The representative of BULGARIA noted that the Secretariat had complied with the due diligence and related processes regarding the two non-State actors proposed for admission, in line with the Framework of Engagement with Non-State Actors, which had been approved by consensus by Member States. Both Rare Diseases International and The Center for Reproductive Rights, Inc. had met the eligibility criteria for admission. Given that all procedures had been complied with, he supported the draft decision to admit both non-State actors.

The representative of BARBADOS recalled that the Framework of Engagement with Non-State Actors had been approved by Member States. Both Rare Diseases International and The Center for Reproductive Rights, Inc. had met the criteria for admission into official relations with WHO. As such, he supported their applications without reservation.

The representative of THAILAND said that upholding the Framework of Engagement with Non-State Actors would significantly enhance the effectiveness and credibility of WHO's work. Rare Diseases International and The Center for Reproductive Rights, Inc. had complied with the criteria set out in the Framework. Admitting them into official relations with WHO would serve as a concrete example of expanding social participation in WHO's work, in accordance with resolution WHA77.2 (2024). It would also demonstrate the Organization's commitment to the meaningful involvement of non-State actors, ensuring a broader perspective and more comprehensive approach to global health issues.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, welcomed the development of partnerships to advance public health, highlighting the importance of collaboration with non-State actors in enhancing and increasing the coverage, access to and quality of services and in improving the effectiveness of official development assistance. He commended the Secretariat for establishing more flexible procedures to facilitate implementation of the Framework of Engagement with Non-State Actors during emergency response. However, as the national legislation in most countries of his Region did not recognize some of the concepts promoted by The Center for

Reproductive Rights, Inc., he did not support the draft decision admitting that non-State actor into official relations with WHO.

The representative of MOROCCO, recognizing the important contribution of non-State actors in achieving public health goals, regretted that negotiations among the Programme, Budget and Administration Committee had not resulted in consensus despite concerted efforts, and that no recommendation had been made to the Board. It was to be hoped that the new Board members would help to overcome any differences of opinion in a spirit of compromise while respecting national legislation, priorities and sensibilities. The two non-State actors applying for admission into official relations had already been carrying out activities with WHO for several years; the applications under discussion were the next step in officially recognizing their contribution through a process approved by Member States. He was strongly in favour of adopting the draft decision by consensus, in line with previous practice. Doing so would enhance the credibility of WHO's work and strengthen the constructive spirit of cooperation within the Board.

The representative of ISRAEL recalled that the Framework of Engagement with Non-State Actors had been negotiated by Member States and adopted by consensus. Dialogue with all relevant stakeholders was essential given their important contribution to WHO's work on improving global health.

The representative of NORWAY recalled that Member States had adopted the Framework of Engagement with Non-State Actors following an extensive and inclusive process. WHO's scientific and technical work was strengthened by the inclusion of non-State actors with a range of views, including those that challenged established ways of thinking. She encouraged all Member States to support the Secretariat's work in assessing whether non-State actors met the criteria set out in the Framework. At the same time, non-State actors must also respect the different contexts and priorities of Member States. The Organization's work was directed by the Health Assembly, not individual non-State actors, thereby providing a safeguard for any concerns regarding the position of a specific non-State actor. She expressed support for the draft decision.

The representative of CHILE said that it was important to incorporate a variety of perspectives and actions from around the world in WHO's work. Applying a process of development, learning and growth would help to optimize services and improve population health. She therefore supported the proposal to admit the two non-State actors concerned into official relations with WHO and called on all Member States to do the same.

The representative of SWITZERLAND underscored the importance of the Framework of Engagement with Non-State Actors. The participation of non-State actors was particularly important to the work of WHO as a technical body in view of their expertise and practical experience. Since the views of Member States varied greatly on certain issues, the application of agreed modes of operation, such as the Framework, was essential to guide WHO's work. She appreciated the efforts of the Chair of the Programme, Budget and Administration Committee to reach consensus, noting that the draft decision provided an appropriate way forward.

The representative of TOGO said that the goals and activities of non-State actors entering into official relations with WHO should be aligned with the spirit, aims and principles of the WHO Constitution and contribute to the advancement of public health. However, as consensus among Member States had not been reached on the proposal to admit Rare Diseases International and The Center for Reproductive Rights, Inc., the position of her Region and of other countries sharing that view should be taken into account by the Board.

The representative of CHINA said that the review by Member States of proposals for the admission of non-State actors into official relations was an important step in strengthening governance

and improving the effectiveness of WHO's partnerships. She expressed the hope that the voices and concerns of all parties would be taken into consideration, with a view to reaching consensus. The Secretariat should enhance communication with Member States regarding cooperation with non-State actors and the use of resources in order to provide a comprehensive overview of any relevant issues, which would help the governing bodies to reach consensus at an earlier stage and improve cooperation with non-State actors.

The representative of CANADA expressed support for the draft decision. The Fourteenth General Programme of Work, 2025–2028, which served as a collective strategic way forward, had been carefully crafted to be effective in national and local contexts. Differences of opinion among Member States helped to generate good ideas but should not hinder WHO's work with stakeholders in conducting the research required to formulate the evidence-based technical guidance that would support Member States, as needed and appropriate based on their priorities. The draft decision would contribute to the collective pool of resources, with Member States ultimately deciding on the best solution for them.

The representative of AUSTRALIA supported the recommendation to admit the two non-State actors applying to enter into official relations with WHO. The Framework of Engagement with Non-State Actors had been agreed through an extensive process, and all parties had expressed the wish to preserve it. Although the activities and values of many non-State actors in official relations had not been agreed by consensus and had not been universally approved by national legislators, application of the principles established in the Framework was nevertheless respected. Indeed, Member States had the right to enter into relations with different entities, which was an important principle of the Framework.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, did not approve of the admission of The Center for Reproductive Rights, Inc. into official relations with WHO due to its promotion of controversial concepts. Regardless of the decision taken by the Board, the Member States of the Region would seek to hold further discussions on the matter within the Health Assembly.

The representative of MEXICO,¹ speaking also on behalf of Austria, Belgium, Colombia, Croatia, Cyprus, the Czech Republic, Denmark, the Dominican Republic, Ecuador, Estonia, Fiji, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Latvia, Luxembourg, Monaco, the Kingdom of the Netherlands, New Zealand, Panama, Peru, Romania, Slovenia, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland, and Uruguay, expressed support for the Secretariat's recommendation to admit Rare Diseases International and The Center for Reproductive Rights, Inc. into official relations with WHO. She shared the concerns over setting a negative precedent by reopening that recommendation, which had been made in line with the criteria contained in the Framework of Engagement with Non-State Actors. The Framework, which had been agreed to by consensus, was a robust instrument that would provide value to WHO only if it was applied.

It was deeply concerning that although the two non-State actors under consideration had fulfilled the necessary requirements, the Programme, Budget and Administration Committee had not agreed on a recommendation to admit them, despite the extensive and inclusive intersessional consultations. The suggested way forward had been supported in a spirit of compromise. Acknowledging the concerns of some Member States regarding the activities of The Center for Reproductive Rights, Inc., she recalled that it was WHO's Member State-led governing bodies that directed the Organization's work. Applying a selective approach to individual entities undermined well-established and effective governance procedures. It also risked setting an unhelpful precedent and politicizing routine decisions that the Secretariat should be trusted to take within its mandate. She therefore requested the Board to approve the admission of both non-State actors.

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

The representative of YEMEN objected to the admission of The Center for Reproductive Rights, Inc. into official relations with WHO since its work conflicted with his Region's customs.

The representative of the UNITED STATES OF AMERICA said that the Framework of Engagement with Non-State Actors had been established to give Member States confidence in the Secretariat's vetting process on who could and should assist WHO in its work. WHO should prioritize its role as a technical body when assessing non-State actors for admission. The added value, contributions and practices of non-State actors were examined as part of the Secretariat's assessment. Such work had been implemented for decades, with important progress and results achieved at the community and country levels. Not allowing WHO to work in accordance with existing practices would significantly affect its impact. She supported moving forward with the recommendation to admit the two non-State actors into official relations with WHO but regretted that consensus had not been reached thus far.

The representative of the RUSSIAN FEDERATION¹ said that the preliminary assessment of the two non-State actors applying for admission into official relations with WHO had complied with the procedure set out in the Framework of Engagement with Non-State Actors, and as such there was no need to review the Framework. The disapproval expressed by several Member States of the priorities of The Center for Reproductive Rights, Inc. should not be portrayed as a criticism of the Framework. Rather, such disapproval stemmed for the Secretariat's use of disputed concepts and terminology in its work and technical documents. The Board should focus on reviewing terminology that was not universally accepted, rather than on reviewing the Framework. A separate draft decision should be prepared in relation to the proposal to admit Rare Diseases International, to which no objections had been made. Cooperation between that non-State actor and WHO should not be impeded by an insistence on including in a single sentence the two non-State actors proposed for admission.

The representative of EGYPT¹ endorsed the statement made by the representative of Senegal on behalf of the African Region. While he acknowledged the importance of cooperation with civil society, he objected to the admission of The Center for Reproductive Rights, Inc. into official relations with WHO owing to the controversial concepts it promoted. Regardless of the decision taken by the Board, his Government would seek to escalate the matter for consideration by the Health Assembly. He urged the Secretariat to avoid working with non-State actors whose interests conflicted with the legal and cultural norms of several Member States in order to prevent the recurrence of prolonged discussions that had hindered work on the core objective of strengthening the resilience of health systems. WHO's work should remain scientific, evidence based and tailored to specific contexts, while taking national laws and cultural sensitivities into account. Ensuring that balance was essential to maintain WHO's credibility and reputation.

The representative of PAKISTAN,¹ speaking on behalf of the Organization of Islamic Cooperation, recognized the valuable contributions of non-State actors to advancing public health goals. However, such efforts should be aligned with national contexts, priorities and laws and, when carried out in support of a United Nations specialized agency, should be agreed by consensus. WHO's work should be scientific and evidence based and tailored to specific contexts. Activities by non-State actors that were based on controversial mandates that transgressed Member States' domestic laws and cultures would face financial, legal and political challenges. Any initiatives that threatened WHO's credibility and reputation must be avoided. The Board and the Secretariat must take those matters into account before considering the admission of non-State actors. Regrettably, the draft decision included an organization whose future work was likely to conflict with the laws and cultural norms of several Member States. He looked forward to collaborating with all delegations to promote health for all in a manner that was also agreed upon by all.

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

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that WHO's work as an international organization should be guided by consensually agreed frameworks and concepts and the needs of all Member States to enhance its credibility in leading global public health efforts.

The representative of TUNISIA¹ sought clarification on the options available to Member States, given the lack of consensus on the proposed admission of the two non-State actors into official relations with WHO.

The representative of SOMALIA echoed the statements given on behalf of his Region and by the representative of Pakistan on behalf of the Organization of Islamic Cooperation, and endorsed the statement made by the representative of Senegal on behalf of the African Region.

The LEGAL COUNSEL, responding to the request for clarification of the options available to the Board, explained that according to paragraph 61 of the Framework of Engagement with Non-State Actors, the Board, after considering the recommendations of the Programme, Budget and Administration Committee, shall decide whether an organization was to be admitted into official relations with WHO. In the absence of consensus, the Rules of Procedure of the Executive Board set out the options for taking that decision. Under Rule 51, the Board would normally vote by show of hands, except that any member may request a recorded vote. According to Rule 57, the Board may vote on any matter by secret ballot, except budgetary questions, if previously so decided by a majority of members present and voting. A further option under Rule 42 would be to move for parts of the draft decision to be voted on separately. Postponing the decision to a future meeting would also be possible in principle. The actions suggested could be taken separately for each non-State actor under consideration or for both together.

The CHAIR took it that the Board wished to note the report contained in document EB155/7.

The Board noted the report.

The CHAIR invited the Board to adopt the draft decision.

The representative of QATAR acknowledged the significant contribution of non-State actors but highlighted that their work should be aligned with national priorities and laws. WHO's activities must be grounded in scientific evidence and tailored to specific contexts. The proposal to admit The Center for Reproductive Rights, Inc. into official relations with WHO was therefore deeply concerning, as its mandate and activities were contentious and diverged from the domestic laws and cultural norms of many Member States. Given those concerns, which did not appear to have been taken on board, he called for a vote on splitting the draft decision into two separate decisions, one on the admission of Rare Diseases International, and the other on the admission of The Center for Reproductive Rights, Inc.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, reaffirmed his Region's position on the matter.

The representative of the UNITED STATES OF AMERICA agreed with the representative of Canada that although Member States might not agree with the activities of all organizations, they should nevertheless respect and recognize the work of non-State actors across a spectrum of issues. The suggestion of considering the admission of Rare Diseases International and The Center for Reproductive Rights, Inc. separately was a cause for serious concern, as it risked politicizing the process and setting a negative precedent. Such discussions detracted from the core work of WHO and its governing bodies.

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

The representative of TUNISIA¹ said that the lengthy discussions on the issue in the lead-up to and during the Health Assembly had taken a toll on some delegations, leaving them exhausted. He would prefer not to vote on the draft decision, as the results of votes could be close with no clear majority, which impacted the implementation of decisions. He suggested that the Board should take more time to consider the matter.

The representative of NORWAY recalled that the Programme, Budget and Administration Committee had reiterated its trust in the Secretariat that both organizations being considered for admission had met the criteria set out in the Framework of Engagement with Non-State Actors, which had been agreed upon by Member States. As such, there was no need for a separate vote on each individual non-State actor. Applying a selective approach by voting on each organization separately and not adhering to the Framework would have a negative impact. She called on Member States, and in particular Board members, to respect previous decisions and the integrity of the Secretariat's assessments.

The DIRECTOR-GENERAL said that the Organization would continue to prioritize science and evidence and support countries in accordance with their needs. He assured Member States that the admission of The Center for Reproductive Rights, Inc. into official relations with WHO would not influence the work of the Organization, which would continue to be guided by the governing bodies. He acknowledged that some Member States found certain issues, such as abortion, contentious. Taking abortion as an example, he recalled that, during his tenure as Minister of Health in Ethiopia, legislation on abortion had been enacted in order to address the high rates of maternal mortality from postpartum haemorrhage and unsafe abortion and the related practical challenges. That legislation, which had been based on science and evidence, had resulted in a decrease in the number of maternal deaths.

WHO had signed a memorandum of understanding with The Center for Reproductive Rights, Inc., and no issues had been identified thus far in its previous work with WHO. WHO would not be swayed or forced into taking action that went against the principles on which WHO's work was based. For example, although the Secretariat had developed guidelines on abortion, governments had the sovereignty to implement their own policies. WHO provided technical support in line with Member States' requests.

Rather than voting on the matter, he encouraged Member States to trust in the Secretariat. Safeguards would be put in place to allay any concerns. As a way forward, he suggested that the admission of The Center for Reproductive Rights, Inc. could be approved for a period of one year, rather than the standard three years. A report on that collaboration could then be prepared for submission to Member States, who could decide on the basis of that information whether the official relations with that entity should be renewed. Both non-State actors under consideration had complied with the criteria set out in the Framework of Engagement with Non-State Actors, which Member States themselves had endorsed and should therefore be respected. Discussion of the matter could be suspended to give delegations more time for deliberations.

The CHAIR took it that the Board wished to suspend consideration of the agenda item to allow time for further informal consultations.

It was so agreed.

The representative of EGYPT¹ said that the issue with The Center for Reproductive Rights, Inc. went beyond the concept of science and evidence. The issue was not about life-saving abortions, which were in fact permitted in the majority of Member States but was instead centred on the disapproval among some Member States of the concepts promoted by the non-State actor in question. Regarding the concerns raised over politicizing the matter, he noted that the positions reflected by delegations could quickly switch at any point based on the national policies in force at the time. He did not wish to obstruct

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

the Board from reaching consensus. However, the values, cultures, religions and laws of Member States must be taken into consideration. Admitting that non-State actor into official relations would not advance WHO's work in strengthening the resilience of health systems.

The representative of FRANCE¹ said that the discussions on the issue should have been concluded with the statement by the Director-General. She recalled that the establishment of official relations with non-State actors entailed closer and stricter supervision by Member States of the work to be carried out with the Organization. Failure to recognize that fact politicized the debate. The discussions should be refocused on considering the rigorous implementation of the criteria and procedure set out in the Framework of Engagement with Non-State Actors.

Rights of reply

The representative of the RUSSIAN FEDERATION,¹ speaking in exercise of the right of reply, recalled the regret that had been expressed concerning the politicization of discussions. However, one delegation had attempted to make inappropriate and accusatory remarks. The real reasons behind the conflict and his Government's justified retaliatory actions were being discussed by the United Nations Security Council. WHO did not have the mandate or expertise to discuss that matter. He reiterated his call for constructive, technical discussions that fell within WHO's mandate.

The representative of POLAND, speaking on behalf of the European Union and its Member States and in exercise of the right of reply, said that the far-reaching direct and indirect health impacts of the Russian Federation's illegal and unjustified aggression against Ukraine were of the utmost concern. Condemning the Russian Federation's aggression in the strongest terms, she called on the Government of the Russian Federation to immediately cease its hostilities, including attacks on health care facilities and health workers.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, supported the statement made by the representative of Poland on behalf of the European Union and its Member States. She strongly condemned the Russian Federation's unprovoked and unjustified war against Ukraine and the brutal attacks that had disrupted health services and destroyed critical health infrastructure. The Russian Federation was responsible for the deaths and destruction caused by the war and must be held accountable.

The representative of the RUSSIAN FEDERATION,¹ speaking in exercise of the right of reply, said that the delegations that had brought about the situation and continued to perpetuate it should listen to his previous statements for the truth.

The meeting rose at 18:15.

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

THIRD MEETING

Tuesday, 4 June 2024, at 09:40

Chair: Mr M. WILSON (Barbados)

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

1. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS: Item 6 of the agenda (continued)

Engagement with non-State actors: Item 6.3 of the agenda (continued)

- **Non-State actors in official relations with WHO** (documents EB155/7, EB155/7 Add.1 and EB155/7 Add.2) (continued)

The CHAIR invited the Board to resume its consideration of item 6.3, including the draft decision on the proposal to admit two non-State actors into official relations with WHO, contained in document EB155/7 Add.1, which had been suspended pending further informal Member State consultations.

The representative of NORWAY made a proposal aimed at addressing the concerns raised by some Member States and reaching consensus. As proposed by Norway, the draft decision would be amended to read:

The Executive Board, having considered the report on Engagement with non-State actors: non-State actors in official relations with WHO,¹ and having considered the report of the fortieth meeting of the Programme, Budget and Administration Committee of the Executive Board,²

- **with the understanding that the World Health Assembly shall determine the policies of the Organization,**
- **recognizing the different national contexts and legislation of Member States,**
- **recognizing that the Framework of Engagement with Non-State Actors applies to engagement between the WHO Secretariat and non-State actors and does not apply to engagement between WHO and Member States,**

Decided to admit into official relations with WHO the **two non-State actors that had met the eligibility criteria as per document EB155/7.**

The representative of COSTA RICA, recognizing the valuable contribution of non-State actors to tackling public health challenges, said that their engagement must respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO Constitution, in line with the principles contained in the Framework of Engagement with Non-State Actors. The

¹ Document EB155/7.

² Document EB155/2.

involvement of non-State actors in WHO's work was limited to collaboration only; all decisions were ultimately made by Member States. It was important to bear in mind the provisions of resolution WHA69.10 (2016) and avoid setting a precedent that would contradict previous decisions made under the Framework.

The representative of ETHIOPIA requested that discussion of the item be suspended to allow time for further internal consultations on the proposal by the representative of Norway.

The representative of SENEGAL agreed with the suggestion made by the representative of Ethiopia to suspend discussion of the item to allow additional time for consideration of the proposal by the representative of Norway.

The representative of BRAZIL expressed support for the proposal by the representative of Norway, which was aimed at safeguarding both the Framework of Engagement with Non-State Actors and consensus. WHO was and would remain a Member State-led organization, and countries had the sovereign right to question matters. Discussion of the item could be suspended to ensure that all delegations had sufficient time to consider the proposal.

The representative of BARBADOS expressed support for the proposal by the representative of Norway with a view to reaching consensus.

The representative of CHILE echoed the remarks made by the representative of Costa Rica. She expressed support for the proposal by the representative of Norway, in particular the emphasis on safeguarding the Framework of Engagement with Non-State Actors and on recognizing that non-State actors' engagement was with the Secretariat not with Member States. It was important that the draft decision should be agreed by consensus.

The CHAIR took it that the Board wished to suspend consideration of item 6.3 pending further informal consultations. The text of the proposal by the representative of Norway would be circulated to Member States.

It was so agreed.

Committees of the Executive Board: Item 6.4 of the agenda

- **Committees of the Executive Board: filling of vacancies** (documents EB155/8 and EB155/8 Add.1)

The CHAIR said that there were five vacancies to be filled on the Programme, Budget and Administration Committee of the Executive Board, which was composed of 14 members: two members from each region, selected from among the members of the Board; plus the Chair and a Vice-Chair of the Board as ex officio members. He asked whether the Board approved the proposals contained in paragraph 2 of document EB155/8 Add.1.

It was so decided.¹

The CHAIR said that there were two vacancies to be filled on the Standing Committee on Health Emergency Prevention, Preparedness and Response. He asked whether the Board approved the proposals contained in document EB155/8 Add.1.

¹ Decision EB155(2).

It was so decided.¹

The CHAIR said that there was one vacancy to be filled on the foundation committees and selection panels, and asked whether the Board approved the proposal contained in document EB155/8 Add.1.

It was so decided.²

The CHAIR proposed that the Board should be represented at the Seventy-eighth World Health Assembly by the Chair and the first three Vice-Chairs. If any of them were not able to attend the Health Assembly, the other Vice-Chair and/or the Rapporteur could be asked to represent the Board. In the absence of any objections, he took it that the Board wished to approve that proposal.

It was so decided.³

- **Foundation committees and selection panels: amendments to the Statutes of the State of Kuwait Health Promotion Foundation** (document EB155/9)

The CHAIR drew attention to the proposed amendments to Article 4 of the Statutes of the State of Kuwait Health Promotion Foundation, as outlined in Annex 1 to document EB155/9. He took it that the Board wished to adopt the draft decision on the revision of Article 4 of the Statutes, contained in paragraph 4 of document EB155/9.

The decision was adopted.⁴

Membership of the Independent Expert Oversight Advisory Committee: Item 6.5 of the agenda (document EB155/10)

The CHAIR took it that the Board wished to note the report contained in document EB155/10.

The Board noted the report.

2. STAFFING MATTERS: Item 7 of the agenda

Statement by the representative of the WHO staff associations: Item 7.1 of the agenda (document EB155/INF./1)

The CHAIR invited the Board to consider the statement contained in document EB155/INF./1.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, IARC, PAHO and UNAIDS, highlighted the importance of safeguarding the well-being and mental health of staff and called for the number of staff counsellors to be increased, particularly in D and E hardship duty stations. He welcomed recent commitments to implement and fund the mental health and well-being plan for the WHO workforce and emphasized the need for improved working conditions and staff empowerment to reduce the risk of burnout.

¹ Decision EB155(3).

² Decisions EB155(4), EB155(5) and EB155(6).

³ Decision EB155(7).

⁴ Decision EB155(8).

With regard to the staff mobility policy, measures should be put in place to ensure predictability for staff and protect WHO's normative functions. The policy should also recognize current realities, in particular the challenge of dual-career households, while also providing effective relocation support and ensuring gender equity and safeguards for those in vulnerable categories. Staff posted at hardship duty stations should be prioritized for advertised positions. The staff associations looked forward to further discussions to ensure that the mobility policy was fit for purpose. Detailed financial costings would be needed to guarantee the sustainability of mobility, and lessons learned from comparable technical organizations should be incorporated.

Regarding the classification of duty stations and remuneration of staff, Member States should call on the International Civil Service Commission to ensure that staff purchasing power was equal to that of comparable employers, especially at duty stations experiencing real-term salary decreases. A more transparent, systematic application of the Commission's system-wide global staff survey was needed to improve working conditions for international civil servants. In that regard, efforts should be made to move towards the use of established cost-of-living statistics based on purchasing power parity and local economic conditions.

With regard to staff health insurance, it was critical to reduce out-of-pocket expenses. The surplus in staff health insurance accounts should be used to strengthen the insurance scheme, particularly in ensuring that no vacancies were left unfilled, and to increase the reimbursement threshold for staff from the current level of 80%. Discriminatory practices, such as reduced coverage in some countries, must also be eliminated. The staff associations looked forward to the results of the benchmarking exercise. He commended the Secretariat for establishing a core predictable country presence initiative and welcomed the promised regularization of staff contracts. However, given the lack of clarity on the new rules, rational decision-making was needed to ensure continuity and stability for staff. Working conditions such as increased rotation, heavier workloads and limited career development opportunities continued to affect staff morale. He expressed the hope that the new staff promotions policy would encourage a more comprehensive approach to staff development that would help to retain and support talent.

Regarding the internal justice system, the staff associations acknowledged the progress made in addressing sexual exploitation, abuse and harassment. However, WHO should continue to prioritize prevention of and response to all forms of harassment in the workplace. Calling for more continuous support for conflict resolution and prevention, he urged the Secretariat to step up efforts to establish a WHO office of staff legal assistance, including a dedicated legal adviser for each region. Supervisor training should be developed on dignity and respect for staff, ensuring fair and equitable opportunities and addressing violence and harassment at work. Efforts to ensure that each major office had an ombudsperson were welcome, but persistent gaps in the Regional Office for South-East Asia and the Regional Office for Europe must be addressed. All ombudsperson positions should remain full-time in order to meet the ongoing high demand for their services.

The representative of AUSTRALIA encouraged the implementation of strategies to ensure the safety, health and well-being of staff in high-risk environments. He supported organizational reforms to improve the health and well-being of all staff, including mental well-being, and looked forward to the Secretariat's consideration of the recommendations contained in the statement by the representative of the WHO staff associations. He paid tribute to WHO colleague Dima Abdullatif Mohammed Alhaj and other frontline health workers who had lost their lives in conflict settings.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, called on the Secretariat to encourage career development at all three levels of the Organization in order to retain talent and create a positive working environment. In addition, performance indicators should be integrated into the new enterprise resource planning system with a view to improving continuous performance assessment and monitoring, and career development. The number of staff counsellors deployed in all duty stations should also be increased to improve staff mental health and ensure a work-life balance. Welcoming the initiative to strengthen the human resource capacity of country offices to support the implementation of functional reviews, she called on WHO leadership at

all three levels to re-examine the implementation of such reviews, especially in small island States, which had specific contexts and acute needs in terms of human resources. In that regard, unrepresented or underrepresented Member States should be taken into account when recruiting staff.

The representative of TOGO encouraged the Secretariat to promote respect in the workplace and ensure both staff security and a balance between staff skills and their salaries. The Secretariat should also continue to improve working conditions in order to maintain staff stability.

The representative of SWITZERLAND, underscoring the need for greater coherence within the United Nations system on the subject of human resources, said that WHO should enhance its approach to mental health and well-being in the workplace to achieve full alignment with the United Nations System Mental Health and Well-being Strategy. In that context, she supported the reform of contractual arrangements and called on the Secretariat to intensify its work on improving working conditions. She acknowledged the hard work of WHO staff, which had led to progress in preventing and responding to sexual exploitation, abuse and harassment.

The representative of YEMEN expressed support for the statement and recommendations made by the representative of the WHO staff associations and underscored the importance of protecting staff well-being and mental health. Steps must be taken to ensure parity between local staff salaries and the salaries of staff in other regions, as well as their alignment with local economic conditions.

The representative of CHINA said that the Secretariat should consider best practices from other international organizations in staff mental health and well-being. With regard to implementation of the mobility policy, the Secretariat should continue to establish measures to support staff. She requested the Secretariat to provide data on staff burnout and the physical and mental health of staff over the past few years. It was important to strengthen the internal justice system and enhance the efficiency and transparency of the Office of Internal Oversight Services.

The representative of the UNITED STATES OF AMERICA paid tribute to the lives lost across the WHO workforce. It was important to align efforts to promote mental health and well-being with the United Nations System Mental Health and Well-being Strategy and to consider best practices from other organizations. She appreciated the Secretariat's efforts to understand and incorporate different demographics into the staff mobility policy, including dual-career households and in particular staff identifying as LGBTQI, whose sense of safety in certain settings should be taken into consideration. Steps to maximize the purchasing power of staff salaries in the face of inflation and ensure equity across staff remuneration would be welcome. Contractual reforms must also continue. She requested the Secretariat to provide an update on plans and progress with regard to establishing an office of staff legal assistance and ensuring the presence of an ombudsperson in each major office.

The representative of NORWAY said that sustainable financing and clear priority-setting would help to ensure the stability and predictability of WHO's staff. She supported all efforts to ensure a safe and respectful working environment free from any forms of misconduct.

The representative of SLOVAKIA urged the Secretariat to promptly amend the staff mobility policy to facilitate the mobility of WHO Representatives, both between country offices and between regions, and to allow for them to be placed in other positions, as necessary. He requested the Secretariat to submit a proposal for a revision of the relevant rules to that effect, for discussion by the Programme, Budget and Administration Committee of the Executive Board at its forty-first meeting and subsequently by the Executive Board at its 156th session. That proposal should also contain suggestions for the career development of P-5 level staff, including training for such staff to become WHO Representatives.

The Observer of PALESTINE paid tribute to all health workers and WHO staff around the world, particularly those in the occupied Palestinian territory (the West Bank, including east Jerusalem, and the

Gaza Strip), who were exhausted and needed support. Their protection, safety and mental health must be ensured.

The representative of GHANA¹ supported the recommendations contained in the statement by the representative of the WHO staff associations. Member States and the Secretariat must continue working together towards improving the welfare and well-being of WHO staff. Investing in staff was the key to success in large organizations.

The representative of BANGLADESH¹ said that particular attention must be given to supporting the mental health and well-being of WHO staff serving in conflict-stricken areas around the world. Staff deployment should be aligned with the related workload to avoid overburdening staff. Contractual conditions should also be regularized to make optimal use of contractors' expertise and attract competent candidates.

The DIRECTOR AD INTERIM (Human Resources and Talent Management), thanking Member States for their constructive guidance, said that the Secretariat would provide more detail on staff health and well-being in future reports, particularly in relation to absences from the workplace due to working conditions. The establishment of a WHO office of staff legal assistance had been carefully considered by senior management. The Secretariat would shortly be reporting on the application of that service and was committed to moving forward in that area. In addition, the Secretariat would continue to report and provide further detail on career development opportunities for all WHO staff, including WHO Representatives and staff at the P-5 level and above.

Regarding staff health and well-being, staff counsellors were already available in regional offices and efforts were under way to extend those services to country offices. Staff psychologists and counsellors at WHO headquarters and regional offices also continued to provide specialized individual and group support to promote mental health at work. Further, the employee assistance programme provided confidential access to external counselling support for WHO staff and recognized dependants, with coverage provided under the staff health insurance for up to 24 external counselling sessions per year. Efforts were currently under way to explore how those services might be expanded. Member States' comments on staff health and well-being and the need to continue to improve in certain areas had been taken on board. He recognized the positive and productive collaboration between the Secretariat and the WHO staff associations, which included regular dialogue on collective and individual staff concerns and a constructive approach to identifying solutions. They were and would continue to be key partners in WHO's success.

The representative of the UNITED STATES OF AMERICA requested further information from the Secretariat on efforts to ensure the presence of an ombudsperson in each major office and whether they would have a capacity to respond to informal issues.

The DIRECTOR AD INTERIM (Human Resources and Talent Management) said that the ombudspersons network was a robust and closely knit group that endeavoured to ensure that an ombudsperson was available in every regional office and that any gaps in coverage were bridged.

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

3. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 8 of the agenda (document EB155/11)

The CHAIR invited the Board to consider the report contained in document EB155/11.

The Board noted the report.

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

4. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS: Item 6 of the agenda (resumed)

Engagement with non-State actors: Item 6.3 of the agenda (resumed)

- **Non-State actors in official relations with WHO** (documents EB155/7, EB155/7 Add.1 and EB155/7 Add.2) (resumed)

The CHAIR invited the Board to resume its consideration of item 6.3, including the draft decision contained in document EB155/7 Add.1 and the amendments thereto proposed by the representative of Norway, which had been suspended pending further informal Member State consultations.

The representative of SENEGAL requested that consideration of the item be further suspended because the relevant documentation had been provided in English, which was not his delegation's working language, and to allow further time for consultations with other Member States of the African Region.

The CHAIR took it that the Board wished to suspend consideration of the item.

It was so agreed.

The meeting was suspended at 10:40 and resumed at 11:10.

The representative of SOMALIA acknowledged the significant contribution of non-State actors in advancing public health objectives. However, such contributions must be aligned with national contexts, priorities and laws. Regarding the proposal by the representative of Norway, the text in the third bullet point was misleading: WHO was a Member State-led organization, and the Secretariat required the approval of the governing bodies to admit any non-State actor into official relations with WHO. He requested the Secretariat to clarify the added value of admitting The Center for Reproductive Rights, Inc. into official relations. In a spirit of compromise, he requested that consideration of the item be postponed to the 156th session of the Executive Board to allow further time for Member States to consider and explore proposals for a way forward, including the possibility of discussing the item at the Health Assembly, which would enable all Member States to engage in the decision-making process. He further requested that the admission of The Center for Reproductive Rights, Inc. be considered separately from that of Rare Diseases International, acknowledging the latter's important contribution to public health.

The representative of the UNITED STATES OF AMERICA said that both non-State actors under consideration had been waiting for some time to be admitted into official relations with WHO. Postponing consideration of the decision to admit them would further delay the added value that they could bring through their engagement with the Organization. The Secretariat had previously confirmed,

as part of its review of both applications, the value of engaging with both non-State actors, in line with the Framework of Engagement with Non-State Actors. Moreover, the Framework had been agreed to by all Member States as the basis for determining the modalities for engagement between the Secretariat and non-State actors. The Framework explicitly called on the Board to decide on the admission of non-State actors into official relations with WHO.

The representative of UKRAINE supported the proposal by the representative of Norway and the admission of both Rare Diseases International and The Center for Reproductive Rights, Inc. into official relations with WHO. Her Government valued engagement with non-State actors in the area of reproductive technologies in particular, as the development of such technologies was crucial to Ukraine as it strove to overcome demographic challenges. Her Government's focus on reproductive health was not only a matter of national importance but also a key component in its humanitarian response to the war. The Russian Federation's war against Ukraine had caused immense suffering and disruption. The admission of non-State actors into official relations with WHO was therefore important in the context of responding to the demographic crises caused by the war.

The representative of SLOVAKIA said that the aim of the work of the Executive Board was to support the Organization in its task of improving global and individual health. A decision should be made at the current meeting, as postponing it would not be in line with that aim and would detract from the consideration of other important topics. He called on Board members to endeavour to reach consensus. If that was not possible, the Board would have to seek legal advice on how to resolve the matter.

The representative of CANADA endorsed the remarks made by the representatives of the United States of America and Slovakia on reaching a decision on the matter at the current meeting to enable the Board to move forward with the consideration of other items on its heavy agenda.

The representative of AUSTRALIA said that the proposal by the representative of Norway acknowledged and addressed some of the concerns raised by Member States and should therefore be considered. He expressed concern regarding the proposal to postpone consideration of the matter, given that the Board was already considering the admission of the two non-State actors in question for the second time. Moreover, he recalled that the focus of the Board's discussions on the matter had been about the Framework of Engagement with Non-State Actors and its operation. It was important to have confidence in that mechanism. Now was the time to make a decision.

The representative of POLAND, endorsing the remarks made by the representatives of the United States of America and Slovakia, said that enough time had been spent discussing the present matter; allowing more time for its consideration would bring no added value to the process. Rather than being postponed, a decision should be made at the present meeting, preferably by consensus. In that spirit, he was willing to support the proposal by the representative of Norway.

The representative of NORWAY, responding to the concerns expressed by the representative of Somalia regarding the text in the third bullet point of the proposal, said that the wording was the same as that contained in the second edition of the Handbook for non-State actors on engagement with the World Health Organization, which was available on the WHO website. She invited the Secretariat to provide further details on the Handbook and on the application of the Framework of Engagement with Non-State Actors. The text in the third bullet point had been included to highlight the fact that non-State actors' relations were with the Secretariat and not with individual Member States, if those Member States were opposed to such collaboration.

The representative of CHILE said that, while understanding that Board members held differing views, the issue at hand was procedural in nature. With that in mind, she called on Member States to

make a decision at the current meeting either by consensus, which would be preferable, or by alternative means proposed by the Legal Counsel. She supported the proposal by the representative of Norway.

The representative of MEXICO¹ said that the proposal by the representative of Norway addressed the various concerns raised. It was therefore regrettable that Board members had been unable to reach agreement. The non-State actor generating controversy among some Member States, namely The Center for Reproductive Rights, Inc., had been granted consultative status by the Economic and Social Council, meaning that it had already entered into official relations with the United Nations system, of which WHO was a part. That status had been granted through an intergovernmental process in which the same Member States that were currently objecting to its admission had participated. The objections put forward were therefore contradictory and difficult to understand.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, supported the proposal made by the representative of Somalia and requested further clarification from the Legal Counsel.

The representative of THAILAND expressed the hope that the clarification provided by the representative of Norway, particularly on the text of the third bullet point of the proposed amendments, would help Board members to reach consensus.

The representative of ZIMBABWE supported the proposal made by the representative of Somalia.

The representative of the FEDERATED STATES OF MICRONESIA, expressing appreciation for the spirit of solidarity and compromise among Board members, supported the proposal by the representative of Norway and called on all Board members to do the same, with a view to making a decision at the present meeting.

The representative of BULGARIA said that her Government supported the proposal by the representative of Norway in a spirit of consensus. She echoed the statements made by the representatives of Slovakia and Poland.

The representative of the RUSSIAN FEDERATION¹ supported the proposal to postpone the decision on the admission of The Center for Reproductive Rights, Inc. However, the admission of Rare Diseases International into official relations with WHO should not be blocked by that decision and could be approved at the current meeting. He requested the Legal Counsel to clarify whether it would be possible to postpone the decision on the admission of one non-State actor and make a decision on the other. The issue concerning The Center for Reproductive Rights, Inc. was not about the functioning of the Framework of Engagement with Non-State Actors but rather the concepts of that non-State actor, which were not accepted by all Member States. He asked what action the Secretariat would take to ensure that such a situation did not recur in the future.

The representative of the KINGDOM OF THE NETHERLANDS¹ said that normative leadership was a core function of WHO's mandate. The Framework of Engagement with Non-State Actors was one of WHO's normative guidelines and had been negotiated and agreed by all Member States. Questioning the eligibility of a non-State actor for admission into official relations after it had met the criteria set out in the Framework undermined the agreed procedure and set a harmful precedent. The proposal by the representative of Norway addressed the issues raised by several Member States and clearly stated that national contexts took precedence over WHO's engagement with non-State actors. She called on Board members to consider the proposal, avoid a selective and divisive approach to the

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

admission of the non-State actors under consideration, and refrain from involving the Framework in politicized and ideological discussions.

The representative of CHINA supported the proposal made by the representative of Somalia.

The representative of YEMEN supported the proposal made by the representative of Somalia to postpone the decision on the admission of The Center for Reproductive Rights, Inc., and called for the approval of the admission of Rare Diseases International into official relations with WHO.

The representative of the DOMINICAN REPUBLIC¹ wished to add her voice to the support for the proposal by the representative of Norway, which had been drafted in a spirit of compromise, on which decision-making within WHO had historically been based. She called for the decision at hand, which was procedural in nature, to be considered in that same spirit. The Framework of Engagement with Non-State Actors, which WHO had negotiated, adopted and celebrated as a great success, should not be called into question.

The DIRECTOR (Compliance, Risk Management and Ethics), responding to the representative of Norway, confirmed that the second edition of the Handbook for non-State actors on engagement with the World Health Organization had been published, aimed at supporting such entities in collaborating with WHO. The Framework of Engagement with Non-State Actors governed the Secretariat's engagement with non-State actors.

The CHAIR said that consensus did not appear to have been reached on the proposal by the representative of Norway, nor on the proposal made by the representative of Somalia to postpone consideration of the matter. As such, and prior to an explanation by the Legal Counsel of the next steps, he requested the representative of Norway to confirm whether her delegation wished to move forward with a decision on its proposal or revert to the consideration of the original, unamended version of the draft decision.

The representative of NORWAY said that strong support had been voiced for the proposal by her delegation in an attempt to reach consensus. However, recognizing that not all Member States were in agreement, her delegation would be guided by the Chair as to the way forward.

The LEGAL COUNSEL said that the Board currently had before it three proposals and one motion for division. The three proposals were: the draft decision contained in document EB155/7 Add.1; the proposal by the representative of Norway; and the postponement of the consideration of the decision relating to the admission of The Center for Reproductive Rights, Inc. proposed by the representative of Somalia. The motion was to consider the admission of Rare Diseases International and that of The Center for Reproductive Rights, Inc. separately.

He said that, under Rule 33 of the Rules of Procedure of the Executive Board, "[e]xcept as may be decided otherwise by the Board, no proposal shall be discussed or put to the vote at any meeting of the Board unless copies of it have been circulated to all delegations at least 24 hours previously". The only proposal that met that condition was the draft decision contained in document EB155/7 Add.1. Therefore, if the Board wished to consider the other two proposals, it would first have to make a decision to that effect.

As to the order in which the proposals would be considered, Rule 44 of the Rules of Procedure stated that "[i]f two or more proposals are moved, the Board shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding". Therefore, the Board – unless it decided otherwise – would first consider the draft decision contained in

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

document EB155/7 Add.1, then, as necessary, the proposal by the representative of Norway, and finally the proposal to postpone the decision.

As to the motion, under Rule 42 of the Rules of Procedure, “[a] member may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the motion for division, the motion for division shall be voted upon.” As an objection had been made to the motion, the Board should follow the procedure set out under that same Rule 42; namely that the motion for division should be put to a vote first, and then, depending on the outcome, a vote would follow on the original draft decision either as a whole or on each of its constituent parts in turn.

He therefore proposed the following course of action: the Chair should first address the motion for division. In accordance with Rule 42 of the Rules of Procedure, he should invite two Board members to speak in favour of the motion and two Board members against, before proceeding immediately to a vote, which, unless otherwise requested, would be held by a show of hands. If the motion for division was rejected, then the draft decision contained in document EB155/7 Add.1 would then be considered as a whole. If the motion for division was approved, the Chair would invite the Board to first consider the admission of Rare Diseases International into official relations with WHO, and then the admission of The Center for Reproductive Rights, Inc. A vote by show of hands – unless otherwise requested – could be requested at any time. If the draft decision was not adopted in any form, the Chair should then invite the Board to consider the proposal by the representative of Norway. If that proposal was rejected, the Board would have decided by default to postpone consideration of the matter until its 156th session.

The representative of FRANCE¹ said that having to resort to a vote on an agenda item that was a simple matter of procedure was regrettable. The context in which voting would now take place was extremely politicized, too much so for a vote by show of hands to be taken. She therefore suggested that Board members should vote on the draft decision by secret ballot. Doing so would allow the individual Board members, who had been elected owing to their expertise and experience in the field of public health, to make a decision that was in line with their commitment to health at the global and national levels.

The CHAIR said any such proposal would need the support of a Board member in order to be considered.

The representative of the REPUBLIC OF KOREA supported the proposal to vote by secret ballot, in order to enable the views of individual Board members to be better reflected.

The representative of QATAR, supported by the representative of SENEGAL, said that, as Board members would be reflecting national commitments, the vote should be carried out by a show of hands.

The representative of YEMEN said that the vote did not represent the position of individuals but of Member States on a draft decision that would be applied at the country level. For that reason, his country was against a vote by secret ballot.

The representative of EGYPT¹ expressed support for the comments made by the representative of Somalia. He said that it was disappointing that no consensus had been reached and that the Board should have to resort to a vote and expressed regret that some Board members had refused to allow more time for discussion and negotiation. His Government would seek to revisit the discussion on the admission of non-State actors into official relations with WHO at the World Health Assembly to enable wider participation. That said, the vote should be held by a show of hands.

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

The representative of the UNITED STATES OF AMERICA said that voting by secret ballot was typically used in circumstances where the vote represented national positions. In the current case, a vote by secret ballot would ensure that Board members were free from external influences and able to truly reflect their national positions.

The LEGAL COUNSEL said that, under Rule 57 of the Rules of Procedure, the Board could decide by a show of hands to vote by secret ballot. A simple majority would be required for that decision to be made. Should the decision be made to vote by secret ballot, that method of voting would apply to the votes on both the motion for division and on any subsequent vote relating to the draft decision.

The CHAIR invited the Secretariat to proceed with a vote by a show of hands on whether the subsequent votes should be conducted by secret ballot. Once the vote was complete, he announced the results, saying that 34 Board members had the right to vote and that no members were absent. Three Board members had abstained, and of the 31 Board members present and voting 17 had voted in favour and 14 against.

The decision to vote by secret ballot was therefore approved by 17 votes to 14, with 3 abstentions.

The CHAIR invited the Board to turn to the motion to consider separately the admission into official relations with WHO of Rare Diseases International and the Center for Reproductive Rights, Inc. Therefore, before proceeding to a vote and in line with the procedure outlined in Rule 42 of the Rules of Procedure of the Executive Board, he invited two Board members to speak in favour of the motion, followed by two Board members to speak against it.

The representative of QATAR said that, while the participation of non-State actors in the work of WHO was valuable, those non-State actors should also be aligned with Member States' cultural, religious and national contexts. She expressed concern about the work of The Center for Reproductive Rights, Inc., which went against some Member States' national laws and cultural norms. She called for the admission of Rare Diseases International and that of The Center for Reproductive Rights, Inc. to be considered separately.

The representative of BRUNEI DARUSSALAM echoed the call for the admission of the two non-State actors to be considered separately.

The representative of BRAZIL expressed concern about the impact of the motion on the Framework of Engagement with Non-State Actors. He said that, since both non-State actors had met the eligibility criteria for admission into official relations with WHO, there was no reason to consider them separately. He was therefore against the motion.

The representative of CANADA, echoing the comments made by the representative of Brazil, said that considering the admission of the two non-State actors separately would undermine the Framework of Engagement with Non-State Actors, which had been agreed upon by all Member States.

Speaking at the invitation of the CHAIR, the LEGAL COUNSEL explained the procedure for the vote by secret ballot on the motion to consider separately the admission into official relations with WHO of Rare Diseases International and that of The Center for Reproductive Rights, Inc.

Representatives of Maldives and the Federated States of Micronesia were appointed as tellers.

A vote was taken by secret ballot. The result was as follows:

Votes cast.....	34
Abstentions.....	0
Papers null and void.....	0
Votes required for a majority	18
Votes in favour.....	15
Votes against.....	19

Having not obtained the votes required for a majority (18 votes), the motion to consider separately the admission into official relations with WHO of the two non-State actors was rejected.

The CHAIR invited the Board to consider the draft decision contained in document EB155/7 Add.1 as a whole. He asked Board members to indicate whether they were in a position to adopt the draft decision by consensus.

The representative of QATAR called for a vote on the draft decision.

The representative of ETHIOPIA, supported by the representative of YEMEN, asked why the Board was not first voting on the proposal by the representative of Norway.

The LEGAL COUNSEL clarified that, according to procedure, the Board would vote first on the draft decision, and that there would only be a vote on the proposal by the representative of Norway if the draft decision was not adopted.

At the invitation of the CHAIR, the LEGAL COUNSEL explained the procedure for the vote by secret ballot on the draft decision contained in document EB155/7 Add.1.

Representatives of Maldives and the Federated States of Micronesia were appointed as tellers.

A vote was taken by secret ballot. The result was as follows:

Votes cast.....	34
Abstentions.....	4
Papers null and void.....	0
Votes required for a majority	15
Votes in favour.....	17
Votes against.....	13

Having obtained the votes required for a majority (15 votes), the decision contained in document EB155/7 Add.1 was adopted.¹

The representative of SENEGAL, speaking in explanation of vote, said that his Government would not recognize those elements of the decision that contradicted the laws, values and traditions in his country.

The representative of QATAR, speaking in explanation of vote, reiterated her position that the work of non-State actors should be aligned with Member States' cultural and religious traditions. Therefore, her Government welcomed the admission of Rare Diseases International into official

¹ Decision EB155(9).

relations with WHO but was against the admission of The Center for Reproductive Rights, Inc.; it would not cooperate with the Center under any circumstances. Non-State actors' engagement with WHO must be in line with relevant regulations and must respect the principles and priorities of the Organization.

The representative of TOGO, speaking in explanation of vote, said that, while accepting the result of the vote, her Government would continue to act in line with its own national priorities and customs.

The representative of YEMEN, speaking in explanation of vote, said that the decision that had been adopted did not align with the culture and traditions in his country.

The representative of NORWAY, speaking in explanation of vote and recognizing the diverging views on the Board, emphasized that the Board's priority was to promote health for all. That could only be done while also promoting and protecting the integrity of WHO as the primary science-based coordinating body for global health. Under the current agenda item, the integrity of the Secretariat and the Framework of Engagement with Non-State Actors had been called into question. She encouraged the Board to strive for consensus on future decisions made by the governing bodies, while recognizing different national approaches, context and priorities.

The representative of POLAND, speaking in explanation of vote, expressed concern that voting was becoming the default method of resolving difficult issues. The Framework of Engagement with Non-State Actors had been adopted by consensus and it was in Member States' collective interest to respect its mechanisms. Preserving the independent, transparent, technical and evidence-based role of WHO was essential.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, emphasized the importance of WHO's longstanding technical and normative role in global health, which included applying the Framework of Engagement with Non-State Actors that had been decided upon by Member States. Thus, voting to adopt the decision equated to a vote of trust in WHO's expert analysis, rather than to undermine the positive work already done in relation to WHO's engagement with non-State actors.

The representative of SWITZERLAND, speaking in explanation of vote, said that the increasing lack of consensus within the Board was deeply regrettable. The increase in the number of votes seemed to be a direct result of the overly ambitious agenda. The Board needed time for constructive dialogue and discussion where the positions and limitations of each Member State could be expressed, heard and understood. It was essential for a technical organization like WHO to be able to adopt decisions by consensus if they were to have the required impact. She reaffirmed her Government's support for the Framework of Engagement with Non-State Actors; rules of procedure and frameworks were particularly important for guiding the Organization's work in times of discord and must be upheld.

The representative of SOMALIA, speaking in explanation of vote, expressed his regret that a vote had been required on the decision. He supported the admission of Rare Diseases International into official relations with WHO but said that his Government dissociated itself from the Board's decision to admit The Center for Reproductive Rights, Inc. since its work was against the laws, culture and religion in his country.

The representative of CHILE expressed regret at having had to resort to a vote; it would have been preferable to adopt the decision by consensus. She noted that the adoption of the decision did not imply that non-State actors could override national legislation.

The representative of KUWAIT¹ expressed regret that the Board had needed to put the decision to a vote in order to have their concerns heard. He said that the Member States of the Eastern Mediterranean Region wished to dissociate themselves from the Board's decision and stated their intention to reopen the discussion on the decision during the Seventy-eighth World Health Assembly.

The representative of INDONESIA¹ supported WHO's engagement and collaboration with non-State actors to promote and protect health for all. However, the issue at hand went beyond the Framework for Engagement with Non-State Actors or WHO's engagement with any single non-State actor; it concerned a controversial decision that went against the norms, values and laws of many countries. His Government regretted the result of the vote and dissociated itself from the Board's decision to admit The Center for Reproductive Rights Inc. into official relations with WHO.

The representative of the RUSSIAN FEDERATION¹ supported WHO's engagement with non-State actors. However, the issue at hand went beyond the Framework of Engagement with Non-State Actors and was not a procedural matter. He expressed regret at the fact that his question as to what the Secretariat might do to avoid such situations in future had gone unanswered. His Government dissociated itself from the Board's decision.

The representative of EGYPT¹ reiterated his Government's intention to reopen the discussion on the decision to admit The Center for Reproductive Rights, Inc. during the Seventy-eighth World Health Assembly and said that the decision would not be implemented in his country. He reiterated the question posed by the representative of the Russian Federation, calling on the Secretariat to determine how a similar situation could be avoided in the future. The work of WHO should not be politicized.

The representative of PAKISTAN¹ said that the failure to reach consensus was disappointing. He said that the work of any non-State actor that was incompatible with a Member State's domestic laws and culture could lead to financial, legal and political implications.

The representative of BANGLADESH¹ said that his Government would be guided by its own national priorities, practices and normative measures and reserved the right to decide whether to engage with any external entities within its territory.

The representative of SENEGAL expressed support for those Member States that had expressed their intention to reopen discussions on the decision during the Seventy-eighth World Health Assembly.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ expressed concern about the integrity and credibility of the work of WHO in areas in which there was no consensus.

The representative of ALGERIA¹ expressed reservations about the admission of The Center for Reproductive Rights, Inc. into official relations with WHO and said that her Government dissociated itself from the Board's decision.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, clarified that the issue was one of the values of Member States and that the discussion did not seek to call into question the Framework of Engagement with Non-State Actors. As a Member State-led organization, WHO must respect national contexts and priorities in the drafting and implementation of decisions.

The meeting rose at 13:40.

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

FOURTH MEETING

Tuesday, 4 June 2024, at 14:40

Chair: Mr M. WILSON (Barbados)

1. OUTCOME OF THE SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY: Item 3 of the agenda (continued from the second meeting, section 1)

The CHAIR recalled that discussions had been held in closed session on the outcome of the Seventy-seventh World Health Assembly, which had resulted in a draft decision on the process of handling and investigating potential allegations against WHO Directors-General, which read:

The Executive Board,

Having considered the report of the Programme, Budget and Administration Committee¹ and, at its private session, having considered the outcome of the Seventy-seventh World Health Assembly,

Decided:

- (1) to welcome the report of the leads for Member State-led governance reform on a process for handling and investigating potential allegations against WHO Directors-General;
- (2) to request the leads for Member State-led governance reform to chair consultations on this matter, assisted by the regional coordinators, with a view to produce a revised draft process for consideration by the Executive Board at its 156th session in January 2025;
- (3) that the consultations should be open-ended with a view to ensuring inclusivity and transparency;
- (4) to urge all Member States to participate actively in all consultations, and, as appropriate, to consider holding regional discussions among themselves;
- (5) to request the co-lead for Member State-led governance reform, with the support of Secretariat, to provide regular informal progress reports to Member States regarding the development of the revised draft;
- (6) to request the Secretariat and the Independent Expert Oversight Advisory Committee to provide advice and/or support.

¹ Document EB155/2.

The financial and administrative implications for the Secretariat of the adoption of the draft resolution were:

Decision	Process of handling and investigating potential allegations against WHO Directors-General
A. Link to the approved Programme budget 2024–2025	
1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:	Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	Thirteen months (until June 2025).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	Zero. Actions related to this decision fall under the related costs of decision EB154(5) (2024).
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:	Zero. Actions related to this decision fall under the related costs of decision EB154(5).
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:	Not applicable.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions	
– Resources available to fund the decision in the current biennium:	Not applicable.
– Remaining financing gap in the current biennium:	Not applicable.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:	Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

He further drew attention to an amended version of the draft decision proposed by the representative of the United States of America, which read:

PROCESS FOR HANDLING ALLEGATIONS AGAINST DIRECTORS-GENERAL

The Executive Board, having considered the report of the Programme Budget and Administration Committee and the outcome of the Seventy-seventh World Health Assembly, following discussion at its private session:

DECIDED:

- (1) to welcome the report of the leads for Member State-led governance reform on a process for handling and investigating allegations against WHO Directors-General;
- (2) to request the leads for Member State governance reform to continue to chair consultations on this matter, assisted by the regional coordinators, with a view to ~~provide a revised~~ finalizing draft ~~procedures~~ process for consideration by the Executive Board at its 156th session in January 2025;
- (3) that the consultations should be open-ended with a view to continuing to ensure ~~ing~~ inclusivity and transparency;
- (4) to urge all Member States to participate actively in all consultations; and, as appropriate, to consider holding regional discussions among themselves;
- (5) to request the co-lead for Member State-led governance reform, with the support of Secretariat, to continue to provide regular informal progress reports to Member States regarding development of the revised draft, starting with initial briefings on the current document with all interested WHO regions to foster a shared understanding of the approach and considerations already taken in developing the procedures presented to Seventy-seventh World Health Assembly;
- (6) to request the Independent Expert Oversight Advisory Committee, and Secretariat staff that are appropriately positioned and capable of providing impartial guidance free of any real or perceived conflicts of interest in the outcome of the draft procedures, ~~and Independent Expert Oversight Advisory Committee~~ to provide timely advice and/or support to Member States.

The CHAIR invited the Committee to proceed with the discussion of the amended draft decision proposed by the representative of the United States of America.

The representative of AUSTRALIA said that the chapeau of the amended draft decision should reflect the wording used in paragraph 1 of the amended draft decision and should be amended to read: “Process for handling and investigating allegations against WHO Directors-General”.

It was so agreed.

The representative of the UNITED STATES OF AMERICA said that her proposed amendments to paragraph 2 of the draft decision were intended to clarify that the Health Assembly had called for the leads for Member State governance reform to finalize the draft procedures rather than a draft process.

The representative of SWITZERLAND, highlighting that regional coordinators were not formally recognized by WHO, proposed that, in amended paragraph 2, the words, “assisted by the regional coordinators” should be amended to read: “including by involving regional groups.”

The representative of BULGARIA, expressing support for the proposal by the representative of Switzerland, said that, while the regional coordinators network was beneficial, it was not institutionalized.

The representative of SLOVAKIA suggested that, in order to ensure unified language throughout the draft decision and in the light of the term “regional discussions” in amended paragraph 4, in amended

paragraph 2, the words, “consultations on this matter, assisted by the regional coordinators” should be amended to read: “consultations on this matter at the regional level”.

The representative of the UNITED STATES OF AMERICA proposed that, in paragraph 2, the words, “assisted by the regional coordinators” should be amended to read: “including by involving additional regional representatives”.

The representative of SLOVAKIA expressed support for the proposal by the representative of the United States of America.

The representative of ETHIOPIA suggested that, in amended paragraph 2, the words, “consultations on this matter, assisted by the regional coordinators” should be replaced with the words, “consultations at the regional level”. While the phrase “at the regional level” referred to the WHO regions, which might differ from the draft decision’s intended meaning, it was broader than “regional representatives” and would ensure more clarity for Member States, thus limiting the risk of reopening discussions on the draft decision at the next Health Assembly.

The representative of SLOVENIA¹ said that his Government was currently serving as a regional coordinator and expressed support for the proposal by the representative of Switzerland. The wording “including by involving regional groups” included regional coordinators, who could provide a platform for discussion among the leads for Member State-led governance reform and regional representatives, while making it clear that there was no expectation of consultations at the regional level, such as within regional committees.

The representative of ETHIOPIA said that she had no objection to the wording, “including by involving regional groups”. It would, however, be useful to hold further consultations, including with regional committees.

The CHAIR took it that the Committee wished to approve the proposal by the representative of Switzerland to replace, in amended paragraph 2, the words, “assisted by the regional coordinators” with the words, “including by involving regional groups”.

It was so agreed.

The representative of AUSTRALIA said that, in amended paragraph 2, the words, “Member State governance reform” should be amended to read: “Member State-led governance reform”, as in the original draft decision.

It was so agreed.

The representative of the UNITED STATES OF AMERICA said that, in amended paragraph 3, the insertion of the word “continuing” was intended to reflect that an inclusive process had taken place.

The representative of AUSTRALIA asked for clarification regarding the meaning of the word “open-ended” in amended paragraph 3.

The LEGAL COUNSEL said that, in amended paragraph 3 and in the context of the Executive Board, the word “open-ended” referred to participation by Member States that were not current Board members.

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

The representative of SLOVAKIA proposed that amended paragraph 3 should be reworded to read: “to ensure that the consultations should remain open-ended, maintaining inclusivity and transparency.”

It was so agreed.

The representative of SLOVAKIA proposed that, in amended paragraph 4, the words, “to consider holding regional discussions” should be redrafted to read: “to hold regional discussions”.

The representative of ETHIOPIA expressed support for the proposal by the representative of Slovakia but suggested that in order to ensure that Member States were well informed before decisions were made, the words, “to consider holding regional discussions” should be replaced by the words, “to hold consultations through the regional committees.”

The representative of SLOVAKIA asked whether there was a need for all regional committees to discuss the draft decision prior to its submission to the Health Assembly since that could delay discussions.

The representative of ETHIOPIA said that the wording should ensure that Member States would be well informed on the issue ahead of the Health Assembly, with no intention to reopen discussions on the matter. She would welcome broad wording that referred to holding discussions within regional committees.

The representative of AUSTRALIA said that regional engagement was already referred to in amended paragraph 2, which set out the related mechanisms, and that the purpose of amended paragraph 4 was to urge active participation. He therefore proposed that, in amended paragraph 4, the words “and, as appropriate, to consider holding regional discussions among themselves” should be deleted.

The representative of ETHIOPIA said that, in a spirit of flexibility, she proposed that amended paragraph 4 should be redrafted to read: “to urge all Member States to participate actively in all consultations; and, as appropriate, to hold regional discussions among themselves and consultations through the regional committees.”

The representative of the UNITED STATES OF AMERICA suggested that amended paragraph 4 should be reformulated to read: “to urge all Member States to participate actively in all consultations; and, as appropriate, to hold regional discussions among themselves, including through the regional committees.”

The representative of AUSTRALIA requested legal clarification of whether the words, “including through the regional committees” mandated regional committee participation. He proposed that the last part of amended paragraph 4 should instead read: “including through or on the margins of regional committees”.

The LEGAL COUNSEL said that regional committee participation would require a related agenda item and therefore the formal preparation of a document to inform discussion. Given that the first of the annual regional committee meetings was scheduled to take place in August 2024, timely preparation for such a discussion within the regional committees would be challenging. More flexible wording could therefore prove helpful.

The CHAIR took it that the Committee wished to approve amended paragraph 4, which would read: “to urge all Member States to participate actively in all consultations; and, as appropriate, to hold

regional discussions among themselves, including through or on the margins of the regional committees;”

It was so agreed.

The representative of the UNITED STATES OF AMERICA said that her proposed amendments to paragraph 5 reflected the fact that there had been limited time to examine the relevant document and therefore called for the leads for Member State-led governance reform to provide briefings on the current document as the starting point for discussions.

The representative of CHILE, expressing support for amended paragraph 5 as proposed by the representative of the United States of America, suggested that the word “interested” should be deleted from the proposed amended paragraph since briefings should be provided to all WHO regions.

The representative of SLOVAKIA said that he supported the proposal by the representative of Chile. He proposed that amended paragraph 5 should be split into two sentences, with the first sentence to finish with the words “revised draft”. The second sentence should then be redrafted to read: “This should include initial intersessional briefings on the current document with all WHO regions to foster a shared understanding of the approach and to continue incorporating considerations already taken into account in developing the procedures presented to the Seventy-seventh World Health Assembly.”

The representative of CHINA proposed that, in the first part of amended paragraph 5, the words, “informal progress reports” should be amended to read: “informal briefings.”

The representative of AUSTRALIA said that, in an effort to remain consistent with the rest of the document, in the first part of amended paragraph 5, the word, “co-lead” should be amended to “lead.”

The CHAIR took it that the Committee wished to approve amended paragraph 5, which would read: “to request the leads for Member State-led governance reform, with the support of Secretariat, to continue to provide regular informal briefings to Member States regarding development of the revised draft. This should include intersessional briefings on the current document with all WHO regions to foster a shared understanding of the approach and to continue incorporating considerations already taken into account in developing the procedures presented to the Seventy-seventh World Health Assembly;”

It was so agreed.

The representative of the UNITED STATES OF AMERICA said that the amendments proposed to paragraph 6 were aimed at improving the text’s grammar and clarity and ensuring that Member States understood who was responsible for the work set out in that paragraph.

The CHAIR said that, in the absence of any objection, he took it that the Board wished to adopt the draft decision as a whole, as amended.

The decision as a whole, as amended, was adopted.¹

¹ Decision EB155(12).

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)**2. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:**
Item 9 of the agenda (document EB155/12 Rev.1)

The CHAIR drew the attention of the Board to the report on future sessions of the Executive Board and the Health Assembly, contained in document EB155/12 Rev.1. It contained two draft decisions relating to the dates of upcoming sessions of the Executive Board, the Programme Budget and Administration Committee of the Executive Board, the Standing Committee on Health Emergency Prevention, Preparedness and Response, and the Health Assembly. The report also contained proposed adjustments to the modalities of those meetings, should any limitations to physical meetings preclude the holding of such meetings in person.

156th session of the Executive Board and forty-first meeting of the Programme, Budget and Administration Committee of the Executive Board

The CHAIR drew attention to the first draft decision contained in document EB155/12 Rev.1.

The DIRECTOR (Governing Bodies) said that Member States would receive a draft provisional agenda for the 156th session of the Executive Board within four weeks of the closure of the current session.

The representative of CHINA said that the proposed dates for the 156th session of the Executive Board coincided with the lunar new year festival that was observed by many countries and recognized as an official United Nations holiday. She proposed that the session should be convened either one week earlier or one week later.

The representative of THAILAND, echoing the sentiments expressed by the representative of China, said that the proposed dates for the 156th session of the Executive Board and forty-first meeting of the Programme, Budget and Administration Committee coincided with national festivities. He proposed that the 156th session of the Executive Board should be convened on 3 February 2025.

The representative of the REPUBLIC OF KOREA supported the proposal made by the representative of China, owing to traditional new year festivities in her country in January.

The DIRECTOR (Governing Bodies) said that, convening the Executive Board one week earlier would mean that the meeting of the Programme, Budget and Administration Committee would need to be convened on 15 January 2025, which would place a burden on the Secretariat and Member States to prepare during a time that was a holiday period for many Member States and would increase the risk of late documents and incomplete Member State consultations. Although a later start date would lead to complications with the election of regional directors, the Legal Counsel had advised that there were ways to address these complications. He suggested that the forty-first meeting of the Programme, Budget and Administration Committee should be held from 29 January to 31 January 2025, and the 156th session of the Executive Board from 3 February to 11 February 2025.

The CHAIR took it that the Board agreed that its 156th session would be held from Monday, 3 February 2025, to Tuesday, 11 February 2025, and the Programme, Budget and Administration Committee would hold its forty-first meeting from Wednesday, 29 January 2025, to Friday, 31 January 2025, at WHO headquarters in Geneva.

It was so decided.

Fifth and sixth meetings of the Standing Committee on Health Emergency Prevention, Preparedness and Response

The CHAIR said that he understood that the Board agreed that the fifth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response would be held on Tuesday and Wednesday, 3 and 4 September 2024, and its sixth meeting on Wednesday and Thursday, 16 and 17 April 2025, at WHO headquarters.

It was so decided.

The CHAIR took it that, in the absence of any objections, the Board wished to adopt the first draft decision contained in document EB155/12 Rev.1.

The decision, as amended, was adopted.¹

Seventy-eighth World Health Assembly

The CHAIR drew attention to the second draft decision contained in document EB155/12 Rev.1. He took it that the Board agreed that the Seventy-eighth World Health Assembly should be held in Geneva, opening on Monday, 19 May 2025, and closing no later than Tuesday, 27 May 2025.

It was so decided.

Forty-second meeting of the Programme, Budget and Administration Committee of the Executive Board

The CHAIR said that he understood that the Board agreed that the Programme, Budget and Administration Committee of the Executive Board should hold its forty-second meeting from Wednesday, 14 to Friday, 16 May 2025, at WHO headquarters in Geneva.

It was so decided.

The CHAIR took it that, in the absence of any objections, the Board wished to adopt the second draft decision contained in document EB153/12 Rev.1.

The decision was adopted.²

The representative of BRAZIL said that it was important for the Organization to take into consideration the views expressed during the Health Assembly and Executive Board meetings on the need to avoid politicization and polarization and protect participants' physical and mental health during sessions. With more discipline, procedures could be introduced to prevent discussions from leading to unnecessary debates or votes. His delegation intended to submit an agenda item on regulating the digital marketing of breast-milk substitutes for inclusion on the agenda of the Seventy-eighth World Health Assembly.

The representative of SLOVAKIA, highlighting that there was room for improvement, asked whether informal sessions, which had allowed for open, transparent discussions on procedures and arrangements in previous years, would be held during the intersessional period.

¹ Decision EB155(10).

² Decision EB155(11).

The representative of CHILE, echoing the question raised by the representative of Slovakia, recalled efforts by Member States to introduce mental health as a separate agenda item. She requested clarification of the process to include a new item on the agenda of the Health Assembly. A group of countries intended to request the inclusion on the agenda of the Seventy-eighth World Health Assembly of an item on mental health and would submit a draft decision or draft resolution on the matter at the 156th session of the Executive Board.

The representative of CANADA recalled that all Member States had expressed dissatisfaction regarding the dense nature of the Health Assembly agenda. The Secretariat and the Executive Board should consider how the agenda was planned and which agenda items should be deleted if new items were to be added.

The CHAIR said that Board members would be informed in advance of any informal sessions.

Right of reply

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that the health situation in Ukraine had been deteriorating for several years, as indicated by statistics published by WHO and UNAIDS on socially important diseases. The Government of the Russian Federation had started to develop social infrastructure, including health care systems, in territories that had decided by referendum to join the Russian Federation.

3. ELECTION OF CHAIR, VICE-CHAIRS AND RAPPORTEUR: Item 1 of the agenda (continued from the first meeting, section 2)

The CHAIR recalled that Dr Jerome X. Walcott (Barbados) had indicated his availability to Chair the Executive Board at its 156th and subsequent sessions. He therefore took it that the Board wished to elect Dr Jerome X. Walcott (Barbados) Chair of the Executive Board as of 5 June 2024.

Mr Walcott (Barbados) was elected Chair.

The CHAIR-ELECT paid tribute to his predecessors. The current global situation was fraught with challenges that significantly impacted global health, yet Member States would be guided by multilateralism, consensus-based decision-making, inclusiveness and the shared objective of achieving health for all.

4. CLOSURE OF THE SESSION: Item 10 of the agenda

The DIRECTOR-GENERAL thanked Member States for their hard work over the session and agreed that steps must be taken to protect participants' health by tackling the organization of the agenda and the arrangements for holding meetings of the Executive Board and the Health Assembly.

After the customary exchange of courtesies, the CHAIR declared the 155th session of the Executive Board closed.

The meeting rose at 16:00.
