

Provisional summary record of the first meeting

**WHO headquarters, Geneva
Monday, 2 February 2026, scheduled at 09:30**

Chair: Mr B. Comley (Australia)

Contents

	Page
1. Opening of the session and adoption of the agenda.....	2
2. Report by the Director-General.....	3
3. Report of the regional committees to the Executive Board.....	15

First meeting

Monday, 2 February 2026, at 09:40

Chair: Mr B. Comley (Australia)

- 1. Opening of the session and adoption of the agenda:** Item 1 of the provisional agenda (documents EB158/1 and EB158/1 (annotated))

Opening of the session

The CHAIR declared open the 158th session of the Executive Board.

Election of officers

The CHAIR informed the Committee that Ms Carmen Ávila Ortega (Panama) was no longer able to serve as Rapporteur of the Board. Following consultations with the Region of the Americas, Dr Raina Roa Rodríguez (Panama) had been nominated for the office of Rapporteur of the Executive Board.

Dr Roa Rodríguez (Panama) was elected Rapporteur.

Adoption of the agenda

The CHAIR noted that the Secretariat had proposed the deletion of provisional agenda items that were not needed: provisional agenda item 27.2, Amendments to the Financial Regulations and Financial Rules, and provisional agenda item 32.3, Independent Expert Oversight Advisory Committee: membership renewal. He took it that the Board agreed to that proposal.

It was so agreed.

The agenda, as amended, was adopted.¹

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in the year 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 158th 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.

¹ EB158/1 Rev.1

2. Report by the Director-General: Item 2 of the agenda (document EB158/2)

The DIRECTOR-GENERAL said that 2025 had been a year of contrasts, noting achievements such as the adoption of the WHO Pandemic Agreement, the IHR amendments, the United Nations General Assembly declaration on non-communicable diseases and mental health and the approval of an increase in assessed contributions, yet also funding cuts that had led to a reduced workforce alongside cuts to bilateral aid that had disrupted health systems and services in many countries. In addition to achievements on the three key priorities of the Fourteenth General Programme of Work, 2025–2028 – to promote, provide and protect health – WHO had responded to 50 emergencies in 82 countries and had declared, in September 2025, that mpox was no longer a public health emergency of international concern. Work had also continued on the fourth and fifth priorities under the Fourteenth General Programme of Work: to power and perform for health. Efforts to make WHO more accountable, transparent, efficient and effective continued and the WHO Regional Office for Africa had hosted the first African Strategic Conference on Prevention and Response to Sexual Misconduct in Joint WHO-Member State Operations. The Organization's work was made possible by its staff, whose dedication against a background of job losses was greatly appreciated.

While 85% of the resources needed for the base budget for the 2026–2027 biennium had been mobilized, it would be difficult to mobilize the remaining 15%; he urged Member States to approve the remaining increases in assessed contributions to secure the Organization's long-term stability, sustainability and independence. WHO must be an impartial and science-based Organization that was free to state what the evidence indicated, without fear or favour. The crisis of the previous year had presented an opportunity to focus on the Organization's core mandate, comparative advantage and ability to bring stakeholders together. The path forward must offer financial stability and sustainability, strengthened normative and technical leadership, reformed governance, a reshaped global health ecosystem and reinforced solidarity.

The representative of TOGO, speaking on behalf of the Member States of the African Region, welcomed progress made on the pillars of the Fourteenth General Programme of Work, 2025–2028, and emphasized the importance of strengthening primary healthcare to achieve universal health coverage. Efforts to advance maternal and child health and to support assessments, such as joint external evaluations, were essential to strengthening national capacities on health security. Technological advancements, including in digitalization and artificial intelligence, presented opportunities to improve health and well-being for all. He noted the engagement of all Member States in discussions on article 12 of the WHO Pandemic Agreement relating to the WHO Pathogen Access and Benefit-Sharing System with a view to achieving improved outcomes. Achievements in his Region in 2025 had included the response to over 160 health emergencies, the deployment of malaria vaccines, work to combat poliomyelitis, the provision of vaccinations against cholera, yellow fever and Ebola virus disease, the elimination of neglected tropical diseases, enhanced mental healthcare and improvements in health statistics and real-time disease surveillance.

The representative of SERBIA expressed appreciation for the progress made, in line with the Fourteenth General Programme of Work, 2025–2028, towards the completion of the prioritization and realignment process. The recent achievements of the WHO Regional Office for Europe and the adoption of the Second European Programme of Work, 2026–2030 were also commendable. Further efforts to improve governance efficiency were needed; stricter adherence to agendas, improved time management and clearer working methods would increase the effectiveness of the WHO governing bodies. He commended efforts to diversify financing, but stressed that the Organization required adequate, sustainable and predictable funding to maintain its

independence, respond effectively to health emergencies and protect health. The world needed a strong, accountable, inclusive and effective WHO that was fit for purpose and well adapted to deliver on its constitutional mandate. He shared the view that the financial crisis presented an opportunity to build a leaner WHO more focused on its core normative and technical functions. Global health could only be safeguarded through unity and shared responsibility.

The representative of NORWAY said that WHO's leadership in global health was fundamental and urged the Organization to prioritize its core mandate while remaining responsive to Member States' needs. Rapid implementation of governance reform would signal Member States' commitment to making WHO fit for purpose. The current crisis presented an opportunity to address longstanding challenges through reform of the global health architecture and through the UN80 Initiative. She condemned in the strongest possible terms the civilian suffering and damage to health facilities resulting from the actions of the Russian Federation in Ukraine and stressed that all parties must respect the ceasefire in the Gaza Strip to allow life-saving aid and medical assistance to reach those in need.

The representative of JAPAN expressed respect for the Secretariat's dedication in challenging circumstances, exemplified by the fact that 85% of the 2026–2027 base budget had been secured. The crisis must be turned into an opportunity for WHO to return to its core mandates. He highlighted the importance of WHO's normative functions, noting that coherent standards and technical guidance underpinned national policy formulation and implementation and formed the foundation of global health governance. The Organization played a central role as a convenor of global health agendas such as universal health coverage, and its leadership during infectious disease emergencies remained indispensable. His Government supported the Universal Health Coverage Knowledge Hub and would engage constructively in the creation of an effective WHO Pathogen Access and Benefit-Sharing System. Reform of WHO should be aligned with United Nations reform.

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, acknowledged the challenges facing WHO, such as funding constraints and difficult prioritization choices. Persistent gaps in essential health services, financial protection, preparedness and health outcomes presented challenges to health systems and the achievement of the Sustainable Development Goals. Resilient health systems were the most effective pathway for achieving the Organization's ambitions, and addressing health inequities would be key to achieving sustainable progress. His Region faced a complex burden of increasing noncommunicable and communicable diseases, malnutrition and maternal and child health issues. The prevalence of noncommunicable diseases in the Region exceeded global averages and was linked to ageing, climate vulnerabilities and cardiovascular risk factors. Progress had been made, however, demonstrated by the expansion of primary healthcare, the use of rapid diagnostics and the integration of digital tools and community-based approaches to mental health. The Region was a leader in tobacco control, despite industry pushback. He expressed support for efforts to strengthen sustainable and predictable financing for WHO and said that prioritization exercises should take into account population size, disease burden and country needs to maximize impact, promote equity and strengthen confidence in the multilateral system.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia, as well as Armenia, aligned themselves with his statement. Geopolitical crises, humanitarian catastrophes, the impacts of climate change and inequalities continued to put pressure on health systems and the global health architecture. He called on all

Member States to uphold international humanitarian law and protect civilians, health infrastructure and health workers. Noting that resources were increasingly constrained, he thanked the Organization's leadership and staff for their dedication to reforms and the prioritization exercise, which presented an opportunity for the emergence of a more efficient and fit-for-purpose Organization; those efforts should continue in 2026.

Given the importance of national responsibility for health policy, the European Union and its Member States valued WHO's constitutional mandate for standard setting, global health security promotion and health systems strengthening. Those functions would be essential to the implementation of the Fourteenth General Programme of Work, 2025–2028, which should focus on the areas identified through the prioritization process while leaving no one behind. He welcomed the Organization's support for Member States in implementing the relevant outcomes of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and other initiatives.

Prioritization, results-based management and flexible, predictable and sustainable financing were crucial for WHO, as were good governance, transparency and accountability. Efforts to improve governance and reinforce oversight, compliance and ethical standards, including the prevention of sexual misconduct, were welcome. He also welcomed the proposal for WHO to host a joint process bringing together discussions on global health architecture reform and the UN80 Initiative, urging WHO to coordinate closely with relevant global health actors. He supported efforts to strengthen coherence, efficiency and collaboration across the global health system. The Organization should continue to engage with Member States and partners to strengthen global health outcomes.

The representative of THAILAND reaffirmed its support for WHO as the trusted science-based authority for global health and commended the Director-General and WHO staff for their unwavering dedication during organizational realignment. He emphasized the importance of WHO's role in service delivery at the country level and expressed support for ongoing governance reforms to create a leaner and more responsive Organization. He advocated for broader United Nations reform to reduce duplication across agencies; however, it would be vital to maintain WHO's central coordination role in the global health architecture. Solidarity, cooperation and the collective support of all Member States were needed to ensure that WHO would remain fit for purpose in an evolving global landscape.

The representative of POLAND noted that the impact of disease, climate change, conflicts and inequality on health transcended borders. Armed conflicts continued to disrupt health systems, especially in fragile and humanitarian settings, and were limiting access to essential services. Trust in multilateral health institutions was eroding, and decades of progress was being undermined by reduced engagement, diminished financial support and increasing uncertainty; however, global health threats made multilateralism essential. The resurgence of vaccine-preventable diseases and declining immunization coverage – driven by misinformation, conflicts and weakened primary healthcare systems – reflected failures in equity, access and global solidarity. Renewed commitment was needed to strengthen primary healthcare, disease surveillance and prevention, and digital health. Investment should be made in inclusive and resilient health systems, with equity and human rights at the centre of all health policies. Commitment to multilateral cooperation and global health governance must be reaffirmed.

The representative of BRUNEI DARUSSALAM acknowledged the progress made amid financial constraints, geopolitical uncertainty and evolving health risks. He welcomed the prioritization and realignment process, which, together with WHO's governance reform efforts, would better enable Member States to take informed decisions and support delivery at all three

levels of WHO. Recent health emergencies had demonstrated that preparedness and response were central to global health security; stronger surveillance, access to countermeasures and equitable benefit-sharing mechanisms were therefore essential. In that regard, he underscored the importance of concluding negotiations on the future annex to the WHO Pandemic Agreement concerning the WHO Pathogen Access and Benefit-Sharing System prior to the Seventy-ninth World Health Assembly. Noncommunicable diseases, including mental health conditions, remained a significant global burden that required sustained prevention and control efforts as part of universal health coverage and efforts to build resilient health systems. Noting WHO's continued engagement in complex humanitarian settings, he reiterated the importance of ensuring access to essential health services for affected populations, guided by humanitarian principles, international law and respect for human dignity. At a time when global solidarity was being tested, a strong, inclusive and Member State-driven Organization was more important than ever.

The representative of SPAIN emphasized the importance of strengthened cooperation, equity and the right to health, particularly in the light of attempts to undermine multilateralism and erode fundamental rights. She expressed support for measures taken by WHO to address the financing crisis and called for further internal reform to strengthen governance. Strategic reflection was needed to ensure that the global health architecture would remain effective in facing major global challenges. It would be crucial to advance towards sustainable and predictable global health financing, with WHO playing a central role, bringing together all stakeholders and strengthening health systems focused on primary healthcare and universal access. She supported the negotiation process for the WHO Pathogen Access and Benefit-Sharing System with a view to the entry into force of the WHO Pandemic Agreement following the Seventy-ninth World Health Assembly. She expressed concern at the situation in the Gaza Strip, where more than 2 million people were deprived of their fundamental right to health, and also at migration control policies that were generating fear within communities and discouraging people from seeking healthcare.

The representative of HAITI noted that reform of WHO and the global health architecture was vital to create a more nimble, better-funded Organization that was closer to country realities. The international community must strengthen support for the most vulnerable countries, many of which were facing instability, natural disasters and prolonged crises. Inequality in access to resources, technology and skills represented a collective risk to all; weakness anywhere posed risks everywhere. A coherent approach was needed to build resilient health systems that could maintain essential services while responding to crises.

The representative of ISRAEL said that the world faced multiple health challenges, including those linked to conflict-related crises, demanding a swift, coordinated and professional global response. He expressed solidarity with the people of the Islamic Republic of Iran in the context of the violent crackdown on protests and noted with concern the health-related consequences. Recent experience had demonstrated the importance of WHO as an important platform for global cooperation; it was therefore regrettable that the Organization had become too politicized. The withdrawal of the United States of America from WHO should lead to urgent dialogue on the Organization's future and purpose. It would be crucial to confront the fact that other States could follow that country's example without formally departing from the Organization: it was conceivable that countries could lose interest in the Organization, reduce their contributions or pursue alternative mechanisms for global health cooperation. The Organization needed a brave conceptual overhaul, promoting resilience while creating a new path for public health education, training, emergency preparedness, disease surveillance and early detection, and prompt expert guidance during emergencies. To that end, WHO must prioritize transparency towards Member States and the public in terms of budgeting, decision-making and data collection and analysis.

The representative of LEBANON said that difficult circumstances provided an opportunity to innovate and grow. She expressed solidarity with WHO staff at all levels and noted that the central role of WHO in global health governance must be preserved in the context of discussions about the future of global cooperation, including the UN80 Initiative. It would be crucial to sustain the progress made; she therefore stressed the importance of sustainable financing, including continued progress on assessed contributions and improvements in financing quality, to maintain WHO's capacity to deliver on Member State priorities while preserving its credibility and independence. Despite the challenging global environment, the Organization had demonstrated its worth as a trusted and indispensable platform. The successful conclusion of the WHO Pandemic Agreement and ongoing discussions on the future annex thereto concerning the WHO Pathogen Access and Benefit-Sharing System underscored WHO's continued relevance and convening power. She expressed appreciation for WHO's support in sustaining essential health services and responding to crises. Her Government stood ready to support the Organization in adapting to new realities and fulfilling its mandate.

The representative of BARBADOS noted the importance of recognizing the successes and impact of WHO in the health ecosystem. His Government would support WHO in reaffirming its core mandate, including its normative functions; improving delivery on the ground, including in humanitarian situations; supporting resilient health systems, resource mobilization efforts and partnerships, especially in the Region of the Americas; and giving a voice to vulnerable countries, including small island developing States. The way forward would require the international community to place vulnerable people at the heart of the Organization's work and build a WHO that was financially sustainable, evidence-led and able to lead on issues such as noncommunicable diseases, antimicrobial resistance and the health impacts of climate change.

The representative of AUSTRALIA supported WHO's role in protecting and promoting health for all as part of the multilateral system and emphasized strengthening health system resilience to improve prevention, preparedness and response to health threats. The timely finalization of the future annex to the WHO Pandemic Agreement on the WHO Pathogen Access and Benefit-Sharing System would bolster collective readiness. He acknowledged progress on budget issues, stressing the need for prioritization at the country and regional level to maximize impact, and called on Member States to ensure that demands for new workstreams did not outpace funding. Governance reform was essential to ensure that WHO remained a sustainable and Member-led Organization. He expressed concern at the impact of conflicts on individuals, communities and health services, commended WHO's work in humanitarian health emergencies and called on all parties to uphold international humanitarian law and ensure safe, unimpeded access to essential health services. He encouraged all countries to endorse the Declaration on the Protection of Humanitarian Personnel, which had been launched by his Government at the United Nations General Assembly in 2025.

The representative of SWITZERLAND said that the excessive length of the Board's agenda limited the ability to focus on topics that required in-depth consideration; the Organization needed to make decisions to address that issue at the present session. She welcomed the transparent information from the Secretariat about delayed implementation of some actions, which would inform realistic decision-making. To further aid decision-making, she urged the Secretariat to develop more specific questions with clear options. The present session was a crucial step in strengthening WHO. While the Organization must be guided by its Member States, they must recognize that it was not always possible for the Secretariat to follow all recommendations proposed; the Secretariat should therefore be trusted to carry out its work and report back to Member States.

The representative of UKRAINE reported that, nearly four years into the war, over 2,500 healthcare facilities had been damaged or destroyed, yet ambulances and hospitals continued to operate. The impact of damaged health systems reached beyond national borders; protecting healthcare during conflicts was therefore an important part of ensuring global health security. Attacks on healthcare affected everyone and must never be accepted; health workers, patients and hospitals must be protected as required by international humanitarian law. He acknowledged WHO's support for emergency response and essential healthcare services in his country. In a context of financial pressure on the Organization, he expressed support for reforms to improve efficiency and transparency and called for predictable, stable financing to ensure that WHO could continue to respond to country needs, especially during emergencies.

The representative of TOGO expressed appreciation for WHO's support for Member States in addressing noncommunicable and communicable diseases and health emergencies. He outlined some of his country's achievements to promote, provide and protect health. Given the financial crisis at the Organization, he encouraged the Secretariat to increase the donor base and optimize the prioritization of resources, taking into account regional priorities. He encouraged flexibility, transparency and predictable funding and strengthened solidarity.

The representative of CABO VERDE commended progress in extending universal health coverage and improving preparedness for health emergencies and he noted efforts to combat communicable and noncommunicable diseases and consider the environmental and social determinants of health. He welcomed the emphasis on resilient health systems based on primary healthcare and innovation, as well as the digital transformation and the strategic use of data to inform decision-making, all of which would help to respond to the needs of populations, especially small island developing States and vulnerable countries. He expressed support for the global priorities on equity, international solidarity and sustainable health financing, and emphasized the importance of technical support that was adapted to national contexts and of local capacity-building to ensure that WHO interventions had a lasting impact.

The representative of PANAMA said that it would be essential to address existing gaps to enhance health, well-being and quality of life at the global level. Current challenges must be tackled through effective, people-centred decision-making tailored to national and organizational realities. WHO, United Nations agencies and other stakeholders should work together to develop synergies in health, while recognizing WHO's normative and technical mandate. Sustainable financing and the availability of a talented workforce at the national, regional and global levels would be key to meeting complex needs, including in emergencies. A One Health approach offered a comprehensive model for addressing social determinants of health; in that regard, it was vital to improve disease surveillance capacities and create resilient health systems, including with the use of technologies that could help to bring healthcare services closer to populations and promote equity. She encouraged Member States to facilitate change management through an innovative approach focused on transparency and accountability and grounded in consensus on collective work to ensure the sustainability of multilateralism.

The representative of the REPUBLIC OF KOREA described the steps taken in his country to translate the Fourteenth General Programme of Work, 2025–2028, into action through domestic policy. The Seventy-ninth World Health Assembly would mark 20 years since the death of Dr Lee Jong-wook, a Korean national and the sixth Director-General of WHO, and an event would take place to honour his legacy.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the Secretariat's dedication to promoting, providing and protecting health under the Fourteenth General Programme of Work, 2025–2028, amid reductions in funding and workforce. The Secretariat's support for countries to sustain essential services, facilitate the transition to self-reliance and address the root causes of ill health, including noncommunicable diseases, mental health conditions and climate-related health problems, was appreciated. He recognized the continued importance of strengthening health systems for universal health coverage, including by addressing health financing pressures, strengthening the health workforce and expanding access to quality medicines, vaccines, diagnostic tools and medical devices; such efforts were essential to maintaining service continuity and protecting communities in countries affected by complex humanitarian situations and displacement. He commended WHO's efforts to strengthen emergency preparedness and response capacities and underscored the critical importance of WHO's leadership in complex settings. He echoed the concerns expressed regarding the continued normalization of attacks on healthcare.

In the light of the update on the Organization's financial outlook and progress in mobilizing resources for the base budget for 2026–2027, he reiterated the importance of predictable and sustainable financing, including continued progress on assessed contributions and improved financing quality to maintain WHO's independence, credibility and capacity to deliver on Member State priorities. Noting the link between an agile Secretariat and effective governance, he welcomed the call for coherence across the global ecosystem to support country-led priorities and measurable impact.

The representative of CHILE, recognizing that the challenging geopolitical and financial situation threatened the global health architecture, expressed support for the reforms carried out to improve transparency, accountability and country-level impact, which would ensure that the Organization could fulfil its mandate in the difficult circumstances. A weakened WHO would undermine global safety and equity.

The representative of CAMEROON highlighted the importance of multilateralism and strengthened cooperation within WHO to protect global health and emphasized the need for solidarity in addressing health challenges linked to climate change. He supported efforts to consider how the global health architecture needed to evolve, with WHO in a leading role, for greater efficiency and effectiveness in health interventions around the world. A bold yet realistic approach to decision-making was needed.

The representative of EL SALVADOR said that it was vital to take into account the challenges faced in terms of renewing and reconsidering multilateral governance and to enhance equity to ensure the inclusion of all Member States while acknowledging differing regional realities.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed appreciation for WHO's efforts to promote and protect global health and support health programmes in Member States. The financial landscape remained constrained amid complex health challenges, including geopolitical instability resulting from conflict, climate change and emerging diseases. The adoption of the WHO Pandemic Agreement had been a historic step towards equitably improving the global health environment and future pandemic response efforts. Describing developments in health in his country, he called on WHO to demonstrate leadership and commitment in implementing the Fourteenth General Programme of Work, 2025–2028, and the Programme budget 2026–2027, with a focus on Member States' health priorities and needs.

The representative of SOMALIA underlined the central role of WHO in sustaining essential health services, coordinating partners during emergencies, strengthening national systems and

protecting communities, especially in times of crisis. The Organization's work had a tangible impact in areas such as disease surveillance, outbreak response, primary healthcare, health workforce development and health system governance. Close and continued collaboration between the Secretariat and Member States was vital to addressing complex challenges. He therefore expressed support for efforts to ensure predictable, sustainable and high-quality financing for WHO to ensure continued delivery where needs were greatest, particularly in fragile and conflict-affected contexts. His Government remained committed to global health security and continued engagement in the work of the open-ended Intergovernmental Working Group on the WHO Pandemic Agreement. A strong and well-resourced WHO was essential to ensuring equitable preparedness, response and access in future health emergencies.

The representative of the CENTRAL AFRICAN REPUBLIC urged continued support for fragile and vulnerable countries to ensure their health sovereignty. He encouraged the Director-General to continue work on preparedness for health emergencies as a means to foster international cooperation and solidarity.

The representative of the RUSSIAN FEDERATION² said that the turbulent state of the world called for a return to the Organization's mandate. He expressed concern that the Board's agenda was not free of political interference, which led to some public health issues not receiving due attention. In addition, there had been no reaction to the unilateral measures introduced against a number of States. WHO's success depended on impartiality and inclusivity to enable a focus on health issues and national decisions. The Organization's central coordination role in global health must be preserved.

The representative of GERMANY² emphasized her commitment to WHO as the cornerstone of global health and multilateralism; no single country could address global health challenges alone. She stressed the need for further reform to the Organization, while welcoming the steps already taken. A more efficient process was needed for proposing draft resolutions that would ensure added value across all regions. The Organization required predictable and sustainable financing to fulfil its core mandate, particularly regarding norms and standards and health security functions.

The representative of FRANCE² said that the response to global health challenges must not be fragmented or competitive, and WHO must remain at the centre of the global health architecture. WHO's normative mandate, based on science, universality and independence, must be preserved. In terms of reform, he expressed support for the Secretariat's proposal to facilitate a joint process to strengthen coherence and coordination. He encouraged Member States to make full use of the WHO Academy.

The representative of ITALY² noted the strain on health systems and rising health expenditure driven by ageing, noncommunicable diseases, mental health conditions, recurrent health emergencies and antimicrobial resistance. To remain effective, WHO should focus on its core functions and comparative advantages while pursuing reforms and prioritization to strengthen transparency and efficiency. WHO's actions should support Member States and be grounded in national ownership, since Member States retained primary responsibility for their policies and systems.

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

The representative of SENEGAL³ expressed his gratitude for WHO's support to his country's health promotion efforts. He reiterated his Government's support for WHO and called for sustainable funding with increased assessed contributions.

The representative of MOZAMBIQUE³ highlighted the Director-General's focus on the concerns of vulnerable populations and expressed appreciation for the Organization's role in promoting resilience in health systems, strengthening emergency preparedness and response and encouraging technological innovation and climate change adaptation. WHO's support was crucial in mitigating the impact of public health emergencies and extreme events.

The Observer of PALESTINE emphasized WHO's work in the occupied Palestinian territory, including east Jerusalem. He commended the courage and commitment of WHO emergency teams working in complex humanitarian settings and offered condolences to the families of WHO staff killed by Israel in the Gaza Strip and the West Bank, including east Jerusalem. He called on Israel to observe international law and international humanitarian law and refrain from targeting health facilities and medical personnel, allow access to medicines and health services in the occupied Palestinian territory, including east Jerusalem, and release Palestinian medical personnel and humanitarian staff held in Israeli jails.

The representative of SINGAPORE³ expressed support for reforms that would strengthen WHO and make it fit for purpose to deliver effectively on its core mandate and areas of comparative advantage. He encouraged WHO to build on existing discussions on global health architecture reform to enhance alignment, reduce fragmentation and foster collaboration among global health actors. Strong global and regional surveillance capacities, timely detection, transparent information sharing and coordinated risk assessment were essential for pandemic preparedness and response.

The representative of CUBA³ said that, in a context of direct attacks on multilateralism and its institutions, recurring disease outbreaks, humanitarian crises, attacks on health infrastructure, growing inequalities, climate change and cuts in overseas development aid, the multilateral health system needed to be strengthened, with WHO at its centre. She expressed concern at the devastating health situation in the occupied Palestinian territory, including east Jerusalem. An imbalance in the allocation of WHO resources among regions persisted, with the Region of the Americas the worst affected. In her country, that imbalance was exacerbated by the economic, trade and financial blockade imposed by the Government of the United States of America, which was restricting access to financing, medicines and supplies. Reform in the context of the UN80 Initiative must not become an exercise in fiscal adjustment leading to a weakened WHO but should facilitate a more equitable, inclusive and coordinated global health architecture.

The representative of ETHIOPIA³ underscored the importance of a primary healthcare approach and integration of care to achieving universal health coverage. To sustain gains, flexible and predictable financing for WHO was needed, with targeted investment of persistently underfunded outcomes and a greater focus on delivering results in countries. She described her country's activities, including in local manufacturing and combating the Marburg virus disease outbreak, and called for consensus on the finalization of the future annex to the WHO Pandemic Agreement concerning the WHO Pathogen Access and Benefit-Sharing System. She expressed support for WHO's proposal to host a joint process on global health architecture reform.

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

The representative of ZAMBIA⁴ said that global stability, prosperity and sustainability depended on a resilient global health system and a proactive shift in the management of global health. The growing threat of infectious diseases and the increasing chronic disease burden called for strong international cooperation and concerted efforts. She called for new approaches to service delivery, governance, partnerships and financing in order to move away from dependency, and she highlighted the need for stronger investment in health to address existing challenges and safeguard future generations. The current situation presented an opportunity to build innovative and lasting solutions to global health inequities and improve preparedness and response.

The representative of ANGOLA⁴ reaffirmed her Government's commitment to the founding principles of WHO and recognized the progress made by the Organization. She described health measures taken in her country.

The representative of TUNISIA⁴ expressed support for the Secretariat's efforts to implement reform and improve the Organization's working procedures. His Government attached great importance to the finalization of the WHO Pandemic Agreement and had engaged constructively in discussions concerning the WHO Pathogen Access and Benefit-Sharing System. He highlighted the importance of strengthening digital health initiatives, noting that his Government was preparing to host an international conference on digital health in 2026.

The representative of PORTUGAL⁴ said that the strength of global health governance rested on the capacity to adapt to evolving challenges, to deliver concrete outcomes to build trust, and to unite to galvanize collective action. WHO remained an essential platform for dialogue, coordination and cooperation amid geopolitical uncertainty. The Board provided a space to engage in technical deliberation and build momentum for political orientation; the consensus built at the Board was crucial for guiding priorities, promoting their translation into action and ensuring sustained confidence in the multilateral system.

The representative of BOTSWANA⁴ said that the progress achieved under the Fourteenth General Programme of Work, 2025–2028, was commendable, particularly in a context of challenges to multilateralism. Resource mobilization efforts for the base budget for 2026–2027 were appreciated, and she encouraged Member States and donors to increase flexible funding and to align earmarked resources with underfunded priorities to enhance equity. She urged Member States to continue constructive engagement to address areas currently lacking consensus in the negotiations on the future annex to the WHO Pandemic Agreement concerning the WHO Pathogen Access and Benefit-Sharing System.

The representative of the UNITED REPUBLIC OF TANZANIA⁴ commended the Director-General for steering the WHO repositioning and realignment agenda amid financial constraints, geopolitical tensions and humanitarian crises. Multilateralism was a necessity, since no country was safe until all countries were safe. He commended WHO's indispensable role in strengthening health systems, responding to outbreaks, advancing maternal and child health and supporting processes such as joint external evaluations and the implementation of the amended International Health Regulations (2005). The future annex to the WHO Pandemic Agreement concerning the WHO Pathogen Access and Benefit-Sharing System must be finalized urgently.

⁴ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of UGANDA⁵ took note of efforts to advance the priorities of the Fourteenth General Programme of Work, 2025–2028, particularly in strengthening primary healthcare, universal health coverage and health security despite financial constraints. Recent health emergencies had underscored the importance of safeguarding emergency preparedness and response and protecting country-level technical cooperation. He welcomed WHO's engagement in that regard, including capacity-building to strengthen deployment and coordination of national response teams, which had helped to contain Ebola virus outbreaks and ensure future readiness. He welcomed the prioritization process and the focus on financial sustainability, including progress towards increased assessed contributions and efforts to broaden the donor base. Flexible and earmarked financing was needed to address persistent funding imbalances, particularly at the country level.

The representative of CHINA⁵ underlined the need for respect for the global governance system, with the United Nations at its centre. WHO should focus on its core mandate, play a central coordinating role and increase the efficiency of its operations. The Secretariat should facilitate negotiations on the future annex to the WHO Pandemic Agreement concerning the WHO Pathogen Access and Benefit-Sharing System and focus on implementing the Fourteenth General Programme of Work, 2025–2028. Given significant cuts to overseas development aid, he called on the relevant countries to fulfil their international obligations. He urged improvements in health equity, the promotion of health technology and more equitable and accessible primary healthcare services. A health-first approach should be adopted in national development strategies.

The representative of the ISLAMIC REPUBLIC OF IRAN⁵ emphasized WHO's central role in the global health architecture. WHO transformation must remain a Member State-led process to ensure that the Organization's work reflected national priorities. A holistic approach was needed to address concurrent crises: the impact of unilateral coercive measures on public health must be rectified, and fair, timely and unhindered access to health products for all must be ensured. Noting that the world had witnessed the Israeli regime's killing of more than 70,000 people in the Gaza Strip, he rejected the hypocritical comments directed at his country by the representative of Israel.

The representative of SLOVENIA⁵ underlined the need to invest accordingly in priorities; in that connection, she called for alcohol policy to be prioritized, noting a gap between policy and funding. Different ways to invest in areas of shared interest should be explored, such as the Small Countries Initiative and resolution WHA77.2 (2024) on social participation for universal health coverage, health and well-being. WHO collaborating centres could support transparency and facilitate Members States' contributions to the Organization.

The representative of NIGERIA⁵ expressed support for WHO reform and appreciation for the Organization's support to Member States in the African Region for health emergency response, infectious disease control and prevention, and domestic resource mobilization. His Government remained committed to the ideals of WHO and continued partnership for a stronger and more efficient WHO.

The representative of SOUTH AFRICA⁵ welcomed the progress made in WHO reform and paid tribute to WHO staff affected by those reforms. She reiterated her Government's support for multilateralism and a fully funded WHO playing a central role in restructuring the global health architecture and continuing to support Member States. She thanked the Organization for supporting countries to address health emergencies and communicable and noncommunicable

⁵ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

diseases, reiterating the need to continue health systems strengthening through primary healthcare to build agile health systems capable of responding to health emergencies and pandemics.

The representative of NAMIBIA⁶ supported the Director-General's call for continued reform for financial sustainability. While the increase in assessed contributions was vital, a shift towards predictable and flexible voluntary funding was equally urgent; ensuring that WHO was well resourced would be the only way to effectively support country-level responses to disease without reliance on earmarked, restrictive funding. While the historic adoption of the WHO Pandemic Agreement was welcome, the work remained unfinished. She urged Member States to demonstrate genuine commitment during the negotiations on the future annex to the Pandemic Agreement concerning the WHO Pathogen Access and Benefit-Sharing System; without a fair system, global health security would remain fragile.

The representative of BELGIUM⁶ commended WHO staff for their steadfast commitment despite the difficult circumstances. He condemned all attacks on health infrastructure and workers and urged all parties to guarantee unhindered humanitarian access and uphold international law. In the context of the ongoing prioritization process, he encouraged WHO to focus on its core mandate while acknowledging that Member States shared responsibility in that regard. He expressed support for the use of transparent criteria to evaluate the added value of draft resolutions. He supported WHO's leading role in the global health architecture and its reform process; only an independent, evidence-based and sustainably financed Organization could deliver on global public health. He applauded WHO guidance on tobacco control, new nicotine products, alcohol and nutrition, since those areas presented major public health challenges that were driven by powerful commercial determinants.

The representative of DENMARK⁶ reaffirmed his support for WHO as the central coordinating and convening body in global health, noting that WHO's normative and evidence-based standard-setting role formed the foundation of the global health ecosystem. WHO guidance was crucial to driving the sustainable transformation needed to build resilient health systems, develop a strong and reliable primary healthcare sector that could ensure access to care and improve health system efficiency, and enhance preparedness and response in the face of unforeseen challenges. Reforming WHO and the global health architecture, alongside the UN80 Initiative, would help to build a more flexible, sustainable and adaptable system that was fit for current and future needs.

The representative of IRELAND⁶ noted that the Organization had demonstrated its ability to adapt to changing circumstances and respond to crises in the challenging global health context. She thanked the Secretariat and WHO staff for their efforts to ensure that the Organization could deliver health for all in spite of the circumstances, and she expressed gratitude to Member States for facing those challenges with solidarity and a comprehensive, cohesive response. Her Government would continue to support WHO's core normative, health security and convening roles and its role in health systems strengthening.

The representative of GHANA⁶ underscored the importance of WHO's role as the lead United Nations agency on health and affirmed his Government's commitment to the Organization.

⁶ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The DIRECTOR-GENERAL thanked speakers for their confidence in the Organization and their guidance. He welcomed Member States' commitment to contributing to the process of change at WHO, particularly through governance reform. WHO's strength resided in the unity of its Members, which had made the choice to strengthen the Organization.

3. Report of the regional committees to the Executive Board: Item 3 of the agenda (document EB158/3)

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, commended the regional committees for the progress achieved. The Regional Committee for Africa had met in August 2025 under the leadership of the new Regional Director for Africa. Its programme of work had emphasized unity, cooperation and the development of political leadership within WHO to mobilize resources to meet health challenges such as epidemiological transition, climate change, geopolitical instability and financial uncertainty. He called for greater solidarity at the global level and the adoption of a sustainable One Health approach in order to achieve the Sustainable Development Goals by 2030. The Member States of the African Region reaffirmed their dedication to implementing Regional Committee resolutions and called for greater equity in managing health emergencies and sharing health innovations with a view to building resilient health systems.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted that equity, preparedness and sustainable financing were shared priorities across all WHO regions, given the interconnected nature of global health challenges, and needed to be addressed through solidarity, coherence and mutual learning. At the 72nd session of the Regional Committee for the Eastern Mediterranean, Member States had reaffirmed that tackling inequities needed to be combined with strengthening resilience against complex and prolonged crises. The Member States of the Eastern Mediterranean Region had welcomed WHO resolutions addressing zero-dose children, health systems recovery in fragile settings, palliative care, laboratory and biosafety, and climate change and health; those resolutions had reflected a holistic approach to responding to immediate needs while reinforcing the foundation of health systems. Immunization equity was crucial to universal health coverage and health security. Closing gaps among zero-dose and underimmunized children was not only a technical goal but a matter of social justice, helping to restore trust in health systems and reduce preventable deaths. In fragile contexts, recovery required the rebuilding of trust, protection of essential public health functions and laying the groundwork for stability and sustainable development. Preparedness, surveillance and coordinated regional action against diseases with epidemic potential were critical. Sustainable financing was vital; strengthened domestic investment, complemented by voluntary support for WHO, would ensure predictable capacity to translate priorities into action and meaningful impact at all levels. Alignment between regional priorities and global decisions was necessary to achieve measurable results at the country level.

The representative of TOGO commended the progress made in promoting health by integrating primary healthcare into approaches taken to achieve universal health coverage. He called for African unity and solutions in the face of health challenges and threats. He applauded the leadership of WHO in the African Region in their efforts to respond to public health challenges given limited resources. He encouraged the Secretariat to ensure equitable resource allocation, taking into account regional priorities, and called for greater multisectoral cooperation.

The representative of HAITI said that, in a context of limited financial resources and growing health crises, alignment between regional and global priorities was more important than ever. Health system resilience remained the foundation of a sustainable response, with a focus on primary healthcare, universal health coverage, a strengthened health workforce and service integration. Health security and emergency preparedness were contingent on renewed solidarity. He highlighted the role of the amended International Health Regulations (2005) in building national detection, alert and response capacities, especially in countries facing structural vulnerabilities. Health security could not be safeguarded without the inclusion of all relevant expertise; much could be learned from Taiwan's⁷ experience in disease surveillance for health emergencies. Equitable access to technology and health resources should guide collective action.

The representative of THAILAND highlighted three regional strategic priorities: primary healthcare and healthy ageing, digital health and licensing, and pandemic readiness. He welcomed the Colombo Declaration on Healthy ageing through strengthened primary health care, which advocated a shift towards community-based, person-centred care. On digital health and licensing, he commended the regional focus on bridging service gaps by improving civilian registration and vital statistics and urged the Secretariat to establish global standards to ensure that technological innovations would drive health inclusion for all. To tackle emerging threats, it would be crucial to strengthening collective prevention, detection and response capacities. He called for the South-East Asia Regional Health Emergency Fund to be strengthened and encouraged closer cross-border cooperation to support unified and effective emergency responses to future crises.

The representative of SOMALIA noted the ongoing pressures on global health caused by humanitarian emergencies, disease outbreaks, climate-related shocks and financial constraints, which disproportionately affected fragile and conflict-affected countries. The Secretariat's efforts to support countries in maintaining essential health services during multiple crises was appreciated, as was progress in strengthening WHO's operational capacity, particularly in emergency preparedness and response, surveillance and support during protracted crises. He welcomed the continued focus on health system strengthening, universal health coverage, immunization equity and the protection of vulnerable populations, emphasizing the value of WHO's technical and normative leadership in those areas.

The representative of TÜRKİYE⁸ noted the importance of the work of the regional committees, highlighting that, in 2025, his Government had attended the Regional Committee for Europe and the Regional Committee for the Eastern Mediterranean as a Member State and an observer, respectively. He expressed appreciation to the Regional Director for Europe for the adoption of the Second European Programme of Work, 2026–2030 and to the Regional Director for the Eastern Mediterranean for her leadership in challenging times.

The representative of CUBA⁸ highlighted the persistent imbalance in resource allocation between WHO regions, noting that the Region of the Americas remained the least well-funded, despite an increase in 2025. She called for a technical review of resource distribution based on objective criteria, with the aim of allocating to her Region at least 80% of the resources allocated to other regions. The Region of the Americas had been the worst affected during the coronavirus disease (COVID-19) pandemic in terms of morbidity and mortality, which had exacerbated existing disparities. The Region faced significant challenges from noncommunicable diseases,

⁷ World Health Organization terminology refers to "Taiwan, China".

⁸ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

communicable disease outbreaks and climate change, which for her country were worsened by the economic blockade that restricted access to financing, medicines and medical equipment.

The representative of ZAMBIA⁹ thanked the Member States of the African Region and other stakeholders for their support towards the success of the 75th Regional Committee Meeting for Africa, held in Lusaka. She highlighted three commitments: the launch of the Continental Cholera Emergency Preparedness and Response Plan for Africa 1.0, the provision of office space for the WHO country office and her Government's commitment to establishing the first cholera vaccine manufacturing plant in Africa to increase local manufacturing capacity.

The meeting rose at 12:30.

⁹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.