

Provisional summary record of the tenth meeting

WHO headquarters, Geneva
Friday, 6 February 2026, scheduled at 14:30

Chair: Mr B. Comley (Australia)

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Tenth meeting

Friday, 6 February 2026, at 14:40

Chair: Mr B. Comley (Australia)

Power and performance

1. Committees of the Executive Board: Item 32 of the agenda

Standing Committee on Health Emergency Prevention, Preparedness and Response: Item 32.1 of the agenda (document EB158/49)

Foundation committees and selection panels: Item 32.2 of the agenda (documents EB158/50, EB158/51, EB158/51 Add.1 and EB158/51 Add.2)

The CHAIR invited the Board to consider the report contained in document EB158/49, and in particular the questions set out in paragraph 17. The Board was also invited to consider the reports contained in documents EB158/50 and EB158/51, and the draft decision on the administration of public health prizes and awards, contained in document EB158/51 Add.1, the financial and administrative implications of which were contained in document EB158/51 Add.2.

The CHAIR OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE said that, as requested by the Board through decision EB156(39) (2025), the Secretariat had drafted a document assessing potential duplication within the mandates of governance and oversight mechanisms for health emergencies. Unfortunately, owing to the document's late circulation, there had not been time for in-depth examination and consultation, or the preparation of a draft decision on extending the Standing Committee's mandate. Moreover, the document did not clarify whether there was any duplication between the various mechanisms, which had been the objective of the analysis. To facilitate a substantive exchange on the agenda item and enable the Board to provide guidance, she asked the Secretariat to briefly explain the report contained in document EB158/49 and to clarify whether the Board could assume responsibility for the Standing Committee's function of oversight of the WHO Health Emergencies Programme. It would also be helpful to know what were the financial implications of extending the Standing Committee's mandate and the consequences for Member States of not doing so.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), affirming his confidence in WHO's governance mechanisms across the Organization's health emergencies work, recalled that the Standing Committee had been established to provide oversight, guidance and monitoring for the WHO Health Emergencies Programme and to provide guidance to the Board and advise the Director-General in the event of a public health emergency of international concern. The tables in the report showed that the Standing Committee had significant overlap with the oversight functions of the Independent Oversight and Advisory Committee and with the functions of the committees convened in the event of a public health emergency of international concern under the amended International Health Regulations (2005). Moreover, the reports discussed by the Standing Committee's report were also reflected in the annual omnibus report on WHO's work in health emergencies and other reports submitted to the Board and the Health Assembly.

Under the direction of Member States, the Secretariat had conducted an extensive prioritization exercise. That had significantly reduced the resources available to the programme, with a 25% cut in staff. Given the considerable time, space and resources required to hold meetings of the Standing Committee, and the difficulties generated by the recent coinciding of meetings of the Standing Committee and the Intergovernmental Working Group on the WHO Pandemic Agreement, the feasibility of continuing those functions must be considered. It should also be borne in mind that, even in the event that the Standing Committee was discontinued, the new governance mechanisms of the States Parties Committee for the Implementation of the International Health Regulations (2005), the Conference of the Parties to the WHO Pandemic Agreement and the Coordinating Financial Mechanism were being set up. He encouraged the Board to carefully consider how best to ensure coherence, complementarity and efficiency across the evolving health emergency governance architecture while minimizing duplication and optimizing the use of limited Secretariat resources.

The representative of NORWAY recalled that the mandate of the Standing Committee had been extended with the expectation that its added value should be carefully considered, and she noted that the establishment of three new mechanisms linked to the amended International Health Regulations (2005) and the WHO Pandemic Agreement would increase demands on the Secretariat and Member States. Expressing opposition to the extension of the Standing Committee's mandate, she called for governance mechanisms to be streamlined to improve coherence, coordination and efficiency. She supported the draft decision on the administration of public health prizes and awards, which would strengthen sustainable financing, improve integrity, fairness and transparency, and enhance equitable regional participation.

The representative of the REPUBLIC OF KOREA said that she acknowledged the overlap between the mandates of the Independent Oversight and Advisory Committee and the Standing Committee. The Standing Committee's future required careful consideration given ongoing discussions on the States Parties Committee for the Implementation of the International Health Regulations (2005) and the Conference of the Parties to the WHO Pandemic Agreement. She supported the draft decision and emphasized the importance of the consistent application of transparent standards for all WHO awards to strengthen the Organization's authority and the credibility of WHO prizes. She concurred with the Secretariat's assessment of the need for additional financial resources for sustainable WHO awards operations, noting that securing such contributions required further coordination, and encouraged the Secretariat to devise cost-efficiency measures.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the lack of documented recommendations and guidance for the Board, mixed views on the necessity of extraordinary meetings, limited participation of members in preparatory work, and overlap with other oversight bodies such as the Independent Oversight and Advisory Committee were causes of concern and highlighted the need for better alignment and focus to maximize the impact of the Standing Committee's work. The Member States of his Region could support the extension of the Standing Committee's mandate provided that the terms of reference were refined to address those challenges. Clearer objectives, streamlined rules and better coordination with other oversight bodies would improve its effectiveness, and timely sharing of documents and enhanced engagement with external experts would strengthen its work. It was important to ensure that the Standing Committee's contributions added tangible value to health emergency response systems.

The representative of JAPAN said that it was important to comprehensively review and streamline the governance architecture for health emergencies to ensure a sustainable, coherent and efficient WHO health emergency response system. Her Government was committed to constructive engagement in that area. Given the important role of the foundation prizes in global health, and noting that the Director-General served as an administrator, she stressed the need to uphold the highest levels of sustainability, fairness, transparency and independence in their management. Referring to paragraph 2 of the draft decision, she asked the Secretariat whether the selection panels had the authority to amend the statutes or regulations of each foundation. Her Government stood ready to contribute constructively to ensure the effective operation of foundation prizes.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, welcomed the progress made in health emergency preparedness, including strengthened capacities under the amended International Health Regulations (2005), improved surveillance, functional emergency operation centres in 42 countries, updated contingency plans in 44 countries, and enhanced One Health collaboration. While noting progress on the WHO Pandemic Agreement and growing regional leadership in developing national prevention, preparedness and response road maps and contributing to global financing mechanisms, she raised concerns about fragmented global prevention, preparedness and response governance, unpredictable financing, and insufficient representation of low- and middle-income countries in key decision-making platforms, which hindered the establishment of resilient health systems, equitable access to countermeasures and sustained capacity-building. The Standing Committee was crucial for accountability and oversight and should be strengthened through actionable recommendations and systematic follow-up. Oversight must lead to tangible improvements in country-level preparedness; to that end, she called for stronger linkages between the Standing Committee's deliberations, Board decisions and implementation on the ground. She called for equitable representation of low- and middle-income countries in prevention, preparedness and response governance; reaffirmation of WHO's central coordination role; predictable long-term financing; strengthened national legal frameworks that were aligned with the amended International Health Regulations (2005); greater investment in local manufacturing, supply chain resilience and health workforce development; and the establishment of an independent review mechanism in collaboration with civil society and academic institutions.

The representative of THAILAND said that his Government appreciated the work of the Independent Oversight and Advisory Committee and the Standing Committee on Health Emergency Prevention, Preparedness and Response, noting their contribution to the strengthening of oversight, accountability and guidance for the WHO Health Emergencies Programme. The Secretariat should explore options for combining or better aligning those committees in order to reduce duplication, enhance coherence and improve overall governance and oversight efficiency. He agreed that, in principle, international health emergency mechanisms should be overseen in a coordinated manner by unified governing bodies for effective implementation and looked forward to further guidance from the Board.

The representative of HAITI recognized the Standing Committee's substantial work but said that the body had been established as a temporary mechanism with a specific, time-bound mandate. Any further extension must be clearly justified, strictly time-bound and geared towards a specific objective relating to institutional transition. In the future, the focus should be on clear prioritization and governance effectiveness. The Standing Committee's functions could gradually be integrated into existing mechanisms to reduce the administrative burden while ensuring the continuity of essential functions within sustainable structures. The coherent and complementary

operation of oversight and coordination mechanisms was essential to avoid fragmentation or duplication. The operationalization of the States Parties Committee for the Implementation of the International Health Regulations (2005) would be an important step forward; its terms of reference should effectively support implementation of the Regulations in harmony with existing structures. The tenth anniversary of the WHO Health Emergencies Programme presented an opportunity to streamline structures and clarify roles for simpler, more effective governance.

The representative of ISRAEL, emphasizing the need for efficiency, said that she could not support the extension of the Standing Committee's mandate in view of overlap and financial implications.

The representative of PANAMA said that overlap between mechanisms for health emergencies must be eliminated to improve efficiency, noting that certain bodies remained without a mandate despite considerable time having passed since their establishment. The reference made in the report to the Conference of the Parties to the WHO Pandemic Agreement was confusing. In that regard, she suggested that the Standing Committee and other committees could engage in technical cooperation with the Conference of the Parties, as the supreme governing and decision-making body for the Pandemic Agreement. It should be made clear that the mandates defined by the Conference of the Parties would be applicable only to the parties to the WHO Pandemic Agreement, while the mandates of the Health Assembly were applicable to all Member States, although it was to be hoped that, with time, commonality would be found. The Secretariat should identify and strengthen synergies between committees to ensure coordinated and sustainable technical management. Once the Pandemic Agreement entered into force, the Health Assembly and the Conference of the Parties would also need to coordinate effectively and establish synergies. Consideration was needed of which mechanisms were truly necessary: the Board should promote coherence, coordination and efficiency within existing governance mechanisms for health emergencies by fostering synergies through clear mandates and comprehensively analysing the reports of the existing mechanisms.

The representative of BRUNEI DARUSSALAM said that the report on the mandates and functions of governance and oversight mechanisms for health emergencies provided a helpful overview of the current governance landscape; however, additional clarity on functional implications, transition arrangements and risk management was needed to make an informed decision. Key mechanisms, such as the States Parties Committee for the Implementation of the International Health Regulations (2005), the Conference of the Parties to the WHO Pandemic Agreement and the Coordinating Financial Mechanism, lacked agreed terms of reference, which rendered conclusions on duplication premature. Any consideration of the Standing Committee's future should be guided by a clear assessment of whether its functions were sufficiently anchored elsewhere and whether alternatives could maintain the same level of continuity, accountability and strategic oversight without creating gaps. He requested further clarity on how those functions could be strengthened and institutionalized within WHO's governance to avoid loss of momentum.

The representative of CHINA,¹ acknowledging the Standing Committee's efforts in health emergency management and pandemic prevention, expressed concern about financing, human resources and staff safety challenges. His Government was committed to supporting WHO's leadership and coordinating role in global health governance.

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

The representative of FRANCE² said that countries must remain vigilant with regard to health security. The establishment of the Standing Committee had addressed a clear need: to strengthen Member States' commitment to the WHO Health Emergencies Programme to improve the collective capacity to respond to emerging threats. However, given the need to streamline WHO governance, it was no longer necessary to maintain the Committee as a separate body; one option could be to merge it with other bodies. His Government stood ready to contribute to future discussions on the matter.

The representative of BELGIUM² said that it was important to have a dedicated and inclusive governance structure for Member State oversight of the Secretariat's actions in public health emergencies. Open discussion among experts was needed. Although the coronavirus disease (COVID-19) pandemic was over, the relevance of such a platform remained in view of ongoing global public health emergencies. It would, however, be appropriate to evaluate the current mandate and functioning of the Standing Committee, with consideration given to the integration and streamlining of governance mechanisms for health emergencies.

The representative of the RUSSIAN FEDERATION² said that the Standing Committee had been established to promote WHO's openness when combating unreliable information and responding to emergencies; the Committee's meetings were an important means of communicating with Member States. There was a need to strengthen the Committee's coordination role, ensure substantive discussions and expand country participation. That approach could enhance the effectiveness of the proposed WHO reforms by optimizing the agendas of the Board and the Health Assembly.

The CHAIR clarified that the report contained in document EB158/49 did not include an extension of the Standing Committee's mandate. He took it that the Board was ready to note the reports contained in documents EB158/49, EB158/50 and EB158/51.

The Board noted the reports.

The CHAIR, responding to the representative of Japan, suggested that, in the first sentence of paragraph 2 of the draft decision, the words, "and the relevant foundations" should be added.

It was so agreed.

The CHAIR took it that the Board was ready to adopt the draft decision, as amended.

The decision, as amended, was adopted.³

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2026 to the Banconi Community Health Association (ASACOB) of Mali.⁴

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

³ Decision EB158(13).

⁴ Decision EB158(14).

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Prize Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2026 to Dr Worawit Tontiwattanasap of Thailand.⁵

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize for Public Health Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2026 to Professor Mohammad Abul Faiz of Bangladesh.⁶

State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for the Promotion of Healthy Ageing

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for the Promotion of Healthy Ageing for 2026 to Professor Bruno Vellas of France and to SingHealth of Singapore.⁷

Nelson Mandela Award for Health Promotion

Decision: The Executive Board, having considered the report of the Nelson Mandela Award for Health Promotion Selection Panel, awarded the Nelson Mandela Award for Health Promotion for 2026 to Dr Amr Mohamed Kandeel of Egypt.⁸

The CHAIR took it that the Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Prize Selection Panel, wished not to award the prize for 2026.

It was so agreed.

2. Staffing matters: Item 33 of the agenda

Statement by the representative of the WHO staff associations: Item 33.1 of the agenda (document EB158/INF./1)

Report of the Ombudsperson: Item 33.2 of the agenda (document EB158/INF./2)

Human resources: update: Item 33.3 of the agenda (documents EB158/52 and EB158/52 Add.1)

Amendments to the Staff Regulations and Staff Rules: Item 33.4 of the agenda (documents EB158/53 and EB158/53 Add.1)

Report of the International Civil Service Commission: Item 33.5 of the agenda (document EB158/54)

⁵ Decision EB158(15).

⁶ Decision EB158(16).

⁷ Decision EB158(17).

⁸ Decision EB158(18).

The CHAIR drew attention to the statement contained in document EB158/INF./1, and to the reports contained in documents EB158/INF./2, EB158/52, EB158/52 Add.1, EB158/53 and EB158/54. Document EB158/53 contained two draft resolutions: draft resolution 1 on the remuneration of staff in the Professional and higher categories, and draft resolution 2, which contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly, on the remuneration of staff in ungraded positions and of the Director-General. The financial and administrative implications of the draft resolutions were contained in document EB158/53 Add.1.

The PRESIDENT OF THE SOUTH-EAST ASIA REGION STAFF ASSOCIATION, speaking on behalf of all staff members and staff associations of WHO, IARC, PAHO and UNAIDS, said that, notwithstanding the Organization-wide prioritization and restructuring exercise of 2025, which had led to considerable anxiety and challenges for staff, continued collaboration between management, the Global Executive Office and staff associations had led to more structured dialogue. Though improved communication efforts, including the human resources newsletters, were welcome, earlier and more regular communication would have helped to reduce uncertainty, rumours and anxiety among staff during a very difficult period. The Director-General's advocacy of duty of care, including the exceptional measures taken, where possible, to support colleagues, was also appreciated. Nevertheless, it was a cause of concern that, owing to the abolition of many positions and the increased burden of work on remaining staff, precarious short-term contracts were being issued and reinstated to fill workload gaps.

The staff associations welcomed management's commitment to prioritizing staff members who had lost their positions – including by using the talent pool – and encouraged the consistent application of that approach. Lack of clarity on which tasks would no longer be undertaken, given the reduced workforce, was also a cause a concern. Member States' expectation that pre-crisis levels of work would continue to be fulfilled despite the reduction in staff numbers would invariably increase pressure on staff, impact their mental health and well-being, and undermine already tenuous contractual situations. Management should justify the hiring of consultants and not use them merely to fill work gaps.

Noting that activities continued at pre-prioritization volumes, he said that staff should not and could not do more work with fewer resources. In some cases, staff were providing administrative assistance to more than 10 technical officers in daily functions. Cascading overshoots in workload would create an avalanche of mental health issues. Staff in all regions must have access to qualified ombudspersons and effective, relatable mental health support. Staff continued to express concern about the limited transparency surrounding strategic prioritization decisions, including how choices were translated into structures and job losses.

On internal justice and in relation to administrative reviews, extensions to response deadlines had been communicated very late. Greater predictability, earlier communication of anticipated delays and clarity on the calculation of appeal deadlines were essential to protect staff rights and maintain confidence in the internal justice system. The continuation of flexible working arrangements and progress on the related draft policy were welcome.

The WHO OMBUDSPERSON FOR THE EUROPEAN REGION, speaking on behalf of all WHO ombudspersons, said that the recent United Nations Joint Inspection Unit report on the ombudsperson and mediation function in the United Nations system had confirmed the effectiveness of informal interventions through the ombudsperson function. Informal, however, did not mean optional. The Programme, Budget and Administration Committee of the Executive Board had also recognized the importance of the ombudsperson function in supporting informal resolution. The Secretariat's commitment to expediting the recruitment of ombudspersons to vacant positions in the regions, and at headquarters, was welcome.

Although strengthening informal conflict resolution mechanisms saved time and cost, organizations often invested in corporate architecture and mechanisms that were underused. Organizational culture was the gap between words and actions, and could provide an opportunity for the non-adversarial examination of essential issues, such as fear of retaliation, lack of dialogue, relational conflict, performance management problems and contract-related matters. Conflict in the workplace was normal; the key was how it was addressed.

During the preceding year, there had been real difficulty in reconciling views. Although WHO had established many positive initiatives and had made efforts to treat staff humanely and address issues as they arose, individuals had different experiences depending on their geographical location, position, task and the impact of the reprioritization, which created division. The ombudspersons were keen to work with the Organization to repair that rift through collaboration and dialogue.

The DIRECTOR (Human Resources and Talent Management) said that he acknowledged the human impact of the prioritization and realignment process and expressed his sincere appreciation to all departed and remaining staff members, and those who had supported colleagues through uncertainty and transition. The realignment process was aimed at balancing financial sustainability with the preservation of essential technical capacity, guided by the principles of transparency, fairness and humanity. The Secretariat had worked closely with staff associations to design and implement the process; the staff associations had participated actively in governance, including as full members of the ad-hoc review committees that had made recommendations to the Director-General. He expressed appreciation for the constructive collaboration of the staff associations throughout that process. The Secretariat had held more than 95 meetings with staff associations and numerous departmental consultations, had kept the staff informed through town hall meetings, weekly newsletters and timely sharing of documentation, and had introduced feedback mechanisms so that it could adjust actions as issues emerged.

WHO was one of the few international organizations to have extensive staff representation in formal administrative processes. The staff associations had played a central role across review and oversight mechanisms, including by validating the ad-hoc review committees' reports prior to senior leadership decisions. Decisions had been communicated to affected individuals through structured one-to-one discussions. Targeted, time-bound special measures covering areas such as relocation, home leave, education grants, parental leave and extended notice periods for temporary staff, and additional safeguards for particularly vulnerable cases, had also been implemented. WHO had expanded access to counsellors and mediation workshops, and had established the workforce transition support hub to provide coordinated assistance. Through conservative planning, voluntary early retirement, mutual separation and natural attrition, 48% of separations had been managed without formal redundancy measures. Nonetheless, as of January 2026, 2403 departures were projected to have taken place by the end of June 2026, including 1241 unavoidable separations.

The process had been profoundly emotional, and WHO leadership continued to work to address concerns on a case-by-case basis. It welcomed lessons learned and remained fully committed to organizational learning and continuous improvement.

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in paragraphs 44 to 57 of document EB158/4.

At the invitation of the CHAIR, the SECRETARY read out the Committee's recommendations, set out in paragraph 57 of document EB158/4.

The representative of JAPAN expressed deep respect for WHO staff, who continued to dedicate themselves to fulfilling the Organization's mission. He underlined the importance of upholding the principles of fairness and transparency in the prioritization and realignment process across all levels of the Organization. He recognized the concern expressed by the staff associations that Member States continued to request the same volume of work post-crisis. In that regard, he encouraged WHO to focus on its core mandate, and Member States should maintain self-discipline to ensure efficiency and sustainability. He requested the Secretariat to urgently fill vacant ombudsperson positions in regional offices, clarify whether essential functions and activities were being adequately maintained amid workforce reallocation, and provide further information on staffing changes, ensuring accountability and transparency. Efforts related to staff performance management should not be deprioritized. Regarding draft resolution 2, he requested the Secretariat to manage the financial implications of the proposed amendments to the Staff Regulations and Staff Rules, as discussed during the meeting of the Programme, Budget and Administration Committee.

The representative of TOGO, speaking on behalf of the Member States of the African Region, paid tribute to WHO staff working in crisis-affected contexts. The risk of erosion of institutional expertise was especially pronounced in regions with complex health challenges and limited resources. He commended the Ombudsperson's work in mediation and supporting victims of professional misconduct. He noted the issues raised regarding the impact of the prioritization and realignment process, including concerns raised, and the recommendations on strengthening training and leadership, improving institutional culture and implementing measures for proactively preventing conflict, strengthening amicable settlement approaches and promoting respectful behaviours at work. Recognizing the importance of fostering a respectful workplace in order to optimize productivity, he noted that steps were being taken to raise awareness among staff in the African Region of the role of the Ombudsperson and encourage dialogue, capacity-building and early dispute resolution to reduce the need to resort to formal mediation mechanisms. He encouraged the Secretariat to continue supporting the Ombudsperson in order to address the identified issues and concerns and implement the Ombudsperson's recommendations.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, commended progress in transforming human resources management. The African Region had a disproportionately low share of the global health workforce compared to its share of the global disease burden, which stemmed from inadequate training and recruitment, staff shortages in rural areas, and a brain drain fuelled by precarious working conditions. She called for a new, more ambitious and equitable global framework on human resources for health, and stronger collaboration among experts for an equitable international civil service.

The representative of TÜRKİYE⁹ emphasized the need to safeguard human resources for WHO's normative and operational roles. Human resources should be deployed to maximize country-level impact through the use of highly qualified technical expertise in flexible and cross-cutting work modalities. Workforce recruitment and planning needed to be systematically informed by country contexts, needs and national priorities, in close consultation with Member States, to improve alignment, ownership and effectiveness. She encouraged the Secretariat to establish a mechanism for regular reporting on country office staffing that provided information on staff levels, profiles and areas of work, in order to enhance transparency, accountability and strategic planning.

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

The representative of the RUSSIAN FEDERATION¹⁰ said that he supported equitable geographical representation among staff during WHO restructuring. To ensure fair competition and improve geographical balance in staff recruitment, external candidates should be considered, and professionals who had been dismissed from WHO should compete on an equal footing with external candidates. Since the Organization's experience of reform was highly relevant in the context of the UN80 Initiative, he asked the Secretariat to consider preparing a separate report on the impact of ongoing transformation on WHO's effectiveness.

The representative of ANGOLA¹⁰ said that, in a context of health emergencies, reduced resources and rising public expectations, the dedication of WHO staff was essential to ensuring support and effective response. Institutional resilience was linked to staff well-being, motivation and a sense of inclusion among workers. A fair and respectful work environment strengthened individual and collective capacity to fulfil WHO's mandate. He encouraged the Secretariat to ensure gender balance in the ongoing reforms and to pay special attention to WHO staff members with disabilities. He encouraged the WHO staff to remain resilient.

The DIRECTOR (Human Resources and Talent Management) said that the leadership of WHO was highly committed to transparency and fairness, and understood the workload-related concerns. The Secretariat would continue working to fill critical vacancies linked to the core mandate, so as to ensure the Organization's financial sustainability and staff well-being. It would therefore invest extensively in new working methods, including digitalization and digital skills, and would continue supporting staff. Leadership development and performance management were key priorities for the period 2026–2027. WHO would also continue investing in internal justice and informal conflict resolution; time constraints had prevented greater engagement in such processes in the past year. As to geographical representation and gender, the Secretariat would try to mitigate concerns through the timely filling of vacancies as part of restructuring and would engage in a targeted consultation with the relevant Member States.

The DIRECTOR-GENERAL thanked WHO staff members for their resilience. Regarding workload, in addition to filling critical vacancies, the Secretariat would continue working on prioritization to ensure that all work and functions were aligned with its core mandate. In that connection, the Secretariat was exploring ways to leverage technology for greater efficiency and reduced workloads, with plans to provide training to all staff in digital skills and the use of artificial intelligence, and was working to expand the number of WHO collaborating centres and identify more areas of work that could be transferred to them. Overall, the prioritization process had not significantly altered geographical and gender representation, although the balance had shifted in certain areas. Recruitment must continue to be conducted through a free and fair competition based principally on merit, with geography and gender as secondary considerations. He expressed appreciation to the staff associations for their active involvement throughout the prioritization process, which had helped management to understand and address the issues faced by staff members, and he noted that it had also been useful to engage directly with staff members. That mutually beneficial engagement must continue. In the light of the WHO transformation and funding cuts, the decision by Member States to increase assessed contributions had saved jobs, allowing the Secretariat to preserve critical functions, and had thereby supported efforts to stabilize the Organization following the prioritization and realignment process. He expressed his heartfelt thanks to Member States for their support.

¹⁰ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The CHAIR took it that the Board wished to note the reports contained in documents EB158/52, EB158/52 Add.1, EB158/53 and EB156/54, and to concur with the recommendations of the Programme, Budget and Administration Committee set out in paragraph 57 of document EB158/4.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt draft resolution 1 on the remuneration of staff in the Professional and higher categories, contained in document EB158/53.

The resolution was adopted.¹¹

The CHAIR took it that the Board wished to adopt draft resolution 2 on the remuneration of staff in ungraded positions and of the Director-General, contained in document EB158/53.

The resolution was adopted.¹²

3. Management and governance matters: Item 28 of the agenda (continued)

Proposed amendments to the process for the selection of the External Auditor: Item 28.5 of the agenda (documents EB158/41 and EB158/41 Add.1)

4. Collaboration within the United Nations system and with other intergovernmental organizations: Item 29 of the agenda (continued)

Reform of the global health architecture and the UN80 Initiative: Item 29.1 of the agenda (document EB158/44)

The CHAIR invited the Board to consider the draft decision, which contained a draft decision to be submitted to the Seventy-ninth World Health Assembly, on proposed amendments to the process for the selection of the External Auditor, contained in document EB158/41. The financial and administrative implications of the draft decision were contained in document EB158/41 Add.1. He drew attention to the part of the report of the Programme, Budget and Administration Committee of the Executive Board on the matter, contained in paragraphs 35–37 of document EB158/4. He further drew attention to the report on the reform of the global health architecture and the UN80 Initiative, contained in document EB158/44, and to the related recommendations and guidance of the Programme, Budget and Administration Committee, contained in paragraphs 32–34 of document EB158/4, which included a draft decision for consideration by the Board on the reform of the global health architecture and the UN80 Initiative.

At the invitation of the CHAIR, the SECRETARY read out the Committee's recommendations, set out in paragraphs 34 and 37 of document EB158/4.

The representative of CABO VERDE, speaking on behalf of the Member States of the African Region, stressed the importance of robust, transparent and accountable governance to ensure

¹¹ Resolution EB158.R7.

¹² Resolution EB158.R8.

WHO's credibility, effectiveness and sustainability amid global health challenges and increased financial constraints. The External Auditor played a critical role as an independent guarantor of financial transparency and good resource management. There must be a rigorous, transparent, equitable and merit-based selection process for the position, with selection criteria that prioritized independence, technical expertise, experience of auditing complex international organizations and capacity for formulating objective and constructive recommendations. Balanced geographical representation, professionalism and integrity were also vital, as was the avoidance of conflicts of interest. Moreover, there should be effective coordination between the work of the External Auditor, the Independent Expert Oversight Advisory Committee and the Executive Board, along with robust follow-up on recommendations. The Member States of the Region reaffirmed their commitment to a strong, effective and accountable WHO with reinforced governance, transparency and trust.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, in the light of protracted crises, severe fiscal constraints and recurring service disruptions in the Region, the UN80 Initiative and the proposed reforms to the global health architecture presented significant implications and opportunities. Long-standing fragmentation among global health actors had strained national health systems, resulting in duplication and misalignment with national priorities. He welcomed the focus of the UN80 Initiative on mandate clarity, structural coherence and more agile country-level operations, noting that the proposed "regional reset" and strengthened role for specialized agencies were opportunities to better support countries in navigating emergency response and health systems recovery and address the growing disease burden in fragile settings. The reformed global health architecture must be equitable, resilient and responsive to conflict, displacement and fragility. Meaningful reform should prioritize country leadership and ensure coherent support across the humanitarian–development–peace nexus. The Member States of the Region wished to see a Member State-driven global health architecture that prioritized equity and coherence, clarified rules and strengthened cross-cutting collaboration. In addition, they called for stronger WHO leadership, in coordination with humanitarian and development health actors across relevant technical domains, and in line with country realities and needs. Assurance must be provided that UN80 Initiative reforms would reinforce country ownership, regional coordination, stakeholder accountability and effective delivery for populations living amid conflict, displacement and chronic instability. The Member States of the Region were ready to contribute to shaping a global health architecture that delivered tangible, lasting impact.

The representative of BULGARIA said that, although her Government did not oppose or wish to amend the draft decision on the reform of the global health architecture and the UN80 Initiative, it would like to reiterate its position on the reform. Given the complex, evolving nature of the global health architecture, a comprehensive review of global health governance was needed. Any reform should aim for more equitable, effective and sustainable international health policy with better coordination in health emergency responses and greater accountability to WHO Member States. The Secretariat should submit a report containing a thorough gap and risk analysis and impact assessment, and address how future initiatives would avoid placing additional financial burdens on the Organization and Member States, given budget constraints. Lengthy intergovernmental processes that could delay action and lead to duplicated efforts must be avoided, however. The proposal for joint action should therefore be seen as a technical report that would support informed decision-making and guide WHO, with a view to confirming the Organization's mandate as the platform for dialogue and global health architecture reform and avoiding the creation of new intergovernmental processes. It was vital to preserve WHO's integrity

amid complicated geopolitical circumstances and to carefully consider the impact of further actions.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, commended the Regional Office for Africa on its proactive steps towards modernizing administrative and financial processes. The key shifts set out in the Lusaka Agenda and the Accra Reset made clear the need to rethink current models for better alignment and country impact. He agreed on the necessity of a joint process to bring together fragmented discussions, with full Member State ownership and engagement. WHO's status as a Member-led Organization structured around three levels made it a trusted platform for convening such discussions. However, all efforts must be aligned with the decisions of heads of State and of the African Union and the Africa Centres for Disease Control and Prevention. It was also vital to engage global health actors as part of the solution. Measures must be introduced to ensure that WHO remained a neutral, trusted convener following a transparent, evidence-based process. The outcomes of discussions must also be linked to the political declarations of the United Nations General Assembly. The Member States of the Region stood ready to contribute to shaping the future global health ecosystem.

The representative of POLAND said that, although the emergence of many global health actors had been beneficial, it had also caused overlaps and competition for limited resources. The resulting inefficiencies, combined with changes in the development assistance landscape, had created pressures on the multilateral system in its efforts to continue delivery and sustain hard-won gains. Acknowledging that WHO had continued to perform key operations despite recent difficulties, he emphasized that the joint reform process must be inclusive, transparent and ensure meaningful participation of Member States and other actors. The process must also be resource-efficient, must avoid overly complex structures and should set realistic expectations; it must be a focused effort that added value without diverting critical resources from WHO's core functions. The process should be aligned with the timeline of the UN80 Initiative to ensure complementarity and avoid duplication. His Government was ready to contribute to that process and did not oppose the related draft decision.

The representative of SWITZERLAND underscored the need for coherence between existing reform initiatives and the UN80 Initiative. She supported efforts to enhance cooperation between health stakeholders and WHO's coordinating role in accordance with its mandate. The pragmatic approach taken by the Regional Office for Europe – including convening meetings with directors of health agencies in the Region and strengthening cooperation in priority areas – was commendable. The Secretariat must build on existing reform initiatives with a view to presenting outcomes to the Seventy-ninth World Health Assembly. Any reform process should be agile, time-bound, evidence-based and led by the Secretariat with a clear mandate from Member States. Her Government was fully committed to supporting that work.

The representative of CAMEROON noted the drastic cuts to funding for WHO's work, which had come at a time when health emergencies were putting pressure on national health systems, and highlighted the mismatch between WHO's global strategies and national health concerns. Strong, targeted, country-focused political leadership was needed to ensure ownership of, and support for, technical strategies among national decision-makers. Turning to the UN80 Initiative, she welcomed the efforts within the African Region to enhance effectiveness, responsiveness and flexibility; however, more funding was needed to implement the relevant initiatives.

The representative of JAPAN expressed appreciation for the Secretariat's efforts in the scope of the reprioritization process and the UN80 Initiative. The crisis should be transformed into an

opportunity; the reform process should enable WHO to focus on its core mandate, including its normative role, universal health coverage and infectious disease emergency management. That approach was in full alignment with the principles of the UN80 Initiative. Indeed, all global health actors should return to their core mandates, leverage their comparative advantage, eliminate duplication and ensure that limited resources could be used effectively. He expressed support for the principles of the Lusaka Agenda and called for continued efforts to rationalize the global health architecture in that direction. Member States would have to play an enhanced, proactive role to bring together the diverse range of actors beyond the United Nations system. Turning to the proposed amendments to the process for the selection of the External Auditor, he welcomed the proposal to ensure good regional balance on the review panel and emphasized the need for fairness, transparency and equal access to information.

The representative of SPAIN called for a renewed, effective, inclusive and rules-based multilateralism with the United Nations at its centre. In June 2025, the Fourth International Conference on Financing for Development had been held in Seville, Spain, the outcomes of which supported the reform of the global health architecture in line with the UN80 Initiative to enhance cohesion, Member State ownership and alignment with sustainable financing strategies. The reform should preserve and strengthen WHO's role as a normative entity and global convenor, while reducing duplication and improving synergies with other global health actors. The sunset of UNAIDS must take place in an orderly manner, in accordance with the established timelines, and in consideration of civil society input. The current funding challenges affected not only WHO but other vertical funds; in that context, it was essential to diversify and modernize sources of funding, including by exploring innovative financing mechanisms. Ensuring the credibility and efficiency of the system required governments to take ownership of their healthcare systems and prioritize technical support that led to impact on the ground.

The representative of EL SALVADOR said that the UN80 Initiative provided an opportunity to shift the focus from crisis management to the management of well-being. For the new global health architecture to be effective, it must be economically intelligent and human-centred. Rehabilitation must be recognized as a driver of change, and its integration into primary healthcare must be viewed as a necessary investment for productivity and independence among populations. Health must be understood as a public good, and human functionality must be the key indicator of the new global health architecture. The WHO Pandemic Agreement must guarantee regional sovereignty. Global health security must not rely on charity, but on shared technical capacity.

The representative of the REPUBLIC OF KOREA expressed support for the UN80 Initiative as a vital step to strengthen multilateralism. WHO should focus on advancing the UN80 Initiative by consolidating and rationalizing overlapping health mandates within the United Nations system. WHO's core functions, particularly its normative role, should be reinforced to preserve its distinct technical leadership. Reforms should enhance country-level delivery and regional synergies. One example of such work was the global training hub for biomanufacturing supported by her Government in collaboration with WHO, which served as a model for translating global standards into regional manufacturing capacity, thereby strengthening regional health architectures. The WHO-led joint reform process should be aligned with the UN80 Initiative to ensure coherence and avoid duplication, with the aim of galvanizing a more robust global health architecture.

The representative of CHINA¹³ said that, in the light of challenges facing global health governance, including the sharp reduction in funding for development, developed countries must fulfil their global development obligations and increase official development assistance. Although the current global health governance system was imperfect, it remained effective. WHO remained the most representative universal health agency and should be supported in its central coordinating role. Reforms in that area must be Member State-led, consensus-based, transparent, inclusive and open, and accommodate all Member States, especially developing countries.

The representative of SINGAPORE¹³ expressed support for reform efforts that strengthened coherence, reduced fragmentation, removed duplication and reinforced country ownership while preserving WHO's core normative and convening functions. In addition, reforms should be guided by clarity of mandate, subsidiarity and accountability across all actors. He welcomed the proposal for an inclusive, Member State-led process for global health architecture reform, which should be transparent and evidence-based, and include engagement with regional organizations, development banks, civil society, academic institutions and the private sector. The process should build on ongoing discussions and reform streams, as outlined in the report, in order to avoid duplication, sustain momentum and guarantee practical outcomes.

The representative of CANADA¹³ emphasized WHO's central role in advancing a coherent vision for reform of the global health architecture, which must comprise an ecosystem of diverse actors working together towards common goals. He therefore endorsed the recommendation for WHO to host a joint, time-bound process that would bring together the various strands of the UN80 Initiative and other ongoing global health reform efforts, and promote a shared understanding of core and complementary functions, guiding principles and milestones. The process should be transparent, inclusive, cost-effective, streamlined and focused, and it must add value and avoid duplication.

The representative of ZAMBIA¹³ welcomed the UN80 Initiative, noting that the unprecedented situation demanded organizational agility, effectiveness and realignment to ensure that the United Nations was fit for purpose. Reforms should focus not only on cost reduction but also on impact, longevity, equity and sustainability. In the light of the numerous proposals regarding global health architecture reform, a coherent, unifying consultative process that advanced multisectoral dialogue in global health was urgently required to build synergies. She therefore expressed support for the proposal to design a joint process led by Member States and hosted by WHO aimed at building a common framework for global health. As part of that process, it was essential to establish shared expectations for collaboration and collective action. WHO must remain the umbrella agency for global health.

The representative of MEXICO¹³ agreed on the need to reform the functioning of the United Nations system, and WHO in particular, to improve effectiveness, reduce overlap and find synergies. WHO reforms and the UN80 Initiative must be aligned and discussed in parallel to ensure consistency. The changes made should go beyond budgetary cuts and should be aimed at establishing a new global health architecture that was more equitable, inclusive and accountable. In that context, it was essential to safeguard WHO's normative, technical and coordination roles, and to develop a clear road map with realistic timelines and working methods under Member State leadership.

¹³ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ETHIOPIA¹⁴ expressed support for the strengthening of WHO's core mandates and welcomed the proposal for WHO to host a joint reform process, which would help to connect ongoing discussions and build on the Lusaka Agenda and the Accra Reset. Three critical factors for the success of the process were: strong ownership and meaningful participation by Member States; a transparent, evidence-based approach that involved all global health actors; and strong, ongoing engagement with regional organizations, in alignment with the decisions of heads of State.

The representative of MALAYSIA¹⁴ expressed concern regarding the growing strain on the multilateral global health system. Global health reform must go beyond cost-saving measures and be aimed at increasing equity, inclusiveness, coordination and accountability in global health governance. The reform process should be focused on three themes: governance and accountability; sustainable financing; and the protection of core global health functions. She expressed support for the development of a common framework for the global health architecture that promoted fairness, accountability and transparency while ensuring consistent and coherent delivery.

The representative of FRANCE¹⁴ said that WHO was the only legitimate body able to unify global health players. In the current context, its convening role was needed more than ever before. She noted with appreciation that a detailed proposal on a joint, inclusive process to transform the efficiency and effectiveness of the global health architecture would be submitted to the next Health Assembly, and she called on all key stakeholders, including external actors, to take ownership of the WHO-hosted process and engage constructively in that work. All political initiatives linked to the global health architecture must support that process.

The representative of ECUADOR¹⁴ said that the UN80 Initiative and the proposed reform of the global health architecture were highly relevant in a context of declining international assistance and increasing demands on the multilateral system. She highlighted national measures to improve preparedness and response and develop interinstitutional coordination. Reform must go beyond efficiency measures; efforts must also be aimed at building a more coherent, equitable and sustainable global health architecture focused on country needs. She agreed that the joint process should be led by WHO, with a clear mandate, defined stages and concrete results, and should ensure convergence between the UN80 Initiative and the global health architecture reform. Sustainable, predictable financing must be ensured, and WHO's central role must be consolidated.

The representative of GERMANY¹⁴ expressed strong support for the recommendation of the Programme, Budget and Administration Committee on the reform of the global health architecture and the UN80 Initiative. Adopting the related draft decision would launch the design phase for the reform, whereby WHO would convene relevant global health actors to ensure co-ownership of the joint process, and would not pre-empt the outcome of that process. The proposals would be presented for discussion by the Health Assembly; Member States would therefore be able to provide input on the process scope, modalities and expectations. Given that discussions on global health reform were already taking place in various forums, it was vital to establish an agile joint process with WHO playing its convening role. She urged Member States to support the draft decision.

¹⁴ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of JAMAICA¹⁵ expressed support for the recommendation of the Programme, Budget and Administration Committee regarding the reform of the global health architecture and the UN80 Initiative. The Board should accept that recommendation but adjust the draft decision to accurately reflect the name of the United Nations General Assembly's Informal Ad hoc Working Group on the Mandate Implementation Review. Her Government welcomed the collaborative approach to the reform, which reflected a positive shift in the approach to decision-making across the United Nations system.

The representative of UNFPA emphasized the importance of WHO's role in setting norms and providing evidence-based policy advice for the reform of the global health architecture, noting that any reform must revitalize multilateralism, focus on country-led priorities and promote seamless inter-agency cooperation. In addition, the reform should seek to enhance national leadership and ensure that global initiatives were integrated into national health systems, policies and frameworks. Any reform must ensure that sexual and reproductive health and rights would remain central to Member States' efforts to achieve universal health coverage. UNFPA was ready to provide programmatic, technical and operational support for the reform and to assist WHO in developing a common reform framework.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the reform process offered a critical opportunity to build a stronger global health architecture. His organization was committed to collaborating with WHO, Member States and stakeholders to achieve sustainable and pragmatic solutions for reform. In that work, priority should be given to fostering an enabling environment for health innovation, strengthening health systems to increase access to health innovations, and forging partnerships to advance global health.

The observer of GAVI, THE VACCINE ALLIANCE said that the crisis in global health demanded a transformative leap in how efforts to achieve health for all were organized and delivered. He expressed support for the proposal for WHO to hold a joint process to reform the global health architecture, noting the urgent need to use the present global health crisis as a catalyst for strategic reform, with countries and partners in agreement on the scope, objectives and process of reform. The roles of each institution must be clarified. Priority should be given to generating global public goods, enabling impact at scale, merging operations at the last mile and strengthening support for fragile contexts. Gavi was ready to collaborate with WHO and its partners to advance a more coherent, effective and resilient global health ecosystem.

The representative of UNICEF said that successes in improving child survival and reducing maternal mortality were the result of strong political leadership and commitment from Member States, targeted investment from countries and donors, and the dedicated efforts of health workers, including community health workers. Yet declining health budgets represented a major challenge, and the reform of the global health architecture would have a significant impact on the distribution of power, financing and accountability. A well-designed, transparent and inclusive reform process was needed to achieve a system that was fit for purpose. UNICEF therefore supported the proposal on reform and would engage closely with WHO on the joint process. Child survival and well-being must remain non-negotiable in all reform processes.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, said that, against the backdrop of strains on the global health architecture, the existence of multiple reform

¹⁵ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

initiatives by different actors across different forums risked undermining coherence and effective engagement; stronger alignment was therefore needed. Recognizing WHO's role in directing and coordinating international health efforts, she emphasized that reform must go beyond efficiency measures to foster equity, accountability and impact. Member States should support the Secretariat to ensure that WHO could host a joint process with a clear scope, transparency, defined outputs, regular reporting and sustained civil society participation. It was vital to ensure that noncommunicable diseases were fully integrated into the reform discussions, as they represented a major share of the global disease burden but were at risk of being sidelined given the lack of dedicated global institutions and financing mechanisms.

The observer of the GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA noted that her organization's vision of reform was underpinned by the need for health sovereignty and sustainability, and she highlighted the importance of maximizing collective impact and supporting countries' efforts towards self-reliance. The global health ecosystem must evolve; focused action was needed to ensure that all health actors, including partners, civil society, communities and the private sector, worked seamlessly together.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that the reform of the global health architecture and the UN80 Initiative represented a critical opportunity to build a stronger, purpose-driven system. Noting with concern that shrinking official development assistance and increasing fragmentation risked reversing health gains, he called on WHO and its Member States to develop an efficient system with built-in equity and solidarity; protect predictable financing and strong WHO leadership that was aligned with country-led plans, regional strategies and the Lusaka Agenda; and invest in the skills of young people to design, implement and monitor a fairer, more sustainable global health architecture.

The DIRECTOR (Global Preparedness Monitoring Board) thanked speakers for their comments, acknowledging in particular the commitment to the reform process expressed by WHO's partners. He took note of the clear guidance provided on the principles that must be upheld during the process. The Secretariat would take that guidance on board in the design phase and would continue to consult with Member States as it developed a detailed proposal for consideration by the Health Assembly.

The CHAIR took it that the Board concurred with the relevant recommendations of the Programme, Budget and Administration Committee and wished to note the reports contained in documents EB158/41 and EB158/44.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision on proposed amendments to the process for the selection of the External Auditor, contained in document EB158/41.

The decision was adopted.¹⁶

The CHAIR took it that the Board wished to adopt the draft decision on reform of the global health architecture and the UN80 Initiative, contained in paragraph 34 of document EB158/4, as recommended by the Programme, Budget and Administration Committee, and as amended to

¹⁶ Decision EB158(19).

reflect the correct name of the General Assembly's Informal Ad hoc Working Group on the Mandate Implementation Review.

The decision, as amended, was adopted.¹⁷

5. Management and governance matters: Item 28 of the agenda (continued)

Governance reform: Item 28.4 of the agenda (continued from the ninth meeting, section 1)

- **Member State-led governance reform** (documents EB158/36, EB158/36 Add.1 Rev1, EB158/36 Add.2 and EB158/37) (continued)
- **Secretariat implementation plan on reform** (document EB158/38) (continued)
- **Template and recommended timeline for proposing resolutions and decisions** (document EB158/39) (continued)
- **Cost recovery mechanisms for voluntary contributions** (document EB158/38) (continued)
- **Implementation of the process for handling and investigating potential allegations against WHO Directors-General** (document EB158/40) (continued)

The CHAIR recalled that the Board had two draft decisions before it, one on a sustainable model for Member State-led governance reform, contained in Appendix 1 to document EB158/37, and one on accelerated reform measures led by the Officers of the Executive Board, contained in document EB158/36 Add.1 Rev.1, to which amendments had been proposed following informal consultations.

The VICE-CHAIR introduced the amended version of the draft decision on accelerated reform measures. In operative paragraph 1, “accelerated” had been deleted from the phrase “accelerated reform measures”, since some Member States considered the term to be unclear. The reference to when the pilot phase would begin had also been removed from that paragraph; it was considered sufficient to include that information in operative paragraph 3. Operative paragraph 1 mentioned the “agreed reforms” referred to in operative subparagraph 2(a), in order to make it clear that only measures approved by consensus would be piloted. In operative paragraph 2, it was specified that there would be inclusive Member State consultations at the global and regional levels. In operative subparagraph 2(a), the word “principles” had been replaced with the word “provisions”, and the words “pilot system” had been replaced with the word “pilot”.

One suggestion that had not been taken on board was to limit the pilot phase to one year; the Programme, Budget and Administration Committee of the Executive Board had recommended a two-year pilot, which was supported by the Secretariat and the Director-General. In operative subparagraph 2(b), the word “introduce” had been amended to read, “encourage”. Operative subparagraph 2(c) had been updated to reflect that Member States would be consulted on the measures that did not yet enjoy consensus, and that such measures might or might not be included at a later stage. In operative paragraph 3, wording had been added to clarify the modalities for evaluating the pilot. Finally, minor changes had been made in operative paragraph 4

¹⁷ Decision EB158(20).

to align it with the rest of the draft decision. She had attempted to incorporate all the comments made by Member States and hoped that they could support the amended text of the draft decision.

The representative of NEPAL said that reforming the governance structure of WHO was a priority for his Government. The informal consultations had been open and constructive, and he looked forward to engaging in further consultations on the governance reform process during the intersessional period.

The representative of the RUSSIAN FEDERATION¹⁸ proposed that, if the word “accelerated” was removed from operative paragraph 1, it should also be removed from the title of the draft decision. He asked for clarification of the use of the word “evaluation” in operative paragraph 3; if that word was intended to refer to an evaluation of the Secretariat’s efforts, the word “assessment” might be more appropriate.

The CHAIR noted that the word “evaluation” was frequently used in similar contexts to those of the draft decision.

The representative of CHINA¹⁸ agreed that the word “accelerated” should be removed from the title of the draft decision. He proposed that, at the end of operative subparagraph 2(a), the word “piloted” should be used instead of the word “trialled”, to ensure consistency. In operative subparagraph 2(b), he noted that the reference to encouraging co-sponsorship from “three countries across two regions” was inconsistent with subparagraph 14(a)(iii) of document EB158/36. He suggested that operative paragraph 3 should be amended to read, “to request the Officers of the Board, in consultation with the Member States, to report on future modalities of the pilot [...]”.

The CHAIR explained that the draft decision did not have to remain fully aligned with document EB158/36. The current proposal regarding co-sponsorship was a compromise based on Member State input. Regarding the proposal relating to operative paragraph 3, he expressed concern that such an extensive change would go against what had been discussed in the consultations.

The VICE-CHAIR said that the word “accelerated” could be deleted from the title of the draft decision and that, in operative subparagraph 2(a), the word “piloted” could replace the word “trialled”.

It was so agreed.

The VICE-CHAIR said that, with reference to operative paragraph 3, the element of consultation was already adequately covered there so she would prefer not to make any further changes.

The representative of NEPAL asked when the Officers of the Board were elected.

The LEGAL COUNSEL said that the current Officers of the Board would serve until the end of the Health Assembly. The new Executive Board would then sit at its 159th session and elect new Officers at that point. It would therefore be the current Officers of the Board who would carry out the review described in operative paragraph 3, so it would make sense for them, rather than the

¹⁸ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

newly elected Officers, to report back to the Board at its 159th session. That was why the wording “current sitting Officers of the Board” had been proposed.

The representative of NEPAL agreed, on that basis, to accept the draft decision as amended.

The representative of INDONESIA¹⁹ said that it was important to approach governance reform in the right way. He could support the amended wording of operative paragraph 2, on the understanding that it would be interpreted in such a way as to allow meaningful consultation among all Member States in Geneva, and to complement processes taking place in the region, including with a view to reconciling elements emerging from different regional consultations, some of which might be contradictory. Such consultations would be particularly important to operationalize the mandates given in operative subparagraphs 2(a) and 2(c). It made sense to align the title with the wording in operative paragraph 1.

The representative of ZAMBIA¹⁹ agreed with the use, in operative subparagraph 2(a), of the word “piloted”. She suggested rephrasing operative paragraph 3 to remove the word “agreement”, since asking the Board to consider agreement could pre-empt any decision it might make.

The VICE-CHAIR suggested that, in operative paragraph 3, the words “for agreement to” should be amended to read, “for consideration by”.

It was so agreed.

The CHAIR took it that the Board agreed to adopt the draft decision on reform measures contained in document EB158/36 Add.1 Rev.1, as amended.

The decision, as amended, was adopted.²⁰

The CHAIR took it that the Board wished to adopt the draft decision on a sustainable model for Member State-led governance reform, contained in document EB158/37.

The decision was adopted.²¹

The meeting rose at 17:30.

¹⁹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

²⁰ Decision EB158(21).

²¹ Decision EB158(22).