

Provisional summary record of the eleventh meeting

**WHO headquarters, Geneva
Friday, 6 February 2026, scheduled at 18:00**

Chair: Mr B. Comley (Australia)

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Eleventh meeting

Friday, 6 February 2026, at 18:00

Chair: Mr B. Comley (Australia)

Power and performance

1. **Report on meetings of expert committees and study groups:** Item 34 of the agenda (documents EB158/55 and EB158/55 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB158/55 and EB158/55 Add.1 and to provide guidance with respect to the questions set out in paragraph 25 of document EB158/55.

The representative of UKRAINE said that the WHO Model List of Essential Medicines must remain a tool for equity and practical implementation. The definition of “essential” was becoming unclear; the Model List would cease to be a clear compass for priority-setting if it functioned both as a baseline for universal coverage and as a signal of cutting-edge treatments. He expressed concern that recent changes to the Model List had included the addition of a number of high-cost medicines that were unaffordable for many countries, and some manufacturers of listed medicines had failed to ensure sustained production and reliable supply in recent years. In addition, inclusion in the Model List created purchase pressure, particularly in developing countries that lacked credible access pathways, potentially diverting funds from higher-impact interventions. Furthermore, affordability and access criteria were applied inconsistently; inclusion was often justified by citing the potential for future price decreases without a clear road map for market-shaping action. The inclusion of high-cost products in the Model List should be conditional on credible, time-bound plans concerning access for developing countries, including mechanisms such as voluntary licensing or technology transfer to enable competition. Explicit affordability and budget impact requirements were also needed, in addition to consistent rules regarding decisions and negotiation benchmarks.

The representative of JAPAN said that the WHO Model List of Essential Medicines was a critical normative instrument, and its development and maintenance was a core function that only WHO could perform. However, under the circumstances, it was not feasible for WHO to provide comprehensive implementation support to each Member State. He therefore reiterated the importance of achieving universal health coverage through strengthened health financing, including domestic resource mobilization, and encouraged WHO to deepen collaboration with relevant partners. With regard to the risk assessment of food additives and related substances, he noted that another key normative function of WHO was to assess and compile the necessary information in a scientifically neutral and objective manner. In the light of the challenging global health landscape, the Secretariat was encouraged to review resource allocation across the Organization, enhancing transparency in the process and improving efficiency, including through cooperation with external partners such as WHO collaborating centres.

The CHIEF SCIENTIST thanked speakers for their comments, which had been taken on board, and expressed appreciation to all experts who had contributed to the expert advisory panels and committees. The Secretariat would examine ways of ensuring equity in the WHO Model List of

Essential Medicines. It would also consider ways of increasing cooperation with WHO collaborating centres to help the Organization carry out its normative and technical work.

The CHAIR took it that the Board wished to note the reports contained in documents EB158/55 and EB158/55 Add.1.

The Board noted the reports.

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

Engagement with non-State actors: Item 28.6 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB158/42)
- **Non-State actors in official relations with WHO** (documents EB158/43, EB158/43 Add.1 and EB158/43 Add.2)

The CHAIR drew attention to the reports contained in documents EB158/42 and EB158/43, and to the draft decision on non-State actors in official relations with WHO, contained in document EB158/43 Add.1. The financial and administrative implications of the draft decision were contained in document EB158/43 Add.2. He also drew attention to the guidance and recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in document EB158/4, paragraphs 58–61.

At the invitation of the CHAIR, the SECRETARY read out the recommendations of the Programme, Budget and Administration Committee on engagement with non-State actors, set out in paragraph 61 of document EB158/4.

The representative of NORWAY, recognizing that lengthy discussions had already taken place on the draft decision and differing views had been expressed, said that, with the aim of reaching consensus, she proposed that the chapeau of the draft decision should be amended to read:

The Executive Board, having considered the report on non-State actors in official relations with WHO, and taking note of the reservations expressed by some Executive Board members, acknowledging that Member States have full sovereign rights over which non-State actors operate within their national territories and with full consideration and respect to every Member State's national context [decided...].

The representative of BULGARIA, speaking also on behalf of Albania, Armenia, Austria, Belgium, Brazil, Chile, Colombia, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, the Kingdom of the Netherlands, New Zealand, North Macedonia, Panama, Poland, Portugal, the Republic of Moldova, Romania, Slovakia, Slovenia, Spain, Sweden and Ukraine, welcomed the outcome of the triennial review of collaboration with non-State actors in official relations with WHO, noting that the Framework of Engagement with Non-State Actors was a carefully negotiated framework.

At informal consultations held earlier in the week, there had been broad agreement on the Framework's legitimacy and criteria, with no concerns raised regarding the due diligence conducted by the Secretariat with regard to the review process. It had been recalled that all plans

for collaboration were accessible online and that the explicit approval of Member States was required for activities at the national level. He trusted that the Secretariat carefully considered each application in line with the criteria and procedures set out in the Framework. He invited Board members to support the renewal of official relations with all non-State actors listed in Annex 2 to document EB158/43.

The representative of EGYPT, speaking on behalf of the countries of the Organisation of Islamic Cooperation, including the Member States of the Eastern Mediterranean Region, said that the late submission of information on the programmes of work of the five non-State actors about which the countries of the Organisation of Islamic Cooperation had expressed grave concerns, had not allowed sufficient time for adequate review, consultation and internal coordination. Engagement with those five non-State actors was contrary to Articles 5(e) and 5(f) of the Framework of Engagement with Non-State Actors.

However, in a spirit of cooperation and as an expression of confidence in WHO's leadership, and to ensure that the renewal of relations with the remaining non-State actors whose work contributed meaningfully to global health was not blocked, he was willing to move forward on the matter, provided that the reservations of the countries of the Organisation of Islamic Cooperation regarding the renewal of relations with those five non-State actors were officially registered in the summary records of the meeting. The concerns expressed during the informal consultations earlier in the week and the recommendations that the Organisation of Islamic Cooperation would shortly submit in an official written communication should be carefully and thoroughly considered by the Secretariat in any future cooperation or engagement with non-State actors. He also requested that his reservations should be recorded in the draft decision.

Regarding the amendment to the chapeau to the draft decision, proposed by the representative of Norway, he proposed replacing the words "national context" with the words "principles and values", so that the final words of the amended chapeau would read, "every Member State's principles and values."

The representative of NEPAL said that the Framework of Engagement with Non-State Actors had been adopted following an inclusive Member State-led process. It was the sovereign right of all Member States to decide with whom they wished to engage. He looked forward to the adoption of the draft decision.

The representative of the RUSSIAN FEDERATION¹ supported the statement by the representative of Egypt. WHO's collaboration with dubious organizations in the area of reproductive health had already led to the loss of members from the Organization. The proposal set out in the report to renew official relations with those organizations undermined WHO's reputation and ran counter to Article 5 of the Framework of Engagement with Non-State Actors.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR and also on behalf of the Global Health Council, Inc., The Center for Reproductive Rights, Inc., the Worldwide Hospice Palliative Care Alliance, the International Council for Commonality in Blood Banking Automation Inc., the International Association for Hospice and Palliative Care, Inc., the International Alliance of Patients' Organizations, the World Federation for Ultrasound in Medicine and Biology, Inc., the World Federation of Hemophilia, World Vision International, Women Deliver, Inc., the International Association for Dental Research, the International Planned Parenthood Federation, the Association Africaine des Centrales d'Achats de Médicaments Essentiels, the International Federation of Surgical Colleges and Societies, The Population Council,

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

Inc., HelpAge International, the Multiple Sclerosis International Federation, Medicus Mundi International – Network Health for All, the WONCA Association, the International Lactation Consultant Association, the International Agency for the Prevention of Blindness, the International Federation of Medical Students' Associations, the International Pharmaceutical Students' Federation, Public Services International, the Union for International Cancer Control, The Royal Commonwealth Society for the Blind – Sightsavers, the World Association for Sexual Health, Knowledge Ecology International, Inc., and the NCD Alliance, welcomed WHO's efforts to fully implement the Framework of Engagement with Non-State Actors at all levels of the Organization. He emphasized the importance of including joint and individual statements by non-State actors in WHO's official proceedings to ensure that their perspectives were meaningfully considered.

Non-State actors – particularly civil society and patient organizations – were on the frontline of public health. Many provided essential health and care services and contributed to research and evidence generation. Non-State actors understood the needs of poor and marginalized populations and often included individuals with lived experience of ongoing and emerging health challenges, making their participation critical to the delivery of WHO's mandate. Opposition to the renewal or admission of civil society organizations vetted by the Secretariat was a cause of serious concern. Adherence to objective evaluation criteria and respect for the Secretariat's independent role and recommendations must be ensured. Acknowledging the financial constraints facing WHO and the broader global health sector, he encouraged the Secretariat and Member States to strengthen collaboration with civil society to achieve shared global health goals.

The representative of SPAIN said that it was unacceptable to insinuate that WHO was working with organizations of a dubious nature. He emphasized the importance of engaging civil society organizations as active participants in global health policy development and implementation, noting, for example, their key role in combating HIV and promoting sexual and reproductive health and rights. He called for continued implementation of the Framework of Engagement with Non-State Actors in line with objective, technical and inclusive criteria to ensure pluralism in the representation of civil society organizations.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted WHO's important role in developing international standards and coordinating emergency preparedness and response. She commended its collaboration with non-State actors, recognizing the value of cooperating with a broad range of actors.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, highlighted her organization's longstanding collaboration with WHO, which had resulted in a consumer protection code that had saved millions of children's lives. She emphasized the importance of WHO's independence, integrity and trustworthiness in fulfilling its constitutional mandate to protect the right of all people to health. Due diligence was essential to screen multistakeholder collaborations, in particular to exclude health-harming corporations and non-democratic entities whose actions delayed or undermined WHO's work. Policy setting must remain free from commercial influence amid global economic pressures.

The CHEF DE CABINET thanked Member States and the representative of Norway in particular for working together to find a constructive way forward. Regarding the comments by the representative of Egypt, she confirmed that his reservations regarding the five non-State actors would be reflected in the official summary records of the meeting and that the Secretariat would discuss his forthcoming official written communication with Member States, including in relation to technical collaboration, and would continue to facilitate dialogue on the matter.

The DIRECTOR-GENERAL, thanking Member States for their flexibility and understanding, said that their concerns would be taken seriously. WHO did not allow its norms and standards to be influenced by anyone, and its actions and work were guided by science and evidence alone. It would continue to uphold the principle of science whatever the consequences. He expressed appreciation for the trust placed in WHO's leadership, which would continue working to meet expectations. If countries withdrew owing to WHO's affiliation with certain organizations, their basis for doing so was not correct; WHO would continue to maintain a neutral position regarding its collaboration and did not take the side of any organization. When WHO provided support, it did so based on norms and science and at countries' request. The Organization would always respond to requests for support but would never oblige a country to accept it. Each country had the sovereign right to decide whether to request or accept WHO's support. WHO belonged to all its Member States and would remain neutral and impartial. He thanked Member States for their support.

The CHAIR took it that the Board wished to note the reports contained in documents EB158/42 and EB158/43, and to concur with the recommendations of the Programme, Budget and Administration Committee of the Executive Board, contained in paragraph 61 of document EB158/4.

The Board noted the reports.

The CHAIR invited the Board to consider the draft decision on non-State actors in official relations with WHO, contained in document EB158/43 Add.1. He drew attention to the amendments to the chapeau to the draft decision proposed by the representative of Norway, and the subsequent amendment proposed by the representative of Egypt.

The representative of EGYPT welcomed the Director-General's emphasis on the importance of science to WHO and the reassurance of respect for his standpoint. His Government would make every effort to sustain multilateralism and support WHO. With reference to his proposed amendment to the draft decision, he said that the inclusion, at the end of the amended chapeau, of language referring to respect for every Member State's principles and values, rather than their national context, was important as the two concepts differed.

The representative of NORWAY suggested that, instead of a reference to "principles and values", the wording at the end of the amended chapeau should instead refer to "national context and legislation".

The representative of CENTRAL AFRICAN REPUBLIC supported the proposal by the representative of Norway, which captured the issue of principles and values, since legislation was developed within the context of a country's values and principles. In terms of respect for sovereignty, each country's situation differed; in a country like his, which was emerging from conflict, it sometimes appeared that non-State actors were competing with the Government. In that respect, he disagreed with the Director-General: the work of WHO – an Organization of Member States – took place in the context of programmes implemented by governments; non-State actors played an auxiliary role and should therefore not be in contradiction of government activities. Action must be evidence-based and guided by science and ethics. Health should not be used for geopolitical ends.

The representative of SPAIN said that he preferred to retain the original text of the draft decision, since the amendments proposed included a series of caveats that indicated a lack of confidence in the Framework of Engagement with Non-State Actors. However, he was willing to

accept the amendments proposed by the representative of Norway in the interests of reaching consensus.

The representative of EGYPT said that he could accept the proposal by the representative of Norway to include, at the end of the amended chapeau, the words “national context and legislation”, instead of the reference to “principles and values”.

It was so agreed.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB158/43 Add.1, as amended.

The decision, as amended, was adopted.²

3. Provisional agenda of the Seventy-ninth World Health Assembly and date and place of the 159th session of the Executive Board: Item 31 of the agenda (documents EB158/47, EB158/47 Add.1 and EB158/48) (continued from the ninth meeting, section 4)

The CHAIR said that, following consultations, it had been proposed that the Seventy-ninth World Health Assembly should be held in Geneva opening on Monday, 18 May 2026, and closing no later than Saturday, 23 May 2026. The Executive Board would therefore meet on 25 and 26 May 2026.

The representative of NEPAL said that, following consultations, he understood the reasons for the proposed dates and was therefore happy to join the consensus on the proposed dates. He wished to have it placed on record that, considering the difficulties that resource-constrained delegations may face, he requested the Secretariat to plan in such a way that the substantive proceedings of the Health Assembly were held in a single venue, or that suitable logistical arrangements were made to enable the participation of all delegations.

The CHAIR took it that the Board wished to adopt the draft decision to convene the Seventy-ninth World Health Assembly from 18 to 23 May 2026, which was contained in paragraph 4 of document EB158/47.

The decision was adopted.³

The CHAIR took it that the Board wished to adopt the draft decision to convene the 159th session of the Executive Board on 25 and 26 May 2026, which was contained in paragraph 4 of document EB158/48.

The decision was adopted.⁴

The CHAIR took it that the Board wished to note the report contained in document EB158/47 Add.1.

The Board noted the report.

² Decision EB158(23).

³ Decision EB158(24).

⁴ Decision EB158(25).

4. Closure of the session: Item 35 of the agenda

The DIRECTOR-GENERAL thanked the Chair for his leadership, noting that the session was coming to a close ahead of schedule, despite a full agenda. He thanked Member States for their engagement and for highlighting many of the issues that transcended national borders and required a coordinated international response. He welcomed the guidance given on WHO reform – of both the Secretariat and of Member States’ governance of the Organization – and the mandate to convene discussions about the global health architecture. He thanked staff for their dedication and professionalism and reiterated the Secretariat’s continued commitment to achieving the highest attainable standard of health for all.

After the customary exchange of courtesies, the CHAIR declared the 158th session of the Executive Board closed.

The meeting rose at 19:30.
