

Provisional summary record of the ninth meeting

**WHO headquarters, Geneva
Friday, 6 February 2026, scheduled at 10:00**

Chair: Mr B. Comley (Australia)

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Ninth meeting

Friday, 6 February 2026, at 10:05

Chair: Mr B. Comley (Australia)

Power and performance

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

Governance reform: Item 28.4 of the agenda

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

The CHAIR invited the Board to consider the two reports on Member State-led governance reform, contained in documents EB158/36 and EB158/37. He drew the Board's attention to a revised draft decision on accelerated reform measures led by the Officers of the Executive Board, contained in document EB158/36 Add.1 Rev.1, and a draft decision on a sustainable model for Member State-led governance reform, contained in Appendix 1 to document EB158/37. The financial and administrative implications of those draft decisions were contained in document EB158/36 Add.2. He further invited the Board to consider the three reports contained in documents EB158/38, EB158/39 and EB158/40. In addition, he drew the Board's attention to paragraphs 23–31 of the report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB158/4, and invited Member States to comment on the recommendations therein.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, emphasized the importance of Member State-led governance reform in the light of the challenging global health landscape. He commended the Secretariat for facilitating consultations with Member States, which had helped to identify key governance challenges. Countries in his Region had worked cooperatively to provide input that reflected shared regional priorities, including transparency, accountability, Member States' sovereignty and equitable regional representation in governance processes. He expressed appreciation to the Officers of the Executive Board for their coordination and constructive engagement in incorporating Member States proposals into the proposed pilot reforms, including a proposal endorsed by all countries in his Region for draft decisions and resolutions to be sponsored by three countries from two regions in order to demonstrate their global relevance. The Member States of his Region remained committed to a gradual, Member State-led reform process.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, expressed support for Member State-led efforts to strengthen WHO governance through transparent, efficient and inclusive consultations. Reform was needed to protect the meaningful participation of all delegations, especially smaller delegations, in a context of full agendas, expanding mandates and a growing number of draft decisions and resolutions. He expressed support for the proposal to design a pilot approach for measures enjoying consensus. Earlier, more predictable timelines and clearer expectations for concept notes, zero drafts and consultations, together with timelines and cost estimations, would enable Member States to assess feasibility and implementation risks in a practical and timely manner. The use of secure digital tools to enhance transparency and streamline submissions would be welcome. Any amendment to Rule 32 of the Rules of Procedure of the Executive Board, on the submission of draft decisions and resolutions, should be addressed through inclusive Member State consultations. There was, however, value in reinforcing discipline and ensuring the provision of translations and reviews by the Programme, Budget and Administration Committee earlier in the process, while preserving narrowly defined flexibility for genuinely urgent and unforeseen public health situations. He expressed support for piloting a consolidated cost estimation overview, which could improve comparability and reduce the burden for delegations and the Secretariat. He encouraged streamlining reporting mandates and consolidating follow-up reporting to improve time management.

The representative of BULGARIA expressed support for the proposed reform measures and the revised draft decision on accelerated reform measures. The suggestions for improving the management of draft resolutions and decisions, agendas and meeting time would improve workloads and enhance meaningful engagement of small delegations. She agreed with the proposal to amend the deadline for submitting draft decisions and resolutions to 15 days prior to the start of a session of the Executive Board, which would allow the Secretariat and delegations time to prepare and would provide an opportunity for the Programme, Budget and Administration Committee to review the financial and administrative implications. Rather than a consolidated overview of cost estimates, she expressed a preference for separate cost estimates, in order to provide better transparency and enhance financial planning. She called on Member States to support the proposals regarding a pilot phase for trialling reform measures.

The representative of JAPAN expressed support for the reform proposals, the consultations that had led to their development and the revised draft decision on accelerated reform measures. He emphasized the need for clarity on principles and exceptions with regard to the proposed reforms and noted the importance of designing systems for their implementation. Welcoming progress already made to implement reforms, he called for steady implementation of the remaining actions and continued reporting on outcomes and areas for improvement. It would be vital to ensure the consistent implementation of the procedure for handling potential allegations against WHO Directors-General.

The representative of TOGO, speaking on behalf of the Member States of the African Region, welcomed the inclusive consultations that had enabled Member States to identify shared concerns, including relating to the late submission of documents, consistent application of procedures and overburdened agendas. He expressed appreciation for the progress made in the Secretariat implementation plan on reform and for the updated guidance on full cost recovery and the investment round. He called for an independent evaluation of reforms implemented in 2026, a comprehensive report to the 160th session of the Executive Board in January 2027; and a report to be presented to the Eightieth World Health Assembly in 2027. He commended progress made in cost recovery, particularly as voluntary contributions had remained the primary source of funding

for the 2024–2025 biennium despite the increase in assessed contributions. He welcomed consultations with independent external investigative entities and the information on standard operating procedures regarding the implementation of a process for handling and investigating potential allegations against WHO Directors-General. The Secretariat was encouraged to continue monitoring the implementation of reform; review the proposals regarding draft resolutions and decisions and report on their impact on workload, participation and effectiveness; and update and monitor the list of independent external investigative entities.

The representative of NORWAY acknowledged the ongoing challenge of improving the efficiency of the governing bodies. The Officers of the Executive Board had sought to alleviate concerns raised by Member States during the consultations while maintaining momentum on meaningful reform. The current reform proposals and the revised draft decision on accelerated reform measures represented a way forward that would enable a range of broadly supported measures to be included in the proposed pilot and allow further discussion of other measures. Discussions should continue to ensure that WHO remained fit for purpose.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, welcomed the focus on Member State-led governance reform. While recognizing the value of the proposed reforms, he cautioned against accelerating the process. He urged the Executive Board to reconsider the proposed criteria for sponsorship of draft decisions and resolutions allowing for proposals to be sponsored by Member States from two regions, rather than three. He expressed support for the revised draft decision on accelerated reform measures, in particular the proposal to continue a Bureau-led process with input from Member States. Clear understanding and strengthened Member State ownership of the process must be ensured before proceeding with the entire proposed pilot reform package. He expressed support for the earlier initiation of concept notes and zero drafts and for the provision of consolidated cost estimate overviews.

The representative of COSTA RICA highlighted the lack of progress on governance reform, despite repeated discussions. Decisions on public health, which had financial implications for countries, were adopted each year without adequate technical analysis or a sustainable framework for their implementation. She noted concerns relating to duplication of efforts, heavy agendas and targets that were missed or deferred owing to poor planning, a lack of data and an insufficient assessment of the real cost to countries. Instead of adding items to the agenda, a small number of achievable and measurable objectives should be prioritized. Inefficiencies and politicization were undermining the credibility of WHO. She called for deep, structural change and for leadership with the vision, experience and technical authority needed for the Organization to reclaim its role as the protector of global public health.

The representative of SPAIN, highlighting the wider context of governance reform under way in the multilateral landscape, emphasized the need for WHO to work more efficiently, including by exploring how to improve the management of draft resolutions and decisions, as well as the agendas and meetings of the governing bodies. He expressed support for the revised draft decision on accelerated reform measures, which addressed many Member State concerns and would allow scope for further consultations to adjust and expand measures, if there was consensus to do so. The revised draft decision would serve as a good point of departure for the implementation of pilot reform proposals, which should begin as soon as possible.

The representative of CABO VERDE, recognizing WHO's key role in global health coordination, highlighted the financial challenges facing the Organization and the need for reform to ensure that it would be able to rapidly respond to global health events. Governance reforms should ensure the equitable participation of Member States in decision-making and equitable

access to technical support. Transparency and accountability should be ensured through clear reporting, predictable financing and open communication to build trust and fulfil WHO's mandate. WHO reforms must strengthen the Organization's capacity to support Member States in building resilient health systems.

The representative of the REPUBLIC OF KOREA supported the proposed measures outlined in the report on Member State-led governance reform and the revised draft decision on accelerated reform measures, which would enhance the efficiency and transparency of WHO's decision-making processes. Commending progress on the Secretariat implementation plan on reform, she emphasized that full cost recovery was essential for the sound financial management of the Organization. She called for a predictable and rational approach to the assessment of administrative costs in order to encourage an increase in voluntary contributions.

The representative of NEPAL emphasized that the reform process should address the disproportionate burden on Member States with fewer resources and avoid creating additional burdens for such Member States when represented on the Board. He asked how the Board intended to resolve the bracketed elements in the revised draft decision on accelerated reform measures.

The CHAIR said that the square brackets in the revised draft decision on accelerated reform measures indicated that discussions had been ongoing at the time of publication. Once the Board had completed its discussions, he would ask the Board which version of the draft decision it wished to adopt and subsequently all brackets would be removed.

The representative of SWITZERLAND expressed appreciation for the inclusive consultation process that had led to the proposed pilot of reforms. For the pilot to succeed, continued engagement would be crucial, supported by continued exchanges among Member States. The Board should send a clear signal that Member States were committed to reform of the WHO governing bodies while engaging in continued dialogue to refine the pilot measures. Continued efforts made in the scope of the Secretariat implementation plan on reform despite the challenging context were welcome. She encouraged the Secretariat to adapt the timeline for submission of draft resolutions and decisions as proposed in the related report contained in document EB158/39, and present it annually to the session of the Executive Board that followed the Health Assembly; doing so would support transparent and inclusive planning and provide useful orientation for new Board members. To support the reform process, the Secretariat team serving the governing bodies should be adequately staffed and supported.

The representative of AUSTRALIA welcomed the collaborative approach to advancing the latest governance reforms and developing the revised draft decision on accelerated reform measures, which represented an important milestone in the ongoing reform process. The leadership demonstrated by the Officers of the Executive Board in their respective regions had been key to the progress made. Greater discipline and prioritization efforts across WHO's work were required in the light of the reduced budget for the current biennium; however, Member States must acknowledge that it was their interactions with WHO governance that would ensure the Organization's sustainable success. It was also important to remember that the objective of reform was to modernize and protect WHO at a time of significant financial pressures; ensure equitable participation of all Member States in decision-making processes; and embed collaborative change in how Member States collectively engaged with one another and the Secretariat.

The representative of BULGARIA, speaking also on behalf of the Board members from the European Region, Israel, Norway, Poland, Serbia, Spain, Switzerland and Ukraine, said that effective, efficient governance structures that enabled transparent, accountable and trusted decision-making were essential for WHO to fulfil its core mandate. The current number of agenda items and draft decisions and resolutions overburdened the Secretariat and Member States, particularly those with smaller delegations. Member States had a collective responsibility to improve the efficiency of the Organization. She expressed support for the proposed pilot process, which would provide a balanced starting point that took into account the views of those advocating for stronger measures and those calling for further consideration. She also expressed support for the proposed measures to be trialled during the pilot phase, which would provide a basis for discussion on their implementation.

The representative of PAKISTAN¹ expressed appreciation for the regional consultations but said that consultations with permanent missions in Geneva should not be sidelined in such processes. He raised concerns regarding the revised draft decision on accelerated reform measures and requested the Secretariat to display it on the screen so as to facilitate further review.

The representative of the RUSSIAN FEDERATION¹ said that the revised draft decision on accelerated reform measures better reflected Member States' positions. However, the course of action set out in the document was inconsistent; discussions should be completed before the pilot could begin. Following that, the pilot should last for one year – any longer was unnecessary. He did not support amending the Rules of Procedure of the Executive Board and emphasized that Member States should retain the sovereign right to introduce draft decisions or resolutions until the end of the first working day of the Board's session.

The representative of CHINA¹ said that, despite the fact that a revised draft decision on accelerated reform measures had been produced, he still had concerns. He reiterated the request to display the revised draft decision on screen to facilitate further discussion.

The CHAIR said that displaying the revised draft decision on screen could lead to a drafting session. He would instead prefer to suspend the item to allow for informal consultations.

The representative of ECUADOR¹ recognized the progress made in strengthening transparency, accountability, financial management and results-based management, which were vital to WHO's impact. In particular, she welcomed improvements in country-level impact, accountability mechanisms, and prevention and response to sexual misconduct. It would be essential to reinforce strategic prioritization of WHO's activities, optimize the use of resources by enhancing operational efficiencies, and promote predictable and flexible financing to sustain gains made.

The representative of BRAZIL¹ said that his Government could agree with most of the proposed reform measures, especially in the light of the revision of the draft decision on accelerated reform measures. He expressed concern, however, regarding some elements of the pilot; in particular, requiring proposals to have support from more than one region at the zero-draft stage could hinder participation of small delegations. Requiring the Programme, Budget and Administration Committee to review proposals could duplicate efforts and further burden the

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

agenda of the meetings of that Committee. He emphasized the importance of ensuring the full and transparent participation of all delegations in decision-making processes.

The representative of INDONESIA² expressed support for the goal of the governance reform process, but emphasized the need to follow correct procedure and ensure that the substance of proposals was appropriate. He called for meaningful discussions on which proposed reform measures would be implemented and on the roles of the Officers of the Executive Board in determining which draft resolution and decisions should be submitted for Member State consultation; the practical consequences for Member States should also be addressed. Clarification was needed on how consultations were to take place for delegations based in Geneva. Certain elements of the revised draft decision on accelerated reform measures required further explanation and discussion.

The representative of ZAMBIA² expressed support for reforms that would make decision-making on substantive matters more effective and efficient. She supported the proposal to provide consolidated overviews of cost estimations for draft resolutions and decisions. She asked how the US\$ 1.65 million for the implementation of proposed reforms, including the establishment of an advisory group, would be funded as those costs did not appear in the Programme budget for either the current or the next biennium.

The representative of CYPRUS,² speaking on behalf of the Member States of the European Union, expressed support for the revised draft decision on accelerated reform measures, which represented a good starting point for governance reform by allowing for the establishment of a pilot process and further inclusive discussions on its design and modalities. The proposed pilot would allow Member States to test and adapt measures before taking an informed decision on the final process.

The representative of GERMANY² expressed support for the revised draft decision on accelerated reform measures. Governance reform had been the subject of many discussions, as the current system did not allow for meaningful, inclusive engagement, a manageable workload or sufficient time for negotiation. It was crucial to take the present opportunity to advance governance reform by launching a pilot.

The representative of the KINGDOM OF THE NETHERLANDS² noted that the proposals were the outcome of extensive and inclusive consultations. Member States must seize the present opportunity and harness the momentum of the WHO realignment process to make progress on governance reform, including through the proposed pilot.

The CHAIR took it that the Board wished to note the reports contained in documents EB158/36, EB158/37, EB158/38, EB158/39 and EB158/40 and concur with the proposed guidance set out in paragraphs 23–31 of the report of the Programme, Budget and Administration Committee contained in document EB158/4.

The Board noted the reports.

The CHAIR took it that the Board wished to suspend discussion of the item, pending further consultations on the draft decisions.

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

It was so agreed.

(For continuation of the discussion and the adoption of decisions, see the summary record of the tenth meeting, section 4.)

2. Collaboration within the United Nations system and with other intergovernmental organizations: Item 29 of the agenda

Communications of the United Nations Secretary-General as depositary of the Constitution of the World Health Organization: Item 29.2 of the agenda (document EB158/45)

The CHAIR invited the Executive Board to note the report contained in document EB158/45.

The Board noted the report.

The CHAIR, outlining the structure of the discussion, said that he would, exceptionally, first invite the representative of Argentina to make an opening statement and highlighted that it was anticipated that the representative of Argentina would set out a differing perspective on the legal position to that reflected in the Secretariat report. Member States would then be invited to comment on the notification of withdrawal by Argentina with that context, and to consider a draft decision on the matter, proposed by Argentina and Israel. Following the conclusion of the discussion on the notification by Argentina, a separate discussion would take place on the notification by the United States of America of its intention to withdraw from the Organization.

It was so agreed.

The CHAIR drew attention to the draft decision, which contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly, on the withdrawal of the Argentine Republic from the World Health Organization, proposed by Argentina and Israel. It read:

The Executive Board, taking note of decision WHA78(25) (2025) and the report by the Director-General,³

Decided to recommend to the Seventy-ninth World Health Assembly the adoption of the following resolution:

The Seventy-ninth World Health Assembly,

(PP1) Taking note of the report by the Director-General;³

(PP2) Having noted the communication from the Minister of Foreign Affairs, International Trade and Worship of the Argentine Republic,⁴ notifying the United Nations Secretary-General that the Argentine Republic withdraws from the World Health Organization, effective as of 17 March 2026;

³ Document EB158/45.

⁴ Document A78/33 Add.1, Annex 2.

(OP) RESOLVES to acknowledge the withdrawal of the Argentine Republic from the World Health Organization effective as of 17 March 2026.

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

A. Link to the approved Programme budget 2026–2027

- 1. Output(s) in the approved Programme budget 2026–2027 under which this draft decision would be implemented if adopted:**
7.1.1. Convening, advocating and engagement with Member States and key constituencies in support of health governance and to advance health priorities
- 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2026–2027:**
Not applicable.
- 3. Any additional Secretariat work during the biennium 2026–2027 that cannot be accommodated within the approved Programme budget 2026–2027 ceiling:**
Not applicable.
- 4. Estimated time frame (in years or months) to implement the decision:**
The decision would take place with immediate effect but the default value used here is one year.

B. Budget and resource implications for the Secretariat for implementation of the decision

- 1. Total planned costs required to implement the decision, in US\$ millions:**
Not applicable.⁵
- 2.a. Estimated planned costs required that can be accommodated within the approved Programme budget 2026–2027 ceiling, in US\$ millions:**
Not applicable.
- 2.b. Estimated planned costs required in addition to those already budgeted for in the approved Programme budget 2026–2027, in US\$ millions:**
Not applicable.
- 3. Estimated planned costs required to be budgeted for in the proposed programme budget for 2028–2029, in US\$ millions:**
Not applicable.
- 4. Estimated planned costs required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:**
Not applicable.
- 5. Level of financial resources already available to fund the implementation of the decision in the current biennium, in US\$ millions**
 - **Financial resources available to fund the decision in the current biennium:**
Not applicable.
 - **Remaining financing gap in the current biennium:**
Not applicable.
 - **Estimated financial resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Not applicable.

⁵ The costing of this draft decision does not address the direct or indirect costs required by the Secretariat to implement deliverables as the decision text does not specify any such deliverables. The possibility of broader, financial implications of this draft decision for the Organization may require further consideration within the framework of WHO's governing bodies.

The representative of ARGENTINA⁶ drew the Board's attention to the draft decision, which contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly, relating to his Government's sovereign decision to withdraw from WHO. The draft resolution had a clear and limited scope, was strictly procedural in nature, and reflected previous communications from his Government in which it had notified the Organization of its decision to withdraw from WHO, effective as of 17 March 2026.

International law recognized the sovereign right of States to become members of an international organization and also to withdraw from it. The Government of Argentina had complied with the required procedure: the decision had been made by the competent authorities; the depositary of the Constitution of the World Health Organization had been notified of the decision in the manner set out in the 1969 Vienna Convention on the Law of Treaties; and the required period of one year had elapsed. Those legal elements had been shared in writing and in discussions with Member States and, as mandated by the Health Assembly in decision WHA78(25) (2025), the Board must now consider the matter. The draft resolution contained therein would allow the Seventy-ninth World Health Assembly to acknowledge the sovereign decision of the Government of Argentina.

He reaffirmed his Government's respect for the membership of WHO and for multilateralism, and he said that, for that reason, it had acted in full transparency and according to the rules of the Organization. He expressed the hope that the Board would act similarly in its consideration of the draft decision.

The representative of COSTA RICA said that her Government respected the sovereign right of any Member State to manage their own foreign policy, and she therefore took note of the request made by Argentina. She noted, however, that the matter at hand did not fall within the remit of the Board; rather, it detracted from the Board's urgent technical work, and it should have been addressed through timely dialogue between the parties. The leadership of WHO had been weak and had prevented the proactive management of tensions with Member States. It was crucial to seek solutions that could preserve effective participation; in particular, she expressed support for inclusive mechanisms for resolving disputes with a view to restoring mutual trust. She expressed concern regarding the impact of the situation on global public health, since diseases did not respect borders and must be addressed through multilateral cooperation. The withdrawal of even one Member State weakened the collective response to pandemics and cross-border health emergencies, which called for strengthened – not fragmented – international coordination mechanisms. She reaffirmed her Government's commitment to WHO's work on technical matters aimed at advancing progress on health standards and equitable access to health for all. Her Government viewed the election of a new Director-General as cause for optimism and an opportunity to refocus WHO's work towards its purpose of attaining the highest standard of health and well-being for all.

The representative of NORWAY expressed regret that Argentina intended to withdraw from WHO. She acknowledged the differing positions stated by the representative of Argentina and the Secretariat, and the different opinions on the complex legal, political and practical issues related to the withdrawal. She proposed that the period until the Seventy-ninth World Health Assembly should be used to better understand those complexities, to ensure that the Health Assembly could make an informed decision on the matter.

The representative of EL SALVADOR expressed support for Argentina's decision as a sovereign State. The situation must be addressed bilaterally between Argentina and the

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

Secretariat, and the Executive Board should not interfere in the decisions of a sovereign State. He therefore expressed support for the draft decision.

The representative of JAPAN first clarified that his Government was not in a position to state whether or not Argentina could withdraw from WHO. He said that, in the light of the difficulty of making a definitive legal assessment regarding the differences in interpretation of the situation, his Government wished to reserve its position.

The representative of PANAMA expressed support for the draft decision and said that her Government respected Argentina's sovereign decision to withdraw from WHO. The decision was regrettable, in the light of its potential impact on international health, and she urged the Government of Argentina to consider rejoining WHO when possible.

The representative of ISRAEL acknowledged the withdrawal of Argentina from WHO, effective as of 17 March 2026. He noted that the Government of Argentina had circulated its position on the matter in advance of the current meeting, and he reiterated the principle of State sovereignty and independence, which entitled a State to join or withdraw from international organizations as it saw fit. He expressed support for the position expressed by the Government of Argentina that the WHO Constitution did not expressly prohibit a State from withdrawing. He recalled that, in 1948, on the occasion of the ratification of membership of the United States of America, Member States had unanimously decided to recognize that country's right to withdraw from WHO; it was unfathomable that Member States had intended to grant that right to one country while denying themselves that same right. Furthermore, the Government of Argentina had cited that the nature of the WHO Constitution as a treaty establishing an international organization implied that States retained rights and obligations that were broader than those of the entity being established, including the right to withdraw from it.

The representative of SPAIN said that, in spite of the contradictory positions on the legal understanding of the situation, the reality remained: Argentina wished to withdraw from WHO and would no longer participate in WHO's activities or financing. While he accepted the decision, it was deeply regrettable; he expressed the hope that the decision would be reversed as soon as possible to resume cooperation with Argentina and other States intending to withdraw from the Organization. His Government could accept the current text of the draft decision but would also accept alternative wording enjoying consensus.

The representative of CHILE took note of the notification by Argentina of its intention to withdraw from WHO. As a founding member, Argentina had constructively participated in collective efforts to promote and protect public health at the regional and international levels. The decision was deeply regrettable, but her Government respected Argentina's sovereign right to withdraw. As such, she expressed support for the draft decision. She expressed the hope that channels of dialogue and cooperation would remain open to Argentina, in the interests of universal health and multilateralism.

The representative of HUNGARY⁷ emphasized that international dialogue and coordinated action were essential in addressing shared health challenges and that WHO remained central to the global health architecture. She acknowledged the sovereign right of every country to choose how to engage with international institutions; mutual respect for such decisions was the

⁷ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

cornerstone of effective and balanced multilateral cooperation. She expressed support for the draft decision.

The representative of PARAGUAY⁸ affirmed that Argentina's decision to denounce the WHO Constitution was consistent with international law. The WHO Constitution did not expressly prohibit the withdrawal of States, and, according to the principle of State sovereignty and independence enshrined in the Charter of the United Nations and constitutional law, any sovereign State could make decisions on its membership of an international organization. She highlighted the validity of Article 56 of the 1969 Vienna Convention on the Law of Treaties on denunciation of or withdrawal from a treaty containing no provision regarding termination, denunciation or withdrawal.

The representative of FRANCE⁸ said that the withdrawal of the United States of America and Argentina from WHO was regrettable. She noted the many complex legal, technical and financial implications of the decision to withdraw, and requested the Secretariat to communicate its analysis of those implications, and on the potential implications of the situation for WHO and PAHO, prior to the Seventy-ninth World Health Assembly, in order that an informed decision could be made.

The representative of SWITZERLAND acknowledged the notification regarding the denunciation by Argentina and the United States of America of the WHO Constitution and recalled the principle of sovereignty of Member States in accordance with the Charter of the United Nations. She emphasized the importance of multilateralism and its universality, particularly in the context of global health, and said that international collaboration and the exchange of information remained essential to protecting populations. She said that various legal, political and technical questions remained unanswered and asked the Secretariat to provide clarity prior to the Seventy-ninth World Health Assembly.

The representative of HAITI noted Argentina's decision to withdraw from WHO, which – according to its Rules of Procedure – the Board could do no more than acknowledge. His Government had full respect for State sovereignty; however, the situation demanded collective consideration of the concerns arising from a State's decision to distance itself from a multilateral health framework. Global health was based on the principle of interdependence, as no country could respond to pandemics and health emergencies alone. The response to tensions should be dialogue, reform and strengthening of trust, not fragmentation. He underscored the importance of enhancing WHO governance, including by improving transparency, accountability and equitable decision-making and engaging in open, inclusive dialogue.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, said that WHO was central to international health cooperation. As such, he said that Argentina's request to withdraw from WHO was regrettable and asked the Government to reconsider in the interest of global health security. Questions of interpretation and application of the WHO Constitution remained, and he therefore requested that the Director-General's report should be submitted to the Seventy-ninth World Health Assembly for discussion. In the meantime, he requested the Secretariat to arrange additional consultations on the legal implications of withdrawal and to maintain dialogue with the Government of Argentina to explore ways to resolve the matter.

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

The CHAIR asked the representative of Japan whether, in reserving his Government's position, he intended to block consensus on the draft decision.

The representative of JAPAN said that he did not intend to block consensus on the draft decision.

The CHAIR asked the Legal Counsel to explain what it meant for a Member State to reserve its position on a decision, if the decision was adopted by consensus.

The LEGAL COUNSEL said that consensus was not the same as unanimity. A unanimous decision would require all parties to agree, whereas a consensus required only that no voting party blocked consensus. Therefore, a decision could be adopted by consensus, but a Member State could still choose to reserve its position, and could request that their reservation be placed on record.

The representative of COSTA RICA said that it was not clear what the Board was being invited to do. Her Government had taken note of the intention of the Government of Argentina and was of the view that it did not have the capacity or authority to overturn the decision of a sovereign State.

The CHAIR clarified that the Board was being invited to consider the draft resolution contained in the draft decision, which simply sought the Health Assembly's acknowledgement of Argentina's withdrawal from WHO.

The representative of NORWAY said that her Government also wished to reserve its position.

The representative of SPAIN asked whether the adoption of the draft decision by the Board would preclude the Health Assembly from reopening the discussion.

The LEGAL COUNSEL, at the request of the CHAIR, read out the draft decision as introduced at the start of the meeting. He explained that, by adopting the draft decision, the Board was recommending that the Health Assembly acknowledge Argentina's withdrawal effective as of 17 March 2026. However, the Health Assembly could decide whether or not to accept the Board's recommendation.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA emphasized that every State, even if it had withdrawn from WHO, was obliged to inform WHO of a disease outbreak.

The representative of the REPUBLIC OF KOREA said that her Government also wished to reserve its position.

The CHAIR took it that the Board wished to adopt the draft decision on the withdrawal of the Argentine Republic from the World Health Organization.

The decision was adopted.⁹

The representative of AUSTRALIA acknowledged Argentina's extensive contribution to the work of WHO and said that Argentina's notification of withdrawal raised numerous issues that required careful consideration. Her Government remained committed to strengthening

⁹ Decision EB158(12).

international cooperation, including working with WHO to protect and promote the health of all people. She expressed the hope that Argentina would resume its full participation in WHO's work in the future. She also expressed support for continued engagement in the meantime, noting that her Government was open to the continued participation of Argentina in WHO's activities, as appropriate.

The representative of EGYPT said that his Government respected Argentina's sovereignty and the principle of multilateralism. He asked that clarification be provided prior to the Seventy-ninth World Health Assembly on the legal process for withdrawal and on the implications of withdrawal by different Member States.

The representative of ARGENTINA¹⁰ reassured the Board that, since pandemics were not bound by borders, his country would not isolate itself from the world following its withdrawal from WHO. His Government was committed to respecting existing rules, particularly those that benefited the entire global community, and would continue to collaborate closely with PAHO.

The representative of LEBANON, respecting the sovereignty of Argentina in making the decision to withdraw, wished to place on record that her Government dissociated itself from the member of the Board that had submitted the decision.

The CHAIR invited the Board to discuss the notification of withdrawal submitted by the United States of America. He noted that the Board had no decision before it.

The representative of ISRAEL recalled that the United States of America had deposited its notification of withdrawal from WHO on 22 January 2025, which was effective as of 22 January 2026. Any attempt to compel States against national decisions was an infringement of their sovereign rights. Since the United States of America had withdrawn from WHO, there was no valid reason to discuss the matter further. Such discussions only consumed WHO's limited resources and had no impact. Issues that were the subject of a dispute between a Member State and the Organization did not affect the right of withdrawal.

The representative of CHINA¹⁰ said that WHO's place in the global health architecture should be safeguarded and the multilateral system upheld. States should not be selective about their obligations or attempt to set up parallel mechanisms. All States should adhere to international law. He acknowledged the need to adjust WHO's rules and procedures relating to membership in order to eliminate ambiguities and ensure fairness and transparency.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA emphasized that the obligation to discharge arrears of assessed contributions applied to all States withdrawing from WHO.

3. Governance implications for WHO arising from the reassignment of a Member State from one region to another: Item 30 of the agenda (document EB158/46)

The CHAIR invited the Board to take note of the report contained in document EB158/46.

The Board noted the report.

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

4. 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)

The CHAIR drew attention to the report contained in document EB158/47 on the provisional agenda of the Seventy-ninth World Health Assembly, which contained a draft decision to approve the provisional agenda. He also drew attention to the report contained in document EB158/48 on the date and place of the Board's 159th session, which invited the Board to consider a draft decision to convene its 159th session on 25 and 26 May 2026. He further drew the Board's attention to the report contained in document EB158/47 Add.1, which outlined issues relating to the date and place of the Seventy-ninth World Health Assembly – which had previously been agreed by the Board in decision EB157(11) (2025) – which could also have an impact on the date of the 159th Session of the Executive Board.

The DIRECTOR a.i. (Governing Bodies), with regard to the draft provisional agenda of the Seventy-ninth World Health Assembly, recalled that the Programme, Budget and Administration Committee of the Executive Board had recommended the adoption of a draft decision on reform of the global health architecture and the UN80 Initiative. Should that draft decision be adopted, a corresponding item would be added to the draft provisional agenda of the Seventy-ninth World Health Organization.

In addition, she noted that the Health Assembly routinely considered two reports on health conditions in the occupied Palestinian territory, including east Jerusalem, under item 14.5 in Committee A and under item 17 in Committee B. She proposed that, in the interests of resource efficiency, the two items be grouped under item 17, taking into consideration the reports of the Director-General pursuant to resolution EB156.R3 and decision WHA78(16), respectively.

The DIRECTOR-GENERAL recalled the adoption of United Nations Security Council Resolution 2803 (2025), which held promise for advancing peace and health in the Gaza Strip. The proposal to group the two items of the agenda would foster a more constructive environment for discussions, and could contribute to the success of the peace initiative.

The representative of LEBANON asked the Secretariat to display on screen the proposal regarding the grouping of the two items of the agenda on the occupied Palestinian territory into a single report.

The CHAIR asked the Secretariat to explain the proposed change with reference to the provisional agenda contained in Annex 1 to document EB158/47.

The DIRECTOR a.i. (Governing Bodies) clarified that new item 17 of the agenda would have two subitems, and a report would be produced for each. Item 17.1 would be entitled, Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan —formerly item 17—; and item 17.2 would be entitled, Health conditions in the occupied Palestinian territory, including east Jerusalem —formerly item 14.5.

The representative of EGYPT asked whether the grouping of discussion on the two items on the situation in the occupied Palestinian territory could lead to their outcomes also being merged into a single decision or resolution.

The DIRECTOR a.i. (Governing Bodies) said that the proposal was to group the discussion of the two items on health conditions in the occupied Palestinian territory, including east Jerusalem, not to merge the two reports. The proposed grouping was practical in nature; scheduling the two

discussions on the two separate reports consecutively in Committee B would better enable Member States with smaller delegations to participate in both discussions and would enable each discussion to inform the other, thereby advancing the public health agenda.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA proposed merging agenda items 14.1 and 14.4 on the draft provisional agenda of the Seventy-ninth World Health Assembly, since they both dealt with issues relating to health emergencies.

The Observer of PALESTINE said that he had not agreed to merge the separate reports pursuant to resolution EB156.R3 and decision WHA78(16), respectively. Rather, the proposal was to schedule the two discussions in Committee B under item 17 of the agenda. He understood that a first discussion would take place on the report pursuant to resolution EB156.R3, a second discussion would take place on the report pursuant to decision WHA78(16), and then a third joint discussion would be held on both reports. The resulting decision and resolution would remain distinct.

The representative of KUWAIT,¹¹ speaking on behalf of the Member States of the Eastern Mediterranean Region, noted that an agreement had been reached between the Secretariat and the Observer of Palestine, in the light of building work at the Palais des Nations which would mean that Committees A and B would not meet in the same location. Grouping the items on that occasion would mean that discussions, and potential votes, would therefore be held in the same building and thus facilitate Member States' participation. It should not be seen as a precedent for future agenda-setting. He asked the Secretariat to clarify whether the work at the Palais des Nations was ongoing, and whether the proposal remained necessary.

The representative of EGYPT supported the proposal to group the two agenda items for the Seventy-ninth World Health Assembly, acknowledging that any such decision should not set a precedent for future Health Assemblies. It would be acceptable on that occasion, in order to accommodate smaller delegations and enhance participation.

The CHAIR said that the Board was considering the adoption of the agenda for the Seventy-ninth World Health Assembly only. While it was not intended that the grouping of the two agenda items should set a precedent, feedback on whether it had enhanced the discussion would be sought following the session.

The DIRECTOR a.i. (Governing Bodies) reiterated that the grouping of the two agenda items was a practical arrangement to facilitate the holding of discussions in one single location.

The representative of SAUDI ARABIA requested that the Observer of Palestine confirm that their understanding of the proposed merger reflected that of the Secretariat.

The Observer of PALESTINE¹¹ agreed that it was acceptable to merge the discussion on the two reports, and even to merge the reports themselves, in order to hold both discussions and any corresponding votes in a single location. However, it would not be acceptable to merge the resulting decision and resolution. He emphasized that the proposed merging of discussions would be a one-off decision, solely for practical reasons.

¹¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of UKRAINE did not agree with the proposal by the representative of the Democratic People's Republic of Korea to merge item 14.4 of the agenda, which addressed the situation in his country, with any other item on the agenda.

The representative of POLAND supported the position of the representative of Ukraine. The situation in Ukraine was sufficiently serious as to require a separate discussion. He therefore did not accept the proposal to merge items 14.1 and 14.4 of the agenda.

The representative of GERMANY¹² opposed merging items 14.1 and 14.4 of the agenda. The war in Ukraine was the result of unprovoked aggression, and should be addressed separately from discussions on other health emergencies.

The representative of SPAIN expressed support for the proposed grouping of items on the occupied Palestinian territory, on the basis of the practical reasons given. He opposed merging items 14.1 and 14.4 of the agenda, highlighting that the severity of attacks against medical personnel and facilities during the war of aggression warranted a separate discussion.

The representative of FRANCE¹² expressed support for the statements made by the representative of Ukraine, concerning the proposal to merge items 14.4 and 14.1, and those made by the Observer of Palestine.

The representative of ISRAEL emphasized the progress made to implement Security Council Resolution 2803 (2025) and establish the Board of Peace, which had ushered in a new atmosphere of peace in the region. Maintaining two separate discussions on the situation did not reflect the progress made, wasted time and did not comply with the proposed reform agenda. He called for discussion to take place under a single item of the agenda.

The CHAIR said that, in the absence of any objection from the representative of the Democratic People's Republic of Korea, he took it that the representative had withdrawn his proposal, since it lacked the support of the Board.

He invited the Board to adopt the draft provisional agenda of the Seventy-ninth World Health Assembly, with two changes to the draft provisional agenda: first, to move item 14.5 under item 17, and second, to add an item on the global health architecture and the UN80 Initiative, pursuant to the recommendation of the Programme, Budget and Administration Committee. The draft provisional agenda was contained in Annex 1 to document EB158/47.

It was so decided.

The CHAIR invited the Secretariat to explain the contents of document EB158/47 Add.1, which could have an impact on the date and place of the Seventy-ninth World Health Assembly, and subsequently, the date of the 159th Session of the Executive Board.

The DIRECTOR a.i. (Governing Bodies) explained that the report contained in document EB158/47 Add.1 set out the logistical challenge facing the timing of the Seventy-ninth World Health Assembly. As a result of ongoing building work, the rooms that the Secretariat had requested at the Palais des Nations were not available for the planned dates of the Health Assembly, which had been agreed by the Board in decision EB157(11). There were therefore two options: first, to retain the original planned dates of the Seventy-ninth World Health Assembly, from 18 to 23 May 2026 and hold the meetings across two locations – the Palais des Nations and

¹² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

WHO headquarters; or second, to hold the Seventy-ninth World Health Assembly one week later than planned, in order to be able to host all the meetings at the Palais des Nations as usual.

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, expressed approval of the draft provisional agenda for the Seventy-ninth World Health Assembly, as amended by the Board. Regarding the date of that session, his Region supported moving the session to take place from 25 to 30 May 2026, so that it could be held at a single venue, namely the Palais des Nations in Geneva. Consequently, the Region also supported moving the 159th session of the Executive Board to 1 and 2 June 2026, at WHO headquarters, to facilitate effective follow-up from the Health Assembly. The African Region expressed support for the draft provisional agenda for that session of the Executive Board, contained in the Annex to document EB158/48. He acknowledged that provisions were in place for adapting the modalities of governing body sessions in the event that it was not possible to hold face-to-face meetings.

The representative of COSTA RICA expressed support for retaining the original dates of the Seventy-ninth World Health Assembly. In that case, however, the planned timetable and programme must be adhered to and time must be managed effectively, since the need to travel between locations would preclude the rescheduling of items at short notice.

The representative of PANAMA expressed support for changing the dates of the Seventy-ninth World Health Assembly, so that it took place from 25 to 30 May 2026. That would allow smaller delegations, such as her own, to function more effectively.

The representative of NEPAL asked the Secretariat to clarify the locations involved if the original meeting dates were retained.

The DIRECTOR a.i. (Governing Bodies) said that, if the original dates were retained, Committee B and the plenary would take held at the Palais des Nations, and Committee A would meet at WHO headquarters.

The representative of NEPAL highlighted the challenge that resource-constrained delegations, such as his own, would face in such a situation. He asked how the logistical challenges, including the additional time needed for security procedures and travel between the two locations, would be addressed by the Secretariat for the duration of the meeting.

The DIRECTOR a.i. (Governing Bodies) acknowledged the issues that arose if the meeting was held across two locations. Acknowledging the cost implications, she said that an increased shuttle service would be provided; alternatively, the two locations were only a short walk apart. Agenda management and interpretation planning would be affected and would require careful attention.

The representative of FRANCE¹³ supported the statement by the representative of Nepal regarding the benefit of holding the Health Assembly in a single location. To that end, he expressed support for the proposal to move the dates of the Seventy-ninth World Health Assembly by one week. He asked the Secretariat to clarify the dates for each proposal.

The CHAIR said that the original planned dates of the Seventy-ninth World Health Assembly were Monday, 18 May 2026, to Saturday, 23 May 2026, with the 159th session of the Executive Board to follow on Monday, 25 May 2026, and Tuesday, 26 May 2026. If the meeting were to be

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

moved, the new dates would be from Monday, 25 May 2026, to Saturday, 30 May 2026, with the Board meeting on 1 and 2 June 2026. He reminded the Board that, while moving the meeting may allow for hosting in a single location, the original dates had long been scheduled with all participants, not just delegates from Member States, and the Board would only be providing three months' notice of the change.

The representative of BULGARIA supported the proposal to change the meeting dates by one week to better facilitate the participation of small delegations such as her own.

The representative of SPAIN expressed a preference for retaining the original dates, given that changing the dates at short notice could reduce the presence of relevant stakeholders at the Seventy-ninth World Health Assembly. Moreover, he expressed uncertainty that even if the dates were moved, the meeting could go ahead in a single location.

The DIRECTOR a.i. (Governing Bodies) confirmed that the Palais des Nations was definitely available to host all of the meetings and committees for the alternative dates.

The representative of POLAND asked whether the date of the Programme, Budget and Administration Committee would also need to change, should the Board decide to change the dates of the Seventy-ninth World Health Assembly.

The CHAIR said that it would make sense to move all meetings, or none, as the membership was similar across all the meetings under discussion.

The representative of CHINA¹⁴ expressed support for the proposal to hold the meeting in a single venue, and therefore change the dates of the Seventy-ninth World Health Assembly. He requested that the Secretariat strengthen its coordination and communication with the United Nations Office at Geneva, to avoid any similar situation occurring in the future.

The representative of SAUDI ARABIA said that any proposed decision regarding a change in the date of a Health Assembly should have been submitted sufficiently in advance of the session to allow for proper consideration.

The representative of NEPAL emphasized the need to strengthen coordination with the United Nations Office at Geneva. Furthermore, it would have been helpful to have received more information concerning all proposed options prior to the current session of the Board. As a resource-constrained delegation, he expressed a preference to hold all meetings in a single location, including Committees A and B, the Credentials Committee, and all side events. He therefore agreed to change the date of the Seventy-ninth World Health Assembly, while emphasizing that any such decision should not set a precedent for future Health Assemblies.

The representative of SAUDI ARABIA said that the Secretariat should have provided more options. He asked whether the Seventy-ninth World Health Assembly could only start on 18 May 2026 or 25 May 2026, or whether it could start mid-week. He asked whether the meeting could be held earlier than the original planned dates.

The representative of QATAR, welcoming the support offered by the Secretariat, expressed support for retaining the original dates of the Seventy-ninth World Health Assembly.

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

The representative of LEBANON asked whether there was any possibility of retaining the original dates and holding the meetings at WHO headquarters, using the old and new buildings.

The representative of SOLOMON ISLANDS said that travel arrangements and other logistical planning were already in place for his delegation, and therefore proposed retaining the original dates.

The representative of AUSTRALIA, acknowledging the statement by the representative of the Solomon Islands, said that changing the date of the Seventy-ninth World Health Assembly would cause logistical problems for diary scheduling of high-level participants, planning of side events, among other factors.

The representative of GERMANY¹⁵, recognizing the challenge that multiple locations would pose for smaller delegations, expressed trust in the Secretariat to facilitate movement between the locations and urged the Board to retain the original dates of the Seventy-ninth World Health Assembly, so as to prevent the withdrawal of any delegations or high-level participants.

The representative of EGYPT expressed support for retaining the original meeting dates.

The DIRECTOR a.i. (Governing Bodies) said that there were not enough rooms of sufficient size at WHO headquarters to host the plenary of the Health Assembly. There was also no possibility of holding the Seventy-ninth World Health Assembly any earlier, as other organizations had already scheduled their meetings at the Palais des Nations. The only alternative week was the week commencing Monday 25 May 2026. The easiest option would be to retain the original dates.

The Observer of PALESTINE asked whether Committees A and B could meet at WHO headquarters.

The CHAIR said that there were not enough rooms for Committees A and B to be held at WHO headquarters. He acknowledged the need to strengthen communication with the United Nations Office at Geneva to ensure that a similar situation would not arise in the future. The Board had to choose between retaining the original dates or holding the meetings in a single location.

He invited the Board to decide to retain the original dates, namely, to open the Seventy-ninth World Health Assembly on Monday, 18 May 2026, and close it no later than Saturday, 23 May 2026, to be followed by the 159th session of the Executive Board on Monday, 25 May 2026, and Tuesday, 26 May 2026.

The representative of NEPAL requested more time to discuss the proposals.

The CHAIR took it that the Board wished to suspend discussion of the item, pending informal consultations on the two options before it.

It was so agreed.

(For continuation of the discussion and the adoption of decisions, see the summary record of the eleventh meeting, section 3.)

The meeting rose at 12:55.

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