World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/B/PSR/1**
2022

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

Palais des Nations, Geneva
Wednesday, 25 May 2022, scheduled at 09:00

Chair: Mr R. BHUSHAN (India)

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COMMITTEE B

FIRST MEETING

Wednesday, 25 May 2022, at 09:15

Chair: Mr R. BHUSHAN (India)

1. OPENING OF THE COMMITTEE: Item 19 of the agenda

The CHAIR welcomed the participants.

Election of Vice-Chairs and Rapporteur

Decision: Committee B elected Dr F. Abiad (Lebanon) and Dr E.O. Ehanire (Nigeria) as Vice-Chairs and Dr G. Juszczyk (Poland) as Rapporteur.[1]

Organization of work

The representative of FRANCE, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. She requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

It was so agreed.

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 21 of the agenda

Financial matters

Financing and implementation of the Programme budget 2022–2023: Item 21.1 of the agenda (documents A75/27 and A75/52)

Scale of assessments 2022–2023: Item 21.2 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, resolution EB150.R5)

Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution: Item 21.3 of the agenda (documents A75/28 and A75/55)

[1] Decision WHA75(3).

The CHAIR, referring to item 21.3 of the agenda, said that he had been informed by the Secretariat that the Government of El Salvador had settled its account to an extent that it would no longer be subject to Article 7 of the Constitution. Accordingly, it should be deleted from the draft resolution contained in paragraph 12 of document A75/28.

In addition, he drew the Committee's attention to the two resolutions that had been adopted by the Health Assembly on Tuesday, 24 May 2022, entitled Special arrangements for settlement of arrears: Islamic Republic of Iran,[1] and Special arrangements for settlement of arrears: Sudan.[2]

The representative of MAURITANIA, speaking on behalf of the Member States of the African Region, took note of the updates provided and welcomed the transparency and accountability demonstrated by the Secretariat towards Member States. He welcomed the slight increase in contributions that had resulted from global solidarity in the face of growing health threats and emergencies. He noted in particular the financing for poliomyelitis eradication and emergency operations, which were important in the Region. Funds should be allocated in a timely manner to combat epidemics at the country level. With regard to the base budget segment, the African Region and the Region of the Americas had received the lowest amount in the first quarter of 2022–2023, and he called for the effective and rapid reallocation of funds from headquarters, which had already received 86% of its biennial financing.

Despite the negative impact of the coronavirus disease (COVID-19) pandemic on national economies, all Member States remained obligated to pay their contributions to ensure that WHO could fulfil its mandate. He urged Member States in arrears to settle their accounts and thereby restore their right to vote. The Secretariat should enhance communication with those Member States to reschedule their payments and ensure that their assessed contributions would be paid. He looked forward to progress being made in the implementation of the Programme budget 2022–2023, specifically in respect of universal health coverage and health emergency preparedness and response.

The representative of BHUTAN welcomed the progress made in the financing and implementation of the Programme budget 2022–2023 despite the challenges of the COVID-19 pandemic. He welcomed the focus on supporting regional priorities and on results-based planning and budgeting, taking into account the lessons learned from the COVID-19 pandemic. Noting the efforts made to mobilize resources, he urged the Secretariat to address unfunded programmes and activities, which could help to sustain health gains and reverse the health losses that had resulted from the pandemic.

The representative of the UNITED STATES OF AMERICA said that her Government remained committed to strengthening WHO. She expressed concern regarding the uneven distribution of financing across WHO offices regions and programmes, despite robust support in some areas. In moving to more sustainably financed budgets, details should be presented early and often to Member States to ensure confidence and clarity in the allocation of resources across the Organization. Reforms should be implemented to ensure that WHO was effective, well-resourced, agile and respected. She supported strengthening the role of Member States in determining the strategic direction and core functions of WHO.

The representative of NAMIBIA noted that the base Programme budget 2022–2023 was 16% higher than that of 2020–2021. However, the WHO Health Emergencies Programme was the least funded among the Organization's four strategic priorities. While WHO headquarters remained the best financed of all major offices, the African Region and the Region of the Americas continued to receive the lowest level of financing, and the Secretariat should address that concern. He urged WHO to build on the progress in budget implementation made in the first quarter of the biennium, and noted that the

[1] Resolution WHA75.1.

[2] Resolution WHA75.2.

report of the Working Group on Sustainable Financing was a good step towards improving sustainable and flexible financing for WHO.

The representative of MEXICO reaffirmed the importance of ensuring the equitable allocation of resources across WHO's priority areas of work. To that end, performance, accountability, resource allocation and the potential impact of other factors on financing and resource implementation should be constantly evaluated. He urged the Secretariat to explore mechanisms to incentivize donors to give flexible funding to ensure sufficient and predictable financing for all priority areas of work. WHO should also continue to explore innovative strategies and evaluation mechanisms in order to improve financing at all levels. He commended the regular reports on the utilization of the Programme budget 2022–2023, which would enhance certainty, transparency and accountability regarding the use of available resources and enable Member States to provide better guidance on how to overcome financing and implementation challenges.

The representative of GHANA commended WHO's efforts to align with wider United Nations reforms to improve operational efficiency and effectiveness. She welcomed the Secretariat's commitment to achieving savings in the Programme budget 2022–2023 so as to offset the proposed budgetary increase, noting in particular the estimated savings with respect to travel and administrative costs. She commended the increase in technical support provided to Member States during the COVID-19 pandemic and welcomed the improved documentation of cost savings and efficiency gains. WHO should continue to reduce manual tracking in order to minimize underestimation and further improve cost savings and efficiencies.

The representative of INDIA emphasized the importance of the integrity of financial statements and the evaluation of budget allocations. While he agreed with the proposed approach of increasing assessed contributions, WHO should demonstrate the added value of any increase through a new accountability framework or mechanism. Detailed and meaningful consultations should be held with Member States to discuss specific activities under various programmes rather than an overview. Noting the lower-than-average utilization by strategic priority, he said that regular reviews of programmes between country offices and Member States should be conducted. The Secretariat should have the flexibility to reallocate unused funds mobilized by headquarters to different geographical areas. Finally, he called for a transparent assessment of WHO operations through specific key performance indicators for programme evaluation.

The representative of PARAGUAY said that although the expected deficit concerning base programmes had improved slightly for 2022–2023, that segment continued to face significant funding challenges. He asked what strategies or mechanisms were being developed to improve the financing of the base segment, in addition to the proposals submitted by the Working Group on Sustainable Financing. He urged WHO to ensure that its estimate of income from contributions was realistic and take into account more variables in order to provide a clearer and more predictable funding outlook. The Region of the Americas remained the most underfunded region from the base segment, with some strategic priority areas receiving around 40% less than in the period 2020–2021. He asked whether that was due solely to the origin and nature of those funds and how the Secretariat intended to rectify the problem. His Government would take the necessary steps to meet its commitments to the Organization as soon as possible.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that the Secretariat would prepare additional information for Member States regarding the allocation of resources to regions and countries. The comment regarding regular reviews between Member States and country offices had been well noted, and the Secretariat would work with the regions to identify how best it could be done to ensure that feedback was taken on board and that the services provided by WHO met the needs of Member States. With regard to the level of approved programme budget financing, he said that a proportion of the funding allocated to headquarters would be distributed to countries and regions and

noted that the Resource Allocation Committee was seeking to ensure an equitable allocation of funds. However, the high earmarking of funds continued to present certain challenges, and he urged Member States to increase the flexibility and sustainability of financing. The Secretariat remained committed to demonstrating added value and greater transparency regarding resource allocation across the Organization. It was also committed to providing details and improving clarity regarding the budget, and to making documentation available in advance of meetings.

The EXECUTIVE DIRECTOR (External Relations and Governance) said that the Secretariat was constantly seeking innovative ways to finance the programme budget. She highlighted the success of the COVID-19 Solidarity Response Fund, which had been established in partnership with civil society organizations, the United Nations Foundation and philanthropists worldwide. Innovative governance mechanisms had been designed to provide for the distribution of resources from that Fund. The lessons learned from that experience could be applied to future measures, including the feasibility study on a replenishment mechanism, as recommended by the Working Group on Sustainable Financing. Such a mechanism would be the first for a Member State-led organization, and the Secretariat would be pleased to report on that interesting option in due course.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/10 Rev.1, A75/27 and A75/28.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft resolution on scale of assessments 2022–2023 recommended in resolution EB150.R5, as contained in document EB150/2022/REC/1.

The draft resolution was approved.[1]

The CHAIR took it that the Committee wished to approve the draft resolution on status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, as contained in paragraph 12 of document A75/28, as amended by the Secretariat.

The draft resolution, as amended, was approved.[2]

Governance matters

Prevention of sexual exploitation, abuse and harassment: Item 21.4 of the agenda (documents A75/29 and A75/50)

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, welcomed the WHO Management Response Plan on preventing and responding to sexual exploitation and abuse and sexual harassment. He welcomed the establishment of a subcommittee of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to identify how the Organization's current procedures on the prevention and response to sexual exploitation, abuse and sexual harassment could be improved. He recognized the progress made to ensure that the Secretariat had sufficient dedicated capacity to tackle those areas of work. He welcomed the appointment of a coordinator on the prevention of sexual exploitation, abuse and sexual harassment for the African Region, who had begun work in March 2022. Funds allocated to the African Region must

[1] Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.9.

[2] Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.10.

be sufficient for building capacity for the prevention of sexual exploitation, abuse and sexual harassment in all Member States.

The representative of NORWAY welcomed the progress made by WHO towards a victim-centred approach to addressing sexual exploitation, abuse and sexual harassment and to tackling the backlog of such cases. However, the concerns expressed by United Nations special rapporteurs, many of which her Government shared, should be taken into account in the WHO Management Response Plan. The Director-General should be accountable for creating an organizational culture based on ethics, integrity, trust, transparency, accountability and zero tolerance for inaction. Surveys would help to assess any progress made. The United Nations Office of Internal Oversight Services should have unhindered access to all information and staff throughout its investigations.

The representative of MALAYSIA said that the shift towards zero tolerance of sexual exploitation, abuse and harassment required strong leadership, political will and shared responsibility. Highlighting steps taken in her country to combat sexual exploitation, abuse and harassment, she said that her Government supported the priority areas of work recommended by the subcommittee of the Independent Oversight and Advisory Committee, and called on WHO to take the urgent actions required. She condemned all acts of sexual exploitation, abuse and harassment, particularly those perpetrated by people in positions of power.

The representative of the NETHERLANDS, speaking also on behalf of Albania, Argentina, Australia, Austria, Brazil, Canada, Colombia, Costa Rica, Croatia, Cyprus, Ecuador, Estonia, the European Union, Fiji, France, the Gambia, Georgia, Germany, Greece, Guatemala, Ireland, Israel, Kenya, Latvia, Malta, Mexico, Monaco, Montenegro, Morocco, New Zealand, North Macedonia, Norway, Panama, the Republic of Korea, Senegal, Spain, Sweden, Thailand, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, as well as Belgium, Bulgaria, the Czech Republic, Denmark, Finland, Hungary, Italy, Lithuania, Luxembourg, Poland, Portugal, Romania, Slovakia, Slovenia and Switzerland, condemned all forms of sexual exploitation, abuse and harassment and expressed support for a victim- and survivor-centred approach.

The risk of sexual exploitation, abuse and harassment undermined efforts to achieve the 2030 Agenda for Sustainable Development and called into question the integrity and credibility of the international aid community. Cases of sexual exploitation, abuse and sexual harassment were underreported, including as a result of social stigma, and WHO must use its leadership role to promote guidelines, norms and standards for cultural change among all actors in the global health ecosystem. She welcomed the progress made by WHO towards eliminating sexual exploitation, abuse and sexual harassment across its operations, building capacity and implementing institutional change. Member States and the governing bodies should continue to receive regular updates on the processes established by WHO, including on the support offered to victims and survivors and the implementation of the WHO Management Response Plan. She noted with concern that WHO's response to a communication received in March 2022 from three United Nations special rapporteurs regarding allegations of sexual exploitation and abuse during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo had been made public only in May 2022. WHO's leadership must bring about cultural change and ensure zero tolerance of such behaviour – inaction was not acceptable. She endorsed the five priority action areas identified by the subcommittee of the Independent Oversight and Advisory Committee and the integration of its recommendations into the WHO Management Response Plan.

The representative of NEW ZEALAND condemned sexual exploitation, abuse and sexual harassment in all its forms. While WHO's actions in the area of prevention were welcome, more remained to be done and she called on WHO to continue its efforts.

The representative of THAILAND commended WHO's commitment to zero tolerance of sexual exploitation, abuse and sexual harassment. It was essential to raise awareness of the issue, particularly in the context of health emergency preparedness and response. WHO should continue to build on

systems and procedures to safeguard victims and scale up preventive measures. Victims and survivors must have access to trustworthy, private and dignified support services.

The representative of INDIA said that the Clear Check screening database should be made accessible to regional and country offices and Member States. WHO's #NoExcuse campaign should be supported with the provision of appropriate counselling, legal support and training across all levels to cultivate an environment preventing any form of sexual exploitation, abuse and harassment. A culture in which reporting, investigation and timely action were ensured should be built. WHO's governance structure should be reviewed and Member States briefed on the failure to tackle protracted cases of sexual abuse and harassment. WHO should work with other key stakeholders to bring about complete cultural change at all levels. The Secretariat should provide information on the current status of the cases of alleged sexual exploitation and abuse reported to the United Nations Office of Internal Oversight Services. He looked forward to learning more about long-term strategies and risk mitigation measures to combat and prevent sexual exploitation, abuse and harassment.

The representative of the UNITED STATES OF AMERICA said that her Government attached the highest priority to addressing sexual exploitation, abuse and sexual harassment, and welcomed the initial steps taken by WHO, with particular regard to the situation in the Democratic Republic of the Congo. She appreciated the updates on the short- and medium-term actions in the WHO Management Response Plan, key developments in WHO's regulatory framework, and the handling of outstanding investigations. Despite that progress, however, sexual exploitation, abuse and sexual harassment concerns persisted at WHO, and more needed to be done, including to strengthen reporting, oversight and investigation mechanisms, and apply a survivor-centred approach. While her Government supported the continued temporary suspension of Financial Rule XII, 112.1, further consideration should be given to the structures required in the medium to long term. She welcomed WHO's efforts to more proactively prevent sexual exploitation, abuse and sexual harassment, and encouraged the Organization to increase the number of female staff members at all levels, identify priority responses warranting targeted technical support, and increase the number of advisers and experts in sexual exploitation, abuse and sexual harassment prevention. Ensuring that core staff positions were appropriately budgeted would help to ensure a sustainable long-term model. Accountability of staff members at all levels was essential to foster cultural change in WHO.

The representative of MEXICO welcomed the policies that sought to promote the application of measures to avoid all forms of harassment and abusive conduct, with particular focus on transparency and accountability, notably during health emergencies. He further welcomed the application of WHO's policy directive on protection from sexual exploitation and sexual abuse and the establishment of safe reporting mechanisms, which built trust and addressed the fear of retaliation and perception of impunity. He recognized the value of the Integrity Hotline in that regard. The unified framework for work on prevention of and response to sexual exploitation and abuse and sexual harassment was a positive step towards standardizing strategies, methods and processes. With regard to the request for an initial core budget of US$ 50 million allocated to work on preventing and responding to sexual exploitation and abuse and sexual harassment for the biennium 2022–2023, he asked the Secretariat to specify how such funds would be used for victim-centred policies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government shared many of the concerns expressed by the representatives of Norway and India and looked forward to receiving the results of the staff survey, which would offer an understanding of the perceived pace of cultural change within WHO. Her Government also shared a number of the concerns raised by the Special Rapporteur on violence against women in the letter of May 2022, and noted the Secretariat's response. While the Secretariat had made great progress in improving policies, practices and investigation processes for safeguarding against sexual exploitation, abuse and harassment and moving towards a victim- and survivor-centred approach, work remained to be done. Her Government awaited the outcomes of the audit review and of the investigations being

carried out by the Office of Internal Oversight Services. As part of the policies review, sexual harassment must be brought under the title of sexual misconduct, and she looked forward to an update in that regard. In order to reach gender parity in deployments for health emergency response, WHO must ensure the safety of all of its staff members, especially women.

The representative of the REPUBLIC OF KOREA welcomed the implementation of the WHO Management Response Plan, in particular the campaigns to improve training and build capacity of WHO staff. He noted the provision of integrated support based on a victim- and survivor-centred approach and welcomed the increased efficiency of investigations and the progress in reducing the backlog of cases. Extending the suspension of Financial Rule XII, 112.1, would have to be reviewed depending on how investigations proceeded. Sexual exploitation, abuse and harassment had a grave impact on victims and eroded trust in WHO, and he hoped that a culture of zero tolerance and prevention would be established and given sufficient budgetary support.

The representative of JAPAN said that WHO must continue to enforce its zero-tolerance policy on sexual exploitation, abuse and sexual harassment, and fulfil the recommendations of the Independent Expert Oversight and Advisory Committee. Welcoming the continued implementation of the WHO Management Response Plan, he commended WHO's efforts to introduce best practices from other organizations. Existing mechanisms should be utilized to avoid duplication of work, and he asked whether those of other United Nations agencies had been scrutinized for the proposed revision of the component of the Programme budget 2022–2023 concerning the prevention of and response to sexual exploitation, abuse and sexual harassment. WHO should share its good practices with other international organizations. The Secretariat should consider adhering to the OECD's Development Assistance Committee Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance.

The representative of GHANA supported WHO's zero tolerance of sexual exploitation, abuse and harassment and the decision to grant the Head of Investigations the authority for all investigations relating to such conduct. She emphasized that the Clear Check screening system should not be used as a discriminatory tool. Support systems for victims of abuse should be scaled up in all Member States.

The representative of INDONESIA said that the creation of the WHO public website to provide easy access to key documents and the publication of a monthly newsletter had promoted greater transparency and accountability. She recognized the increased risk of sexual exploitation and abuse during health emergencies and other settings of vulnerability and inequality but commended WHO's ongoing efforts to deploy staff in response to health needs. Tackling sexual exploitation, abuse and sexual harassment was a shared responsibility and should involve all stakeholders. WHO should strengthen its commitment to zero tolerance and inaction and continue to provide regular updates to Member States.

The representative of TURKEY highlighted the importance of ensuring a respectful working environment for all and commended the investigation into the allegations of misconduct in the Democratic Republic of the Congo. He welcomed the implementation of the recommendations of the Independent Commission on Allegations of Sexual Exploitation and Abuse in the Democratic Republic of the Congo during the Response to the Tenth Ebola Outbreak, the policy on preventing and addressing abusive conduct and the zero-tolerance policy. The prevention of and response to all forms of sexual misconduct and violence required all stakeholders to be engaged, victims to be free from fear and tough mechanisms to be put in place for perpetrators. Complaints must not be allowed to go unreported and must be investigated in a timely manner with a victim-centred approach. She looked forward to receiving the outcome of the staff survey and regular updates on the implementation of the WHO Management Response Plan.

The representative of PARAGUAY welcomed the measures taken thus far, including the establishment of capacity within the Secretariat to tackle sexual exploitation, abuse and sexual harassment, which would bring about the required institutional change. WHO should continue to follow the December 2021 implementation plan. The unified framework for work on prevention of and response to sexual exploitation and abuse and sexual harassment would help to ensure a zero-tolerance policy. He commended WHO's leadership role and encouraged the Organization to strengthen efforts to promote an institutional culture of victim- and survivor-centred care.

The representative of SWEDEN said that nothing less than a zero-tolerance approach to sexual exploitation, abuse and sexual harassment was acceptable and she welcomed the work undertaken to implement the WHO Management Response Plan. While her Government welcomed the additional financial resources allocated for that work, it noted the importance of finding a sustainable financial solution, for example, by using assessed contributions. Results should be reported to Member States and donors as soon as they were available. She welcomed the commitment to embedding experts on the prevention of and response to sexual exploitation, abuse and sexual harassment in the ongoing emergency response in Ukraine.

The representative of SOUTH AFRICA noted with appreciation the efforts to strengthen WHO's capacity to address sexual exploitation, abuse and harassment at all levels, including the establishment of dedicated units. All individuals in need should be given the required support, any ongoing abuse must cease and the perpetrators must be held accountable.

The representative of DENMARK acknowledged the steps taken to build capacity to prevent and respond to sexual exploitation, abuse and harassment at all levels of the Organization. She emphasized the importance of a victim- and survivor-centred approach to that work, and of rebuilding and retaining the trust of the communities that WHO served. It was regrettable that the letter from three United Nations special rapporteurs had only been made public two months after it had been sent. WHO should place a renewed focus on transparency and openness and remain committed to enforcing the policy of zero tolerance for inaction.

The representative of NIGER highlighted steps taken in his country to combat sexual exploitation, abuse and sexual harassment. He expressed his Government's support for the recommendations made by the Executive Board at the 150th session on regulatory measures to combat sexual exploitation, abuse and sexual harassment.

The representative of ISRAEL, speaking also on behalf of Albania, Argentina, Australia, Austria, Brazil, Canada, Colombia, Costa Rica, Croatia, Cyprus, Ecuador, Estonia, the European Union, Fiji, France, the Gambia, Georgia, Germany, Greece, Guatemala, Ireland, Kenya, Latvia, Malta, Mexico, Monaco, Montenegro, Morocco, the Netherlands, New Zealand, North Macedonia, Norway, Panama, the Republic of Korea, Senegal, Spain, Sweden, Thailand, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, as well as Belgium, Bulgaria, the Czech Republic, Denmark, Finland, Hungary, Italy, Lithuania, Luxembourg, Poland, Portugal, Romania, Slovakia, Slovenia and Switzerland, said that action on sexual exploitation and abuse and on sexual harassment must be aligned as those unacceptable behaviours were rooted in the same inequalities and undermined the important work of WHO. He keenly awaited the outcomes of the investigations being carried out by the Office of Internal Oversight Services and WHO's subsequent response.

The encouraging inter-agency initiatives should be enhanced. WHO should continue to work alongside the United Nations Office of the Victims' Rights Advocate and the Office of the Special Coordinator on improving the United Nations response to sexual exploitation and abuse, to prevent sexual exploitation, abuse and harassment and ensure a victim-centred approach to the reporting and follow-up of cases. The Secretariat should also strengthen its engagement with countries in which WHO was present. The successful implementation of the WHO Management Response Plan would

require effective and transparent recruitment practices and performance management in order to prevent the hiring of perpetrators. There was a need for a cultural change within the Organization, and WHO should engage with civil society organizations and other stakeholders in that respect. Those activities should be included in the new three-year strategy on prevention of and response to sexual exploitation, abuse and sexual harassment.

The representative of BHUTAN recalled that sexual exploitation, abuse and harassment occurred in all settings and were often stigmatized, hidden or ignored. Preventing and addressing such abuse improved the well-being of individuals and society. His Government therefore supported WHO's zero-tolerance approach to sexual exploitation, abuse and harassment and the implementation of the WHO Management Response Plan and its accompanying implementation plan.

The representative of LEBANON expressed support for WHO's zero-tolerance policy. The number of incidents within the Organization indicated the fragility of the current systems and the ongoing need for reform. She encouraged WHO to pursue a comprehensive victim- and survivor-centred approach and to engage other stakeholders and external experts to ensure transparent and unbiased oversight. Further efforts were required to guarantee the complete protection of women and communities.

The representative of the NETHERLANDS said that the risk of sexual exploitation, abuse and harassment, which was already high, had been elevated by current health emergencies. The elimination of all forms of violence against women and girls by 2030, which was one of the Sustainable Development Goals, included preventing mandatory motherhood. Access to safe medical care, including the termination of unwanted pregnancy, should be available in all cases, not just those resulting from sexual exploitation or abuse. The politicization and criminalization of abortions did not reduce their number, but rather led to an increase in unsafe procedures. WHO's abortion care guideline, released in March 2022, provided for the legal availability of safe abortions in cases of unwanted pregnancy. However, those recommendations must also be accompanied by structural change to destigmatize and remove non-medical barriers to sexual and reproductive health care services. The Secretariat and Member States must continue to support that work.

The representative of TOGO commended WHO's efforts to strengthen institutional capacity for prevention, detection and response to sexual exploitation, abuse and sexual harassment, particularly in high-risk settings. He highlighted actions taken in his country in that regard and expressed his Government's support for the proposed three-year WHO strategy on prevention of and response to sexual exploitation, abuse and sexual harassment.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that work was ongoing at the regional and country offices to prevent sexual exploitation, abuse and harassment and to uphold the zero-tolerance approach. Key outcomes of consultations undertaken in 2021, including an emphasis on leadership in the prevention of sexual exploitation, abuse and harassment, diversity, equity and inclusion, had been embedded into regional priorities. Action was being taken to ensure a respectful workplace, with particular focus on transformation at the country level. The Region was receiving additional resources for the prevention of and response to sexual exploitation, abuse and harassment, and a regional coordinator and several national technical officers were currently being recruited. The Region held mandatory training and regular meetings and seminars to ensure that staff were aware of their responsibilities and reporting channels and to strengthen accountability. He highlighted the importance of inter-agency work to ensure better use of existing resources and coordinated engagement with Member States and partners. Overhauling the systems, staff and leadership had equipped the Region to better support and protect victims and survivors, to provide justice, and to reform structures and enhance culture.

The REGIONAL DIRECTOR FOR EUROPE said that sexual exploitation and abuse constituted an inexcusable violation of WHO's commitment to serve and protect communities around the world. A comprehensive response at all levels was required to address the recommendations of the Independent Commission. He remained determined to take all measures needed to detect, prevent and tackle sexual exploitation, abuse and harassment in the European Region. Short-term initiatives had quickly been introduced to build capacity and understanding, reduce risk and improve reporting. Furthermore, in order to ensure alignment of actions across all three levels of the Organization, the Region was contributing actively to the WHO Management Response Plan. Upholding the commitment to zero tolerance, the prevention of and response to sexual exploitation, abuse and harassment had been embedded in the emergency response in Ukraine and neighbouring countries. The WHO Regional Office for Europe would continue to coordinate with partner agencies on activities relating to the prevention of and response to sexual exploitation, abuse and harassment and monitor the gender imbalance in personnel deployed in emergency operations.

The representative of the REGIONAL DIRECTOR FOR AFRICA said that significant progress had been made in the prevention of sexual exploitation, abuse and harassment in the Region, including the appointment of a regional coordinator and the selection of experts to be deployed to high-risk countries. Furthermore, the gender balance on the Region's emergency preparedness and response senior leadership team had been significantly improved, and focal points for the prevention of and response to sexual exploitation, abuse and harassment had been appointed in all countries in the Region. While all surge teams had a technical expert on sexual exploitation, abuse and harassment prevention and response, two experts were present on the current team responding to the Ebola virus disease outbreak in the Democratic Republic of the Congo. Staff training on the prevention of and response to sexual exploitation, abuse and harassment was being provided across the Region, and the prevention and response network was being strengthened through regular interactions across all three levels of the Organization.

He noted that a memoranda of understanding had been signed with the UNFPA to provide psychological, social and financial support to the victims of sexual exploitation and abuse during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo. Assistance was also being provided to those planning to seek legal recourse. However, a stable funding base was required if the support and initiatives were to be sustainable. Current funds allocated to the African Region were insufficient to build the necessary capacity in all Member States for the prevention of and response to sexual exploitation, abuse and sexual harassment.

The ACTING DIRECTOR (Prevention and Response to Sexual Misconduct) thanked Member States for their support, feedback and suggestions and for their acknowledgement of the progress made across the Organization, noting that much remained to be done. While there was no agreed definition in the United Nations system of a victim- and survivor-centred approach, efforts were being made to reach system-wide agreement on what such an approach would entail and on the responsibilities of organizations and Member States. Noting that WHO was providing victim- and survivor-centred support in the Democratic Republic of the Congo, she welcomed the information about national systems including referral services for gender-based violence for survivors and victims, which must be strengthened. WHO remained committed to a policy of zero tolerance and would continue the efforts on culture change. The Secretariat would continue to inform Member States of progress made and was preparing to hold a briefing on the proposed three-year strategy on prevention of and response to sexual exploitation, abuse and sexual harassment. The letter published by the United Nations special rapporteurs was a clear indication of the volume of work yet to be accomplished and on the importance of prevention, and WHO representatives were preparing to meet the special rapporteurs to discuss specific actions to be taken. Although WHO had not made an official declaration, it was implementing the six pillars of the OECD's Development Assistance Committee Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance. In addition, WHO would continue to work with other stakeholders, including women-led civil society

organizations, to obtain input on the proposed strategy and to support victims of sexual exploitation, abuse and sexual harassment.

The HEAD OF INVESTIGATIONS said that the Office of Investigations had eliminated the backlog of sexual exploitation, abuse and sexual harassment cases and was working to clear the backlog of cases of abusive conduct. It was in regular contact with the Office of Internal Oversight Services concerning the investigations handed over by WHO and some progress had been made in that respect. The outcomes of those investigations would be shared as soon as they became available. The Office of Investigations had welcomed the unhindered access provided under decision EB150(23) (2022) and had kept to the 120-day timeline for working investigations.

Victims or survivors of sexual exploitation, abuse and sexual harassment were first offered medical and psychosocial support and any other service required as a result of their trauma; then an investigation was begun. Many investigations led to increased collaboration within the Secretariat, including with the accountability, human resources, and ethics functions, and in some cases, interim measures were implemented. She said that numerical data on the investigations conducted could be found on the public dashboard on WHO's webpage for the prevention of and response to sexual exploitation, abuse and harassment. Finally, she welcomed the ongoing support provided by Member States to strengthen WHO's current system, which was fragile.

The DIRECTOR-GENERAL thanked Member States for their guidance and support since the publication of the shocking report of the Independent Commission. WHO remained committed to effecting change, and that work had only just begun. Weekly meetings were held to discuss progress with representatives of all WHO's accountability functions. He reiterated the importance of the principles of zero tolerance, prevention, cultural and mindset change, and ensuring a victim- and survivor-centred approach. The 120-day timeline for investigations had been introduced in response to complaints from staff members about the backlog of investigations, some of which had taken up to eight years to be completed. He assured Member States that the quality of the investigations would not be compromised by the timeline, which could be extended with reasonable justification. WHO was the first United Nations specialized agency to have introduced such a timeline, which he hoped would ensure greater accountability. Adjustments to that process could be made, where necessary, in the light of lessons learned. WHO was committed to the basic principle of transparency and to accountability and would continue to update Member States and seek their guidance in order to improve its approach.

The CHAIR took it that the Committee wished to note the report contained in document A75/29.

The Committee noted the report.

WHO reform: Item 21.5 of the agenda

- **Written statements: guidelines for Member States** (documents A75/30 and EB149/2021/REC/1, decision EB149(3))

The CHAIR invited the Committee to consider the draft decision on written statements: guidelines for Member States recommended in decision EB149(3), as contained in document EB149/2021/REC/1.

The representative of CHINA recalled that written statements were intended to complement the oral interventions made by Member States. He suggested that paragraph 10 of the proposed guidelines set out in the Annex to document A75/30 should be amended with the addition of the phrase "and must avoid unrelated politically controversial subject matter", which had been incorporated in the version of the draft guidelines discussed at the 145th session of the Executive Board. Accordingly, the paragraph would read: "Written statements should address the agenda item in respect of which they are submitted and must avoid unrelated politically controversial subject matter. They must not include any offensive language, including with respect to other Member States."

The representative of INDIA said that a mechanism should be developed for the Secretariat to indicate what follow-up action had been initiated by headquarters or regional and country offices after the submission of written statements. Such a mechanism would lead to a more inclusive WHO and would better reflect Member States' priorities.

The representative of GHANA expressed support for the proposed guidelines for Member States on written statements. He commended WHO for ensuring that Member States would have an opportunity to post their statements on the dedicated WHO webpage.

The LEGAL COUNSEL recalled that the amendment suggested by the representative of China would reintroduce language that had been removed from a previous version of the proposed guidelines following discussions at the 145th session of the Executive Board. At that time, the Board had considered the sentence "They must not include any offensive language, including with respect to other Member States." to be sufficient. Consultations were, however, ongoing.

The CHAIR suggested that consideration of the item should be suspended pending the conclusion of the consultations.

It was so agreed.

(For continuation of the discussion and approval of the draft decision, see the summary records of the third meeting, section 2.)

Global strategies and plans of action that are scheduled to expire within one year: Item 21.6 of the agenda

- **Global strategy and plan of action on public health, innovation and intellectual property** (documents A75/10 Rev.1 and EB150/2022/REC/1, decision EB150(11))

The CHAIR drew attention to the draft resolution on the global strategy and plan of action on public health, innovation and intellectual property recommended in decision EB150(11), as contained in document EB150/2022/REC/1.

The representative of INDIA expressed support for the draft resolution. WHO should convene informal consultations in order to identify and share best practices related to the implementation of actions within the global strategy and plan of action on public health, innovation, and intellectual property.

The representative of MALAYSIA expressed appreciation for the draft resolution, in particular the extension of the plan of action on public health, innovation and intellectual property to 2030 and the provision of technical assistance and knowledge-sharing to facilitate countries' achievement of that plan of action. In line with the requests to promote collaboration and identify potential synergies, she called on the Secretariat to strengthen the Price Information Exchange for Medicines in the Western Pacific Region and to promote a pooled procurement system in the Region.

The representative of ARGENTINA expressed support for the draft resolution. The global strategy and plan of action remained relevant, as the key challenges that had led to their adoption in 2008 persisted. Those challenges, particularly in developing countries, included: the lack of sustainable financing, poor access to new health products, the high prices of new medicines and technologies, the shortage of essential health products, the inefficient supply and distribution infrastructure, and the lack of regulatory frameworks and trained personnel. Recognizing the goal of promoting access to new medicines and innovation, especially to address health issues disproportionately affecting developing countries, she reiterated the importance of the Agreement on Trade-Related Aspects of Intellectual

Property Rights (TRIPS Agreement) and the Doha Declaration, and the right of Member States to use the flexibilities under the TRIPS Agreement. To overcome the challenges of technology transfer and avoid barriers to accessing COVID-19 vaccines, medicines and other supplies, it was essential to develop and implement commitments and actions to promote local production of medicines, treatments, vaccines and other health technologies. Actions to promote price transparency should be accompanied by efforts to increase transparency regarding production costs.

The representative of CÔTE D'IVOIRE, speaking on behalf of the Member States of the African Region, welcomed the progress made in implementing the recommendations of the overall programme review panel, including on the WHO Global Observatory on Health Research and Development. Under the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, the simplified approach to research and training should be finalized. He thanked the Secretariat for the support it had provided to various regulatory forums. He welcomed efforts to promote the transfer of technology and knowledge, including the updated WHO guidelines on technology transfer in pharmaceutical manufacturing. WHO should continue to lead efforts to promote technology transfer, especially for the production of vaccines against COVID-19, Ebola virus and childhood illnesses. WHO should continue to work with WIPO, WTO, the Africa Centres for Disease Control and Prevention and other organizations to promote the development or improvement of national legislation taking into account the flexibilities provided for under the TRIPS Agreement and to improve local manufacturing. He highlighted the value of databases of patent status and licensing information for key health technologies and thanked the Secretariat for the tools provided to enhance access to health products. He urged Member States to contribute to the global funding effort for research and development on neglected diseases and to continue to collect data to support that work. He supported the proposal to extend the plan of action on public health, innovation and intellectual property to 2030.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, and the European Free Trade Association countries Iceland and Norway, members of the European Economic Area, as well as Ukraine and the Republic of Moldova aligned themselves with her statement. She welcomed the proposal to extend the plan of action on public health, innovation and intellectual property to 2030. Expressing the European Union's commitment to universal health coverage, she expressed support for a holistic approach to ensuring the timely, fair and equitable access to quality, safe and affordable diagnostics and medical countermeasures. The European Union supported knowledge-sharing and the sustainable manufacturing of medical countermeasures in the global South. Noting that cooperation between innovators and manufacturers was the best way to ensure effective and efficient technology transfer, she said that some companies from the European Union had made substantial progress in establishing local manufacturing in developing countries in cooperation with local partners. Regional manufacturing hubs should be expanded, and the European Union supported the development of innovative mechanisms for voluntary technology transfer. She called on WHO, WIPO, WTO and all Member States to promote and facilitate cooperation between health technology developers, manufacturers, and investors. In addition, regulatory frameworks must be strengthened in order to facilitate the development of production capacities. The European Union was committed to strengthening medical research capacity; she called on WHO to support that work, including by establishing sustainable financing mechanisms.

(For continuation of the discussion and approval of the draft resolution, see the summary records of the third meeting, section 2.)

The meeting rose at 12:00.

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