

PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

**Palais des Nations, Geneva
Thursday, 26 May 2022, scheduled at 09:00**

Chair: Mr R. BHUSHAN (India)

CONTENTS

	Page
1. First report of Committee B	
Pillar 4: More effective and efficient WHO providing better support to countries	
2. Review of and update on matters considered by the Executive Board (continued)	
Global strategies and plans of action that are scheduled to expire within one year (continued)	2
• Global strategy and plan of action on public health, innovation and intellectual property.....	2
WHO reform (continued)	6
• Written statements: guidelines for Member States.....	6
Staffing matters.....	6
Human resources: annual report	6
Amendments to the Staff Regulations and Staff Rules.....	6
Report of the International Civil Service Commission	6
3. Budget and financial matters	
WHO programmatic and financial reports for 2020–2021, including audited financial statements for 2021 (continued).....	9
4. Agreement with intergovernmental organizations	10
Appointment of representatives to the WHO Staff Pension Committee	10
Collaboration within the United Nations system and with other intergovernmental organizations	10
5. Audit and oversight matters	12
Report of the External Auditor	12
Report of the Internal Auditor	12
External and internal audit recommendations: progress on implementation	12

THIRD MEETING**Thursday, 26 May 2022, at 09:15****Chair: Mr R. BHUSHAN (India)****1. FIRST REPORT OF COMMITTEE B (document A75/62)**

The RAPPORTEUR read out the draft first report of Committee B.

The report was adopted.¹

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)**2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 21 of the agenda (continued)**

Global strategies and plans of action that are scheduled to expire within one year: Item 21.6 of the agenda (continued from the first meeting, section 2)

- **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)) (continued)

The representative of the PHILIPPINES praised WHO's role in spearheading efforts to implement the global strategy and plan of action on public health, innovation and intellectual property and expressed appreciation for the Secretariat's support for building regulatory capacity and strengthening evidence-based methodologies in developing countries. Cooperation between WHO, WIPO and WTO should be intensified to address the vulnerabilities in international production and supply chains that had been exposed by the coronavirus disease (COVID-19) pandemic. Partnerships such as the COVID-19 Technology Access Pool (C-TAP) should be expanded to encompass other diseases that posed challenges to developing countries.

His Government was interested in participating in WHO initiatives to establish mRNA vaccine manufacturing hubs and to strengthen vaccine production capacity in line with resolution WHA74.6 (2021). It agreed that the time frame of the global strategy and plan of action should be extended beyond 2022 and remained committed to working with the international community to advance that agenda.

The representative of BRAZIL supported extending the time frame of the global strategy and plan of action to 2030, so as to ensure the resilience and sustainability of national health systems and help address unequal access to health technologies, including during pandemics and other health crises. Actions under the global strategy and plan of action must be fully funded. He looked forward to reviewing indicators and sharing best practices among Member States, as provided for in the draft resolution.

The representative of the UNITED STATES OF AMERICA said that the goals and objectives of the global strategy and plan of action should be prioritized when considering lessons learned from the global COVID-19 response. In particular, the pandemic had revealed the importance of regulatory

¹ See page XX.

systems strengthening, voluntary technology transfer on mutually agreed terms and increased support for the Medicines Patent Pool. However, several elements in the implementation plan and corresponding indicators were not consistent with the global strategy and plan of action itself. Her Government supported extending the time frame to 2030 and would continue to work with the Secretariat to implement the recommendations of the review panel that were consistent with the global strategy and plan of action.

The representative of THAILAND expressed support for extending the time frame of the global strategy and plan of action. The first steps should be to use the action plan implemented during the COVID-19 pandemic to guide and expedite implementation of remaining work and to promote cooperation among non-State actors and other international organizations active in the areas of public health, innovation and intellectual property.

The representative of the RUSSIAN FEDERATION also expressed support for extending the time frame of the global strategy and plan of action and for the draft resolution, as not all countries had fully benefited from WHO efforts to ensure access to innovative health technologies. The global strategy and plan of action remained relevant from a mid-term perspective. The work carried out as a result should strike a balance between supporting access to innovation and promoting a preventive approach to health care. The global strategy and plan of action was an important tool for encouraging scientific research and ensuring that medical advances were taken up in everyday practice.

The representative of the UNITED ARAB EMIRATES welcomed the recommendation to extend the time frame of the global strategy and plan of action to 2030. Equitable and sustainable access to, and improved delivery of, essential public health products had been a game-changing strategy during the COVID-19 pandemic. Maintaining a balance between public health needs, innovation and intellectual property protections was critical to ensuring sustainable, resilient societies. Her Government recognized the importance of making public health goods accessible at all levels, as evidenced by its pandemic response policies. Technology transfers should be accelerated and innovations shared among countries, supported by intellectual property protections, and vaccine, medicine and diagnostic tool production should be localized.

The representative of AUSTRALIA, acknowledging the essential role and contribution of the global strategy and plan of action, said that well-designed intellectual property frameworks facilitated the efficient and timely development of innovative health care solutions that benefited global health. The COVID-19 pandemic had highlighted the shared role of governments and the private sector, and the importance of deploying both public and private resources to bring innovations to market. She agreed that support for innovation and intellectual property protections must be balanced against public health needs. Strong intellectual property protection was just one of many factors that improved access to safe and effective health goods. She looked forward to the biennial reporting provided for in the draft resolution.

The representative of SUDAN agreed with the principles of the global strategy and plan of action and the extension of its time frame to 2030. The global strategy and plan of action had boosted research in high-priority areas and enabled data generation that had benefited Sudan's public health system and created a research network. She urged WHO to support avenues for research and to create digital networks to facilitate information-sharing and cooperation among Member States. The Organization should also support increased local production capacity, technology transfers and long-term collaboration with major international producers. Her Government was committed to supporting global efforts to advance public health innovation and intellectual property protections.

The representative of the REPUBLIC OF KOREA said that, given the setbacks experienced during the COVID-19 pandemic, the Secretariat should continue to hold discussions and provide updates to encourage Member States and other stakeholders to explore ways to promote implementation of the

global strategy and plan of action. She endorsed the proposal to extend its time frame to 2030 in order to prepare for future pandemics.

The representative of GHANA, citing the unexpected disruptions caused by the COVID-19 pandemic, said that vaccine availability and equity made implementation of the global strategy and plan of action particularly relevant. Progress had been made in key areas, but sustainable financing, access to medicines, local production, technology transfers, supply-chain architecture, antimicrobial resistance and other issues should remain strategic priorities. Effective governance of the global strategy and plan of action was also needed. She agreed with the recommendation to extend its time frame to 2030.

The representative of SOUTH AFRICA said that the aim and objectives of the global strategy and plan of action remained relevant, including in terms of increased access to medicines, vaccines and diagnostic tools; support for needs-driven essential health research and development in line with the 2030 Sustainable Development Agenda; technology transfers; and stepped-up local production. Implementation had been undermined by a lack of regular reporting by all parties, lack of investment and a general unwillingness among some Member States and private stakeholders to address intellectual property barriers. Her delegation recommended priority areas for advancing implementation that were the specific responsibility of Member States: building and improving innovation capacity and local production, transfer of technology and know-how, and management of intellectual property to promote public health and improve delivery and access. She supported extending the time frame to 2030.

The representative of INDONESIA endorsed the draft resolution and said that governments' individual strategies with regard to the global strategy and plan of action had shifted during the COVID-19 pandemic. It was vital to re-evaluate how the global strategy and plan of action were implemented; the results of the implementation survey should therefore be reported in the near future so that governments could analyse gaps and identify next steps. The survey outcomes would be critical in assessing whether adjustments were needed to the plan of action. Implementation efforts involved multiple sectors, and further strengthening remained important.

The representative of PANAMA expressed support for the global strategy's implementation, but said that more information was needed about the training and cooperation programmes of the WHO Global Observatory on Health Research and Development, the WHO guidelines on technology transfer to pharmaceutical manufacturing, the Medicines Patent Pool, the digital version of the WHO Model List of Essential Medicines and WHO Model List of Essential In Vitro Diagnostics, and the WHO guideline on country pharmaceutical pricing policies. He also expressed support for the proposal to extend the time frame of the global strategy and plan of action beyond 2022, as many activities remained to be carried out or improved, such as prioritizing research and development needs, building innovation and technology transfer capacities and applying intellectual property protections. WHO and other international organizations must continue to assist national efforts to implement the global strategy, and developing States in particular should designate focal points to coordinate work.

The representative of COLOMBIA said that the proposal to extend the time frame of the global strategy and plan of action rightly took into consideration its importance in the global COVID-19 pandemic response and in strengthening health systems. The extension would lend added relevance to the negotiations under way at WHO, WIPO and WTO, and would help to strengthen national legislation that provided flexibilities in the interest of public health.

He supported the temporary suspension of COVID-19 vaccine patents as part of a set of tools – including decentralized vaccine manufacturing centres and a technology transfer system – that would help the world respond more effectively to the current pandemic and future crises. Implementation of the plan of action should include greater support for intellectual property management, which would contribute to public health innovation while also promoting cooperation, knowledge-sharing and technology transfer.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that the COVID-19 pandemic had revealed the close relationship between the economy and health, and the inequalities between developed and less developed countries, which were fundamentally linked to intellectual property protections. He called for WHO to facilitate the transfer of technology from the most to the least developed countries, which was the only way for least developed countries to build their own vaccine industries and become capable of producing the health products they would need during future pandemics.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, supported extending the time frame of the global strategy and plan of action, which, had it been fully funded and implemented, could have reduced inequities during the COVID-19 response. His organization would engage in the policy space where best practices were shared, to help achieve full implementation of the global strategy and plan of action.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, commended WHO for its action under the global strategy and plan of action, including the production of guidance for Member States navigating flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), engagement with the Medicines Patent Pool and efforts to facilitate technology transfers. Increased local production would be vital but many challenges remained, including the limited number of cancer medicines on national essential medicines lists. She therefore called for the global strategy and plan of action to be extended.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked representatives for their comments and support for extending the time frame of the global strategy and plan of action to 2030, which was critical not only for building on achievements made so far but also for strengthening collaboration among Member States and partners to achieve equitable access to novel technologies. When the strategy had first been adopted, it had specifically referenced developing countries, but it was clearly relevant to countries of all income levels. There was a clear need to diversify and scale up production and to improve timely access to technologies for both pandemic response and the day-to-day functioning of health systems. It would be important to build synergies between the global strategy and other initiatives for better, more equitable access to health products.

She thanked the Government of Spain for providing the first licence to be shared through C-TAP, and the National Institutes of Health of the United States of America for sharing 11 technologies through two licences with the Medicines Patent Pool under C-TAP auspices. Related initiatives included the mRNA vaccine technology transfer hub. A WHO–WIPO–WTO trilateral COVID-19 technical assistance platform had also been launched, and WHO was working with the Medicines Patent Pool, UNAIDS, UNDP, Unitaid and other United Nations agencies on issues of intellectual property and public health. The Secretariat would continue to assist Member States in implementing the global strategy and plan of action, and to strengthen linkages with related Health Assembly resolutions and negotiations on the future international instrument on pandemics.

She welcomed the proposal that the Secretariat should organize consultations on specific topics to clarify and enrich discussions and looked forward to hearing Member States' suggestions regarding incentives for local production and voluntary licensing.

The CHAIR took it that the Committee wished to note the section of the report contained in document A75/10 Rev.1 on the global strategy and plan of action.

The Committee noted the relevant section of the report contained in document A75/10 Rev.1.

The CHAIR took it that the Committee wished to approve the draft resolution recommended by the Executive Board in decision EB150(11), as contained in document EB150/2022/REC/1.

The draft resolution was approved.¹

WHO reform: Item 21.5 of the agenda (continued from the first meeting, section 2)

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

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Board in decision EB149(3) as contained in document EB149/2021/REC/1.

The draft decision was approved.²

Staffing matters

Human resources: annual report: Item 21.7 of the agenda (documents A75/31 and A75/57)

Amendments to the Staff Regulations and Staff Rules: Item 21.8 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, resolution EB150.R8)

Report of the International Civil Service Commission: Item 21.9 of the agenda (document A75/10 Rev.1)

The CHAIR drew attention to the recommendations by the Programme, Budget and Administration Committee of the Executive Board contained in paragraphs 12 and 13 of document A75/57 regarding the proposed housing allowance for the Director-General.

The representative of MEXICO said that the use of information campaigns to improve geographical representation and gender parity among WHO staff was a positive development. Similarly, mentoring and leadership programmes to enhance the capacity of current staff members would help to attract and retain competent professionals. The Secretariat should continue to strengthen actions that encouraged recruitment from unrepresented and underrepresented countries. The update of WHO's policy on employing people with disabilities was welcome, as it would facilitate their equal access to employment and retention. He requested further information on the proposed flexible working arrangements and on the savings that such flexibility would bring to the Organization. It was not the right time to approve a housing allowance for the Director-General, regardless of whether other specialized agencies provided such support, given the financing shortages and the recent increase in assessed contributions.

The representative of THAILAND said that the three pillars of the human resources strategy were critical for human resources management at WHO and could be applied to any workplace. She urged the Secretariat to implement the Programme, Budget and Administration Committee's guidance regarding investment in psychosocial support for staff and mandatory training on the prevention of, and response to, sexual exploitation and abuse and sexual harassment. In addition, briefings and counselling should be provided for every case of abusive conduct to ease the trauma and long-term impact. Efforts made to support the health and well-being of WHO staff during the COVID-19 pandemic were appreciated. She expressed strong support for the human resources strategy, especially with regard to employment of people with disabilities, gender parity and prevention and response to abusive conduct,

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.14.

² Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(12).

and proposed that the Secretariat should report regularly on its implementation. The Committee should approve the draft resolution and note the report of the International Civil Service Commission.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, noted with concern that the number of WHO staff employed at regional and country offices had decreased, reportedly owing to the ramp down of the Global Polio Eradication Initiative. He applauded initiatives to attract talent and achieve gender parity, and the launch of the Young Professionals Programme. WHO should continue to move more staff to regional offices to strengthen their capacity and capability. With poliomyelitis, COVID-19 and noncommunicable diseases re-emerging in the Region, WHO support to Member States was critical to provide timely guidance and technical assistance where required.

He welcomed resolutions EB150.R7, EB150.R8 and EB150.R9 (2022) on amendments to the Staff Regulations and Staff Rules and took note of the recommendations of the International Civil Service Commission on staff remuneration, adjustments to the sliding scale for education grants, and payment of a service allowance in lieu of a settling-in grant at duty stations with a category-E hardship classification. The increase in the level of danger pay as of 1 January 2021 was welcome, as it would benefit staff in the Region working in war zones and areas affected by infectious diseases.

He urged the Secretariat to engage in aggressive resource mobilization to ensure sustainable financing of WHO. Member States in the Region would continue to advocate for a stronger performance management system for staff in the African Region; better accountability and transparency through the training of relevant managers; and further efforts to hire more young people, women and people with disabilities.

The representative of the RUSSIAN FEDERATION, noting that WHO's greatest asset was its staff, expressed satisfaction that the Secretariat was stepping up its efforts to achieve a better geographical balance in the staffing of posts. Those efforts should be pursued, and hiring practices must continue to be guided by Article 35 of the WHO Constitution. As the growing number of consultants might hinder the advancement of permanent staff, the Organization should hire consultants only when no in-house expertise was available, and the results of their work should be the subject of careful analysis and evaluation. The Secretariat should maintain its productive cooperation with the International Civil Service Commission and abide by the Commission's decisions and recommendations, which were approved by the United Nations General Assembly.

The representative of the UNITED STATES OF AMERICA agreed that staff were WHO's most precious resource. She requested more information on the specific, time-bound actions that would be taken to achieve gender parity in leadership positions and increase the number of staff from unrepresented and underrepresented Member States. Data on individuals hired on performance-of-work and short-term contracts should be disaggregated by gender, given the significant rise in such contracts in 2021.

Addressing sexual exploitation and abuse and sexual harassment remained one of her delegation's highest reform priorities, and more must be done to foster a culture of accountability for staff, management and leadership. Reporting, oversight and investigation mechanisms must be strengthened and a survivor-centred approach applied.

She looked forward to receiving additional information on the proposed housing allowance for the Director-General at the next meeting of the Programme, Budget and Administration Committee.

The DIRECTOR (Human Resources and Talent Management) thanked Member States for their comments. The information requested on gender parity and geographical representation of staff would be added to the Secretariat's reports to governing bodies meetings, including information on specific efforts for different target group indicators. Member State recognition of the Secretariat's approach and strategy in terms of diversity, equity and inclusion was appreciated. The global internship programme would be reinstated later in the year, public health conditions permitting. The Secretariat's recruitment

practices would continue to be guided by Article 35 of the WHO Constitution and aligned with the provisions of the International Civil Service Commission for the United Nations common system.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that staff were indeed WHO's most precious asset. The Secretariat would continue to work with the WHO Staff Association to ensure an equitable and accountable working environment for all. He welcomed Member State input on ways to make diversity, equity, inclusion and the prevention of, and response to, sexual abuse and exploitation and sexual harassment a part of the Organization's DNA rather than mere policies.

Many lessons had been drawn from the COVID-19 pandemic regarding the application of flexible working arrangements and the potential savings such arrangements could generate. Policies in that regard would continue to evolve and would contribute to WHO's ability to attract staff with diverse backgrounds. The Organization's increased use of consultants was linked to financing issues, as some earmarked funds could not be used for permanent staff contracts. The historic decision to adopt a resolution on sustainable financing for WHO two days previously should therefore lead to changes.

He took note of the request for disaggregated data on consultancy and performance-of-work contracts, which would be included in future reports. The Secretariat had already changed its reporting based on Member State recommendations and would continue to do so. Such input was welcome, as the Secretariat strove to live up to its commitment to be transparent and responsive to Member State requests.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/31 and A75/57, and the sections of the report contained in document A75/10 Rev.1 on amendments to the Staff Regulations and Staff Rules and the report of the International Civil Service Commission.

The Committee noted the reports contained in documents A75/31 and A75/57 and the relevant sections of the report contained in document A75/10 Rev.1.

The CHAIR invited the Committee to consider the draft decision on the Director-General's housing allowance recommended by the Programme, Budget and Administration Committee, which read:

The Seventy-fifth World Health Assembly, having considered the report of the thirty-sixth Programme, Budget and Administration Committee of the Executive Board on the proposed application of a housing allowance for the Director-General, presented in the Annex to document A75/31, and the corresponding amendment proposed to the draft contract of the Director-General contained in document A75/5,

Decided:

- (1) to defer a decision on the proposed application of a housing allowance for the Director-General, as presented in the Annex to document A75/31, to the Seventy-sixth World Health Assembly, through the 152nd session of the Executive Board and the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board;
- (2) to grant an interim allowance of US\$ 5000 per month to the Director-General given the exceptional circumstances.

The draft decision was approved.¹

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(13).

The CHAIR took it that the Committee wished to approve the draft resolution recommended by the Executive Board in resolution EB150.R8, as contained in document EB150/2022/REC/1.

The draft resolution was approved.¹

3. BUDGET AND FINANCIAL MATTERS: Item 22 of the agenda

WHO programmatic and financial reports for 2020–2021, including audited financial statements for 2021: Item 22.1 of the agenda (documents A75/32, A75/33, A75/51 and A75/INF./5)

The Chair invited the Committee to consider the WHO programmatic and financial reports for 2020–2021 and the related draft decision.

The representative of INDIA said that financial management at WHO should aim for increased ownership by Member States and incorporate third-party audits and a variety of austerity measures to build trust among Member States and ensure independent, critical and timely decision-making. An accountability framework covering the headquarters, regional and national levels should be drawn up in consultation with Member States. There was a crucial need for reporting on both inputs and outputs.

Referring to the report of the External Auditor contained in document A75/35, he added that accountability and transparency mechanisms should be accompanied by means of implementation for lower- and middle-income countries to develop core health capacities for pandemic preparedness and response.

Alignment, transparency, predictability and flexibility were important to fully funding the programme budget, and the 20% increase in assessed contributions over 2022–2023 should be based on mutually agreed parameters such as per capita gross domestic product or total amount of assistance received from WHO in past years. Given the uneven levels of funding across strategic priorities, low levels of flexible funding and overreliance on voluntary contributions, WHO should explore new, underutilized funding sources, including from the private sector, in accordance with the Framework of Engagement with non-State Actors and subject to oversight and audits.

The representative of GHANA, speaking on behalf of the Member States of the African Region, praised the level of detail provided in the results report contained in document A75/32 and the Secretariat's ongoing efforts to increase transparency in its reporting to Member States. Despite those improvements, WHO remained overreliant on voluntary contributions, leaving the Organization vulnerable to political pressures and hampering its ability to focus on its core mandate, among other concerns. She therefore welcomed the decision made through the Working Group on Sustainable Financing to increase assessed contributions to cover 50% of the base budget by 2031. She hoped that a majority of those additional funds would be invested at the country level, with continued efforts to correct the imbalance in the allocation of funds between headquarters and the country and regional offices. She expressed support for the draft decision contained in document A75/51.

The representative of PANAMA welcomed the results report contained in document A75/32 but expressed concern over issues of health equity and integral health around the world. He supported extending the Thirteenth General Programme of Work, 2019–2023, and congratulated Member States on the progress that they had made towards ensuring access to clean fuels, safe drinking water, sanitation and tobacco control. Inequities remained, however, and structured interventions were required to achieve the Sustainable Development Goals. He therefore called on the Parties to the WHO Framework Convention on Tobacco Control to strengthen its implementation and to join the Protocol to Eliminate

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.15.

Illicit Trade in Tobacco Products, as both instruments aimed to advance the right to health and achieve healthier populations.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) took note of Member States' comments and suggestions, especially regarding the accountability framework and transparency compliance. The Secretariat would continue to improve those aspects and take Member State suggestions into account. As had been discussed by the Programme, Budget and Administration Committee, resource allocation would be examined in terms not only of the budget but also of flexibility. As of the current biennium, the projected increase in flexible funds would indeed be allocated to the regional and country levels.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/32, A75/33, A75/51 and A75/INF./5.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A75/51.

The draft decision was approved.¹

- 4. AGREEMENT WITH INTERGOVERNMENTAL ORGANIZATIONS:** Item 23 of the agenda (document A75/34)

APPOINTMENT OF REPRESENTATIVES TO THE WHO STAFF PENSION COMMITTEE: Item 25 of the agenda (document A75/38)

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS: Item 26 of the agenda (document A75/39)

The CHAIR invited the Committee to consider the draft resolution contained in document A75/34. He also informed the Committee that, in paragraph 6 of the report on the appointment of representatives to the WHO Staff Pension Committee contained in document A75/38, the name of Ms Mariana Schneider-Lenz should be replaced by that of Dr Sebastian Klappert.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, praised WHO's engagement with other intergovernmental organizations and expressed support for the proposed agreement between WHO and the International Development Law Organization as set forth in the draft resolution, which would reinforce national legislative frameworks for public health.

At a time of complex, multifaceted international conflicts, collaboration within the United Nations system and with other international organizations was the only way to consolidate peace and guarantee health for all. WHO must maintain and strengthen its cooperation with relevant operational partners. The COVID-19 response had provided strong evidence of the positive results of such cooperation.

The three items under discussion were linked, as WHO's agreements with other intergovernmental organizations and improved cooperation within the United Nations system and with other intergovernmental organizations could have a positive impact on the status of the United Nations Joint Staff Pension Fund.

The representative of the UNITED STATES OF AMERICA also expressed support for the proposed agreement formalizing WHO cooperation with the International Development Law

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(14).

Organization. Enhanced cooperation between the two organizations should be leveraged to bolster WHO's work to help Member States strengthen their legal and political frameworks for managing health emergencies and their aftermath. She was optimistic that doing so would help countries respond to future emergencies.

She expressed appreciation for the report on collaboration within the United Nations system and for WHO's leadership role in promoting such collaboration to better integrate the response to global health challenges. She likewise welcomed efforts to integrate public health priorities into other United Nations forums, such as the Economic and Social Council, as doing so was critical to achieving the Sustainable Development Goals. WHO could and should play a key role in reforming the United Nations system, including in terms of increased transparency, accountability and efficiency. Her delegation would continue to work with the Secretariat to advance those goals.

The ASSISTANT DIRECTOR-GENERAL (WHO Office at the United Nations in New York), responding to the comment about leveraging collaboration within the United Nations system to achieve the Sustainable Development Goals, said that the WHO Secretariat and Member States had launched two new groups of friends at United Nations headquarters in New York: one focused on water, sanitation and hygiene and the other on addressing neglected tropical diseases, as "building back better" would require progress in those areas.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/34, A75/38 and A75/39.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft resolution, as contained in document A75/34.

The draft resolution was approved.¹

The CHAIR drew attention to the proposals to appoint:

- Dr Sebastian Klappert (Germany) as an alternate member of the WHO Staff Pension Committee for the remainder of the term of office of Dr Kai Zaehle (Germany) until the closure of the Seventy-seventh World Health Assembly in May 2024;
- Dr Theophile Dushime (Rwanda) as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-eighth World Health Assembly in May 2025;
- Mr Gerald Anderson (United States of America) as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-eighth World Health Assembly in May 2025;
- Dr Ahmed Shadoul (Sudan), the most senior alternate, as a member of the WHO Staff Pension Committee for the remainder of his term of office until the closure of the Seventy-sixth World Health Assembly in May 2023;

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA75.16.

- Ms Yanjmaa Binderiya (Mongolia), the second most senior alternate, as a member of the WHO Staff Pension Committee for the remainder of her term of office until the closure of the Seventy-seventh World Health Assembly in May 2024.

It was so decided.¹

5. AUDIT AND OVERSIGHT MATTERS: Item 24 of the agenda

Report of the External Auditor: Item 24.1 of the agenda (documents A75/35 and A75/56)

Report of the Internal Auditor: Item 24.2 of the agenda (documents A75/36 and A75/56)

External and internal audit recommendations: progress on implementation: Item 24.3 of the agenda (documents A75/37 and A75/56)

The Chair invited the Committee to consider the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A75/56.

The representative of the EXTERNAL AUDITOR introduced the report of the External Auditor set out in document A75/35, noting that, because of the COVID-19 pandemic, the audit had been conducted virtually, but that the lifting of restrictions had made it possible to carry out the financial certification on site in March 2022. The External Auditor had issued an unqualified opinion on WHO's financial statements for the financial year ending on 31 December 2021. The Organization had a sound liquidity position, with assets more than three times its current liabilities. However, the policy and guidelines on hedging, formulated in 2013, did not cover the hedging of non-US\$ term deposits, which the Organization had been using to improve the yield of its portfolio; it had therefore been recommended that the relevant standard operating procedures should be updated, to which the Secretariat had agreed.

In addition to the financial statements, the 2021 audit had examined the management and operations of WHO from a compliance and value-for-money perspective. A performance audit had thus been conducted of the organizational transformation process and of the WHO Regional Office for the Western Pacific and the WHO Country Office in Cambodia. The audit of the transformation process had revealed gaps and areas for improvement, which included inadequate funding, shortage of human resources and delayed roll-out of the new enterprise resource planning system. At the Regional Office and country office, country cooperation strategies should be updated, inventory management improved and procurement capacity strengthened. She was pleased to note that 22 of the 68 external audit recommendations that had remained outstanding at the end of 2020 had been implemented during 2021.

The representative of UGANDA, speaking in conjunction with the UNITED REPUBLIC OF TANZANIA and SAO TOME AND PRINCIPE on behalf of the Member States of the African Region, said that effective risk management, controls and governance were of paramount importance. The reduction in audit ratings with regard to the operating effectiveness of internal controls compared to 2020 was concerning, and he called for increased support for the WHO Regional Office for Africa and for Member States in the Region whose performance had been rated only partially satisfactory. Challenges in recruitment, procurement and supply-chain processes must be addressed to improve efficiency. He urged the Director-General to make implementation of the audit recommendations a priority.

The Secretariat should complete pending investigations of cases of alleged sexual abuse and exploitation and sexual harassment; enforce evaluation and audit practices in government-led vertical programmes; improve value for money in the implementation of country cooperation strategies; and

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(15).

continue to assess WHO's performance, including with regard to the new supply-chain strategy, using additional quantitative and country-specific indicators.

The representative of PANAMA welcomed the report on the internal and external audit recommendations and progress on their implementation contained in document A74/37. He hoped that the new integrated reporting platform would encourage timely and sustained implementation of recommendations and reduce the backlog of outstanding recommendations. Merely developing a culture of evaluation would not result in actual organizational transformation if no specific steps were taken to address the constraints and gaps affecting WHO's overall performance.

The representative of KUWAIT, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted with satisfaction that progress had been made in closing recommendations for the Region. She urged the Secretariat to address systemic issues such as supply-chain management, which required corporate solutions and could not be resolved by individual countries or regions. Evaluation and organizational learning must be further strengthened, particularly at the country level, to address systemic issues and eliminate residual risks. The Secretariat should launch integrated platforms to monitor implementation of the consolidated audit recommendations, which would help to ensure accountability and oversight.

She urged the Secretariat to take action on the external audit recommendations, particularly on human resource management and WHO's focus on countries. Efforts to reform and strengthen internal investigation policies and procedures were welcome, as was the Internal Auditor's report on the investigation function and progress made in tackling the backlog of open investigations. Lasting success in that area would require cultural change and sufficient financing.

The representative of AUSTRALIA commended the Secretariat's work to address the audit recommendations and strongly encouraged continued efforts for their timely implementation, particularly those related to the WHO Regional Office for the Western Pacific and the WHO Country Office in Papua New Guinea. Internal controls should be strengthened in the light of the lower operating effectiveness ratings. Efforts to address the backlog of investigations of alleged sexual exploitation and abuse, sexual harassment and other abusive conduct were appreciated, including the allocation of additional resources. She urged the Secretariat to continue to strengthen those efforts.

The representative of INDIA said that audited financial statements and auditors' reports must be made available to Member States well in advance to allow sufficient time for study. It would be useful to hold a separate, dedicated meeting in which auditors could brief Member States and relevant Secretariat divisions to allow for meaningful discussion. Activities flagged in the External Auditor's report as facing constraints should be reviewed. He welcomed the new digital integrated platform for consolidating audit recommendations. Procurement and supply-chain processes for health emergencies should be redesigned, and resource mobilization for health-system strengthening and emerging challenges – such as noncommunicable diseases and the health impacts of climate change – should be made a priority. He requested more information on new financing mechanisms such as the COVID-19 Solidarity Response Fund and the WHO Contingency Fund for Emergencies, including how they were operated, total funds collected and how those funds were spent.

The representative of the RUSSIAN FEDERATION asked the Secretariat to give careful consideration to the issues identified in the External Auditor's report and promptly implement the recommendations contained therein. In particular, additional steps should be taken to minimize procurement malpractice, which had not always been given sufficient attention, creating significant reputational risk for WHO and impacting the effectiveness of the Organization's work. He agreed with the External Auditor's assessment that the results framework must be made more objective, measurable, simple and user-friendly, and that the framework should be applied to subsequent measures to evaluate the effectiveness of WHO's work. He was fully in favour of regular briefings by the External Auditor for the Member States.

The representative of the UNITED STATES OF AMERICA encouraged the Secretariat to implement the External Auditor's recommendations as soon as possible, especially the five "significant recommendations", and to take action on recommendations left outstanding from 2020. She was concerned that the Office of Investigations did not have the capacity to handle its expected workload. It was encouraging, however, that allegations of sexual exploitation and abuse and sexual harassment were being investigated by a special group that aimed to close all cases within 120 days of receiving allegations. She looked forward to reports on the effectiveness of the new digital integrated platform for audit recommendations. The Secretariat should continue to provide information on disciplinary action taken against the perpetrators of abuses.

The representative of MEXICO said that the Office of Internal Oversight Services should continue to make recommendations to help manage risk, maintain controls and implement effective governance within the Secretariat. He agreed with the critical areas of importance highlighted by the Office and appreciated its regular reporting on the progress made in implementing its recommendations. He took note of the Internal Auditor's observations regarding the impact of the COVID-19 pandemic on the functioning of the Pan American Sanitary Bureau, including the recommendation to assess the impact of prolonged periods of special emergency procedures on the Bureau's policies and the suggested revision of its rules. He echoed calls for WHO to coordinate the various processes, recommendations and reports related to strengthening governance and accountability, so as to strengthen and streamline the Organization's leadership role in global health.

The representative of THAILAND said that Member States should be encouraged to provide data to improve the credibility of the performance management system. Implementation of human resource management reforms should also be accelerated, and all country cooperation strategies should be strengthened to improve WHO's work at the country level. Fraud, corruption and procurement malpractice remained concerning. The Secretariat should pursue its efforts to implement all audit recommendations and monitor anti-fraud and anti-corruption activities. While the Director-General's initiative to address malpractice through special briefings with Member States was appreciated, it should not replace formal progress reports to the Executive Board and Health Assembly.

The DIRECTOR (Office of Internal Oversight Services) said that, in spite of the reduction in the overall number of effective internal controls in 2021, the percentage of such controls had remained stable at the country level, a positive development given the challenges posed by the COVID-19 pandemic. However, three processes had been singled out as requiring particular attention: risk management, assurance activities over direct financial cooperation, and direct implementation modalities. The Office of Internal Oversight Services was actively following up those concerns. It provided periodic updates on implementation during the year and, where necessary, reported on issues requiring special attention.

The number of overdue recommendations classified as high residual risk had continued to increase from what had been reported in the Office's annual report. At the latest meeting of the Programme, Budget and Administration Committee, the Office had committed to supporting the efforts of WHO management to implement the recommendation by the Independent Expert Oversight and Advisory Committee to conduct a root cause analysis of the ongoing nature of audit recommendations. The Office would also provide support for periodic Member State briefings on internal controls and follow up on recommendations.

Responding to comments made, he said that the Office worked in collaboration with the internal audit office in the Region of the Americas and received reports of its findings. It had recently issued an advisory memo to relevant departments on recurring issues identified over the years related to strengthening support for updating and evaluating country cooperation strategies, and work in that area was moving forward.

The HEAD OF INVESTIGATIONS said that rapid progress was being made in addressing the backlog of abusive conduct allegations, with only 19 of 127 open cases as yet unassigned. She

appreciated Member States' expressions of support regarding stabilization of the Office of Internal Oversight Services and the correlation of accountability with WHO's reputation. Audits of the Offices of Internal Oversight Services and of Compliance, Risk Management and Ethics would be completed by June 2022. Policy-strengthening work was under way, and the few remaining reports on open investigations into alleged sexual exploitation and abuse and sexual harassment would be issued by the end of the current Health Assembly. Speed and quality went hand-in-hand, because both were necessary for fair and accurate investigations. She also noted that the team in charge of investigating sexual exploitation and abuse and sexual harassment included two members specialized in quality assurance.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/35, A75/36, A75/37 and A75/56.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A75/56.

The draft decision was approved.¹

The meeting rose at 11:50.

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¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA75(16).