

Draft Note for the Record

Informal virtual meeting of the Director-General with the Officers of the Executive Board on 30 July 2021

Participants

Dr Tedros Adhanom Ghebreyesus, Director-General
Dr Patrick Amoth (Kenya), Chair of the Executive Board
Ms Carla Moretti (Argentina), Vice-Chair
Dr Wahid Majrooh (Afghanistan), Vice-Chair
Dr Clemens Martin Auer (Austria), Vice-Chair
Mr Byung-wang JUN (Republic of Korea) Minister Counsellor, Permanent Mission of the Republic of Korea, for Vice-Chair
H.E Mr Mustafizur Rahman, Ambassador and Permanent Representative of Bangladesh to the United Nations in Geneva, for Rapporteur

Observers

H.E. Dr Cleopa Kilonzo Mailu, Ambassador, Permanent Representative of Kenya to the United Nations in Geneva
Mr Mehdi Aliabdi (Islamic Republic of Iran) Regional Coordinator for the Eastern Mediterranean Region
Mr Mansoureh Haghighi, Adviser, Ministry of Health and Medical Education (Islamic Republic of Iran)
Ms Mira PARK, Director, Ministry of Health and Welfare, Division of Multilateral and Trade Affairs (Republic of Korea)
Dr Sujin KONG, Director, International Cooperation Office, Ministry of Food and Drug Safety (Republic of Korea)
Ms Jiyeong SON, International Relations Assistant, International Cooperation Office, Ministry of Food and Drug Safety (Republic of Korea)
Ms Gabriela Ramírez, Adviser, National Directorate for International Affairs, Ministry of Health (Argentina)

Secretariat

Dr Catharina Boehme, Chef de Cabinet
Ms Jane Ellison, Executive Director, External Relations and Governance
Mr Derek Walton, Legal Counsel
Ms Gina Vea, Unit Head, Governance, Governing Bodies (GBS)
Mr Jude Osei, Unit Head, Protocol, GBS
Mr Nicolas Ashforth, Senior Editor, GBS
Mr Carmen Savelli, External Relations Officer, Governance, GBS
Ms Denise Cipriott, External Relations Officer, Governance, GBS
Ms Laurence Vercammen, Protocol Assistant, GBS

PURPOSE OF THE INFORMAL MEETING

1. The Officers of the Executive Board met informally with the Director-General on 30 July 2021. The meeting was held virtually, using video conference technology. The following were unable to attend: the fourth Vice-Chair, Mr Kim Ganglip (Republic of Korea) and the Rapporteur, Mr Zahid Maleque (Bangladesh).

2. The meeting had been called in order to discuss two matters:
 - a proposal to establish a Standing Committee on Pandemic Preparedness and Response;
 - preparations for the Executive Board retreat to be held in September 2021.
3. Welcoming the Officers and other attendees, the Director-General drew attention to the fact that, in the middle of the worst public health crisis in generations, the work of the Executive Board had never been more vital.
4. The meeting was chaired by the Chair of the Executive Board. In his opening comments, the Chair welcomed Bureau Members to the first meeting of the Officers to be convened since the Executive Board's 149th session in June 2021. The Chair also updated the Officers about the COVID-19 outbreak and vaccination situation both in Kenya and in Africa, which was battling with a fourth wave of COVID-19 infections. The Chair noted that this was the case in most of the Officers' home countries. The Chair thanked WHO for its efforts in promoting equitable access to vaccines, and reiterated the need for the vaccine to be made available to all so that Member States could focus on rebuilding health systems, economies and societies.

STANDING COMMITTEE ON PANDEMIC PREPAREDNESS AND RESPONSE

5. The Officers heard a presentation providing the rationale for the proposed establishment of the Standing Committee.
6. The 19 months of the COVID-19 crisis had highlighted the need to strengthen the governance function of the Executive Board. The establishment of a Standing Committee of the Executive Board could provide the rapid response to a pandemic that had been lacking at the level of the Organization's governing bodies.
7. The proposal was simple: the Executive Board could of its own authority establish an agile subcommittee capable of convening within 24 hours of the announcement of a public health emergency. In support of that proposal, the following background documents had been prepared: a White Paper on the proposed establishment of the Standing Committee, including its purpose and scope (Annex 1) and a draft decision point and terms of reference (Annex 2).
8. Such a Standing Committee would be able to discuss policy options and recommendations. The proposal foresaw a membership of 12 (two members per WHO region) with the terms of reference allowing for all other Member States to attend meetings as observers. Among the lessons learned from the COVID-19 crisis, action on the proposal represented a "low hanging fruit" and it was therefore hoped that the Officers would agree to put forward a shared proposal along those lines to the Executive Board.
9. A further White Paper had been drafted (Annex 3), setting forth a proposal to establish a Pandemic Emergency Council, composed of Heads of State, capable of providing guidance on policy matters to the Director-General at the highest political level.
10. The various review bodies concerned, including the Independent Panel for Pandemic Preparedness and Response, had included in their recommendations the suggestion that a high-level council, involving Heads of State and Government, should be set up to steer the world through pandemics. Several had suggested placing such a council under the authority of the United Nations, whereas the Director-General considered that it should be under the umbrella of WHO, the principal agency responsible for managing health emergencies.

11. The idea of the Standing Committee appeared to enjoy broad support among Member States, whereas many questions remained regarding the Pandemic Emergency Council. It was suggested that the two proposals should be kept separate so that the first would not be held up by doubts over the second. That way, efforts to create the Standing Committee could move ahead rapidly, enabling the functioning of the Executive Board to be strengthened as a priority.

12. In their comments, the Officers expressed support for the idea of expediting the establishment of the Standing Committee in support of rapid decision-making in response to pandemics. The Officers also drew attention to the importance of ensuring: that the proposal was considered by the wider membership of the Executive Board and the WHO Member States; that the Rules of Procedure of the Executive Board remained democratic (reference was made to the proposed change to Rule 18); that decision-making produced results at field level; and that clarity was achieved regarding the terms of reference of the Standing Committee so that it was clearly understood by all Member States and relevant stakeholders (i) whether its functions covered pandemics only or both pandemics and health emergencies; (ii) how roles differed during and outside pandemic periods; and (iii) how participation would be managed.

13. The Officers also raised questions concerning: the relationship between, on the one hand, the Standing Committee and, on the other, the IHR Emergency Committee; and the possibility that the proposal might pre-empt the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (since the Working Group had been established to consider recommendations from the various review bodies).

14. In response to comments made, the Officers heard that the Standing Committee would cover health emergencies as well as pandemics. Also, the functions of the Emergency Committee and the Standing Committee were complementary: the former had responsibility for declaring a Public Health Emergency of International Concern, while the latter, as a subcommittee of a governing body, could ensure transparent and rapid decision-making that went beyond such a declaration. It was not the case, either, that the Standing Committee could replace the Pandemic Emergency Council, as the Standing Committee could not pre-empt political decisions made at another level. The Standing Committee could, however, provide useful input to political decision-making.

15. The Secretariat confirmed that the proposal was among the recommendations of the Independent Panel and therefore fell within the remit of the Working Group. In further comments made, Officers heard that, notwithstanding the concerns voiced in respect of the Independent Panel and the Working Group, it should be recognized that the Executive Board was a governing body which could better fulfil its role and functions. Indeed, the Board's shortcomings in that regard had been part of the criticisms levelled by Independent Panel. It would be very positive if the Secretariat could announce that it had already responded to that criticism at the next session of the Executive Board.

16. The Director-General commented that he had supported the idea of the Standing Committee from the start. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies would be reviewing all opportunities for strengthening WHO. Efforts on "low hanging fruits" should move ahead (as was already the case for the global BioHub for pathogens in Switzerland and the international hub for pandemic early warning in Germany). He supported delinking the Standing Committee initiative from that on the Pandemic Emergency Council: it would allow work on the Standing Committee to move ahead immediately. The Pandemic Emergency Council was one of a number of options for ensuring Head of State engagement, all of which needed careful consideration. Were such a Council to be established, it should be under the auspices of WHO. No parallel structures should be created.

17. On procedural matters, in respect of the proposal under consideration, the Officers should note that the paper before them was a White Paper and that they were in an informal meeting. Therefore, there was currently no formal proposal in respect of the Executive Board's next session in January. Should the Officers wish the Board to consider the proposal at its next session, a formal written request

to have the proposal added to the Provisional agenda of that session was needed from at least one of the members of the Executive Board. The request would need to respect the deadline for such submissions so that the Officers could give due consideration to the request at their forthcoming meeting in September.

EXECUTIVE BOARD RETREAT

18. The Officers heard that the idea of the retreat had been born of efforts to improve the functioning of the Executive Board. In order for the Board to better fulfil its obligations as a governing body, to steer the Organization and drive it forward, there was a need for more interactive discussions. It was not sufficient for Board members to read out prepared statements. An informal retreat should facilitate members' discussion of new ways of working.

19. The Chair informed Officers that although the convening of the Executive Board retreat had been discussed previously by the Officers, the dates had never been fixed, due to the prevailing COVID-19 situation in Switzerland and in WHO Member States, together with other considerations affecting physical participation. The Chair also informed the Officers that the Secretariat had proposed that the retreat be convened, following the meeting of the Officers of the Board scheduled for 30th September.

20. In Officers' comments, the point was made that although face-to-face discussion was preferable, not all Board members would be able to participate in that manner owing to the current epidemiological situation. A hybrid retreat would need to be envisaged.

ANNEX 1

WHITE PAPER: STRENGTHENING THE WHO EXECUTIVE BOARD THROUGH A STANDING COMMITTEE ON PANDEMIC AND EMERGENCY PREPAREDNESS AND RESPONSE AND EMERGENCY COUNCIL

I. Background and Introduction

The WHO Executive Board (EB), comprised of 34 WHO Member States, is a critical part of the organization's governance and decision-making process.

Drawing on lessons learned, including from the COVID-19 response, this white paper presents for consideration information on the potential establishment of a new EB Committee: the *Standing Committee on Pandemic and Emergency Preparedness and Response* (SCPPR) with a view to strengthen the EB's effectiveness and responsiveness.

The establishment of this new EB Committee could improve WHO's operations, and the role of its Member States therein, in the most critical moments in global health responses, including by:

- Strengthening the role of Member States in guiding the Director-General (DG);
- Narrowing the gap between WHO's scientific advice (given by the Secretariat and Expert Committees) and actual policies in Member States; and
- Overcoming the structural shortcomings that have manifested themselves during the current pandemic.

The remainder of this white paper provides additional details on the above proposal. Annex 2 provides a draft EB decision to establish the SCPPR, including draft Terms of Reference.

II. Purpose and scope of the SCPPR

It is proposed that the SCPPR would review, provide guidance, and, as appropriate, make recommendations to the Executive Board regarding ongoing work concerning policy proposals on pandemic and emergency preparedness and response. It would also provide guidance to the Executive Board and/or Health Assembly, as appropriate, on policy and related matters upon the declaration of a public health emergency of international concern. Furthermore, upon request, the SCPPR may provide guidance to the DG to consider with respect to temporary recommendations in the event of a public health emergency of international concern.

As a committee of the EB, the SCPPR would report to the EB or to the WHA, as appropriate.

III. Structure and membership of the SCPPR

It is proposed to establish the SCPPR with a membership limited to a subset of EB members participating¹.

¹ The EB Rules of Procedure (specifically, rules 18 and 19) expressly contemplate and provide that the EB may establish committees as it deems necessary for the study of, and reporting on, any items on its agenda. EB committees may be either (a) Committees composed of EB members ("committees of limited membership") or (b) committees open to all interested Member States ("open-ended committees"). Under this proposed approach, the SCPPR would be a "committee of limited membership".

As detailed in the draft EB decision to establish the SCPPR provided in Annex 2, it is proposed that the SCPPR be composed of two members from each of the six WHO regions (12 members in total)¹, in addition to one of the EB Vice-Chairs who would chair the SCPPR, acting ex officio.

IV. Working modalities of the SCPPR

Bearing in mind the subject matter under discussion, it is proposed that the SCPPR would have the ability, should it so decide, to meet in closed session,² and that it will conduct its activities on the basis of consensus.

V. Meetings of the SCPPR

It is proposed that Meetings of the SCPPR be convened on a regular basis, and when required on an emergency basis:

- ***Regular SCPPR meetings***

The SCPPR will meet at least twice annually on a regular basis, for general work and planning on pandemic and emergency preparedness and response. As is the case with the Programme, Budget, and Administration Committee (PBAC), these meetings will be before the sessions of the EB, to enable the SCPPR to report to the Board and to the WHA, as appropriate, on pandemic and emergency preparedness and response.

- ***Emergency SCPPR meetings***

In the event of the declaration of a public health emergency of international concern (PHEIC) following a recommendation by an Emergency Committee, under the International Health Regulations (2005) (IHR), the SCPPR would immediately meet, within 24 hours of the declaration, to seek information from the WHO Secretariat, and pursuant to its terms of reference and delegated authority from the EB, as appropriate, make recommendations to the Health Assembly on policy and related matters regarding the event, provide guidance to the Executive Board and provide advice, upon request, to the DG to consider with respect to temporary recommendations in the event of a public health emergency of international concern.

¹ For note, this is the same arrangement as for the PBAC.

² As reflected in the draft EB decision in Annex 2, this would require an amendment to the EB Rules of Procedure (Rules 3 and 18), which provides that all Member States and Associate Members have the right to attend meetings of EB standing committees.

ANNEX 2

DRAFT DECISION ON A STANDING COMMITTEE ON PANDEMIC PREPAREDNESS AND RESPONSE (WITH DRAFT TERMS OF REFERENCE)

I. Background

Through the draft decision presented below, the Executive Board at its 150th session, in January 2022, would establish a Standing Committee on Pandemic Preparedness and Response (the SCPPR).

Through this same draft decision, the Board would:

- Adopt the SCPPR's Terms of Reference (which would be annexed to the EB decision);
- Appoint the initial cohort of SCPPR members and set the dates of the first SCPPR meeting;¹ and
- Request the WHO Secretariat to report on the implementation of this decision to a future session of the Board in order to have the opportunity to consider any necessary adjustments to the SCPPR terms of reference.

II. Draft decision (with draft Terms of Reference)

The Executive Board,

Decided:

[...]

(1) in accordance with Rule 18 of the Rules of Procedure of the Executive Board, to establish a standing committee of limited membership, to be called the Standing Committee on Pandemic Preparedness and Response, which will operate in accordance with the terms of reference set out in the Annex to this decision;

(2) to amend the first sentence of Rule 3 of the Rules of Procedure of the Executive Board as follows, additions appearing in bold character and strikeouts in underscore:

“All Member States not represented on the Board and Associate Members may designate a representative who shall have the right to participate without vote in the deliberations of meetings of the Board and of committees of limited membership (**pursuant to as defined in Rule 18**) established by it.”

(3) to amend the second sentence of Rule 18 of the Rules of Procedure of the Executive Board as follows, additions appearing in bold character:

“All Member States and Associate Members shall have the right to attend such committees in accordance with Rule 3 **unless the Chair of the committee decides otherwise, the reason for which must be presented to the next session of the Executive Board.**”

¹ Alternatively, these matters could be addressed by the Board at its 151st session in May 2022. (This latter option would align with the practice whereby the Board appoints new members of the Programme, Budget and Administration Committee (PBAC), and sets the dates of the PBAC meetings, at its May session). The draft decision reflects these options.

(4) that, notwithstanding Rule 19 of the Rules of Procedure of the Executive Board, the Standing Committee on Pandemic Preparedness and Response will conduct its business on the basis of consensus, as provided in the terms of reference set out in the Annex;

(5) to appoint as members of the Standing Committee on Pandemic Preparedness and Response :

[... (Member State), ...(Member State), ...];

(6) that the Standing Committee on Pandemic Preparedness and Response shall hold its first meeting from [...] to [...];

(7) to request the Director-General to report on the implementation of this decision to the Executive Board at its [...] session and to make recommendations on any necessary adjustments to the terms of reference of the Standing Committee on Pandemic Preparedness and Response.

Appendix

TERMS OF REFERENCE OF THE STANDING COMMITTEE ON PANDEMIC PREPAREDNESS AND RESPONSE

Composition and attendance

1. The Standing Committee on Pandemic Preparedness and Response (“the Standing Committee”) will be composed of a Chair, who shall be selected from among the Vice Chairs of the Executive Board and serve on an ex officio basis, as well as by twelve members, two from each region, appointed from among the members of the Executive Board.
2. Members of the Standing Committee will serve for two years or until expiry of their membership on the Board, if sooner. The Chair will serve for a one-year term, or two sessions of the Standing Committee, in the first instance (with a possibility of extending for a further year if they are still members of the Board). With the exception of the Chair, if any Member of the Standing Committee is unable to attend one or more meetings of the Standing Committee, her or his alternate in the Board designated in accordance with Article 24 of the Constitution, or as the case may be, her or his successor as a Member of the Board, may participate in the work of the Standing Committee in her or his place.
3. All Member States and Associate Members will have the right to participate without vote in the deliberations of meetings of the Standing Committee in accordance with Rule 3 of the Rules of Procedure of the Executive Board. The Chair may, if circumstances so require, decide to limit attendance at the Standing Committee meetings, or parts thereof, to members of the Standing Committee and essential Secretariat staff.

Functions

4. The Standing Committee shall:
 - (a) Review, provide guidance and, as appropriate, make recommendations to the Executive Board on ongoing work regarding policy proposals on pandemic and emergency preparedness and response;
 - (b) Consider information provided by the Director-General about events that have been declared as a public health emergency of international concern pursuant to the International Health Regulations (2005), provide guidance to the Executive Board and, acting on behalf of the Executive Board, make recommendations to the Health Assembly on policy and related matters regarding the event and, upon request, provide advice to the Director-General to consider with respect to temporary recommendations in the event of a public health emergency of international concern.

Conduct of business

5. The Standing Committee shall meet at least twice annually, either in person or virtually. The Board may decide to convene extraordinary meetings of the Standing Committee in order to deal with urgent matters that fall within the terms of reference of the Standing Committee and that need to be considered between regular meetings of the Standing Committee. The Director-General shall convene an extraordinary meeting of the Standing Committee within 24 hour from a declaration of a public health emergency of international concern pursuant to the International Health Regulations (2005) in order for the Standing Committee to consider information provided by the Director-General about events that have been declared as a public health emergency of international concern pursuant to the International Health Regulations (2005) and, as appropriate, provide guidance to the Executive Board, make

recommendations to the Health Assembly on policy and related matters regarding the event and, upon request, provide advice to the Director-General to consider with respect to temporary recommendations in the event of a public health emergency of international concern.

6. The Standing Committee shall conduct its business on the basis of consensus. In the event of inability to reach consensus, the difference in views shall be reported to the Board or to the Health Assembly, as appropriate.

7. A majority of the members of the Standing Committee will constitute a quorum.

ANNEX 3

WHITE PAPER: STRENGTHENING THE WHO EXECUTIVE BOARD THROUGH AN EMERGENCY PREPAREDNESS AND RESPONSE AND PANDEMIC EMERGENCY COUNCIL

VI. Background and Introduction

The WHO Executive Board (EB), comprised of 34 WHO Member States, is a critical part of the organization's governance and decision-making process.

Drawing on lessons learned, including from the COVID-19 response, this white paper presents for consideration information on the potential establishment of a new EB Committee: the ***Pandemic Emergency Council (PEC)*** with a view to strengthen the EB's effectiveness and responsiveness in the event of a declared pandemic situation.

The PEC would be composed of the 34 Heads of Government from the EB Members and could provide guidance to the Director-General on policy matters at the highest political level.

The specific modalities and status of the Pandemic Emergency Council would need to be further reviewed and discussed. Options may include establishing the PEC as a committee of the Executive Board; this would provide stability and legitimacy. Another option would be for the PEC to be established as an advisory group in which case it would likely remain advisable to provide for terms of reference and/or working modalities for clarity and definition.

Further, if Member States so decided, they could broaden the scope of participants and engagement to United Nations entities, agencies, and other intergovernmental actors (*e.g.* the AU, EU).

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