



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

151ST SESSION

GENEVA, 30 MAY 2022

DECISIONS

ANNEXES

SUMMARY RECORDS

GENEVA

2022

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDP	– United Nations Development Programme
IAEA	– International Atomic Energy Agency	UNEP	– United Nations Environment Programme
IARC	– International Agency for Research on Cancer	UNESCO	– United Nations Educational, Scientific and Cultural Organization
ICAO	– International Civil Aviation Organization	UNFPA	– United Nations Population Fund
IFAD	– International Fund for Agricultural Development	UNHCR	– Office of the United Nations High Commissioner for Refugees
ILO	– International Labour Organization (Office)	UNICEF	– United Nations Children’s Fund
IMF	– International Monetary Fund	UNIDO	– United Nations Industrial Development Organization
IMO	– International Maritime Organization	UNODC	– United Nations Office on Drugs and Crime
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
IOM	– International Organization for Migration	WFP	– World Food Programme
ITU	– International Telecommunication Union	WIPO	– World Intellectual Property Organization
OECD	– Organisation for Economic Co-operation and Development	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WOAH	– World Organisation for Animal Health
UNAIDS	– Joint United Nations Programme on HIV/AIDS	WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 151st session of the Executive Board was held at WHO headquarters, Geneva, on 30 May 2022.¹

The Seventy-fifth World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board² in place of those whose term of office had expired,³ giving the following new composition of the Board:

Designating country	Unexpired term of office⁴	Designating country	Unexpired term of office⁴
Afghanistan	2 years	Morocco	3 years
Belarus.....	2 years	Oman.....	1 year
Botswana	1 year	Paraguay	2 years
Brazil	3 years	Peru	2 years
Canada.....	3 years	Republic of Korea	1 year
China	3 years	Republic of Moldova	3 years
Colombia	1 year	Russian Federation	1 year
Denmark	2 years	Rwanda	2 years
Ethiopia	3 years	Senegal.....	3 years
France.....	2 years	Slovakia	3 years
Ghana	1 year	Slovenia	2 years
Guinea-Bissau	1 year	Syrian Arab Republic.....	2 years
India.....	1 year	Timor-Leste	2 years
Japan.....	2 years	United Kingdom of Great Britain and Northern Ireland.....	1 year
Madagascar.....	1 year	United States of America.....	3 years
Malaysia	2 years	Yemen.....	3 years
Maldives	3 years		
Micronesia (Federated States of) ...	3 years		

The list of members and other participants is contained in document EB151/DIV./1.

¹ Decision EB150(15) (2022).

² Decision WHA75(7) (2022).

³ The retiring members had been designated by Argentina, Austria, Bangladesh, Burkina Faso, Grenada, Guyana, Kenya, Singapore, Tajikistan, Tonga, Tunisia and United Arab Emirates (see decision WHA72(7) (2019)).

⁴ At the time of the closure of the Seventy-fifth World Health Assembly.



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2. Opening of the session and adoption of the agenda
3. Outcome of the Seventy-fifth World Health Assembly
4. Report of the Programme, Budget and Administration Committee of the Executive Board

Pillar 2: One billion more people better protected from health emergencies

5. Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response

Pillar 4: More effective and efficient WHO providing better support to countries

6. Management, governance and financial matters
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 - [deleted]
 - Report on hosted partnerships
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 - 6.4 [deleted]
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7. Staffing matters
 - 7.1 Statement by the representative of the WHO staff associations
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8. Matters for information: report on meetings of expert committees and study groups
9. Future sessions of the Executive Board and the Health Assembly
10. Closure of the session

LIST OF DOCUMENTS

EB151/1 Rev.1	Agenda ¹
EB151/1 (annotated)	Provisional agenda (annotated)
EB151/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB151/3	Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response ²
EB151/4	Evaluation: annual report
EB151/5	Report on hosted partnerships
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¹ See page vii.

² See Annex 1.

³ See Annex 2.

Diverse documents

EB151/DIV./1	List of members and other participants
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COMMITTEES¹

Programme, Budget and Administration Committee²

Mrs Carla Moretti (Argentina), Dr Clemens Auer (Austria, member ex officio), Mr Kwaku Agyeman-Manu (Ghana), Mr Nickolas Steele (Grenada), Mr Rajesh Bhushan (India), Dr Hiroki Nakatani (Japan), Dr Patrick Amoth (Kenya, member ex officio), Professor Zely Arivelo Randriamanantany (Madagascar), Dr Ahmed Mohammed Al Saidi (Oman), Mr Mikhail Albertovič Murashko (Russian Federation), Dr Janil Puthuchearry (Singapore), Mr Narciso Fernandes (Timor-Leste), Mr Abdulrahman Al Owais (United Arab Emirates), and Professor Chris Whitty (United Kingdom of Great Britain and Northern Ireland).

Thirty-sixth meeting, 18–20 May 2022:³ Mrs Carla Moretti (Argentina), Dr Patrick Kuma-Aboagye (Ghana, alternate to Mr Kwaku Agyeman-Manu), Dr George Mitchell (Grenada, alternate to Mr Nickolas Steele), Mr Lav Agarwal (India, alternate to Mr Rajesh Bhushan), Dr Hiroki Nakatani (Japan), Professor Zely Arivelo Randriamanantany (Madagascar), Dr Fatma Al Ajmi (Oman, alternate to Dr Ahmed Mohammed Al Saidi), Dr Eduard R. Salakhov (Russian Federation, alternate to Mr Mikhail Albertovič Murashko), Dr Janil Puthuchearry (Singapore), Mr Narciso Fernandes (Timor-Leste), Mr Abdulrahman Al Owais (United Arab Emirates), and Mr Simon Manley (United Kingdom of Great Britain and Northern Ireland, alternate to Professor Chris Whitty).

¹ Showing current membership and the names of those who attended the meeting to which reference is made.

² Showing the membership as determined by the Executive Board in decision EB149(6) (2021), with a change of representative for Madagascar.

³ See document EBPBAC36/DIV./1.

PART I
DECISIONS
ANNEXES

DECISIONS

EB151(1) Establishment of an agile Member States task group¹

The Executive Board, having considered the outcome of the Seventy-fifth World Health Assembly, in particular the adoption of the recommendations of the Working Group on Sustainable Financing² through decision WHA75(8) (2022); and noting that paragraph 40 of the abovementioned recommendations provides for the establishment of an agile Member States task group by the Executive Board during its 151st session,

Decided:

(1) to establish an agile Member States task group, open to all Member States,³ on strengthening WHO's budgetary, programmatic and financing governance⁴ to analyse challenges in governance for transparency, efficiency, accountability and compliance, and to devise recommendations;

(2) that the task group would report to the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session and the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board in January 2023, to recommend long-term improvements;

(3) to request the Director-General to convene the first meeting of the task group no later than the first week of July 2022, in order for the task group to determine its methods of work and focus, within the mandate identified by the recommendations of the Working Group on Sustainable Financing.

(First meeting, 30 May 2022)

¹ See Annex 2 for the financial and administrative implications for the Secretariat of this decision.

² Document A75/9.

³ And, where applicable, regional economic integration organizations.

⁴ Possible elements identified for the consideration of the task group include, but are not limited to: the role of governing bodies in prioritizing topics for inclusion on the provisional agenda of the Health Assembly; the strengthening of transparency and improvement of WHO's budgeting process based on best practices used in the United Nations system, including how the budget is presented; the costing of resolutions and decisions and other initiatives using a results-based approach; the use of guidelines and thresholds for earmarking and deadlines for achieving the thresholds; a review of how to include non-State contributors in accordance with the Framework of Engagement with Non-State Actors; the identification of possible efficiency gains; the formulation of guidelines for ensuring equity in resource allocation across all levels and departments of WHO; and the standardization of reporting procedures for small donors.

EB151(2) Standing Committee on Health Emergency Prevention, Preparedness and Response¹

The Executive Board, having considered the report by the Director-General;² and taking into account decision EB150(6) (2022), including the request to the Director-General to report on the functioning and impact of the Standing Committee and submit the results and proposed recommendations based thereon for the consideration of the Executive Board at its 156th session in January 2025,

Decided:

- (1) in accordance with Rule 18 of the Rules of Procedure of the Executive Board, to establish a Standing Committee on Health Emergency Prevention, Preparedness and Response;
- (2) to approve the terms of reference set out in Annex 1;
- (3) that the Standing Committee on Health Emergency Prevention, Preparedness and Response will hold its first meeting after each WHO region has nominated its members and the Executive Board formally appoints the members through a silence procedure, ideally before the end of October 2022.

(Second meeting, 30 May 2022)

EB151(3) Membership of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board, having considered the reports on committees of the Executive Board: filling of vacancies,³ appointed as members of the Programme, Budget and Administration Committee Dr Lia Tadesse Gebremedhin (Ethiopia), Dr Jorge Antonio López Peña (Peru), Ms Barbara Divosajoy (United States of America), Dr Aishath Rishmy (Maldives), Professor Jozef Šuvada (Slovakia), Dr Abdelkrim Meziane Bellefquih (Morocco) and Ms Zhang Yang (China) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Professor Zely Arivelo Randriamanantany (Madagascar), Mr Narciso Fernandes (Timor-Leste), Professor Chris Whitty (United Kingdom of Great Britain and Northern Ireland), Dr Ahmed Mohammed Al Saidi (Oman) and Dr Hiroki Nakatani (Japan), who were already members of the Committee. Dr Kerstin Vesna Petrič (Slovenia), Chair of the Board, and Mr Khairy Jamaluddin (Malaysia), Vice-Chair of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(Second meeting, 30 May 2022)

¹ See Annex 2 for the financial and administrative implications for the Secretariat of this decision.

² Document EB151/3.

³ Documents EB151/7 and EB151/7 Add.1.

EB151(4) Appointment of representatives of the Executive Board at the Seventy-sixth World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7 (1977), appointed its Chair, Dr Kerstin Vesna Petrič (Slovenia) and its first three Vice-Chairs, Mr Khairy Jamaluddin (Malaysia), Mr German Escobar Morales (Colombia) and Mr Bonifacio Mau Coli Dos Reis (Timor-Leste), to represent the Executive Board at the Seventy-sixth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chair, Dr Qasem Mohammed Buhaibah (Yemen) and the Rapporteur, Dr Edwin Dikoloti (Botswana), could be asked to represent the Board.

(Second meeting, 30 May 2022)

EB151(5) Membership of the Léon Bernard Foundation Committee

The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Dr Ala Nemerenco (Republic of Moldova) as a member of the Léon Bernard Foundation Committee for the duration of her term of office on the Executive Board, in addition to the Chair and Vice-Chairs of the Board, members ex officio. It was understood that if Dr Nemerenco were unable to attend, her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Foundation Committee.

(Second meeting, 30 May 2022)

EB151(6) Membership of the Sasakawa Health Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Sasakawa Health Prize, appointed Mr Marcus M. Samo (Federated States of Micronesia) as a member of the Sasakawa Health Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair of the Board, member ex officio. It was understood that if Mr Samo were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Prize Selection Panel.

(Second meeting, 30 May 2022)

EB151(7) Membership of the United Arab Emirates Health Foundation Selection Panel

The Executive Board, in accordance with the Statutes of the United Arab Emirates Health Foundation, appointed Dr Ahmed Mohammed Al Saidi (Oman) as a member of the United Arab Emirates Health Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair of the Board, member ex officio. It was understood that if Dr Al Saidi were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Foundation Selection Panel.

(Second meeting, 30 May 2022)

EB151(8) Membership of the Dr LEE Jong-wook Memorial Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Dr LEE Jong-wook Memorial Prize for Public Health, appointed Dr Hiroki Nakatani (Japan) as a member of the Dr LEE Jong-wook Memorial Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair of the Board, member ex officio. It was understood that if Dr Nakatani were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Prize Selection Panel.

(Second meeting, 30 May 2022)

EB151(9) Membership of the Nelson Mandela Award for Health Promotion Selection Panel

The Executive Board, in accordance with the Statutes of the Nelson Mandela Award for Health Promotion, appointed Dr Daniel Ngamije Madandi (Rwanda) as a member of the Nelson Mandela Award for Health Promotion Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chair and first Vice-Chair of the Board, members ex officio. It was understood that if Dr Ngamije Madandi were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Award Selection Panel.

(Second meeting, 30 May 2022)

EB151(10) Place, date and duration of the 152nd session of the Executive Board and the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that its 152nd session should be convened on Monday, 30 January 2023, at WHO headquarters, Geneva, and should close no later than Tuesday, 7 February 2023. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-seventh meeting from Wednesday, 25 January to Friday, 27 January 2023, at WHO headquarters, Geneva. In the event that any limitations to physical meetings preclude the holding of these meetings in person, the decision to make adjustments to the modalities should be taken by the Executive Board, or exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Second meeting, 30 May 2022)

EB151(11) Place, date and duration of the Seventy-sixth World Health Assembly and the thirty-eighth meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that the Seventy-sixth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Sunday, 21 May 2023, and should close no later than Tuesday, 30 May 2023. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirty-eighth meeting from Wednesday, 17 May to Friday, 19 May 2023, at WHO headquarters, Geneva. In the event that any limitations to physical meetings preclude the holding of these meetings in person, the decision to make adjustments to the

modalities should be taken by the Executive Board, or exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Second meeting, 30 May 2022)

EB151(12) Extension of the temporary suspension in part of Financial Rule XII, 112.1

The Executive Board, having considered the report by the Director-General,¹

Decided to extend the temporary suspension of Financial Rule XII, 112.1, in part, as set out in decision EB150(23) (2022), with this provision to remain in effect until the 152nd session of the Executive Board.²

(Second meeting, 30 May 2022)

¹ Document EB151/8.

² This decision is taken due to exceptional circumstances and does not set a precedent.

ANNEX 1

TERMS OF REFERENCE OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE¹

Composition and attendance

1. The Standing Committee on Health Emergency Prevention, Preparedness and Response (“the Standing Committee”) shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chair and a Vice-Chair of the Board, *ex officio*, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board reflecting a balanced representation of developed and developing countries. Members of the Standing Committee shall serve for two years.
2. There shall be two office-bearers: a Chair and a Vice-Chair, who shall be appointed among the Committee members, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board, and shall serve for a one-year term.
3. The Chair and the Vice-Chair, in collective consultation with the Director-General, may invite observers² to attend a meeting of the Standing Committee without the right to vote if they consider that this would enhance the work of the Standing Committee on a specific item or items on the agenda of the meeting. Furthermore, the Chair and the Vice-Chair, in consultation with the Director-General, may invite experts to attend a meeting of the Standing Committee to provide advice, as appropriate. Members of the Standing Committee can also propose the invitation of relevant experts.
4. Member States in whose territory an event arises shall be invited to present their views to the Standing Committee.

Functions

5. The Standing Committee shall act as follows:
 - (a) In the event that a public health emergency of international concern is determined pursuant to the International Health Regulations (2005): Consider information provided by the Director-General about the event that has been determined to constitute a public health emergency of international concern as well as information and needs expressed by the Member State in whose territory an event arises and, as appropriate, provide guidance to the Executive Board and advice to the Director-General, through the Executive Board, including through a special session as

¹ See decision EB151(2).

² For the purposes of attending and addressing the Standing Committee reference to “observers” is understood as referring to the Holy See; Palestine; Gavi, the Vaccine Alliance; the Order of Malta; the International Committee of the Red Cross; the International Federation of Red Cross and Red Crescent Societies; the Inter-Parliamentary Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations and other intergovernmental organizations with which WHO has established effective relations under Article 70 of the Constitution; the European Union; and any other body so authorized for these purposes by the Executive Board.

needed, on matters regarding health emergency prevention, preparedness and response, and immediate capacities of the WHO Health Emergencies Programme.

(b) Outside of the cases where a public health emergency of international concern is determined pursuant to the International Health Regulations (2005): Review, provide guidance and, as appropriate, make recommendations to the Executive Board regarding the strengthening and oversight of the WHO Health Emergencies Programme and for effective health emergency prevention, preparedness and response.

6. In performing its functions, the Standing Committee shall take into account the work of other relevant WHO instruments and bodies, as appropriate. The Standing Committee shall work in a manner respectful of and complementary to the technical scientific advice provided by the Emergency Committee in accordance with the International Health Regulations (2005).

Conduct of sessions

7. The Standing Committee shall meet at least twice annually for the conduct of its regular work. Decisions on the format³ of the meeting shall be made by the Chair and Vice-Chair of the Standing Committee, in consultation with the Director-General.

8. In the event that a public health emergency of international concern is determined pursuant to the International Health Regulations (2005), the Director-General shall convene an extraordinary meeting of the Standing Committee as soon as reasonably practicable, and ideally within 24 hours following the determination of the public health emergency of international concern.

9. The Executive Board may decide to convene extraordinary meetings of the Standing Committee in order to deal with urgent matters that fall within its terms of reference and are deemed necessary to be considered between its regular meetings.

10. The Standing Committee shall conduct its business on the basis of consensus and transparency. The Standing Committee will provide a report of each of its meetings to the Executive Board. In the event of inability to reach consensus, the difference in views shall be reported to the Board.

11. The meetings of the Standing Committee shall be open for all Member States.

³ In person, virtual or hybrid.

ANNEX 2

FINANCIAL AND ADMINISTRATIVE IMPLICATIONS FOR THE SECRETARIAT OF DECISIONS ADOPTED BY THE EXECUTIVE BOARD

Decision EB151(1):	Establishment of an agile Member States task group
A. Link to the approved Programme budget 2022–2023	
1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute if adopted:	<p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p> <p>4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships</p> <p>4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13</p>
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:	Not applicable.
3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	12 months (June 2022–May 2023).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	<p>Not applicable.</p> <p>There are zero additional costs required to deliver the results of this decision since all work to be delivered has already been costed and approved in document A75/9 Add.1.</p>
2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:	Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:	Not applicable.

<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>Not applicable.</p> <p>– Remaining financing gap in the current biennium:</p> <p>Not applicable.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</p> <p>Not applicable.</p>

GPW 13: Thirteenth General Programme of Work, 2019–2023.

<p>Decision EB151(2): Standing Committee on Health Emergency Prevention, Preparedness and Response</p>
<p>A. Link to the approved Programme budget 2022–2023</p>
<p>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute if adopted:</p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p>
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>43 months (June 2022–December 2025).</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 2.30 million.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</p> <p>US\$ 0.96 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</p> <p>Zero.</p>

PART II

SUMMARY RECORDS

FIRST MEETING

Monday, 30 May 2022, at 09:35

Chair: Dr P. AMOTH (Kenya)
later: Dr K.V. PETRIČ (Slovenia)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 2 of the provisional agenda (documents EB151/1 and EB151/1 (annotated))

Opening of the session

The CHAIR declared open the 151st session of the Executive Board.

- 2. ELECTION OF CHAIR, VICE-CHAIRS AND RAPPORTEUR:** Item 1 of the provisional agenda

The CHAIR drew attention to Rule 13 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of rotation among WHO regions, Dr Kerstin Vesna Petrič (Slovenia) had been nominated for the office of Chair of the Executive Board.

Dr Petrič (Slovenia) was elected Chair.

Dr Petrič took the Chair.

The CHAIR thanked the Board for electing her and paid tribute to her predecessor. She said that, following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairs: Mr German Escobar Morales (Colombia), Mr Khairy Jamaluddin (Malaysia), Mr Bonifacio Mau Coli Dos Reis (Timor-Leste) and Dr Qasem Mohammed Buhaibeh (Yemen).

Mr German Escobar Morales (Colombia), Mr Khairy Jamaluddin (Malaysia), Mr Bonifacio Mau Coli Dos Reis (Timor-Leste) and Dr Qasem Mohammed Buhaibeh (Yemen) were elected Vice-Chairs.

The CHAIR said that, under Rule 17 of the Rules of Procedure, if the Chair were unable to act between sessions, one of the Vice-Chairs would act in his or her place; the order in which the Vice-Chairs would be requested to serve should be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairs would serve in the following order: Mr Jamaluddin (Malaysia), Mr Escobar Morales (Colombia), Mr Dos Reis (Timor-Leste) and Dr Buhaibeh (Yemen).

The CHAIR said that, pursuant to Rule 13 of the Rules of Procedure and in accordance with the principle of rotation among geographical regions, Dr Edwin Dikoloti (Botswana) had been nominated Rapporteur.

Dr Edwin Dikoloti (Botswana) was elected Rapporteur.

3. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB151/1 and EB151/1 (annotated)) (resumed)

Adoption of the agenda

The CHAIR proposed that the first bullet point of item 6.2, Proposals for WHO to host formal partnerships, item 6.4 Membership of the Independent Expert Oversight Advisory Committee, and item 7.2 Amendments to Staff Regulations and Staff Rules should be deleted from the provisional agenda, as they were no longer needed.

The representative of JAPAN, welcoming the amended agenda, proposed that discussion of item 3 of the provisional agenda should include brief reflections on the lessons learned during the Seventy-fifth World Health Assembly and that discussion of item 6 of the provisional agenda should include a broader discussion of governance.

The CHAIR took it that the provisional agenda and the proposal by the representative of Japan were acceptable to the Board.

It was so agreed.

The agenda, as amended, was adopted.¹

The representative of FRANCE, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. She requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 151st session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The CHAIR took it that the Board wished to accede to the request.

It was so agreed.

Opening remarks by the Director-General

The DIRECTOR-GENERAL congratulated Dr Petrič on her election as Chair and thanked her predecessor for his excellent leadership. Welcoming the new Board members, he thanked all Board members for their part in the success of the Seventy-fifth World Health Assembly. The Health Assembly had made a historic decision on a targeted increase in assessed contributions over the next decade and

¹ See page vii.

Member States had called for enhanced governance, accountability and efficiency. The establishment of an agile Member States task group, which would be considered by the Board, would allow the identification of challenges and solutions in that regard. In terms of strengthening capacity for health emergency preparedness and response, he thanked the representative of Austria for holding consultations on the proposed terms of reference for the Standing Committee on Health Emergency Prevention, Preparedness and Response. He looked forward to the Board's discussions.

Condolences

The DIRECTOR-GENERAL, joined by Member States, expressed their deepest condolences to the family, friends and colleagues of the late Mr Danny Graymore, the Director of Strategic Engagement.

4. OUTCOME OF THE SEVENTY-FIFTH WORLD HEALTH ASSEMBLY: Item 3 of the agenda (documents EB151/11 and EB151/11 Add.1)

The CHAIR invited the Board to consider the draft decision on the establishment of an agile Member States task group, contained in document EB151/11, the financial and administrative implications of which were contained in document EB151/11 Add.1.

The representative of BRAZIL expressed support for the draft decision on the establishment of an agile Member States task group on strengthening WHO's budgetary, programmatic and financing governance. Any proposal for an increase in assessed contributions made at the Seventy-sixth World Health Assembly or for future bienniums would be evaluated alongside other factors, including countries' fiscal contexts, and should be conditional on the Secretariat elaborating and implementing a reform plan for evaluation by Member States. The basic principles of multilateralism should be retained, even in the context of the establishment of an agile Member States task group. Areas for discussion included robust oversight of all WHO initiatives by the governing bodies in terms of results, potential overlaps, time frames, costs, financing and reporting, and the promotion of efficiency gains, monitoring and guidance from Member States on budget planning and transparency in decision-making. The report of the seventh meeting of the Working Group on Sustainable Financing, contained in document A75/9, would provide a baseline for the terms of reference of an agile Member States task group.

The representative of JAPAN, welcoming the draft decision, said that he wished to reflect on the process by which the Seventy-fifth World Health Assembly had agreed landmark decisions on sustainable financing and strengthening WHO preparedness for and response to emergencies, with a view to the lessons learned. As Chair of Committee A of the Health Assembly, he had noted that time differences had affected the participation and engagement of Member States during the Health Assembly, particularly for those that did not have permanent missions in Geneva and faced the challenges of travelling to attend the session. The difficulties of fully considering input from many Member States within working groups had delayed the submission of reports, which had also had an impact on engagement. He therefore proposed that the Secretariat should distribute documents no later than three weeks before the opening of a session and work proactively to facilitate that process. He also suggested that regional offices could provide interpretation for evening sessions in order to manage costs.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, supported the establishment of an agile Member States task group and the related draft decision. She proposed that the Secretariat should specify the task group's name and scope of work. The European Union looked forward to discussing the task group's working methods at its first meeting.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, noting the re-election of the Director-General and other important decisions made by the Seventy-fifth World Health Assembly, said that the session had demonstrated the need to allocate sufficient time to effectively address urgent and topical issues. Member States would therefore need to practice restraint in their demands of the Organization and the Secretariat. The Board should consider the comments by the representative of Japan.

He supported the establishment of an agile Member States task group; the related draft decision was pragmatic and he appreciated the fact that it used language taken directly from the report by the Working Group on Sustainable Financing and provided a clear deadline for collaborative agreement on the task group's format.

The representative of CHINA said that the Seventy-fifth World Health Assembly had achieved important results, particularly decision WHA75(8) on sustainable financing and decision WHA75(9) on strengthening WHO preparedness for and response to health emergencies, and congratulated the Director-General on his re-election. It was regrettable that the noting of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 had required multiple rounds of voting, which exacerbated division among Member States and would hinder the draft strategies' implementation. He urged the Secretariat to take practical measures to build consensus and avoid intensifying divisions. The role of the Board should be strengthened, and governance proceedings should be improved by ensuring equality, transparency, inclusiveness and consensus-based decision-making.

The representative of the UNITED STATES OF AMERICA said that she had been heartened to see Member States come together to achieve significant milestones at the Seventy-fifth World Health Assembly, and welcomed, in particular, the decision to launch a two-year process to consider amendments to the International Health Regulations (2005). Congratulating the Working Group on Sustainable Financing on its efforts, she said that it would be critical for the Secretariat to make progress on the proposed improvements and provide Member States with sufficient information in preparation for the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board.

She supported the draft decision. The suggestions made by the representative of Japan should be taken into consideration. While she welcomed the noting of the global health sector strategies, the need to hold votes in order to reach that outcome was a cause of concern. She reaffirmed her Government's commitment to working with all Member States and the Secretariat to ensure that WHO's guidelines and strategies could advance based on science and respect for human rights and dignity, as well as national laws and contexts.

The representative of DENMARK supported the establishment of an agile Member States task group. The important decisions made at the Seventy-fifth World Health Assembly, including the renewed mandate of the Director-General, should not be overshadowed by the need for serious reflection on the discussions, and rounds of voting on the global health sector strategies that represented a move away from 75 years of seeking consensus. The impact of that development on the Organization must be assessed; politicized discussions on established evidence and technical issues were most unfortunate and consideration should be given to refocusing deliberations. The normative role and technical authority of WHO must be protected. While he recognized the suggestions made by the representative of Japan, the Board should also consider the conduct of business in the event of difficulties.

The representative of COLOMBIA supported the establishment of an agile Member States task group. In its discussions, the task group should take into account the situation of each Member State and region, particularly given the specific budgeting practices of the Region of the Americas. He echoed the comments and suggestions by the representative of Japan regarding working methods. It was important

to preserve the Organization's tradition of achieving consensus and producing evidence-based technical documents to support discussions.

The representative of the REPUBLIC OF KOREA said that, faced by many health challenges, WHO must attain the triple billion targets and the health-related Sustainable Development Goals, and respond to conflicts that threatened public health. The Seventy-fifth World Health Assembly had reached many historic milestones, including taking the first step towards more sustainable financing. Implementation of the decision to adopt the recommendations of the Working Group on Sustainable Financing would require greater efficiency and accountability from the Secretariat and he supported the draft decision on the establishment of an agile Member States task group. Discussions held by that agile Member States task group would be closely linked to discussions held by the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and close collaboration would therefore be needed to reinforce global health security governance. He commended the Organization's dedication to strengthening the International Health Regulations (2005).

The representative of CANADA commended the historic outcomes of the Seventy-fifth World Health Assembly, including on health emergencies and the lessons learned from the coronavirus disease (COVID-19) pandemic, and welcomed efforts to improve the International Health Regulations (2005) through amendments. An agile Member States task group could have a transformative impact on how WHO operated and would provide an opportunity for Member States to consider their contribution to efficiency, effectiveness and accountability. She supported the holding of the first meeting of that task group no later than the first week of July 2022 and encouraged all participants to support transparency and keep the group open to any interested Member State. She congratulated the Director-General on his re-election. The failure to find consensus on technical documents, particularly the global health sector strategies, was a cause of concern. She reminded Member States of their responsibility concerning the health of people and communities, and how decisions made by the governing bodies would improve health and well-being through the integration in those decisions of evidence-based approaches.

The representative of SLOVAKIA said that, despite the success of the Seventy-fifth World Health Assembly, the Board should consider how to avoid voting on substantial items. She suggested that greater preparation, which included the provision of scientific information, was needed at an earlier stage. Global health challenges were strongly influenced by issues at the national level; the proposed agile Member States task group should take those national issues into account when analysing challenges in governance. The task group would need good examples of national financing and structured system planning and monitoring. She called for efforts towards the harmonization of countries' health schemes for improved health outcomes at the national, regional and global levels. The Organization's governing bodies could therefore focus on technical matters and avoid politicization.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, welcomed the incoming Officers and members of the Board and thanked the outgoing Officers and members for their contributions. He welcomed the decisions made by the Seventy-fifth World Health Assembly, which would serve as a catalyst to further advance progress towards the health-related Sustainable Development Goals. Acknowledging the significant work ahead, he said that maintaining close collaboration between all WHO regions and within the Secretariat would help translate the commitments made into the desired outcomes.

The representative of MALDIVES commended the Secretariat for its efforts in organizing a successful in-person Health Assembly and congratulated the Director-General on his re-election. Constructive engagement between the Secretariat and Member States would pave the way for strengthened health sectors and increase WHO's accountability and efficiency. He welcomed the resolutions and decisions adopted by the Seventy-fifth World Health Assembly and noted, in particular,

the anticipated impact of the recommendations of the Working Group on Sustainable Financing and the recommendations adopted on health emergency preparedness and response. He supported the draft decision on the establishment of an agile Member States task group. Although the grouping of agenda items saved time, it had inhibited opportunities for worthwhile discussion. He requested that the Secretariat should identify mechanisms to address those concerns and provide timely information on the grouping of items in order that Member States could prepare accordingly.

The representative of BOTSWANA welcomed the decisions and resolutions adopted at the Seventy-fifth World Health Assembly, and noted with appreciation the re-election of the Director-General. While the noting of the global health sector strategies was a key milestone, the procedure used to reach that outcome should not set a precedent for the consideration and approval of technical documents. Consensus should always be pursued in order to ensure collective action and cooperation. The grouping of agenda items had continued to prevent full discussion of certain issues owing to time limitations, and the agenda had been quite demanding. He expressed his confidence that the Secretariat would work with Member States to address those issues for forthcoming governing bodies meetings.

The representative of PARAGUAY said that the draft decision identified important elements to be taken into account for the proposed agile Member States task group, such as the need to enhance transparency, which Member States had requested, and to improve the programme and budgeting process. Regarding WHO's financing, any proposal to increase assessed contributions should take into account each country's socioeconomic context and be based on governance reforms agreed by Member States, in order to build trust and strengthen the Organization.

The representative of PERU supported the draft decision, given the urgent need to strengthen health care systems, particularly in developing countries. Increases in assessed contributions should be accompanied by a process to prioritize transparent mandates and improvements in management in order to make more efficient use of the Organization's resources. It was important to find a solution that took into account the specific financing situation in the Region of the Americas.

The representative of the SYRIAN ARAB REPUBLIC said that vigorous action was needed to strengthen WHO and achieve the health-related Sustainable Development Goals. Noting the need to tackle the inequality and structural gaps that led to disparities in access to the right to health and to economic and social rights in the context of a pandemic, he welcomed efforts on pandemic preparedness and response. He also welcomed efforts to achieve sustainable financing of the Organization and the proposed establishment of an agile Member States task group, the composition of which should adhere to the principles of equal geographical and gender representation. His Government regretted that technical documentation had been noted through voting, due to intransigence about the concerns of a group of Member States, which could have reached consensus if they had been considered.

The representative of OMAN congratulated the Director-General on his re-election and the Secretariat and Member States on the success of the Seventy-fifth World Health Assembly. His Government would continue to support WHO's efforts to promote global health action. He supported the comments by the representative of Japan on the need to issue documents in good time. It was disappointing that a vote had been held on technical documents at the Health Assembly.

The representative of the FEDERATED STATES OF MICRONESIA said that he agreed with the comments made on the importance to the Organization of compromise and consensus, rather than voting. He supported the draft decision and acknowledged the efforts of the Working Group on Sustainable Financing. He supported the comments made by the representative of Japan. He congratulated the Director-General on his re-election.

The representative of YEMEN, noting the re-election of the Director-General, emphasized the need to focus primarily on the technical aspects of WHO's work, despite political, geographical and religious differences. A spirit of teamwork and collective action had brought the Organization together to tackle the COVID-19 pandemic; that same spirit and international cooperation should be maintained to allow WHO to achieve its goals. A greater response was needed to health problems in the least developed countries in the context of increasing conflict and displacement and a rising number of refugees.

The representative of MALAYSIA supported the proposal by the representative of Japan to consider submitting documents to Board members at least three weeks prior to discussions. He echoed the call for unity and solidarity among the Board members to collectively address global health challenges, including medicine and vaccine inequity and amending the International Health Regulations (2005).

The representative of the RUSSIAN FEDERATION said that the Seventy-fifth World Health Assembly had achieved mixed results. She noted with regret the need to put resolutions and decisions to a vote, which should not become common practice. However, despite the difficult situation globally, the Health Assembly had been able to make decisions that were important to global health and countries in need. She particularly welcomed decision WHA75(8) on sustainable financing and the efforts towards negotiating a new international instrument on pandemics.

The representative of ARGENTINA¹ agreed that the Seventy-fifth World Health Assembly had been very productive. She concurred with the representative of Japan regarding the burden of night meetings, particularly for small delegations. Regarding the system used for voting, she suggested exploring the option of using the electronic voting systems available at the Palais des Nations. The Secretariat should confirm whether those systems could be used during future sessions of the Health Assembly in the interests of better time management. She joined with the calls of other Member States to continue working on the basis of consensus.

The representative of NAMIBIA¹ welcomed the adoption by the Seventy-fifth World Health Assembly of the recommendations of the Working Group on Sustainable Financing. He supported the draft decision on the establishment of an agile Member States task group which could play a key role in analysing challenges in governance and proposing recommendations for improvements.

The representative of SOUTH AFRICA¹ welcomed the outcomes of the Seventy-fifth World Health Assembly and the re-election of the Director-General. She agreed with the sentiments expressed by other Member States regarding the need to reflect on the multiple rounds of voting on a technical document that had taken place at the Health Assembly. She hoped that that would not set a precedent and expressed support for consensus as a means to reach agreement. She supported the draft decision.

The representative of GERMANY¹ agreed with the comments made by the representatives of Namibia and South Africa. The Seventy-fifth World Health Assembly had been very successful and he congratulated the Director-General on his re-election. He thanked all Member States for their constructive engagement on sustainable financing and expressed support for the draft decision.

The representative of SWITZERLAND¹ reiterated her country's firm commitment to the consensus required for the appropriate functioning of WHO's governing bodies.

The representative of ALGERIA¹ said that he would welcome the establishment of an agile Member States task group. He looked forward to considering the suggestions made by the representative

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

of Japan. Reiterating his Government's commitment to reaching consensus and the non-politicization of WHO and its governing bodies, he underscored the fact that the Secretariat served all Member States with their specific national contexts. He commended the Secretariat for their professionalism and support as the WHO transformation continued. Equity should be at the heart of the new global health architecture that the Organization sought to establish.

The representative of SUDAN¹ noted the success of the Seventy-fifth World Health Assembly, the constructive engagement of Member States and the adoption of historic decisions and resolutions, including decision WHA75(8) on sustainable financing. She echoed the comments made by the representative of Japan and joined the call for the timely circulation of documents. She supported the draft decision to establish an agile Member States task group, which would allow Member States to play a crucial role and would boost inclusivity and equity.

The representative of MOZAMBIQUE¹ expressed support for the draft decision, noting that the establishment of an agile Member States task group would be significant for all Member States, especially her country and other Member States in the African Region with low resources that relied on external support to carry out activities. She called on all stakeholders to work to achieve the best outcome in order to support the implementation of all decisions made.

The representative of the DOMINICAN REPUBLIC,¹ welcoming the significant progress made during the Seventy-fifth World Health Assembly, expressed support for the establishment of an agile Member States task group and the decisions made regarding sustainable financing. She highlighted the difficulties experienced by governments of small countries in participating in WHO meetings: since their delegations were small, they were often unable to send different representatives to concurrent meetings of the main committees. She therefore requested that the Secretariat should consider organizing the work of the Seventy-sixth World Health Assembly such that small countries would be able to participate in all discussions of importance to them.

The DIRECTOR (Governing Bodies) noted the comments of representatives on the agenda and the grouping of items of the agenda. The Secretariat was aware of the issues raised and the particular difficulties for small delegations. He recognized the need to balance Member States' wishes for in-depth discussions with the appropriate grouping of items to enable sufficient engagement, including from small delegations, and the need to complete the Committees' work on time. Member States were in control of which agenda items should be addressed at governing bodies meetings and how the agenda should be structured. The size of the agenda and agenda management could be discussed in future.

The LEGAL COUNSEL, responding to the question raised by the representative of Argentina, confirmed that, although the Rules of Procedure permitted the use of electronic voting systems for votes by show of hands or roll-call, both methods were normally carried out manually. It had not been feasible to use the electronic voting system in place in some rooms of the Palais des Nations at the Seventy-fifth World Health Assembly owing to technical and time constraints. The Secretariat could consider the feasibility of using an electronic system at WHO headquarters, however. The availability of electronic voting systems in the specific rooms of the Palais des Nations to be used by the Health Assembly in 2023 would need to be confirmed.

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

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB151/11.

The decision was adopted.¹

5. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB151/2)

The CHAIR took it that the Board wished to note the report contained in document EB151/2.

It was so decided.

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

6. STANDING COMMITTEE ON HEALTH EMERGENCY (PANDEMIC) PREVENTION, PREPAREDNESS AND RESPONSE: Item 5 of the agenda (document EB151/3)

The representative of AUSTRIA² informed the Board that, during informal consultations, Member States had reached a consensus on the draft terms of reference of the Standing Committee on Health Emergency Prevention, Preparedness and Response. The discussions had also resulted in consensus regarding the importance of strengthening the Board's capacity for oversight, especially in the event of health emergencies.

The regional committees would nominate their regional representatives to the Standing Committee in September and October 2022. He reminded the Board that it had already voted at its 150th session on the Standing Committee's evaluation process and had decided that the Standing Committee would report to the Board in 2025.

The Standing Committee would be an indispensable part of the new global health architecture on health emergencies and would have two main roles. Firstly, it would convene immediately following the determination of a public health emergency of international concern. The holding of immediate consultations would address one of the shortcomings of the COVID-19 pandemic response. Secondly, the Standing Committee would perform oversight of the WHO Health Emergencies Programme. The draft terms of reference would also give affected Member States the opportunity to present their views and concerns about a health emergency. The Standing Committee would examine the Organization's immediate capacities for an effective response in the event of a determination of a public health emergency of international concern. As a committee of the Board, all of the Standing Committee's recommendations would be submitted to the Director-General or Health Assembly for consideration via the Board.

The CHAIR drew attention to a draft decision on the terms of reference of the Standing Committee on Health Emergency Prevention, Preparedness and Response, proposed by Austria, Canada, Japan, the Republic of Moldova, Switzerland, the United Kingdom of Great Britain and Northern

¹ Decision EB151(1).

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

Ireland, the United States of America, Vanuatu and the Member States of the European Union, which read:

The Executive Board,

Having considered the report of the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, and taking into account decision EB150(6) (2022),

Decided to:

- (1) in accordance with Rule 18 of the Rules of Procedure of the Executive Board, establish a Standing Committee on Health Emergency Prevention, Preparedness and Response;
- (2) approve the terms of reference (as annexed);
- (3) that the Standing Committee on Health Emergency Prevention, Preparedness and Response will hold its first meeting after each Region has nominated its Members and the Executive Board formally appoints the Members through a silent procedure, ideally before the end of October 2022.

TERMS OF REFERENCE OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE

Composition and attendance

1. The Standing Committee on Health Emergency Prevention, Preparedness and Response (“the Standing Committee”) shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chair and a Vice-Chair of the Board, *ex officio*, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board reflecting a balanced representation of developed and developing countries. Members of the Standing Committee shall serve for two years.
2. There shall be two office-bearers: a Chair and a Vice-Chair who shall be appointed among the Committee members, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board, and shall serve for a one-year term.
3. The Chair and the Vice-Chair, in collective consultation with the Director-General, may invite observers¹ to attend a meeting of the Standing Committee without the right to vote if they consider that this would enhance the work of the Standing Committee on a specific item or items on the agenda of the meeting. Furthermore, the Chair and the Vice-Chair, in consultation with the Director-General, may invite experts to attend a meeting of the Standing Committee to provide advice, as appropriate. Members of the Standing Committee can also propose the invitation of relevant experts.
4. Member States in whose territory an event arises shall be invited to present their views to the Standing Committee.

Functions

5. The Standing Committee shall:
 - (a) In the event a PHEIC is determined pursuant to the International Health Regulations (2005): Consider information provided by the Director-General about the event that has been determined to constitute a public health emergency of international concern (“PHEIC”) and, as appropriate, provide guidance to the Executive Board and advice to the Director-General, through the Executive Board, on matters regarding health emergency prevention, preparedness and response, and immediate capacities of the World Health Organization Emergencies Programme; and
 - (b) Outside of the cases where a PHEIC is determined pursuant to the IHR (2005): Review, provide guidance and, as appropriate, make recommendations to the Executive Board regarding the strengthening and oversight of the WHO Health Emergencies Programme and for effective health emergency prevention, preparedness and response.

¹ For the purposes of attending and addressing the Standing Committee reference to “observers” is understood as referring to the Holy See; Palestine; Gavi, the Vaccine Alliance; the Order of Malta; the International Committee of the Red Cross; the International Federation of Red Cross and Red Crescent Societies; the Inter-Parliamentary Union; the Global Fund to Fight AIDS; Tuberculosis and Malaria; the United Nations and other intergovernmental organizations with which WHO has established effective relations under Article 70 of the Constitution; the European Union; and any other body so authorized for these purposes by the Executive Board.

6. In performing its functions, the Standing Committee shall take into account the work of other relevant WHO instruments and bodies, as appropriate. The Standing Committee shall work in a manner respectful of and complementary to the technical scientific advice provided by Emergency Committees in accordance with the International Health Regulations (2005).

Conduct of sessions

7. The Standing Committee shall meet at least twice annually for the conduct of its regular work. Decisions on the format¹ of the meeting shall be made by the Chair and Vice-Chair of the Standing Committee, in consultation with the Director-General.

8. In the event a PHEIC is determined pursuant to the International Health Regulations (2005), the Director-General shall convene an extraordinary meeting of the Standing Committee as soon as reasonably practicable, and ideally within 24 hours following the determination of the PHEIC.

9. The Executive Board may decide to convene extraordinary meetings of the Standing Committee in order to deal with urgent matters that fall within its terms of reference and are deemed necessary to be considered between its regular meetings.

10. The Standing Committee shall conduct its business on the basis of consensus and transparency. The Standing Committee will provide a report of each of its meetings to the Executive Board. In the event of inability to reach consensus the difference in views shall be reported to the Board.

11. The meetings of the Standing Committee shall be open for all Member States.

The financial and administrative implications of the draft decision for the Secretariat were:

Decision:	Standing Committee on Health Emergency Prevention, Preparedness and Response
A. Link to the approved Programme budget 2022–2023	
1. Output(s) in the approved Programme budget 2022–2023 to which this draft decision would contribute if adopted:	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:	Not applicable.
3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	43 months (June 2022–December 2025).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 2.30 million.

¹ In person, virtual or hybrid.

<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions: US\$ 0.96 million.</p> <p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions: Zero.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions: US\$ 1.34 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 0.96 million. – Remaining financing gap in the current biennium: Zero. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.24	0.24
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.72	0.72
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.96	0.96
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.34	0.34
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	1.34	1.34
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, agreed that the Standing Committee could play a critical role in promoting coordination during health emergencies. The Standing Committee must be inclusive, transparent and supportive of the

scientific and technical advice provided to the Director-General during a public health emergency of international concern, while avoiding interference with the role of the Director-General under the International Health Regulations (2005). He welcomed the proposal to establish the Standing Committee as a body with balanced representation of developed and developing countries and whose meetings were open to all Member States.

The Member States of the African Region proposed three amendments to the Standing Committee's draft terms of reference and one amendment to the draft decision. In order to ensure that Member States affected by a public health emergency of international concern received the required support, paragraph 4 of the draft terms of reference should be amended to read: "Member States in whose territory an event arises shall be invited to present their views, including their request for assistance from WHO and other Member States, to the Standing Committee". Paragraph 6 of the draft terms of reference should be amended to specify that the Standing Committee would consider such requests for support and make recommendations on appropriate action; at the end of paragraph 6, the following sentence should be added: "Standing Committee recommendations and advice shall include adequate consideration of the requests for assistance by the Member States in whose territory the event is happening and recommend appropriate and timely actions thereof". At the end of paragraph 8 of the draft terms of reference, a new sentence should be added on the convening of a special session of the Board to consider the Standing Committee's advice, in order to ensure that it remained a subsidiary body of the Board. The new sentence would read: "The Director-General, in consultation with the Chair of the Executive Board, shall convene a special session of the Executive Board to consider the advice of the Standing Committee, consistent with Rule 6 of the Rules of Procedure of the Executive Board and Article 28(i) of the Constitution of WHO".

The draft decision should acknowledge the evaluation process for the Standing Committee set forth in decision EB150(6), which had been adopted at the 150th session of the Board. He therefore proposed that, in the draft decision, an additional paragraph should be inserted after paragraph (3), which would read: "request the Director-General to report on the functioning and impact of the Standing Committee and submit the results and proposed recommendations based thereon for the consideration of the Executive Board at its 156th session in January 2025".

The representative of BRAZIL asked to be added to the list of sponsors of the draft decision. A Standing Committee dedicated to discussion of health emergencies would be an important asset to the Organization. He appreciated the role that the Standing Committee would play in the event of a public health emergency of international concern, which would increase Member State oversight and ownership of the action to be taken by the Organization in such circumstances. Despite the importance of the Standing Committee, Member States must also maintain the legal functions of the emergency committees established under the International Health Regulations (2005) and the Director-General should be advised in accordance with Article 48 of the Regulations. Acknowledging the need for transparency and broad participation, he welcomed the fact that the meetings of the Standing Committee would be open to all Member States.

The representative of CANADA said that the COVID-19 pandemic had demonstrated that WHO should consider new approaches to its work, including health emergencies; the Standing Committee was one example of that and would strengthen the Board's governance capacity. It was important for Member States to have the time to provide guidance on effective health emergency prevention, preparedness and response and on strengthening and oversight of the WHO Health Emergencies Programme. The Standing Committee would serve as an agile mechanism to advise the Director-General, and should complement the technical and scientific advice provided by the emergency committees established under the International Health Regulations (2005), while avoiding the duplication of work.

The representative of CHINA agreed that increased transparency and strengthened Member State participation was needed in WHO's response to health emergencies. The Standing Committee should

work on the basis of consensus, inclusiveness and transparency, and should coordinate and improve the mechanisms of the International Health Regulations (2005).

The representative of COLOMBIA said that the COVID-19 pandemic had demonstrated that the global health architecture could have provided a better response to the crisis. Since coordination was key, the Standing Committee would play an important role and he supported its establishment. He expressed concern, however, that the governance mechanisms within the Standing Committee could result in unnecessary protocols. The work of the Standing Committee should be based on the International Health Regulations (2005) as the only legally binding instrument at present. Given that meetings were only needed in the event of the declaration of a public health emergency of international concern, the body did not necessarily have to be a standing committee. It may be more effective to convene a meeting within five days of such a declaration, rather than within 24 hours, to allow Member States and the Secretariat more time for their response.

The representative of PERU supported the draft decision and emphasized that the Standing Committee must be transparent and inclusive. The International Health Regulations (2005) must remain a priority.

The representative of AFGHANISTAN highlighted the health emergencies caused by the conflict in his country. While he applauded the efforts of WHO and the international community to support those in Ukraine, he urged the Organization, Member States and the global community to also support countries like his.

The representative of the UNITED STATES OF AMERICA appreciated the support for the draft decision and noted the amendments to the draft text proposed in the interests of clarity by the representative of Botswana on behalf of the Member States of the African Region. Consideration should be given to how the Standing Committee could be aligned with other mechanisms, notably the International Health Regulations (2005) and the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Acknowledging the discussion on the agile Member States task group, she called for reflection on how that body and the Standing Committee could monitor issues such as oversight, the allocation of resources, and protection against exploitation and abuse.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, supported the draft terms of reference for the Standing Committee. She was confident that the Standing Committee, as a key element of reform based on the lessons learned from the COVID-19 pandemic, would strengthen Member States' participation in WHO's work during health emergencies. She asked the Secretariat to confirm whether the proposed date for the Standing Committee's first meeting would be feasible, given that some regional committees would not meet before the end of October 2022; whether the terms of elected members of the Standing Committee would expire at the 155th session of the Board, provided that the Standing Committee would be ready to proceed with a new election; and how the Board could ensure that the Standing Committee's members would not all complete their terms at the same time and provide for continuity in its work and the renewal of members' mandates.

The representative of PARAGUAY welcomed the establishment of the Standing Committee and the proposals for its membership, noting the importance of its meetings being open to all Member States. The Standing Committee should not undermine or duplicate the work of other bodies within the Organization.

The representative of SLOVAKIA said that the consensus on establishing the Standing Committee would support work on ongoing conflicts and emerging situations, and would also allow for

consideration of and consultation on health emergency guidance to prevent secondary crises and restore efforts to attain the Sustainable Development Goals. The Standing Committee should adopt an inclusive and science-based methodology. His Government stood ready to support the Standing Committee in its work.

The representative of MALDIVES welcomed the draft decision and noted that mechanisms had been established to ensure the transparency, efficacy, inclusiveness and accountability of the Standing Committee. The work of WHO on health emergencies had expanded considerably and had placed increased demands on the governing bodies. The Standing Committee could help to strengthen the role of Member States in guiding the Director-General, narrow the gap between WHO's scientific advice and Member States' policies, and overcome the structural shortcomings that had manifested themselves during the COVID-19 pandemic. He called for efforts to prevent the duplication of work and decision-making processes, and to minimize additional bureaucratic burdens. Close monitoring would be required, and the Standing Committee's progress would guide the way to further strengthening.

The representative of JAPAN said that adequate preparation was required for the Standing Committee. The Standing Committee would boost the efforts of the Director-General and the Executive Director for the WHO Health Emergencies Programme, and would be able to address limitations on action, including those brought about by financial and human resources regulations. The Secretariat should clarify what exactly the Standing Committee would consider.

The holding of an emergency meeting within 24 hours of the determination of a public health emergency of international concern would be difficult for many countries and accelerated visa applications or waivers to attend such a meeting would require negotiations with the Swiss authorities. The Board should consider alternatives, such as hybrid meetings and the use of regional offices, which should therefore be equipped with appropriate communication systems.

The representative of TIMOR-LESTE supported the establishment of the Standing Committee in order to facilitate informal consultations in an inclusive and transparent manner. The COVID-19 pandemic had shown the need to work together and to strengthen country preparedness and response for the future. The Standing Committee would be able to assess what could be achieved in terms of increasing production capacity for countermeasures in low- and middle-income countries, as had been requested by his Government.

The representative of MALAYSIA noted the report and strongly supported the establishment of the Standing Committee. It was encouraging to see interest from many Member States in such an urgent matter. He agreed with other Board members that the Standing Committee must be transparent, and expressed support for the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the COVID-19 pandemic had illustrated the importance of effective health emergency prevention, preparedness and response, and the benefits of early collaboration and the sharing of experiences, while revealing the limitations of the existing system. The establishment of the Standing Committee and its dual mandate, for rapid response and oversight, represented a vital step forward. He supported the adoption of the draft decision and the draft terms of reference presented therein. The discussions on the Standing Committee should lead the way to further discussions, possibly at a Board retreat, on the existing architecture of the governing bodies and the strengthening of the Board and its committees.

The representative of the RUSSIAN FEDERATION supported the establishment of the Standing Committee and its mandate as set out in the draft decision. The nomination of members at the regional level should be conducted in a transparent manner and duly consider countries' experiences regarding emergency response. She welcomed the fact that the Standing Committee's meetings would be open to

all Member States. Its work should strictly adhere to the mandate proposed and the International Health Regulations (2005), and it should play a purely advisory role with regard to the Board and the Director-General. Interference in a Government's domestic affairs concerning health, well-being and biological security was unacceptable and she therefore understood paragraph 4 of the draft terms of reference on the presentation of affected Member States' views to the Standing Committee in the context of the full implementation of the provisions of the Regulations. Duplication of the work of other WHO bodies, overlap of mandates, or politicization of the Standing Committee's work would be unacceptable and would hinder such work.

The LEGAL COUNSEL, responding to questions from the representative of France, said that the provisions in the draft terms of reference provided for the membership of the Standing Committee to be replaced in its entirety upon expiry of the term of office. It would be possible to provide for staggered membership, in which term lengths would be decided by lot.

The feasibility of holding the first Standing Committee meeting before the end of October 2022 would depend on the nature of the regions' involvement in nominating members to the Committee. If it was decided that the regions' involvement in nominating members should be through a formal process, namely through the regional committees, there would be implications on the dates on which the first Standing Committee meeting could take place, given that the last regional committee was not due to be held until the end of October. However, if the regions' involvement was understood to be more informal then nominations could be made through informal discussion within regions and subsequently circulated. The Rules of Procedure of the Executive Board did not require regions to formally participate in the nomination process, rather the formal involvement of the regional committees in nominations, such as for membership of the Board, was a practice that had developed. The reference in the draft decision to the nomination of members by regions implied that formal consultations were required.

(For continuation of the discussion and the adoption of a decision, see the summary records of the second meeting, section 2.)

The meeting rose at 12:35.

SECOND MEETING

Monday, 30 May 2022, at 14:40

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. MANAGEMENT, GOVERNANCE AND FINANCIAL MATTERS: Item 6 of the agenda

Evaluation: annual report: Item 6.1 of the agenda (document EB151/4)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB151/2, paragraphs 30 to 32.

The representative of GHANA, speaking on behalf of the Member States of the African Region, commended the WHO Evaluation Office's continued efforts to implement the framework for strengthening evaluation and organizational learning in WHO. Recognizing the critical role of evaluation in the achievement of WHO's objectives, he commended the Regional Office for Africa for its work in that regard and expressed appreciation for the centralized evaluations of gender, equity and human rights, antimicrobial resistance, and a country programme synthesis. Sufficient resources must be invested in strengthening the WHO Evaluation Office and its functions across the three levels of the Organization, as well as in addressing shortages in human resources and capacity development needs, especially at the country level.

He welcomed the corporate evaluation activities outlined in the Organization-wide evaluation workplan for 2022–2023 and the synthesis of country programme evaluations published in the year 2021, which provided valuable information on best practices for improving management processes and strengthening impact at the country level. A mid-term evaluation of the Thirteenth General Programme of Work, 2019–2023 should be conducted to identify low-risk, high-yield opportunities and areas that required additional investment to accelerate progress towards the achievement of the triple billion targets and generate the strategic directions for the fourteenth general programme of work. Lastly, additional support and investment were needed to develop more regional- and country-level expertise in monitoring and evaluation.

The representative of FRANCE welcomed both the progress made, especially in relation to strengthening the Secretariat's capacity to implement the corporate evaluation function, and the synthesis of annual evaluations by region and by policy. Efforts to improve the transparency of progress on the implementation of the WHO transformation, particularly the launch of the new online transformation implementation monitoring tool, were also welcome. She supported the recommendations resulting from the evaluation of the integration of gender, equity and human rights in the work of WHO. The inclusion of the WHO Academy in initiatives to strengthen WHO's work in that area, such as the development of a WHO Academy course targeting technical staff and managers, was a positive step since the development of knowledge and staff capacities was a prerequisite to progress.

The DIRECTOR (Evaluation) welcomed the expressions of encouragement and support, particularly on national evaluation capacity development, as evaluations were most effective when

countries were aware of their utility and applied them in their systems. The Secretariat would continue its efforts in that area, including through a community of practice and with the involvement of governments. Gender, equity and human rights should be considered in all evaluations to ensure that those dimensions were integrated into all programmes and initiatives with the aim of leaving no one behind. Opportunities for involving the WHO Academy in the training of staff would be further considered and explored by the Secretariat.

The CHAIR took it that the Board wished to note the report contained in document EB151/4.

The Board noted the report.

Hosted partnerships: Item 6.2 of the agenda

- **Report on hosted partnerships** (document EB151/5)
- **Review of hosted partnerships** (document EB151/6)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee contained in document EB151/2, paragraphs 33 to 35.

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, emphasized the importance of hosted partnerships in WHO's work and in the achievement of its goals, including by facilitating the creation of enabling environments for the groundbreaking research, innovation and scale-up needed to tackle epidemiological, medical and clinical challenges. He therefore welcomed efforts to expand partnerships, including those with academic and research institutions, multilateral organizations and development banks. He welcomed, in particular, the hosted partnership with Unitaid, which had contributed towards improved health outcomes globally, especially among underserved populations.

The representative of BRAZIL noted with appreciation the close collaboration between WHO and Unitaid, which had a proven history of identifying and introducing game-changing health innovations worldwide, including to tackle coronavirus disease (COVID-19), HIV, tuberculosis, malaria and Chagas disease, and worked to ensure timely and affordable access to health products, particularly in low- and middle-income countries.

The representative of MALAYSIA said that his Government's partnership with the Drugs for Neglected Diseases initiative and the Foundation for Innovative New Diagnostics had generated evidence to support policy change and had enhanced diagnosis and treatment of hepatitis C. Strong political will and support from governments were crucial in addition to effective partnerships.

The representative of FRANCE expressed appreciation for Unitaid's contributions to improving global health, in particular through its focus on the link between equity and innovation. The mobilization of additional resources was needed to enhance the key role played by Unitaid, including in the Access to COVID-19 Tools (ACT) Accelerator. She welcomed Unitaid's ambitious new strategy for 2022–2026 and underscored the importance of its partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria. She encouraged all partners to consider Unitaid both in their discussions and in their contributions, including those to the Global Fund.

The representative of MADAGASCAR noted the major developments in WHO hosted partnerships in the year 2021, particularly with the Alliance for Health Policy and Systems Research, whose partnership should be structured so as to contribute to the achievement of the Sustainable Development Goals and the objectives of the Thirteenth General Programme of Work, 2019–2023. He encouraged partners to seek written commitments in support of women's and children's health and

well-being, and welcomed Unitaid's contributions to improving health outcomes in low-income countries, in particular access to treatment for the detection of HIV, tuberculosis and malaria. Hosted partnerships must comply with WHO's technical norms and procedures. He welcomed the Director-General's efforts to strengthen hosted partnerships towards the achievement of universal health coverage.

The CHAIR took it that the Board wished to note the reports contained in documents EB151/5 and EB151/6.

The Board noted the reports.

Committees of the Executive Board: filling of vacancies: Item 6.3 of the agenda (documents EB151/7 and EB151/7 Add.1)

The CHAIR said that there were seven vacancies to be filled on the Programme, Budget and Administration Committee of the Executive Board, which was composed of 14 members: two members from each region, selected from among the members of the Board; plus the Chair and a Vice-Chair of the Board as ex officio members. She asked whether the Board approved the proposals contained in paragraph 2 of document EB151/7 Add.1.

It was so decided.¹

The CHAIR said that there were five vacancies to be filled on the foundation committees. She asked whether the Board approved the proposals contained in paragraph 2 of document EB151/7 Add.1.

It was so decided.²

The CHAIR proposed that the Board should be represented at the Seventy-sixth World Health Assembly by the Chair and the first three Vice-Chairs. If any of them were not able to attend the Health Assembly, the other Vice-Chair and/or the Rapporteur could be asked to represent the Board. In the absence of any objections, she took it that the Board wished to approve that proposal.

It was so decided.³

Amendments to the Financial Regulations and Financial Rules: Item 6.5 of the agenda (document EB151/8)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee contained in document EB151/2, paragraphs 36 and 37, and invited the Board to consider the draft decision on extending the temporary suspension of Financial Rule XII, 112.1, in part, until the 152nd session of the Executive Board, contained in document EB151/8.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, expressed support for the draft decision.

The representative of CANADA thanked the Secretariat for establishing a dashboard to provide updates on progress on investigations into sexual exploitation, abuse and harassment and welcomed the

¹ Decision EB151(3).

² Decisions EB151(5), EB151(6), EB151(7), EB151(8) and EB151(9).

³ Decision EB151(4).

commitment of the Head of Investigations to the 120-day timeline for closing such investigations, noting that most of the cases that were open in late April 2022 should be closed by the 152nd session of the Executive Board. She supported the temporary suspension of Financial Rule XII, 112.1, in part, on the understanding that no further extension would be requested. Lastly, she recalled the recommendation of the Joint Inspection Unit in its 2020 report on the progress made in the United Nations system organizations in strengthening the investigation function, which called for the consolidation of all investigations and related activities irrespective of the type of misconduct.

The representative of GHANA expressed support for the decision to focus the work of the Head of Investigations on cases of sexual exploitation and abuse and abusive conduct. He recognized the urgent need for WHO to respond to and swiftly implement the recommendations set out in the report 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. Extending the temporary suspension of Financial Rule XII, 112.1, in part, would facilitate the work of the Head of Investigations. He therefore supported the draft decision.

The representative of DENMARK welcomed the latest steps taken to tackle sexual exploitation, abuse and harassment, in particular the implementation plan for the WHO management response to the report of the Independent Commission. A strict zero-tolerance policy must be adopted to ensure that sexual exploitation, abuse and harassment never occurred again in WHO's work. He emphasized the importance of fostering the trust of Member States in the Secretariat and of WHO staff in leadership positions, as well as trust in WHO among the populations it served. His Government would continue to support WHO in its efforts to safeguard victims. The Secretariat should take robust action in its response to the occurrence of incidents, which must be in the best interests of victims and survivors. He therefore supported the draft decision and encouraged the Secretariat to report on the effectiveness of the temporary suspension of Financial Rule XII, 112.1, in part, to the Executive Board before its 152nd session, at which a permanent solution should be proposed.

The representative of the UNITED STATES OF AMERICA said that one of the highest priorities of WHO reform was addressing sexual exploitation, abuse and harassment. She expressed concern regarding the practical effects of decision EB150(23) (2022) and called for further analysis of the structures required to address the issue in the medium to long term. The changes in the reporting lines of the Head of Investigations appeared to conflict with well-established communication and reporting lines of other internal oversight offices in the United Nations system. Furthermore, provisions allowing the head of an investigative unit to circumvent the leadership of the office overseeing its work removed an important level of oversight and quality control of the investigation function. Granting independent investigative authority in parallel to the authority of the Director of the Office of Internal Oversight Services ran counter to the spirit of the Joint Inspection Unit's recommendations to prevent fragmentation and consolidate all investigative activities under internal oversight offices. She supported the draft decision but emphasized that before further extensions could be considered, the Board should receive assurances regarding the effectiveness of the adopted approach in fulfilling the original objectives of decision EB150(23), as well as the clear, ongoing need for that approach and its consistency with best practices for internal oversight offices in the United Nations system.

The representative of FRANCE, expressing support for the statements made by the representatives of Denmark and the United States of America, welcomed the steps taken by the Secretariat to prevent and respond to sexual exploitation, abuse and harassment, including the creation of a department dedicated to the issue. Nonetheless, further work and continuous improvement were needed in that regard, and WHO must apply a zero-tolerance policy on the matter.

The representative of PERU supported the extension of the temporary suspension of Financial Rule XII, 112.1, in part, to allow the investigations to continue. WHO must have a zero-tolerance policy on sexual abuse and harassment.

The CHAIR took it that the Board wished to note the report and adopt the draft decision contained in document EB151/8.

The Board noted the report and adopted the decision.¹

The CHAIR invited the Board to make general comments on management, governance and financial matters. She encouraged Board members to engage in interactive and robust discussions, rather than read statements.

The representative of the UNITED STATES OF AMERICA welcomed the Chair's suggestion for Board members to engage in a more informal manner with the aim of enhancing the effectiveness and efficiency of the Board's work. She expressed appreciation for the contribution of Board members with smaller delegations to the work of the Board given its extensive workload. The engagement of non-State actors in WHO's work was critical, including in that of the Board.

The representative of FRANCE thanked the Chair for encouraging debate between Board members with a view to improving the Board's effectiveness. A dedicated opportunity for open discussions at each session of the Board could be helpful, provided that a topic for discussion was decided in advance to ensure that the exchanges were meaningful. Potential topics for discussion included streamlining the agenda and strengthening the role of the Officers of the Board to enhance intersessional work. A clear distinction could be made between those topics that were designated for open debate and those that were not. Member States could be more closely involved in the preparation of documents, which should be made available with sufficient time to enable them to be studied in depth. In addition, the provision of information on the financial impact of projects and draft resolutions would allow the Board to take more informed decisions. Turning to the functioning of the Health Assembly, she shared the regret expressed by a number of Member States regarding the lack of consensus at the Seventy-fifth World Health Assembly on the adoption of what were important strategies and the use of a vote under exceptional circumstances. The diversity of the Health Assembly must be respected. It was important to base decisions on the best scientific knowledge available and avoid the politicization of subjects that should remain technical.

The representative of DENMARK said that the Board must reflect on its role and how best to fulfil its functions, including in the light of the outcomes of the Seventy-fifth World Health Assembly. A Board retreat could help to prioritize the governing bodies' methods of work. Two of the Board's key functions were to advise the Health Assembly and to put into effect its decisions and policies. Noting that the 150th session of the Executive Board had been characterized by an overly dense agenda and too little time for discussing important technical topics, he emphasized that the Board required time and space to exchange perspectives through a constructive and structured debate. It should also have the opportunity to play a more active role in setting the agendas for the sessions of the governing bodies. He would welcome ideas from the Secretariat on how to strengthen the work of the Board and looked forward to further discussions in that regard.

The representative of SLOVAKIA said that it was the responsibility of the Board to find effective ways of dealing with proposals on technical issues, which should be based on scientific evidence. He hoped that the manner in which technical items had been addressed at the Seventy-fifth World Health Assembly would not be repeated; sufficient time for discussions on technical topics must be ensured. A Board retreat could provide an opportunity to find better solutions to handling technical documents and working more effectively.

¹ Decision EB151(12).

The representative of CHINA said that the Board's efficiency could be improved through more extensive exchanges, while ensuring transparency and inclusiveness. A number of Member States, including China, who had not been a member of the Board at the time of the previous year's Board retreat were accordingly unaware of the topics discussed at that retreat. The Executive Board was an important part of the governance structure and the subjects it discussed were highly significant. The retreat, should it take place, must therefore be more transparent and inclusive and the concerns of Member States taken into account.

The CHAIR said that the concerns expressed by the representative of China regarding a Board retreat would be taken into account, including the need to increase transparency.

The representative of COLOMBIA said that, given the size of the global health agenda, prioritizing the topics to be considered by the Board was crucial. He therefore invited the members of the Board to identify their own priority topics for discussion at a Board retreat and to consider the rationale behind that prioritization process. As a topic for discussion during such a retreat, he suggested the consideration of a possible methodological approach to the Board's discussions as a means of making them more creative, agile and innovative.

The representative of the RUSSIAN FEDERATION thanked the Chair for encouraging an interactive form of debate, which could foster the expression of innovative ideas. He supported the suggestion made by the Programme, Budget and Administration Committee during its thirty-sixth meeting to hold meetings between internal and external auditors and Member States to allow for direct dialogue, enhance effectiveness and promote transparency.

The representative of BRAZIL commended the Chair for her approach to the Board's discussions. The Executive Board should be an effective executive organ of the Health Assembly and give effect to its decisions and policies. The Board must also improve engagement both among its members and with stakeholders. It was important to make progress on collective priority areas, which should be guided by objectives such as the achievement of universal health coverage, the strengthening of primary health care, the guaranteeing of affordable access to medical products, the integration of local production and manufacturing of health technologies into health systems, and the promotion of transparency and inclusiveness in the decision-making process of WHO.

The representative of JAPAN welcomed the Chair's approach to steering the Board's discussions. To make a Board retreat more inclusive, Board members could attend the meetings of the regional committees and bring those insights to the retreat. Such an approach would strike a balance between ensuring both inclusiveness and interaction among the small number of participants at the retreat. He expressed some concern over the varying definition of governance among Board members. Governance should comprise oversight of the Secretariat; the performance of executive functions; the formulation of policy; and quality assurance of technical work. Lastly, he suggested that innovative approaches to the work of the Board should be considered in order to increase its efficiency and effectiveness, such as using videos prepared by the Secretariat to learn about progress on an issue, rather than numerous and lengthy documents.

The representative of CANADA thanked the Chair for the opportunity to hold open discussions to stimulate ideas on how to improve the functioning and effectiveness of the Board. Regarding the Board retreat, she emphasized the importance of closed discussions to encourage free-flowing debate. It would nevertheless be helpful to be able to inform those not in attendance of the themes discussed and the direction of the discussions. She therefore suggested that a summary of the discussions at the retreat could be drafted, possibly by the Secretariat, without revealing the names of countries, participants or representatives, in order to stimulate discussion in other forums. She stood ready to assist in moving that initiative forward.

The representative of the SYRIAN ARAB REPUBLIC expressed support for the Chair's encouragement of spontaneous dialogue and echoed the suggestion made by the representative of China of making the Board retreat more open and inclusive. Her Government's participation in the previous retreat had enabled it to be informed and actively engaged in the work of the Board.

The representative of PERU expressed her support for holding a Board retreat, which should be inclusive and allow Board members to prioritize topics for discussion.

The representative of SUDAN¹ commended the Chair for her innovative approach to the Board's discussions. Given the crucial role that the Board played in ensuring efficient governance, it was vital to strengthen its method of work and increase its involvement in WHO processes, including in setting the agenda for the Health Assembly so as to ensure the timely delivery of documents. With the objective of ensuring transparency, she asked how Member States who were not Board members could be informed of the outcomes of the Board retreat.

The CHAIR thanked Member States for their valuable comments and suggestions, which would be taken on board by the Secretariat.

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)

2. STANDING COMMITTEE ON HEALTH EMERGENCY (PANDEMIC) PREVENTION, PREPAREDNESS AND RESPONSE: Item 5 of the agenda (document EB151/3) (continued from the first meeting, section 6)

The representative of AUSTRIA,¹ reporting on the outcomes of the informal working group's discussions on the amendments to the draft decision on the Standing Committee on Health Emergency Prevention, Preparedness and Response proposed by the representative of Botswana on behalf of the Member States of the African Region, said that consensus had been reached. Regarding the first proposed amendment in the preambular paragraph to the draft decision, it had been agreed that the words "including the request to the Director-General to report on the functioning and impact of the Standing Committee and submit the results and proposed recommendations based thereon for the consideration of the Executive Board at its 156th session in January 2025" would be added after the words "Having considered the report on the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, and taking into account decision EB150(6) (2022)".

With regard to the other proposed amendments, it had been agreed to amend paragraph 5(a) of the draft terms of reference of the Standing Committee to include the words " , as well as information and needs expressed by the Member States in whose territory an event arises," after the words "Consider information provided by the Director-General about the event that has been determined to constitute a public health emergency of international concern" and to include the words "including through a special session as needed," after the words "provide guidance to the Executive Board and advice to the Director-General, through the Executive Board,".

The representative of AUSTRALIA¹ said that his Government wished to be added to the list of sponsors of the draft decision. He congratulated Dr Petrič on her appointment as Chair of the Executive Board. He further extended congratulations to all Member States joining the Board, and thanked all outgoing Board members for what had been a very busy period. Although the timing of the proposed amendments had been unfortunate, the consensus reached was a positive step. The establishment of the

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

Standing Committee was an important structural change that would facilitate better engagement from Member States on health emergency matters. He expressed the hope and expectation that the Standing Committee would allow for a more comprehensive consideration of the reports and recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and strengthen the role of the governing bodies in supporting the Programme. He looked forward to further consideration of additional governance improvements that Member States might collectively make.

The representative of NAMIBIA¹ said that the Standing Committee could play a key role in promoting coordination during health emergencies. However, it must not overshadow established expert advisory committees, such as the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. He supported the draft decision, as amended.

The LEGAL COUNSEL, responding to the question raised during the previous meeting by the representative of France regarding the proposed date of the first meeting of the Standing Committee, recalled that the draft decision referred to holding the first meeting after each region had nominated its members and the Board had formally appointed the members through a silence procedure, ideally before the end of October 2022. However, as the meeting of the Regional Committee for the Western Pacific, the last of the regional committee meetings to be held in the year 2022, was scheduled to be held at the end of October 2022, the first meeting of the Standing Committee could only be held in the second half of November 2022 at the earliest. He therefore proposed either to amend the date in the draft decision to “November 2022”, or to hold informal consultations with the regions in mid-2022, thereby allowing a silence procedure to take place before October 2022.

The representative of AUSTRIA¹ said that such a change to the text of the draft decision was not necessary owing to the use of the word “ideally”, which allowed for flexibility in the date of the Standing Committee’s first meeting.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on the Standing Committee on Health Emergency Prevention, Preparedness and Response, as amended.

The decision, as amended, was adopted.²

The CHAIR said that, in the absence of a standing silence procedure, the Executive Board must agree the terms of the silence procedure to be used to determine the membership of the Standing Committee. Accordingly, she proposed that the Director-General would write to all Board members, with a copy to all Member States, to invite nominations for membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response by Board members. Nominations from each region would be considered by each regional committee at their regional committee meetings in the year 2022. Each region would subsequently submit a list of nominations approved by the regional committee to the Director-General by 4 November 2022. Following receipt of the nominations approved by the regional committees and having confirmed that the number of nominations was equal to the number of places on the Standing Committee, the Director-General would then transmit the nominations to Board members for consideration under a written silence procedure. Any objection to the nominations received should be communicated in writing to the Director-General no later than 14 days from the date of dispatch of the Director-General’s communication. In the absence of any written objections received within the deadline, the persons nominated would be considered as having been validly appointed by

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

² Decision EB151(2).

the Board at its 151st session and the appointments would be referred to the 152nd session for information only. If one or more written objections were received within the deadline, the persons concerned would be considered as not having been appointed by the Board and the nominations having been objected to would be considered by the Executive Board at its 152nd session. Likewise, should the number of nominations received not be equal to the number of available places, the matter would be referred for consideration by the Executive Board at its 152nd session. In either case, no meeting of the Standing Committee would be held pending the decision on the Standing Committee's membership of the Executive Board at its 152nd session. The Director-General would communicate the outcome of the written silence procedure to all Member States. Provided that the number of nominations received was equal to the number of available seats and that no objections had been received, the appointment of the Standing Committee members would take effect from the date of the Director-General's communication informing Member States about the outcome of the written silence procedure.

The representative of CHINA, noting that Standing Committee members would serve for a term of two years, asked whether a written silence procedure would have to be repeated each time a member of the Standing Committee was to be appointed.

The LEGAL COUNSEL said that the written silence procedure would be used exceptionally to decide on the first composition of the Standing Committee in order to allow for the first meeting of the Standing Committee to be held before the 152nd session of the Executive Board. Ordinarily, the members of the Standing Committee would be appointed during an Executive Board session in the same way that the members of the Programme, Budget and Administration Committee were appointed.

The representative of JAPAN asked whether only Board members could be nominated as members of the Standing Committee.

The LEGAL COUNSEL confirmed that only Board member delegations could be nominated as members of the Standing Committee.

The representative of SENEGAL asked whether the Standing Committee members must be nominated from among the actual members of the Board or from the countries represented on the Board.

The LEGAL COUNSEL said that, similarly to the practice regarding the nomination of members to the Programme, Budget and Administration Committee, either Board members or alternates may be nominated as Standing Committee members.

The DIRECTOR-GENERAL thanked the representative of Austria for his initiative and commitment in leading it to a conclusion.

The CHAIR took it that the Board agreed with the proposed terms of the written silence procedure for the nomination of the members of the Standing Committee.

It was so agreed.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (resumed)**3. STAFFING MATTERS:** Item 7 of the agenda

Statement by the representative of the WHO staff associations: Item 7.1 of the agenda (document EB151/INF./1)

The CHAIR drew the Board's attention to the report of the Programme, Budget and Administration Committee contained in document EB151/2, paragraphs 38 to 41.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, IARC, PAHO and UNAIDS, noted with concern the increasing reports of challenges in the area of staff health and well-being, particularly by staff at UNAIDS, and urged senior management to take decisive steps to support more stable working conditions for all. She called for the improved availability of psychosocial support for all staff members, particularly at the country and regional levels, and emphasized the need to prioritize the mental, psychological and emotional health and well-being of all staff. She welcomed the development of the human resources agenda and action plan on diversity, equity and inclusion for the WHO workforce through the WHO initiative "Listen, Learn and Act Together" and encouraged everyone, especially leaders and managers, to fully endorse and participate in related activities.

She called on all WHO staff to actively contribute to building a respectful working environment, including by condemning inappropriate behaviour. Resources should be identified for the long-term coordination of respectful workplace activities. In addition, there must be a zero-tolerance approach to racism and racial discrimination. She urged management to reinforce its commitment to safeguarding a workplace free from discrimination, harassment, microaggressions and abuses of power and authority, strengthen its collaboration with the dedicated staff-led affinity group, and make available professional services to support victims of racism and racial discrimination. She hoped that WHO would secure Evidence and Data for Gender Equality (EDGE) certification before the 152nd session of the Executive Board.

A zero-tolerance approach must also be taken to sexual exploitation, abuse and harassment. She welcomed efforts to investigate and prevent sexual exploitation, abuse and harassment and establish a dedicated department for prevention and response. The introduction of counsellors for victims was also a welcome step since they provided a valuable source of support and demonstrated the Organization's commitment to accountability. However, additional informal structures should be built to create more safe spaces for victims who might not feel comfortable using existing channels. She was pleased to note the review of the internal justice system but expressed grave concern over increasing reports from staff alleging retaliation, bullying or harassment and the resulting harm caused. A stronger, more robust internal justice system was needed that was transparent and trusted, brought swift resolutions to allegations and provided protection for victims.

Regarding contractual conditions of work, she highlighted that the use of short-term contracts posed a risk to the retention of talent at the Organization and therefore welcomed the decision adopted by the Seventy-fifth World Health Assembly to increase sustainable financing, which would ensure more stability in the Organization and empower the workforce to deliver more effectively. She also hoped that it would lead to swift action on the use of more stable contractual agreements. If the Organization wished to continue attracting and retaining high-quality staff, a modern, flexible working arrangements policy would be required. Lastly, she drew attention to the devaluation of local currencies in a number of duty stations and emphasized the Organization's responsibility for ensuring that staff received equal pay for equal work and for maintaining the purchasing power of serving staff and retirees alike.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, underscored the importance of the psychosocial well-being of WHO staff in the achievement of results

and objectives. Any discrimination against staff members, including on the grounds of origin, gender, opinion, political choices or beliefs, was unacceptable, and all WHO staff members must be able to participate, through their representatives, in the determination of working conditions. The principles of diversity, equity and inclusion must be integrated into the Organization and its work at all three levels. Regarding staff salaries, he highlighted the need to take into consideration purchasing power and equity, particularly in countries experiencing currency devaluation. Expressing his encouragement to all WHO staff members, he called on the Director-General and his team to take action to promote their well-being.

The representative of SLOVAKIA highlighted the importance of providing mental health and psychosocial support to WHO staff, which was essential to prevent distress, trauma and burnout and ensure a happy and productive workforce.

The representative of the UNITED STATES OF AMERICA acknowledged the hard work of all WHO staff. Noting the numerous stressors they experienced, she supported the enhancement of services and resources to address the mental health and psychological and emotional well-being of WHO staff worldwide. Diversity, equity, inclusion and access were principles that WHO must put into practice both internally and externally. Regarding the prevention of and response to sexual abuse, exploitation and harassment, she emphasized the importance of maintaining a zero-tolerance policy and adopting a survivor-centred approach. All staff members at all levels – not just those in leadership positions – had a responsibility to ensure a unified response to bringing about cultural change within the Organization. The Board would track work in that area.

The representative of AFGHANISTAN said that one of WHO's greatest assets was its staff. However, he noted with regret the very low number of Afghans among WHO's staff and asked WHO's leadership to clarify whether there were any inherent issues preventing Afghan human capital from working as WHO staff. Greater diversity would enhance the culture of the Organization.

The representative of FRANCE supported the call made by the representative of the WHO staff associations for zero tolerance of all forms of discrimination at all levels of the Organization and for the robust implementation of conditions promoting the health and well-being of staff. The COVID-19 pandemic had significantly affected all aspects of life and, in the context of the large-scale mobilization of the Organization's staff during those difficult years, the provision of support for the workforce was crucial and non-negotiable.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, expressing appreciation for the work of WHO's staff, echoed the comments made by the representatives of Slovakia and the United States of America regarding mental health and supported the recommendation to create an enabling environment for diversity and inclusion. That process should begin with an acknowledgement of all forms of discrimination, and the establishment of clear procedures for reporting on racism and racial discrimination and of ways for staff to seek support and redress. WHO must ensure that systems were in place to nourish individuality, allowing staff members to deliver to their full potential. She encouraged WHO to explore the implementation of practices that were commonplace in other organizations of the United Nations system.

Turning to the prevention of sexual exploitation, abuse and harassment, she highlighted the importance of workforce-wide engagement to bring about real cultural change and welcomed the progress made in tackling the issue and the steps being taken to implement the required institutional changes. WHO's leadership and senior management must continue to personally engage in the matter, and sufficient capacity to prevent sexual exploitation, abuse and harassment, process and investigate reports, and support victims and survivors must be guaranteed at all levels. WHO must ensure and promote a safe, equal and inclusive working environment for all its staff.

The representative of AUSTRALIA,¹ thanking WHO staff for their dedication and hard work, said that his Government would continue to advocate for strong support for WHO staff. Healthy and well-supported staff were essential to the delivery of high-quality outcomes.

The representative of GERMANY¹ expressed support for many of the actions outlined by the representative of the WHO staff associations, including those to be taken by management and the Secretariat. However, Member States also had a responsibility to ensure that the Organization was able to function efficiently and effectively, including by ensuring the well-being of all its staff. Securing sustainable financing was key to that endeavour.

The DIRECTOR-GENERAL said that he and his management team looked forward to continuing to work closely with the WHO staff associations through regular and structured dialogue to make significant progress on all seven key areas identified in the statement by the representative of the WHO staff associations. While acknowledging the recent progress in the areas of geographic diversity and gender parity, he emphasized that further progress on those issues would continue to be a priority. Cooperation would be needed for the implementation of the various initiatives that were already under way to address the seven priority areas.

The Board noted the statement by the representative of the WHO staff associations.

4. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 8 of the agenda (document EB151/9)

The representative of BRAZIL, recognizing the importance of the work of expert committees and study groups, welcomed in particular their work on psychoactive substances and biological standardization. However, noting the lack of geographical diversity in several expert committees, he emphasized the need to increase the diversity of perspectives to ensure that the expert committees' reports and conclusions reflected the reality of the greatest possible number of countries, which would increase the legitimacy of their work. He encouraged the Secretariat to make improvements in that regard.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked Member States for their support for the expert committees. Measures were being taken to address the composition of the expert committees in order to ensure geographical diversity, gender parity and representation from all regions. Highlighting the importance of the work of the expert committees, she drew particular attention to that of the Expert Committee on Biological Standardization, which contributed to work on norms and standards used by many Member States, including to ensure quality assurance of medicines, vaccines and health products.

The Board noted the report.

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

5. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:
Item 9 of the agenda (document EB151/10)

152nd session of the Executive Board

The CHAIR drew attention to the first draft decision contained in document EB151/10.

The DIRECTOR (Governing Bodies) said that Member States would receive a draft provisional agenda for the 152nd session of the Executive Board within four weeks of the closure of the current session.

The CHAIR took it that the Board wished to adopt the first draft decision.

The decision was adopted.¹

Seventy-sixth session of the World Health Assembly

The CHAIR drew attention to the second draft decision contained in document EB151/10. In the absence of any objections, she took it that the Board wished to adopt the second draft decision.

The decision was adopted.²

The representative of CHINA asked the Secretariat to confirm whether it was possible to change the format of a meeting from in-person to hybrid, in particular the first meeting of the agile Member States task group on strengthening WHO's budgetary, programmatic and financing governance.

The DIRECTOR (Governing Bodies), responding to the question raised by the representative of China, said that a Board decision would be required to change the format of a meeting from in-person to hybrid, including the first meeting of the agile Member States task group.

The CHAIR took it that the Board wished to change the format of the first meeting of the agile Member States task group from in-person to hybrid.

It was so agreed.

Rights of reply

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, recalled that support was not unanimous for the resolution on the health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression approved at the Seventy-fifth World Health Assembly. He reaffirmed that the Russian Federation did not accept the resolution, which was one-sided, based on preconceived ideas, and did not take into account the real causes of the situation, which dated back to 2014. He expressed the hope that WHO would avoid the politicization of its work in the future.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the aim of the resolution on the health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression had not been to politicize WHO

¹ Decision EB151(10).

² Decision EB151(11).

but to protect the health and welfare of millions of people through the provision of life-saving supplies and services and to hold actors accountable for the devastation that they had caused.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, clarified that his Government did not deny that the resolution contained practical measures. However, he insisted that it was politicized and had not taken into account the full context of the situation. For that reason, his Government had not supported it. He reaffirmed his hope that politicization at WHO would be avoided in the future.

6. CLOSURE OF THE SESSION: Item 10 of the agenda

The DIRECTOR-GENERAL thanked the Board for its support and guidance and looked forward to working closely with the Board to take action on the issues discussed.

After the customary exchange of courtesies, the CHAIR declared the 151st session of the Executive Board closed.

The meeting rose at 17:15.
