



Daily Brief - Day 5 of WHA76
Thursday, 25 May 2023

The [fifth day of WHA76](#) was divided into two Committees and organized around the discussion of the following agenda items:

Committee A	Committee B
<p>Item 15.4: Poliomyelitis</p> <p>Item 13.1: Universal health coverage</p> <p>Item 13.2: Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health</p> <p>Item 13.3: Substandard and falsified medical products [<i>Postponed</i>]</p> <p>Item 13.4: Universal health coverage [<i>Postponed</i>]</p> <p>Item 13.5: Universal health coverage [<i>Postponed</i>]</p>	<p>Item 19: Budget and Financing Matters (with sub-items 19.1–19.5) [<i>Continued</i>]</p> <p>Item 20.1: Report of the External Auditor</p> <p>Item 20.2: Report of the Internal Auditor</p> <p>Item 20.3: External and internal audit recommendations: progress on implementation</p> <p>Item 21.1: Human resources</p> <p>Item 21.2: Amendments to the Staff Regulations and Staff Rules</p> <p>Item 21.3: Report of the International Civil Service Commission</p> <p>Item 21.4: Reform of the global internship programme</p> <p>Item 21.5: Report of the United Nations Joint Staff Pension Board</p> <p>Item 21.6: Appointment of representatives to the WHO Staff Pension Committee</p> <p>Item 22.1: Prevention of sexual exploitation, abuse and harassment</p> <p>Item 22.2: Matters emanating from the Working Group on Sustainable Financing</p> <p>Item 22.3: Global strategies and plans of action that are scheduled to expire within one year [<i>Postponed</i>]</p>

Committee A

The morning started with discussion on agenda item **15.4 Poliomyelitis** contained in documents [A76/13](#) and [A76/14](#). **Pakistan, Timor Leste, Senegal, Germany, and Nepal**, stressed the need for sustained financial and political commitment to address polio. Timor Leste, **Bahrain**, and **Zambia** emphasized the importance of continuous surveillance and immunization coverage. **Pakistan** and **Iran** highlighted the challenges faced in the Eastern Mediterranean due to conflicts and environmental disruptions. **Canada** and **Bahamas** emphasized the support required for countries vulnerable to polio outbreaks. **Monaco** and **Australia** recognized the crucial role of women in vaccination campaigns, while **Germany** called for gender dimensions in polio policy. Canada, **Senegal**, and the **United Kingdom** emphasized the need for plans to reach children in humanitarian contexts. **Russia** raised concerns about side-effects and the need for post-vaccination surveillance. **The US** focused on biosecurity interventions.

Zambia and the **UAE** emphasized the importance of surveillance and cross-border collaboration in polio eradication efforts. **Brazil** called for reinforcing commitment to polio and neglected diseases, while also addressing misinformation and vaccine hesitancy through integrated vaccination campaigns. The issue of anti-vaxxer movements was raised by **Trinidad and Tobago**. **India** and **Niger** highlighted the significance of community participation. **Korea** and the **Philippines** emphasized the need for access to the IPV vaccine and the elimination of vaccine-derived polio cases. **Argentina** called for a new OPV2 vaccine with lower spread risk. Sanitation (**India**), political instability and conflicts (**Iraq, Yemen**), and refugee populations (**Bulgaria, Lebanon**) were identified as factors impacting polio spread. Multiple countries expressed gratitude to GPEI partners and stressed the importance of collaboration. **Turkey** suggested targeted campaigns for specific regions, and the revised indicators for the certificate of eradication were appreciated. **Thailand** and **Kenya** recommended reviewing IPV guidelines and ensuring full funding for polio eradication in the WHO budget, respectively. The reports are noted by Member States and the agenda item was closed.

Moving on to agenda items **13.1** and **13.2** of the session focused on **universal health coverage** and **the declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and mental health**. The relevant documents discussed were [A76/6](#), [A76/7 Rev.1](#), [EB152/2023/REC/1](#), decisions [EB152\(3\)](#), [EB152\(4\)](#), [EB152\(5\)](#), [EB152\(6\)](#), [A76/7 Add.1 Rev.1](#), and decision [EB152\(11\)](#).

Speaking on behalf of the **African Region** Member States, **Eswatini** said that

“Africa is in agreement with health systems being orientated towards primary healthcare as a resilient foundation for universal health coverage. The African Region Member States recognise that through the primary healthcare approach, health systems are in a better position to become more affordable.”

In the same floor speech, **Eswatini on behalf of the African Region** explicitly called out big multinationals for unethically marketing unhealthy foods, and suggested the use of national legislation as a tool to address the availability of unhealthy food:

“The Member States are of the opinion that the WHO Secretariat should capacitate countries in the African region to take action on the control of marketing of unhealthy foods and snacks by big international food chains. The level of unhealthy fats and high salts in foodstuffs should be controlled through legislation.”

Namibia emphasizes the importance of a multi-sectoral approach in achieving the Universal Health Coverage (UHC) targets by 2030, including addressing issues such as food insecurity, improving access to safe water, sanitation, and hygiene, promoting universal education, especially for marginalized groups, and creating environments that safeguard the right to the highest attainable standard of health for all.

Denmark delivered an impassioned statement pushing for an increased focus on mental health in future work of the World Health Assembly, if possible under a separate agenda item. Addressing commercial determinants of health, **Thailand** called for WHO to update the best buy innovation on non-communicable diseases (NCDs) and set an example by not selling or serving alcoholic beverages at any WHO-organized events. **Canada** expresses disappointment over insufficient progress and inequities related to sexual and reproductive health (SRH) and gender equality, urging all stakeholders to take stronger actions to reverse these trends. Primary healthcare and gender-responsive, people-centered health systems are crucial for Universal Health Coverage (UHC). This includes integrating SRH services into primary healthcare and ensuring universal access to SRH services.

Furthermore, several speakers from civil society organizations (CSOs) called for a more progressive approach to women’s health. They expressed dissatisfaction with the implicit notion in certain aspects of WHO’s work that women’s health revolves primarily around their role in human reproduction. These CSO speakers urged a broader understanding of women’s health beyond reproductive health and emphasized the importance of addressing diverse issues and concerns related to women’s well-being. The **MMI/PHM statement** argued:

Women's, children's and adolescents' health are distinct issues. WHO should report on them separately. Women's health should not be reduced to reproductive and maternal health.

The **MMI/PHM statement** also demanded a broader focus on gender identity and expression, and called for an interdisciplinary lens on gender and health outcomes:

WHO should broaden gender definitions to include non-binary and trans-persons right to health. We urge it to collect disaggregated data, including data on the social determinants of health and the ecological crisis, and develop guidelines that recognise the specific health needs of LGBTQI+ persons, and women from marginalized groups: Indigenous, racial and ethnic communities, migrants, conflict-affected women, and women with disabilities.

Fortunately today, the Chair made the decision to forgo a nighttime session. Tomorrow, Committee A will commence discussion matters under agenda item 13 – progress on the achievement of Universal Health Coverage, and the issue of NCDs (including planning for the upcoming UN High Level Meeting in September) – which, inexplicably, have been lumped together on the agenda.

Right to Reply

At the end of the session, the **Russian Federation** exercised its right to reply in response to statements made by the United Kingdom, Ukraine, and other countries. In their reply, the Russian Federation sought to emphasize that it is Ukraine, rather than Russia, that bears responsibility for the attacks on health institutions. They used this opportunity to present their perspective and counter the accusations made against them by other countries.

Committee B

The morning discussion continued yesterday's postponed session on **agenda items 19.1, 19.2, 19.3, 19.4, 19.5** about **budget and finance matters**.

On Base Budget funding

Madagascar regretted the low level of base funding and called for increased efforts, suggesting a 20% increase in assessed contributions. **The UK** supported a results-based framework for investments and emphasized the need for visible funding at the national level. The **Philippines** raised concerns about funding gaps for base programs, indicating insufficient flexible funding. **Malaysia** and **South Africa** saw potential for improvement and progress with the proposed 20% contribution increase, emphasizing the need for sustainable funding for grassroots programs. **Syria** highlighted that the budget for the EMRO region was mainly focused on emergencies and polio, masking the actual funding gap in the base segment.

Underfinancing of the Americas

Paraguay, Mexico, Argentina, Panama, and Colombia expressed concerns about the underfunding of the Americas region compared to other regions. They suggested capping voluntary financing at 100% and called for an equitable distribution of the budget, considering the challenges of poverty, migration, and socioeconomic inequality in the region. The Americas received the lowest budget allocation, with only 4.6% (\$313 million) out of \$6.834 billion, and only 30% of the allocated budget was effectively funded. **India** emphasized the need for more transparency, while **China** seeks clarification on the increase in assessed contributions.

Overall Budget

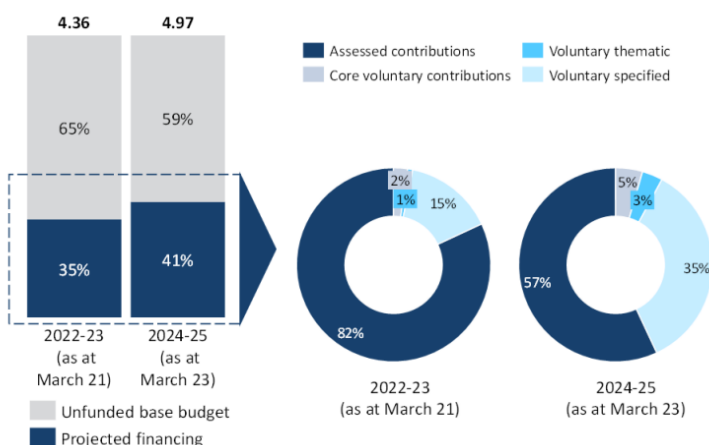
Germany raised concerns about the heavy reliance on voluntary contributions and the associated risk to WHO if a donor withdraws. They advocated for fewer earmarked funds and highlighted the need for improved governance and monitoring of country offices. **Thailand** emphasized the long-standing challenge of the WHO's funding cap and the importance of addressing it. **Panama** highlighted the financial difficulties faced by countries due to the impact of COVID-19 and increasing indebtedness. **Namibia** expressed concerns about the unequal distribution of funding and inadequate funding for priority programs.

Secretariat Response

The program budget increase with the AC (Assessed Contributions) increase was regarded as a significant step towards greening the heatmap as it provided more flexible funds. However, it was understood that allocating 200 million out of a 5 billion budget would not solve all issues overnight. Consequently, the heatmap was expected to show slight improvement, but without adequate flexible funding, it remained challenging to enhance allocations, especially for the AMRO (Region of the Americas) portion. Efforts were made to explore additional sources of flexible financing through replenishment mechanisms and investment plans.

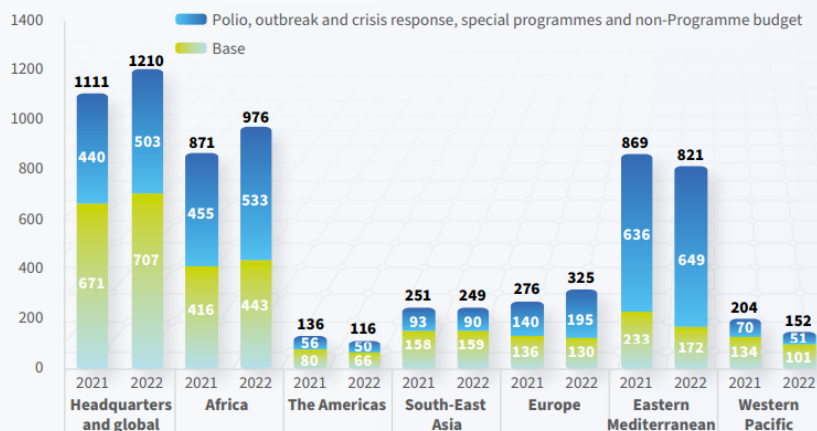
The committee noted reports contained in documents [A76/16](#), [A76/17](#), [A76/18](#) and [A76/19](#) and the decision set out in paragraph 11 document [A76/41](#) was adopted.

Fig. 6. Comparison of the level of projected financing for the proposed base budget segment for the biennium 2024–2025 with a similar stage in the biennium 2022–2023



Source: Document A76/18

Fig. 9. Expenses by WHO region for 2021 and 2022 (US\$ millions).



Source: Document A76/17

Moving on to **agenda item 20**, which focused on ordered and oversight matters, various reports were presented, including the **reports of the external auditor (A76/22)** and the **internal auditor (A76/23)**, as well as the **report on internal and external implementations (A76/24)**. Member states acknowledged the commendable work of both auditors, with **Gambia** speaking on behalf of 47 African member states to express their appreciation. **Germany** raised concerns about the number of investments and backlog, questioning the investigation process and comparing WHO staffing to other UN agencies. **Russia** drew attention to the decision to close the EURO office in **Moscow** and requested a risk assessment. The issues of sexual harassment and fraud were also discussed, highlighting the need for training and addressing noncompliance. The closing of the Russia question was not commented upon due to its recent nature and the need for prioritization. The conclusion of agenda item 20 involved noting and approving the mentioned reports and decisions without objections.

During the discussion on **agenda item 21**, which focused on Human Resources, several documents were presented, including the report of the **International Civil Service Commission (A76/47 and A76/27)** and the reform of the **global internship programme (A76/28)**. The PBAC provided comments on the documents, emphasizing the need to improve regional representation, enhance the recruitment process, address gender disparities, especially in Country Offices, and conduct surveys on workforce perspectives and internal oversight functions. **Sweden, representing the EU**, highlighted the importance of continued efforts in resource allocation, gender balance, efficiency, and staff well-being, calling for long-term appointments and full salary protection against hyperinflation. **Malawi, on behalf of 47 AFRO** member states, and **India** stressed the need for gender equality and inclusive policies, particularly for low- and middle-income countries. **Russia** noted the benefit of selecting more female candidates for internships and expressed the expectation of a more balanced policy in this regard.

On the discussion of agenda item **22.1 prevention of exploitation abuse and harassment** as contained in document [A76/7/Rev1](#).

Australia spoke on behalf of Argentina, Bangladesh, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Eswatini, the EU and its 27 member states, Haiti, India, Indonesia, Israel, Japan, Malaysia, Maldives, Mexico, Monaco, Montenegro, New Zealand, Norway, Panama, Peru, Philippines, Republic of Korea, South Africa, Switzerland, Thailand, Timor-Leste, the United Kingdom, the United States of America, Ukraine, Uruguay and its own country acknowledged WHO's progress in reforming policies and strategies. They commended the launch of a new policy and three-year strategy to prevent and address sexual misconduct, emphasizing the importance of integrity, transparency, and accountability in empowering reporting. Adequate training was highlighted as essential. The

integration of a victim-survivor-centered approach throughout WHO's efforts was welcomed. The statement urged WHO to engage communities at risk, promote accountability, secure sustainable funding, strengthen investigative capacity, and address the uptick in reporting. WHO's novel approach and lessons learned were recognized, with a call for mainstreaming across the UN system.

Botswana, representing the 47 member states of the WHO African region, commended WHO's commitment to zero tolerance for sexual exploitation, abuse, and harassment (SEAH) and advocated for mainstreaming this agenda through regional and national focal points. It emphasized the need for WHO-led health response teams to adhere to preventive measures, provide support to victims, and respond to documented cases of sexual abuse. The recommendations included enhancing collaboration between relevant government agencies, strengthening country systems for gender-based violence response, promoting awareness of WHO mechanisms, advocating for accountability, and fostering closer cooperation with other UN agencies and humanitarian organizations. The statement expressed support for the WHO's three-year strategy for zero tolerance and highlighted the importance of resource mobilization and joint reviews for a comprehensive and sustainable approach.

Various countries, including **Israel, India, Indonesia, Timor Leste, the United Kingdom, Kenya, Poland, the United States, South Africa, Maldives, Ecuador, Bangladesh, and Peru**, expressed support for WHO's new policy for 2023-2025 and emphasized the need to address sociological aspects, establish early mechanisms for support, collaborate with stakeholders, promote accountability, establish focal points, engage communities, ensure timely investigations and sanctions, and provide technical support. The importance of integrity, transparency, and accountability in empowering staff and beneficiaries was emphasized, along with the need for stringent controls and punitive measures for perpetrators. They highlighted the efforts made by regions and countries in implementing strategies and called for the timely and effective addressing of cases, investigation processes, and the establishment of dedicated centers to handle sexual abuse cases.

The Secretariat acknowledged being in the early stages of a comprehensive journey to address sexual exploitation and abuse (SEA). They were confident in their victim/survivor-centered approach and the ongoing learning process within the organization. Reported SEA cases significantly increased, with nearly 200 allegations and 22 substantiated cases last year. The Secretariat demonstrated accountability by promptly dismissing seven personnel involved in sexual misconduct, including high-ranking officials. They prioritized finalizing policies to hold managers, officers, units, and officials accountable, while addressing gaps in community engagement, complaint mechanisms, victim survivor services, and UN system expertise. Despite acknowledging existing risks, the Secretariat committed to a risk-based

approach and swift action in addressing SEA cases without any backlogs or delays. The Director General then gave his remarks and afterward item 22.1 was concluded.

Subitem 22.2 of the meeting addressed **matters arising from the working group on sustainable financing**. The PBAC (Program Budget and Administration Committee) recommended that the Secretariat should maintain a close connection between progress in the prevention and response to sexual exploitation, abuse, and harassment (SEAH) and sustainable financing. They requested the Secretariat to provide comprehensive guidance on utilizing the dashboards, including downloading narrative texts for recommendations regarding the implementation plan on reforms. The PBAC further emphasized the importance of routine updates and consultations with member states to prioritize and establish a timeline for the implementation plan beyond the year 2025. They also highlighted the need for collaborative development of future reforms with member states, with the Secretariat being guided by them in the creation of high-level indicators for the implementation plan.

Norway emphasized the importance of enabling member states to conduct oversight and provide guidance while ensuring the independence of the secretariat's work. They reiterated their commitment to sustainable financing for the WHO. **New Zealand** recognized the significance of flexible funding for the implementation of the GPW13.

Importance of commitment

The importance of commitment was highlighted by **Ghana**, speaking on behalf of all 47 member states in the African region. They called on all parties to contribute and participate in the sustainability of resources. **Bangladesh** emphasized the significance of continued increases in non-earmarked country contributions through replenishment to uphold sustainability. They also stressed the importance of transparency, efficiency, and accountability in this regard.

Efficiency, accountability and transparency

Namibia expressed their appreciation for the decision made at the 75th World Health Assembly to increase the WHO budget through flexible voluntary contributions. They emphasized the significance of transparency and inclusion in this process. **The United States** highlighted the importance of promoting accountability and culture change, specifically regarding sexual misconduct. They welcomed a more streamlined approach through the investment round, recognizing its value in driving positive change.

Member States having a say in prioritization

India proposed the implementation of a standard template for proposing resolutions, including recommended timelines, to facilitate informed decision-making by Member States. They also emphasized the significance of cost-efficiency and accountability. **Switzerland** expressed wholehearted support for the increase in assessed contributions and stressed the importance of transparency and improved resource efficiency. While supporting the replenishment mechanism for WHO, they noted that earmarked contributions would remain essential for many member states' funding of the organization. **Germany** affirmed that WHO should be adequately financed to fulfill its program work as determined by member states. They expressed support for voluntary mechanisms such as the investment round.

An opportunity for reform or is sustainable financing not sufficient?

Paraguay expressed appreciation for the replenishment mechanism as it presents an ideal opportunity to explore alternative financing and governance models for the organization. **Thailand**, on the other hand, raised the point that sustainable financing alone may not be enough. They urged the WHO to seek additional sources of income beyond donations. Thailand emphasized the importance of utilizing earmarked contributions to address the commercial determinants of health.

All the reports and decisions put forth under agenda item 22.2 were acknowledged and accepted without any objections. The document A76/7/rev1 was noted, while the recommendations mentioned in paragraph 5 of A76/38 were accepted. A76/31 and A76/32 were both noted. The draft decision 152/2023/Rec/1 was approved. Additionally, paragraph 5 of A76/40 and part 1 of A76/40 were both approved.

Agenda subitem 22.3 Global strategies and plans of action that are scheduled to expire within one year was suspended until tomorrow morning.

Too many female interns? Russia seems to think so.



“We’ve also noted a considerable gender disparity in the selection of interns, and that is to the benefit of female candidates. We believe that in the future the Secretariat should be able to have a more balanced policy in this respect.”

– Russian delegate in morning session of Committee B