

Summary Day 2

The morning session started with a discussion of the following items:

- Agenda Item 4: Report of the Programme, Budget and Administration Committee of the Executive Board
- Agenda Item 20: Budget and finance matters
- Agenda Item 21: Management matters

PBAC had an in-depth discussion on several items that were on the agenda; specific attention of the board was drawn to the recommendations of the PBAC. The PBAC chair (*Maldives*) introduced the committee report followed by a discussion. Comments were welcomed on paragraphs 1 through 11 of the PBAC report, including the specific recommendations of the report from the Independent Expert Oversight Advisory Committee and all elements considered in the report under Pillar 4.

The PBAC chair gave an overview of the report and their work. The committee met last week and considered 21 agenda items and sub-items. The full report includes specific recommendations and the key outcomes of the PBAC meeting, including those requiring actions by the EB. The committee recommended that the EB consider and adopt 10 decisions and resolutions, including on:

- The endorsement of the secretariat implementation plan,
- The outcome of the consultation with member states (MS) on the report of the DG on extending the 13th General Program of Work (GPW13) from 2019 to 2023 up to 2025; and
- The amendment to financial regulations and financial rules.

Discussion and intervention by Member States

Transparency and accountability

The Russian Federation considered the independent expert review on PBAC and highlighted that MS were not allowed to discuss important issues in the document. Along with other MS, it called for regular briefings with MS. Many MS acknowledged that **WHO had improved the transparency and accountability of the program budget report, and called for it to continue** improving this aspect of its work – particularly in light of increased assessed contributions. *Germany* noted that **WHO has made great progress in accountability and transparency**, and described it as one of the best-positioned UN organisations in this regard.

Calls to increase financing for country offices

Ethiopia, speaking on behalf of the *AFRO region*, as well as member states from the *Americas and Southeast Asia region*, called for **the allocation of a larger proportion of the budget to country offices** and to develop programs that would enable countries to launch their initiatives, support capacity building, and strengthen their capacities to respond to health emergencies. *Namibia* requested the distribution of assessed contributions to countries first to bridge the funding and expertise gap at country level. Several MS argued that **WHO headquarters is over-financed and a large segment of the funds are for staff**

remuneration while the country and region levels were experiencing pockets of poverty. Countries underlined the expansion of short-term staff and need to analyse if this is appropriate and needed to reach the goals of the organisation.

Equitable distribution of financing between regions and for regional priorities (SDH)

Many countries also highlighted the imbalance when allocating the program budget, with the African delegations emphasising that the current budget allocates **insufficient funds to programmes aimed at improving the social determinants of health (SDH)**. *Paraguay* and other MS from *Latin America and Africa* highlighted that the **Americas received less funding than other regions**, and requested that the secretariat explain the main challenges, difficulties and contributing factors leading to this. Like many other states it noted that **WHO should focus on securing flexible funding in order to ensure that it addresses the priorities of GPW13**.

Support for increasing assessed contributions, flexible funding

Member states underscored the **underfinancing of the base segment of the budget and both developed and developing states seemed supportive of the proposed increase in assessed contributions to WHO**. *Germany* called for **sustainable and predictable financing and supported the recommendations of the working group on sustainable financing** to increase assessed contributions and establish a financial replenishment mechanism.

The *USA* recognised that the call for strengthening WHO is a key priority and indicated that it **“wanted to be in a position to support” an increase in assessed contributions**. The *USA* also called for a holistic review of the oversight committee to ensure that it is fit to implement its work and thanked the DG for the work taken and underway to **address WHO’s zero-tolerance position toward sexual misconduct** (this matter was discussed in more detail in the afternoon).

Norway described the program budget as historical and **noted that an increase in assessed contributions is important for a democratic WHO**. It emphasised supporting the country level to strengthen the health system and called for more flexible and predictable funding. **Norway stated that 2/3 of its funding will be fully flexible and encouraged other countries to do the same.**

Feedback from the secretariat

The secretariat acknowledged the comments and input of MS and replied to the themes emerging from the discussion. It pointed out that:

- **Country offices** are at the centre of WHO’s work and are required for protecting the normative function of WHO. WHO has increased the budget from 39% to 50% for country offices and a 4% increase in the current biennium for the country.

- **Prioritisation of funding areas** has been improved and there is proof in the financing, the secretariat is working on resource allocation and the heat map is becoming greener.
- **Staffing:** there were questions around staffing and it varies based on the work which is reflected in the budget cost. There is a difference based on operational staff costs in the regions and more technical staffing.
- **A WHO investment case** was done externally and there will be a return on investment for every dollar invested.
- **Consultation:** this has been the most consulted budget ever and the secretariat has incorporated the input from MS.
- **Digital platform:** acknowledged that this was rolled out late and that it was gaining experience in that area. The secretariat urged MS to give feedback regarding the digital platform and indicated that comments would be captured in the implementation plan. During the discussions, several MS welcomed the introduction of the digital platform.

DG's Response

Dr. Tedros emphasised his support for the country and regional level, stating that WHO work is dependent on country and regional offices. He proposed a comprehensive approach to strengthen country offices which starts with the 100-day challenge and midterm/long-term assessments. The DG indicated that assessed contributions and replenishment will give WHO flexibility at country level, and noted that the secretariat cannot do this when it is dependent on **earmarked contributions and the influence of donors on how the money is spent. With 86% voluntary contributions, he noted, progress will be difficult but affirmed the secretariat would make the necessary effort to support country offices.**

The DG responded to MS concerns about budget imbalances and under-allocation of funds to certain regions. He called on MS not to compare regional allocations and instead to focus on whether fair allocation criteria were being used to make budgeting decisions, and to provide guidance on how the allocation criteria could be changed to create a fairer formula for the distribution of funds. He added that MS could also recommend an independent body to work with the Secretariat on this issue.

Afternoon Session

Immediately after lunch, the discussion on the following three items continued:

- Item 20.3 Thirteenth General Programme of Work, 2019–2025
- Item 20.4 Scale of assessments 2024–2025
- Item 20.5 Amendments to the Financial Regulations and Financial Rules

At the end of the discussion the proposed extension to GPW13 in EB152/28 was adopted by the meeting, as were the resolutions proposed in EB152/29 (Scale of assessments for 2024–

2025) and EB152/30 were adopted (Amendments to the Financial Regulations and Financial Rules).

Prior to these decisions being reached, MS debated the rules that should govern the suspension of voting rights in instances where MS has not met their financial obligations to WHO. *Syria* noted that the financial consequences of the Covid-19 pandemic were still prevalent and proposed that measures other than a suspension of voting rights be considered in dealing with the issue. *Colombia* proposed that the WHA decide the matter of voting rights, and *Bangladesh* called for further consultations in other meetings in case MS demonstrated a diversity of opinions on the issue.

As in the morning a number of countries emphasised that GPW13 had been carefully negotiated by MSs and that this programme should not be replaced by the 5 new “Ps” the DG had mentioned in his report on Day 1 of the EB.

- **Item 21.2 Prevention of sexual exploitation, abuse and harassment - Report by the Director-General**

Both the PBAC chair and the DG engaged with these agenda items, with the DG giving a significant report on the scale of the problem in WHO as well as its efforts to address sexual exploitation, abuse and harassment, taking a victim/survivor-centred approach. WHO established a survivor assistance fund of US\$2 million to support all 83 survivors identified in the Sep 2021 independent commission report on those sexually abused by WHO employees and by other humanitarian actors in DRC. Since the establishment of a dedicated capacity for investigation of sexual misconduct and abuse there has been a tripling in the number of people coming forward in the past year – from 166 in 2021 to 491 in 2022. The DG asserted that **“Justice delayed is justice denied.”** They have set a target of 120 days in which to complete investigations into allegations of sexual misconduct. The team has completed the backlog of sexual misconduct allegations, and the team is working on a backlog of allegations of other abusive conduct. This is an ongoing process, but the WHO is committed to continuous improvement. This issue is also important to maintain trust in the WHO from MS and the public.

Following this speech of the DG, a constituent statement by several countries made interventions emphasising the importance of a victim/survivor-centred approach and accountability. They asked for complaints to be addressed in a timely manner and perpetrators to be held to account, expecting prompt and confidential reporting to be provided to MS. Safeguards against the leaking of private information must be ensured. The constituency statement of African countries emphasised strengthening in-country system and **community engagement and mobilization** and beneficiaries of the survivor assistance fund should be aware and able to hold WHO/humanitarian actors accountable, with Namibia specifically requesting cases are sent to national level, so punitive measures can also be taken there. Other MS concerns covered sufficient psychosocial support for victims/survivors, transparency of processes, measures taken against perpetrators, and ensuring appropriate staffing in the investigative team. Fiji raised concerns over members of IOS or WHO not respecting process integrity and leaked highly confidential information, and that they should be held responsible. The Netherlands noted inconsistencies between the reports on managerial misconduct by the independent committee and the just-received WHO report,

which found that some managerial misconduct was unsubstantiated, yet Legal Support explained staff investigation processes are internal and confidential and usually not shared. Usually, only when a disciplinary process is initiated by the WHO the records will be shared. Afghanistan raised the cultural and religious values of the context where an incident may occur should be considered, suggesting the word 'victim' is a 'double-edged knife' covering both parties until the investigation is finalised. They raised that investigative teams should come from the same cultural context as the incident they are investigating. However, in her closing remarks Dr Gaya of the secretariat said that her culturally diverse team is sufficiently capable of these investigations and that when people work within the UN or WHO, they agree to a code of conduct expected in international civil service not individual cultures. The DG called the leaks "regrettable", thanked MS for the input and wanted to further continue towards the root causes of these problems, asking for integrity.

12 - Public health emergencies: preparedness and response

12.1 Strengthening WHO preparedness for and response to health emergencies

In the context of strengthening the Global Health Architecture MSs reaffirmed WHO's central role in responding to health emergencies. However, **Sweden** warned against **mission creep**: WHO should lead on normative and technical matters for PPR. They recommended WHO focusing on respective mandates, whereas other agencies are better suited to things like procurement. Next to discussing the role of WHO, the current process of discussions on health emergencies was discussed. Many countries indicated that they wished to **conclude the INB and IHR processes first before making decisions** about proposals regarding new governance and financing bodies aimed at addressing health emergencies such as the Global Health Emergency Council. Some countries noted that **creating additional committees such as the Global Health Emergency Council** as Committee E **would risk overburdening delegations**. **Norway** agreed that the need for government and head of state engagement on PPR. However they said UNGA in New York is the better anchoring point for Heads of State and Government discussions around pandemics. Other MSs, such as New Zealand, Thailand, Germany and Mexico, agreed that the **current processes risk fragmentation** and increased coordination between UN agencies is needed. Current parallel processes are putting a strain on country delegations if many parallel processes go on. **Monaco** affirmed that closer **consultation of member states** on some of the proposals is needed. Collaboration between WHO Secretariat and Member States particularly requires discussion at an **earlier stage**.

Several questions emerged about **how the Contingency Fund for Emergencies (CFE) will work**, how developing countries will be included in it, how allocation formulas will work and what kind of administrative accountability and oversight there will be. **Mozambique** called for **more African states to be included** in financing mechanisms for health emergencies. **Bangladesh** said that developing states have clearly explained their expectations on PPR but have not heard responses on these, that is essential to maintain **overarching priorities of public health over commercial partnerships; IFIs should be non-debt generating** and additional to the financing mechanism called for by developing countries in INB and IHR. **Namibia** assessed the need for timely and predictable financing for HEPR and noted that more information is needed on the pandemic fund and the representation of developing countries in the covenant structures of the fund.

Several member states brought up issues of access and technology sharing. **Indonesia** particularly mentioned benefit sharing derived from sharing of pathogens. **Argentina** said investments are needed to have a direct impact on health systems and strengthening of country capacities for preparation, but that this must also include R&D and regional manufacturing of diagnostics and vaccines. **El Salvador** suggested regional director offices can facilitate coordination among countries and processes such as the transfer of medicines and technical equipment, always bearing in mind fairness and solidarity. **Singapore** also mentioned that there is value in establishing a **regional approach** to core systems to enable response speed, including strengthening the vaccine manufacturing ecosystem. **Pakistan** also highlighted that the future global architecture must be embedded in principles of equity and the need for adequate international assistance and a cooperation framework, that includes technology sharing.

Next to discussion on 12.1 specifically, **Marshall Islands** and **Eswatini** asked to include Taiwan as an observer at the next WHA. At the end of the day, the US used its right of reply to respond to Russia's allegations that they had purposefully not shared influenza strains with the Moscow lab. Instead, they explained that the war in Ukraine had disrupted strain delivery. Russia replied that the WHO mandate does not stretch to peace and war and that the chair should limit political statements and the politicisation of WHO.

Tomorrow the discussion will continue on 12.1.