



**PHM daily briefing of the WHO 152 EB Meeting: Day 6 (February 4, 2023)**  
**Report prepared by PHM's WHO Watch team**

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MORNING Session

The session began at 11:00 following a special closed meeting to discuss **'staffing matters' and 'human resources'** (Document [EB152/55](#)). The meeting aimed to decide whether to hold a special session of the Board for the outcome of the investigation process in accordance with the procedure set out in the Annex to the report. The meeting was restricted and not recorded but results of the meeting would be available for the public. NSAs were allowed to wait in the 'overflow room'.

The Chair opened the session for the public at 11:00. It began with discussion of agenda item **12.2 WHO's work in health emergencies (Document [EB152/15](#)) and the implementation of resolution WHA75.11 (2022) (Document [EB152/16](#))**. *India* asked for the inclusion of Antimicrobial Resistance (AMR) as a health emergency. *Malaysia* requested external evaluation to keep track of progress of the work and make recommendations and urged WHO to share information with MS. *Denmark, on behalf of the EU, condemned Russia's aggression* and demanded Russia to respect its responsibility under humanitarian laws, referring to the attacks on health care and health services as noted by DG in the report. They asserted that the situation in Ukraine was constantly changing and **requested WHO to provide an update on resolution and include MS in the briefing** (the same was echoed by Peru and Japan). *Ghana, on behalf of the AFRO region*, asked the Secretariat to **ensure resources were available for services in humanitarian situations** and also requested WHO to recognise alcohol as a risk factor for violence against women and children. They demanded **WHO to respond to the attacks on health workers**. *Korea* expressed concern about the continuous health emergency in Ukraine and encouraged WHO to give a daily update on the situation. *The USA* expressed the same sentiment, adding that **WHO should address sexual exploitation and abuse and requested the report** to include access to sexual reproductive health (Canada and New Zealand echoed the same thing). They also demanded **WHO to include Taiwan in governing bodies meetings**. *Russia* recognized the report as the extension of the resolution about Ukraine from a group of Western countries that were politicising WHO and **accusing Russia, but has nothing to do with emergencies around the world**. Because of that, the report was not good nor useful; therefore, it should not be submitted to the WHA. They were disappointed that there was nothing about Russian casualties and attacks and **expected WHO experts to ask Russia for details**. *Moldova* commanded WHO for a comprehensive response in Ukraine, stating that the greatest part of the problem was violence against children. They advocated for MS to find a solution for stopping the war. *Afghanistan* reminded us that **WHO was not the only actor in health emergencies in Ukraine**. They encouraged improved relations with the private sector and investment in political capacities. They warned **not to repeat previous mistakes; that is, retrieving funds thinking that the conflict was over retrieving funds only to find everything got worse**. *Ethiopia* called for an **independent investigation of the DG**. They were dismayed that there had been no report on health centres and hospitals being destroyed despite repeated calls. WHO report had only partially reported the situation and they expected prompt response on this complaint. *Syria* reaffirmed their non-political evaluation of the report. They thought the **focus of the report on Ukraine was in contrast to WHO's role** and had come to the same conclusion as Russia's. *Oman* called for WHO to establish a **clear framework for distribution of**



**resources** and be explicit regarding countries' sovereignty in order to work collectively. *Belarus* asked for acknowledgement of the **link between the Ukraine war and worsening global food crisis** and insisted that the problem had been **ignored**. *Brazil* reminded us of the **scarcity and inequity in accessing products and technology and demanded more to be done**. They noted an ongoing discussion around this issue and asked for the **IHR function to be made clear**. They regretted that the report was focusing only on one conflict, which was in Ukraine, while other conflicts all over the world did not receive attention. They were concerned that **political polarisation would obscure other problems**. *China* maintained that **Taiwan was a province of China**, who was a participant in the WHA. They reminded us that WHO was a platform for MS to address health issues and asked to **avoid controversial issues to avoid further escalation and worsening of the humanitarian crisis** (the same was echoed by Nicaragua). *Maldives* reminded WHO to practise a whole of government approach and One Health perspective when responding to health emergencies. They called on WHO to support **capacity building at sub-national level** for emergency/hazard response. *Japan* asked MS to follow the example of regions such as Taiwan in tacking Covid19 when responding to health emergencies. *Monaco* reminded us that Ukrainian civil society played a major role in responding to health needs. *Ukraine* thanked WHO for its extensive work in the country. *Poland* called for support from the international communities and for WHO to scale up necessary help, informing that **the war had had an impact on Poland**. *Namibia* expressed concern regarding the number of fatalities and injuries among healthcare workers. They also urged the Secretariat to continue the work on amending the IHR. *Cuba* repeated that WHO should continue to strengthen its position to help all people worldwide and that the **politically biased report had nothing to do with the mandate of WHO**. *Australia* and *Norway* repeated condemnation of Russia's war and invasion of Ukraine and expressed concern regarding destruction of health infrastructures and attacks on civilians. *Argentina* shifted the discussion towards the global strategy for genome surveillance and pathogens and stated the **need to have a framework on exchange of data and benefit sharing**. *Kenya* called on WHO to boost the Contingency Fund for Emergencies (CFE). *Bangladesh* reminded us that **emergencies were not only in the context of conflicts but also natural disasters**, though they agreed that it was essential to ensure affordable health services and products in conflict areas. *Palestine* reminded us that a **public health emergency in their country had been ongoing for 70 years**. Hospitals had been damaged due to occupation and endangered lives of nurses and doctors which prevented them from taking care of patients. They had been trying to improve emergency response but staff were overworked. *Dr. Mike Ryan* thanked donors for donation to CFE and reminded us that the **cholera situation** globally had deteriorated. There were 20 active cholera outbreaks (southern and east Africa / Malawi). A 19th century ancient disease was putting pressure on health systems; therefore he asserted the need to focus on water and sanitation as well as putting in place social and economic structures.

There was no objection to report EB152/15 so it was noted by the Board. *Russia* repeated its **objection to unbalanced reporting in document EB152/16** and demanded the report be updated and seriously reviewed prior to bringing it to the WHA. A side discussion between the Secretariat and a few MS ensued. The meeting was adjourned for lunch break.

(EB members discussion continued partly at lunch)

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After lunch, the discussion on document **EB152/16** continued. The Chair proposed that the decision be moved ahead through a show of hands and asked the Board to first agree on 2 points and then go to the third point where we disagree on noting the report and we go for voting.



On point 1: The Secretariat will continue working on the report with a view to presenting comprehensive, balanced, and validated data, taking into account all the relevant aspects

On point 2: The Secretariat will provide a briefing in advance of WHA76

On point 3: where we disagree on noting the report that we will go for voting.

Points 1 and 2 were agreed on without objection.

*Russia* asked to **clarify** whether the Secretary would continue its work on the report, i.e. **whether it meant the EB was going to request the Secretariat to continue the work on the report or if this was a formality.**

They said that they were **not really sure who was mandating who** and what the official legal position of the EB was. *Sec. Legal team* confirmed that it was understood that the Secretariat would continue the work; so it is understood that **the Board was asking the Secretariat to continue the work.** *The Chair* reaffirmed that the Secretariat would continue to work on the report with the view **to present comprehensive, balanced and validated data**; that it was also understood that **all relevant experts and aspects would be included.** This was what was agreed in point 1. *Canada* asked for confirmation whether that meant the report would be updated. *Russia* asked the Secretariat to reconfirm the mandate. *Sec. Legal team* confirmed that the record would show an understanding that the work would be carried out, that **the Secretariat were to continue to work on the report** and it would carefully be worded to reflect that.

The Board moved on to vote on Point 3. *The UK* asked for an **explanation of the vote** in advance. *Secretariat's legal team* confirmed that **Rule 55** governs explanations of vote: "after the voting has been completed, a member may make a brief statement consisting solely of an explanation of vote. A sponsor of a proposal may not speak in explanation thereon, except if it has been amended". So the rules were that explanation would follow after the vote. Voting began, the Chair asked YES for being in favor of noting report EB152/16 and NO for abstain. Results out of 34 members with right to vote: 6 absent or not voting

6 abstained, **18 yes, and 4 no.** Voting was closed. The report was noted by the Board.

*The USA* expressed disappointment for having to vote on this matter, especially given that consensus was simply around updating and noting a report on what we found to be a neutral matter. Nevertheless, they looked forward to the updated report. *The UK* also regretted *Russia's* attempt to politicise the forum and undermine the diligent work of the Secretariat. They asserted that the report was evidence-based work on health care in accordance with what WHO must do. *Denmark* expressed concern that this would set a precedent for *Russia* undermining the technical mandate of the WHO with regard to updating MS on the status of resolutions. *France* echoed the same sentiment as the USA and the UK. *Paraguay* affirmed that they voted yes on the basis that members of the EB had to have updated information that was not biased in order to do their work. *Russia* pointed out that the outcome of the vote proved not all countries agreed with the report. They also regretted that a precedent was created for preparation of a politicised, unprofessional document at such an important forum of professional cooperation. They were aware that the Secretariat was under serious pressure but hoped that it found courage to do the right thing. *Brazil* asserted that noting the report did not imply approval of the content of a document. As they understood, voting should be the absolute exception in EB. That said, they hoped that future work would be more balanced and contain facts as well as explanations. When explanations were presented, equal weight was to be given to all parties involved. *Moldova* explained that they voted in favour because the country had the highest burden of refugees, despite having very limited resources. They did not see anything political or unprofessional in the report. *Syria* repeated that the report was unbalanced and therefore the voting was needed. They hoped that in the future WHO would treat everyone equally and avoid politicisation. *China* stated again that this was a venue for MS to discuss health-related issues and that all parties should avoid politicising issues or



introducing controversial issues and political expressions. Voting would only further exacerbate the division among MS. *DG Dr. Tedros* assured that **the report was written truthfully and in good faith and corrections were welcomed**. He maintained that he tried to compromise. For example, on the word “invasion”, he had sat down with Russia and discussed the choice of word. But at the time of use he really did not have any other word that could be used to represent the truth. He asked MS to point out anything they’ve overlooked, and correct the Secretariat. There was a recent report the Secretariat received from Russia about an attack in the Kharkiv area, Kherson region; this email came on February 3 and he would look into it and verify. It would be included in the updated report. He assured MS that **no pressure was exerted on WHO** on this matter; and if there was, they would not succumb. Regarding allegations from Ethiopia, he informed us that no one in the room could claim that they had suffered from war more than him. He admitted that **the war had affected other regions in Ethiopia but none like in Tigray because it had been under siege for 2 years and that the international community did not help**. Even in Syria, a corridor was created. He then went on to **encourage a political solution to be reached in order to help Ukraine**. He appreciated the continued support for CFE; it was because of it that funding could be moved to Ukraine within the first 24 hours, as well as to Pakistan and Uganda. He repeated again that the report was written truthfully and in good faith; if there was any factual error, he took responsibility. The Chair then concluded this session.

Next was agenda item **12.3 Global Health for Peace Initiative (Document [EB152/17](#))**. *Peru* supported the initiative. They asked that the roadmap initially **include general principles and later be operationalized with specific interventions taking into consideration the country's contexts**. They also asked that the development of the roadmap be **as inclusive as possible** as well as **MS-driven**. *Oman* urged MS to review the document and actively engage in the consultation process. They said what was **lacking in the roadmap was the need to identify similar priorities and strategies for MS** because context specificity in each country should be considered. They asked MS for support and reminded us of the many experiences which had shown the neutrality of health. *Denmark, on behalf of the EU and EU candidate countries*, reiterated that **Health for All (H4A) was fundamental for attainment of peace and security**. They were concerned about the low level of MS involvement in the survey on the draft roadmap and encouraged the Secretariat to **clearly indicate the objectives of the roadmap** ahead of the 2nd round of consultations. The roadmap must pave the way for addressing the peace and health nexus in a manner sensitive to local contexts. They also **asked WHO to develop a funding plan** to operationalise the roadmap. *Brazil* stated that strengthening health systems was the main action WHO could undertake to ensure peace. **Health system strengthening was not synonymous with the securitization of the global health agenda**. They had requested several times to **change the language** proposed during the elaboration of the roadmap for this initiative. They were disappointed that comments already sent had not been fully considered in the development process. *Botswana, on behalf of 47 African MS*, reminded us that evidence had shown that when communities trust their health authorities, it promotes social cohesion as well as creating better uptake of health measures and associated advice, thereby contributing to improved health outcomes. They asked **WHO to work with other UN agencies and NSAs to further suggest priorities at regional level that can be cascaded to country level**. They hoped to be consulted further. *Afghanistan* said that the proposed interventions undermined the logic of prevention. They would rather **address the root causes of these conflicts** and requested WHO to conduct focused psychiatric research on prevalence of psychological disorders amongst politicians. They assured us that the findings would be surprising for everyone, and for the politicians themselves. *Timor Leste* suggested the Secretariat continue mainstreaming



the **Health for Peace approach in all WHO guidance** at regional and country levels so it can be more contextual and country-led. They also requested the Secretariat to **extend support for country offices through UN peacebuilding funds**. *Russia* informed that the Secretariat was not transparent in the work to form the roadmap. MS were only asked to send in comments but not really consulted. Their proposals were not retained and so they repeated the **request for the roadmap not to affect sovereignty**. *Syria* demanded **greater transparency and consultation in developing the roadmap** to eliminate ambiguity regarding some points in the text. They requested for the roles of each MS and all stakeholders to be clearly stated. *Colombia* asked to **note the impediments to peace** - i.e. climate change and war on drugs, and called for international support to put an end to all of these. They asked for continuous participation in the initiative. *The USA* regretted that the **text failed to incorporate human rights as a core pillar in addition to peace and development** and reiterated that WHO must continue to promote respect for human rights and fundamental freedoms. *Maldives* asked for the roadmap to **include assessment of impact on vulnerable populations** - e.g. women. They noted that in recent times conflicts had become more protracted and complex. *Egypt* thought that there was no need to discuss this report with MS and the Secretariat. There was **so much work still needed, such as in procedure and financing, and many areas still needed to be reviewed**. They asked WHO to ensure sovereignty due to the sensitivity of the initiative and reminded that all parties should **do as specifically mandated**. As an active participant of the initiative, *Switzerland* thought it was better to address health needs in a humanitarian context because 80% of WHO's work in emergency were in this setting. They encouraged MS to engage in ongoing consultations and assured that they were available for discussions. *Tunisia* co-sponsored the proposal and asked to **implement international instruments for health and peace**. *Uruguay* welcomed the initiative and emphasised the need for **local ownership** of the initiative. *Bangladesh* asked for **a mix of national priorities to be put into the roadmap** which could be further discussed prior to WHA76. *Iran* stressed the need to **avoid the overlapping activities with other international initiatives** and worked together with the aim of strengthening peace across the world. *Palestine* stated that **"Peace without mentioning justice is not constructive"**; nevertheless, they supported the initiative and were in consultations with Switzerland and Oman. They expressed desire to co-sponsor but the Secretariat did not include Palestine in the list of cosponsors. *Dr. Mike Ryan* informed that there had been recognised while there's been bilateral engagement, there had not been an opportunity for full consultations and zoom had excluded those without access to technologies. He said that the initiative was **a global discussion of what needed to happen at the local level**, not to create a whole new global architecture for peace. There was no objection and further comment, so the EB noted the report and *the Chair* concluded the session. *The Secretariat Legal team* did not clarify Palestine's co-sponsorship status.

Continuing from the beginning of the week, the session was opened for discussion of agenda item **12.1 Strengthening WHO preparedness for and response to health emergencies on Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination (Document [EB152/13](#)) and Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (Documents [EB152/14](#) and [EB152/14 Add.1](#))**. *Oman, on behalf of the EMRO region*, acknowledged that large Randomised Control Trials (RCTs) were more likely to include marginalised populations but it needed a lot of cooperation and coordination between countries, as well as trust between academic teams. They called on **WHO to further capacitate the region in conducting large scale RCTs during health emergencies and in normal circumstances**. *India* said that the Secretariat should help



**harmonise regulatory and ethics related differences** in multi country collaborations. They **asked for active participation, not just a token representation**, of LMIC partners at all stages of the lifecycle of a clinical trial. They encouraged **prioritising concessional funding for neglected populations** and requested for **new products to be made available in developing countries**, including requisite applications for marketing approvals in all countries where the drug had been tested. They emphasised that **unnecessary transfer should not be mandated** and samples shared were to be **utilised only according to mutually agreed terms**. *The UK, on behalf of Argentina, Bosnia & Herzegovina, Eswatini, Mexico, Canada, Japan, Malaysia, Peru, USA, UK, South Africa*, asked for WHO **guidance in mapping and establishing baselines** of existing capacities and sharing of best practice case studies. They emphasised on **not duplicating existing guidelines** and that **self-assessment tool should be complementary to International Council for Harmonization (ICH) guidelines** and informed by the mapping activities. *Rwanda, on behalf of 47 MS of African region*, admitted that the region still had challenges and lacked capacity with regard to clinical trials. They asked the Secretariat for **technical support in building capacity, mapping available infrastructures, ensuring regulatory capacity, as well as implementing** optimised clinical trial review and approval processes. They supported the PIP framework advisory group recommendation to **maintain the proportional division of funds to 70-30**. *Denmark, on behalf of the EU, North Macedonia, Montenegro, Serbia, Ukraine, Bosnia Herzegovina, and Armenia*, supported a comprehensive approach based on a good overview of the multiple dimensions. They emphasised the need for **harmonisation of ethics review and regulatory procedures** which was necessary in novel trial modalities. They proposed a discussion on how **contributions by the WHO to clinical trials could also also be made payable to the WHO** to yield public benefit from public investment. They questioned whether promoting r&d and clinical trials could also be **extended to NCDs**. They believed that what works in normal times should also work in emergencies. In this regard, they wondered if the **percentage of appropriately randomised trials could have been higher** if systematic, easily accessible normative guidance had been available. *Malaysia* said that **PIP funds should maintain the current proportional division** and asked the DG to report any modification to MS. *Brazil* asked for support with regards to clinical trial training and emphasised the need for **transparency and equity sharing principles**. *France* echoed similar sentiment to Denmark, adding that the Secretariat should carry out an **international roadmap of what financing exists** and what models were adopted by states and asked for **elaboration and distribution of standardised protocols** to define research priorities. *The USA* agreed with maintaining the current proportional division of PIP funds and also supported the DG making temporary modifications in line with circumstances. They warned that **changes to the scope and financing of PIP would impact INB process and IHR amendments discussion, and vice versa**. *The Chair* asked to close the meeting, but Russia insisted on exercising their right to reply. *Russia*, still feeling disconcerted about accusations made against them, refrained from repeating the accusations, but expressed disappointment for what the DG just said about the truth in Ukraine when it had been silent for 8 years. It proved that the WHO was only supporting one side of the story. They reminded the Secretariat that **consensus means meeting halfway, not imposing the view of the many on the view of the few**. *The EU* also expressed regret for the remarks made by Russia and Syria regarding the neutrality of the DG and the Secretariat. They maintained that a health crisis such as the one in Ukraine should have the attention of the WHO. *The USA* maintained that the Russian invasion was unprovoked and that Russia alone was responsible and must be held accountable for destroying health infrastructures in Ukraine. *China* also asked to exercise the right to reply to remarks made by the US and Japan relating to Taiwan to which China opposed. They reminded us that no one was more concerned with the wellbeing of the people of Taiwan than the Chinese government.



They confirmed to have set up arrangements to ensure Taiwan's participation in WHO's related processes; therefore, the so-called exclusion of Taiwan was not based on evidence but simply a political hype. *Ethiopia* interjected to express their disappointment for being treated to lies and misinformation by the DG, insisting that the peace agreement was implemented with convergence and therefore the DG was undermining the African Union-led peace process. *The USA* responded to China, insisting that Taiwan had important and potentially life-saving technical experience to share with the global community, as we had learned during Covid19, but they were prevented from sharing. *Japan* echoed a similar sentiment and insisted that there should be no geographical vacuum in addressing challenges of global health. *China* maintained that they had fully clarified their position on Taiwan issues and insisted that countries speaking out for Taiwanese authorities were violating the UN and WHO resolutions. *The Chair* referred Ethiopia to the letter from the oversight committee, IEOAC, and said that there had been no new development reported since then. *Ethiopia* repeated that an official written request had been sent to the Secretariat requesting an investigation on the DG, but they had not been informed whether it was carried out and whether any evidence was found to implicate the current DG on the misuse of his office. They asked that the DG stop using official WHO forums to air his personal political opinion. *DR Dr. Tedros* questioned their attack on him that morning. He assured them that the Chair of the Board would send them an official response. He insisted that he was simply telling the truth about the situation when talking about what his family had suffered. *Russia* said that they did not want to drag the matter further but reminded the DG that **there were always at least two parties to any conflict, and what one called truth was maybe to some extent factual but might not always be the whole truth.** *Ethiopia* asked to exercise their right to reply but *the UK* objected to further discussing matters that were not in the agenda.

The Chair then closed the meeting for the day.