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# Country report

Multilateral Dialogue Geneva



## Geneva Telegram – Report on the 154th Meeting of the WHO Executive Board

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The "Geneva Telegram" explores events in Geneva-based multilateral organizations on a current topic. This time, we focus on the 154th meeting of the Executive Board of the World Health Organization (WHO), which met in Geneva from 22 to 27 January 2024.

Significant progress was made at the 154th meeting of the Executive Board of the World Health Organization (WHO). A decisive milestone was the design of the WHO strategy for the period 2025-2028, which will be submitted to the World Health Assembly (WHA) for approval in May. Member states signalled broad support for the comprehensive plan of the first round of investment, which is supposed to take place in November 2024. This was a crucial step for sustainable financing and strengthening of the WHO. The German leadership of the *Working Group on Sustainable Finance* received explicit praise for its outstanding work.

The session comprehensively covered health priorities, including universal health coverage, noncommunicable diseases, immunization, maternal and child health, neglected tropical diseases, antibiotic resistance, polio, emergencies, and health and peace. Progress has also been made on organisational and governance reform. However, there remains a lack of consensus on the details, and further negotiations are needed.

In a geopolitically challenging environment, there were also profound differences of opinion. The discussion centred on Gaza and Ukraine: Palestine accused Israel of violating international law and genocide in the Gaza Strip. Israel, in turn, accused the WHO of "collusion" with Hamas, i.e. to collaborate secretly, without WHO representatives responding to it during the meeting. The debate over the health situation in Ukraine led to controversy,

with Russia rejecting a WHO report as "politically motivated". Other conflict regions, such as Afghanistan or Armenia, were only mentioned in passing.

In the context of the 154th meeting of the WHO Executive Board, an increasing polarization and regression on climate change, gender and geopolitics could be observed, which influence the work of the WHO. Some Member States are accused of deviating from milestones already achieved on climate issues and women's rights. For example, a draft resolution tabled by several countries (including Barbados, Fiji and the United Kingdom) has been rejected. The sticky points the application of the principle of "Common but Differentiated Responsibilities" (CBDR). Some countries fear that such an application could also spill over into the negotiations of the pandemic agreement. There is also disagreement over the need for a global action plan on climate change and health, as well as gender-responsive approaches. Another conflictual subject has been the inclusion of *Rare Diseases International (RDI)* and *The Center for Reproductive Rights (CRR)* in the group of organizations in official relations with WHO. Some countries raised concerns about CRR, which is being called a radical abortion group by pro-life groups. In the end, the decision on admission was postponed. These internal tensions and cultural clashes could potentially prevent the WHO from focusing on more pressing issues, such as climate change and other priorities.

**Despite strong divergences on conflicts, as well as issues such as reproductive health, gender issues and LGBTIQ+, participants stressed the need to remain in dialogue to promote compromise and consensus.**

## General Strategic Orientation and Personnel

In his opening remarks, Dr. Tedros Adhanom Ghebreyesus reiterated the urgency of a global pandemic agreement by May 2024 and called on member states to prioritize negotiations. At the same time, he explicitly warned against disinformation and fake news, saying it was important to find compromises to advance cooperation.

New Regional Directors, including Saima Wazed (Southeast Asia), Dr. Saia Ma'u Piukala (Western Pacific) and Hanan Balkhy (Eastern Mediterranean), who had already been elected in their regions last year, were confirmed at the Executive Board meeting. These appointments are historic – Hanan Balkhy is the first woman from the Eastern Mediterranean region, but they are also controversial. Saima Wazed, daughter of the Prime Minister of Bangladesh, faced accusations of nepotism.

Member States discussed harmonizing the process of nominating WHO Regional Directors. Canada spoke out in favor of autonomy for the individual WHO regions, while Australia supports a common standard. Ethiopia, as spokesperson for the African region, initially raised the question of whether any criteria should be applied to the election of the Director-General, but subsequently rejected an extension of the discussion to include the election process of the Director-General. The decision on the nomination processes for regional directors was eventually postponed at the request of Denmark to gain more time for consensus.

Discussions on reforms to increase the efficiency of the bodies showed very different approaches from countries: while some warned against renegotiating the WHO's technical work, others wanted to play a greater role in resource allocation. It was discussed how the proposal process for new agenda items could be revised, how the effectiveness of the work of the Executive Board could be strengthened, and whether the Chairpersons of the Executive Board should be mandated to postpone agenda items if the consultation documents arrive late (deadline: 3 weeks before the meeting).

An approach to streamlining meetings, which had been introduced by Switzerland at short notice, was welcomed in principle by some member states, but also faced strong headwinds. In particular, members of the Eastern Mediterranean region saw no basis for further discussion and expressed concern that this would reduce the attention paid to health emergencies. After all, the 154th meeting had almost 50 agenda items, and on three days of the meeting deliberations lasted until late in the evening.

## Finances

The 154th meeting also marked decisive progress in financing. Countries gave the green light to an investment round in November 2024 to allow WHO to raise resources for the General Programme of Work 2025-2028. It is planned to raise a sum of 7.1 billion US dollars.

The investment round is part of WHO's reform efforts to improve its financing and create more flexible and predictable sources of funding. The WHO has so far been severely underfunded: most of its budget comes from voluntary contributions, which are often earmarked. The investment round is intended to allow for more flexibility in financing, especially for previously underfunded areas such as noncommunicable diseases.

The WHO wants to move Member States away from earmarked funding and achieve more predictability in financing. The investment round is expected to help reduce the reliance on individual projects and initiatives by private donors. The U.S. elections, however, hang like a sword of Damocles over global health financing. WHO therefore hopes to broaden the donor base, including member states and the private sector.

At the same time, member states also adopted transparency and accountability procedures to ensure how WHO manages money and sets priorities.

## Pandemic Agreement and the amendments to the International Health Regulations

During an informal briefing of the members of the WHO Executive Board on the sidelines of its meeting, the chairs of both working groups provided an update on the state of play of negotiations on the

Pandemic Agreement and the reform of the International Health Regulations (IHR). The current biggest challenges for these negotiations are misinformation, declining interest, and entrenched positions<sup>1</sup> which jeopardize efforts to strengthen prevention, preparedness, and response to future pandemics.

Drafts of both agreements are due to be presented to the World Health Assembly (WHA) in May. To reach an agreement, a willingness to compromise and a strict stance against misinformation are needed, according to the Director-General. A global disinformation campaign falsely claims that the Pandemic Agreement and amendments to the IHR would provide for the transfer of national decision-making power to the WHO and would give the WHO Director-General the power to impose lockdowns, travel bans or vaccination mandates on countries.

Dr Ashley Bloomfield, Co-Chair of the IHR Working Group on Reform, also called on member states to act against the false statements and to make it clear that the negotiations are not being pushed forward to strengthen the powers of the WHO, but the preparedness of member states.

Negotiations on the pandemic agreement and the IHR amendments are expected to be completed by May. This will be followed by an 18-month implementation period. Two more meetings are planned for each of the text negotiations before the WHA. Member states were urged to give their negotiators a strong mandate and flexibility to facilitate consensus.

Dr Tedros stressed the need for a compromise and called on member states to find common ground. Yet, he also expressed concern about the tight timeframe until May and the waning interest in the pandemic arrangements. Dr Mike Ryan, WHO's Executive Director for Health Emergencies, underlined the urgency of not missing this opportunity to strengthen health care worldwide.

Later in the Executive Board meeting, Poland proposed to postpone the adoption of the new WHO pandemic agreement beyond the planned May 2024 to reach a better agreement. However, Nor-

way and the United Kingdom stressed the commitment of all member states to reach an agreement within the planned timeframe.

## Global Health and Peace Initiative

The WHO Executive Board members gave the green light to a resolution tabled by Switzerland that sets the framework for the new WHO Health for Peace initiative. The initiative was first proposed by the WHO Director-General in 2020 and aims to link the issues of health and peace. A "roadmap" for the initiative was noted by the WHA in May 2023. The current resolution is expected to receive the approval of member states and was initially held back by some countries due to fears of political instrumentalization and overlaps with other UN agencies. WHO officials emphasized that the initiative would develop local peacebuilding programs without further politicizing the health sector. However, some countries, including China and Brazil, continued to show reservations about the initiative, while others, including the Maldives, the US and Afghanistan, strongly supported it. The final decision is expected to be taken before the WHA in May.

## Universal health coverage

The WHO Executive Board also discussed the implementation of universal health coverage (UHC) and acknowledged the widespread support from Member States. Nevertheless, many pointed to funding shortages and the lack of qualified health workers. More than half of the world's population does not have access to basic health services, according to a WHO report, and a quarter suffer from financial difficulties due to self-financing of health expenditures. Conflicts and, finally, the COVID-19 pandemic have affected the financial scope for health over the past two decades. Low-income countries, developing countries, countries with high brain drains and countries in conflict described their challenges and asked for support. The implementation of UHC requires strengthening health financing, efficient use of resources, strengthening health and care workers, and ex-

<sup>1</sup> Efforts are being made to advance negotiations in four sub-working groups on topics with the greatest divergences: Pandemic Prevention and Surveillance, One Health and Pandemic Preparedness (Art. 4, 5, 6), Sustainable Production, Transfer of

Technology and Know-how, as well as Supply Chains and Logistics (Art. 10, 11, 13), Access and Benefit-Sharing (the so-called PABS, Art. 12), as well as Implementation Capacities and Support and, above all, Financing (Art. 19, 20)

panding primary health care. Some countries expressed concerns about possible politicization and overlap with the work of other UN agencies. Current funding for health care is seen as inadequate, and the increasing burden of public spending on national debt in developing countries is seen as worrying. Conflicts add to the burden on some countries, such as Yemen and the Palestinian territories. The final decision on UHC is expected to be made before the WHA in May.

## Sexual and reproductive health and rights

The granting of "official relations" status with the WHO to a reproductive health organization, the *Center for Reproductive Rights* (CRR), has been halted due to political and ideological conflicts. An alliance of conservative WHO member states and U.S. organizations objected to the CRR being granted this status. This led to tension and paralysis during the session. The CRR works globally to improve women's and girls' access to reproductive health services, including abortion in countries where it is allowed. The WHO intended for the CRR to support its work in disseminating WHO guidelines on sexual and reproductive health.

Some member states, including Yemen, Russia, and Algeria, expressed concerns and opposed official relations with the CRR, claiming that its principles were at odds with the principles of some states. The decision on the organization's status with the WHO was referred to the WHO Programme, Budget and Management Committee (PBAC) in May.

Another point of contention arose in a routine report by the Director-General to the International Civil Service Commission, in which he uses the terminology "WHO LGBTQI+ Community". Some Member States, including Russia and Syria, reject these terms, claiming that they are not universally accepted and contradict the values and religious beliefs of some countries. Other countries, including the U.S., Canada, and European countries, supported WHO's diversity and inclusion efforts. The decision on this report was also referred to the PBAC due to the disagreements.

## Tackling maternal, newborn and child mortality

The discussion focused on a proposal by Somalia for a WHA resolution to address high maternal, newborn and child mortality rates. Dr Tedros highlighted the faltering progress in the fight against maternal mortality, and his particular concern about the data. After all, a woman dies every two minutes. 70% of maternal deaths are due to obstetric causes. Countries such as Egypt, Ethiopia, Paraguay, Somalia, South Africa, and Tanzania joined the debate, proposing measures to accelerate progress and achieve SDG targets relevant in this area. Challenges in sub-Saharan Africa and other low-income regions were highlighted. The planned proposal for a WHO resolution emphasized action on gender equality and access to sexual and reproductive health services. However, some parts of the draft remained in brackets, particularly in relation to issues of gender equality, the empowerment of women and girls, and access to these health services. The U.S. and others supported the proposal, stressing the importance of action to reduce preventable deaths of mothers, newborns, and older children. Germany, Norway, and Australia emphasized education and comprehensive access to reproductive health services. The discussion ended with Dr Tedros calling for further work to accelerate action to reduce maternal mortality.

## Tobacco and e-cigarettes

WHO Director-General Dr Tedros Adhanom Ghebreyesus praised successes in tobacco control but raised concerns about the increasing use of e-cigarettes among young people. China emphasized its commitment to the fight against noncommunicable diseases (NCDs) and tobacco use. Several member states supported the regulation of tobacco and nicotine products. The Maldives emphasized its challenges in managing NCDs as a small island nation. Although 56 countries are on track to meet the target of a 30% relative reduction in tobacco use by 2025, the global decline in tobacco use remains insufficient. The upcoming COP10 conference of the WHO Framework Convention on Tobacco Control (WHO FCTC) in Panama will focus on the regulation of cigarettes and

monitor the implementation of the WHO Framework Convention on Tobacco Control.

## Immunization

The Executive Board emphasized global challenges in restoring immunization rates to pre-COVID-19 levels. Progress in routine immunization is uneven and inadequate, especially in childhood vaccination against diphtheria, tetanus, and pertussis (DTP). The number of fully unvaccinated (zero-dose) children rose to 14.3 million in 2022. HPV vaccinations for the prevention of cervical cancer were highlighted positively, while DTP vaccination rates would continue to be below pre-pandemic levels. Financial barriers and vaccine access were highlighted in this context, especially in Africa. Conflicts and pandemic effects affect immunization, as in Yemen, where 14% of children under one year of age have not received vaccinations. The rollout of the HPV vaccine was supported, but at the same time it warned against overconfidence, stressing that cancer prevention and risk factor avoidance remain important.

## Polio eradication

The US called on member states to support capacity restoration measures in high-risk countries and stressed the need for solidarity and support in rebuilding health infrastructures in these countries. This is part of the four-pronged U.S. strategy to accelerate global polio eradication presented during the discussions. This includes interrupting the circulation of wild poliovirus in Afghanistan and Pakistan, closing surveillance gaps, vaccination campaigns and community participation on the African continent, coordinating eradication and containment efforts, and finally embedding polio vaccination into routine immunization activities.

Representatives of the Member States stressed the global commitment in the fight against the spread of polio. Challenges in Afghanistan, the Eastern Mediterranean region and the African continent were addressed. The importance of solidarity was emphasized, and the WHO was called upon to provide financial support to countries facing obstacles.

Aidan O'Leary, WHO's Director of Polio Eradication, praised the efforts of Member States and partners and stressed the importance of ongoing

efforts. Polio is the only global public health emergency. WHO plans to step up efforts in 2024, especially in data monitoring and developing response strategies. Dr Tedros described the final spurt to polio eradication as particularly challenging, but expressed optimism and stressed that the goal was within reach.

## Antimicrobial resistance

The WHO Executive Board also addressed the global antimicrobial resistance (AMR) crisis, particularly antibiotic resistance. The planned resolution underscores the urgency of coordinated national and global approaches. AMR led to an estimated 1.27 million deaths in 2019 and threatens health, food production and the environment, with potential annual losses ranging from \$1 trillion to \$3.4 trillion by 2030. The implementation of the Global Action Plan on AMR is considered necessary, with many countries developing national plans but few having implemented them effectively. The Director-General proposed a strategic and operational framework to address bacterial drug resistance and put up for discussion three strategic priorities for 2025-2035: prevention of infections, universal access to diagnosis and treatment, and strategic information and innovation. The Executive Board was invited to support measures to integrate priorities into national action plans.

## Plastic pollution and climate and health

Finally, the members of the WHO Executive Board showed strong support for two other initiatives. First, the WHO plans to participate in the global negotiations on a plastics treaty. Second, the first WHO decision on climate and health since 2008 is expected in May. The latter highlights the links between the two issues. Nevertheless, there have been objections, especially from Russia, regarding the WHO's responsibility for plastic pollution. The draft proposes that the WHO make formal health-related contributions to a new plastics treaty and actively participate in a UN panel on plastic pollution. The text also provides guidance to the WHO to support Member States in decarbonising and making health systems sustainable. Some non-state actors criticized the lack of mention of "fossil



fuels" in the draft climate decision, as it was criticized in the COP declaration in December.

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