

## **EIGHTH MEETING**

**Thursday, 24 January 2008, at 14:10**

**Chairman:** Dr B. SADASIVAN (Singapore)

### **1. TECHNICAL AND HEALTH MATTERS:** Item 4 of the Agenda (continued)

**Monitoring of health-related Millennium Development Goals:** Item 4.14 of the Agenda (Document EB122/33) (continued)

Dr INOUE (alternate to Dr Shinozaki, Japan), supported the draft resolution and welcomed the proposal by the member for Slovenia to include an item on monitoring of the health-related Millennium Development Goals on the Board's agenda. Annual reporting would identify deficiencies, geographical areas most in need and steps to be taken. Further discussion on the Goals would take place at the Fourth Tokyo International Conference on African Development and the forthcoming G8 Summit meeting, to be hosted by Japan in May and July 2008 respectively.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that his Government's commitment to achieving the Millennium Development Goals was demonstrated by the Prime Minister's call for higher-income countries to take action on the development emergency, and by its support for the International Health Partnership in September 2007, aimed at tackling weak health systems. Good primary health care was crucial to those efforts, and he looked forward to coverage of the topic in *The world health report 2008*. He noted the significant progress made in some areas, and the concern, however, that many health-related Goals were "off-track"; and he fully supported the need for regular reporting to the Health Assembly.

Mr McKERNAN (New Zealand) said that attainment of the health-related Millennium Development Goals needed to be monitored by WHO, with concise annual reports to the Health Assembly using modern data-compilation techniques; and integrated in the Organization's medium-term strategic plan and programme of work. With respect to Goal 4 (reduce child mortality), he noted the excellent progress made on reducing measles mortality and morbidity, and the need to increase support for breastfeeding. More could be achieved through universal application of low-cost, uncomplicated interventions of that kind than through focusing on the latest technology, which often reached only a fraction of the population. With respect to all three Goals, a monitoring framework should pay particular attention to progress by the poorest countries and communities. New Zealand supported the draft resolution with the amendment proposed by Namibia.

Mr TOURÉ (Mali) underscored the importance of the health-related Millennium Development Goals to African countries, where mortality and morbidity among women and children continued to take a heavy toll. He applauded the progress made, for which monitoring was essential. However, much remained to be done. Mali supported the draft resolution, of which it was a sponsor.

Dr AL-HASNAWI (Iraq) supported the draft resolution but wished to propose two amendments. The first involved insertion of four new paragraphs between the third and fourth preambular paragraphs of the resolution contained in the draft resolution to read:

“Recognizing the urgent need to improve the performance of health systems in order to reach the health-related Millennium Development Goals;

Recognizing that it is often the poor, women and other vulnerable groups that lack access to health services and that pro-poor health strategies are needed for the reaching of the health Millennium Development Goals;

Recognizing that the reaching of the health Millennium Development Goals needs more effective aid in line with the Paris Declaration on aid effectiveness and scaling-up of aid;

Recalling recent commitments taken by Member States towards prioritization of health and in support of health system strengthening”.

The second concerned insertion of an additional five lines at the end of paragraph 2(3), to read: “In particular there is the need to monitor progress in availability and equitable accessibility of services, especially to the poor and vulnerable groups, improvement in access to essential medicines, addressing the shortage of skilled health workers, and better financing of national health plans”.

Dr MENESES GONZÁLEZ (alternate to Dr Hernández Ávila, Mexico) pledged his country’s full support to achieving the health-related Millennium Development Goals – one of the Organization’s most important tasks. He endorsed the draft resolution and supported strengthened monitoring of the health-related Goals.

Dr KANDUN (alternate to Dr Supari, Indonesia) said that each health objective achieved led to new and more demanding objectives being set. Great inequalities still existed within and between countries, and many low-income countries could fail to attain the Millennium Development Goals by 2015. Monitoring progress was essential, as were adequate resources and baseline data against which to measure that progress. Indonesia supported the draft resolution.

Dr EVANS (Assistant Director-General) thanked members of the Board for their support. Their comments would be incorporated into the next phase of work on that important agenda item.

Dr VOLJČ (Slovenia), reporting on behalf of the European Union Member States, said that the informal discussions on the draft resolution held with the delegation of China had been constructive yet inconclusive. The European Union Presidency had no mandate to decide unilaterally whether proposed solutions were acceptable and would have to consult its Member States before reaching an agreement. He therefore requested the Chairman to defer a decision until the next meeting.

Dr REN Minghui (alternate to Mr Li Baodong, China) said that the consultations with the European Union Presidency had been fruitful. His delegation was keen to discuss the topic in the framework of WHO, either in the Executive Board or at the Health Assembly. There had been insufficient time to consult the relevant government departments in China, and a decision should be deferred until the next meeting.

Mr HOHMAN (alternate to Dr Wright, United States of America) asked whether a revised version of the draft resolution reflecting the various proposed amendments could be issued in time for the next meeting.

The CHAIRMAN said that the Secretariat had noted the request from the United States of America. He took it that the Board wished to defer further discussion of the subitem until the following meeting.

**It was so agreed.**

(For continuation of the discussions, see the summary record of the ninth meeting, section 1.)

**2. MANAGEMENT MATTERS:** Item 6 of the Agenda**Director-General of the World Health Organization:** Item 6.1 of the Agenda (Document EB122/17)

Dr GWENIGALE (Liberia), speaking on behalf of the Member States of the African Region, proposed that, as the Organization had never in its 60-year history elected a Director-General from the African, South-East Asia or Eastern Mediterranean regions, an additional operative paragraph should be added to resolution EB97.R10, to follow the list of seven criteria to be fulfilled by candidates nominated for the post set forth in paragraph 1 to read: “ENSURES geographic rotation to promote fairness, equity and the international character of the Organization in conformity with Articles 31–37 of the Constitution of WHO”. Geographical rotation was a requirement in the appointment of WHO staff, and the Executive Board and Health Assembly should follow suit. The topic had been under consideration since November 2006, not because of any dissatisfaction with the current Director-General, but in the interests of ensuring fair treatment for those in all six regions who were qualified to head the Organization.

Dr INOUE (alternate to Dr Shinozaki, Japan) said that he understood the rationale behind the proposal to change current practice, but the changes might do more harm than good. The focus should remain on the candidates’ technical and administrative capacities. It would be detrimental to the authority and leadership of the Director-General – and, hence, to the performance of the Organization – if he or she were elected on the basis of criteria that were irrelevant to those capacities. Furthermore, no region had suffered as a result of current practices; no Director-General past or present had, as far as he knew, favoured their own regions over others. If geographical criteria were incorporated into the process of proposal and nomination, the current composition of the Executive Board would become an issue: if, for instance, the shortlist consisted of one candidate from each region, a candidate from a region with fewer votes would be more likely to fall in the first round of voting.

Professor SALANIPONI (Malawi) said that the Director-General, as head of the Secretariat, acted as the Organization’s de facto spokesperson and leader, just as the Secretary-General of the United Nations, according to that organization’s Charter, was its “chief administrative officer”. Secretaries-General were nominated by the Security Council and appointed by the General Assembly, but they could not be nationals of any State that was a permanent member of the Security Council; and the accepted practice of regional rotation had resulted in candidates from every region being appointed to the post. Heading WHO was a less exacting task than heading the United Nations. Accordingly, Malawi strongly urged the Board to follow the United Nations model. The only alternative would be to change the Constitution: in effectively excluding candidates from the African, South-East Asia and Eastern Mediterranean regions, the current system was lacking in transparency and equity, and needed reform.

Dr VOLJČ (Slovenia), speaking on behalf of the Member States of the European Union, the European Free Trade Area countries Iceland and Norway and Switzerland, said that the candidate countries Turkey, Croatia and The former Yugoslav Republic of Macedonia, the countries of the Stabilisation and Association Process, and potential candidates Albania, Bosnia and Herzegovina, and Montenegro, and also Ukraine, the Republic of Moldova and Armenia, aligned themselves with his statement.

The selection of a Director-General was a complex issue that could not be resolved merely by introducing geographical rotation. The main criteria must be the personal and professional qualities of the candidates. The European Union would prefer to seek a solution within the existing procedure and not to prolong the debate. Of the options set forth in the Secretariat’s report, it preferred Option 1, namely to continue the current method of selection. Detailed analysis, would be needed to determine the political and legal consequences of introducing geographical rotation. The European Union supported the statement made by the member for Japan.

Ms BLACKWOOD (alternate to Dr Wright, United States of America) supported the statements by the members for Japan and Slovenia. The current election system had served the Organization well, producing highly qualified candidates from different regions, consistent with the procedures of other specialized agencies. Her country would take all relevant factors into account when examining applications for the post of Director-General, including equitable regional representation, but the primary criterion had to be the competence and experience of the individual candidate.

Dr AHMADZAI (Afghanistan), speaking on behalf of the Member States of the Eastern Mediterranean Region, sought consensus at the current session, so that the matter could be transmitted to the Sixty-first World Health Assembly for action. In the current system, the degree of national support made available to candidates affected their prospects: candidates from small or poor countries stood less chance of being elected.

Referring to the Secretariat's report, it was not sufficient to give special consideration to candidates from certain regions or to ensure that all regions were represented on the shortlist. The nomination of a single candidate from each region merely transferred responsibility for selection from the Executive Board to the regional committees. Nor was it acceptable to elect a Director-General from each Region in turn, as was done with the officers of committees, since the Director-General served a much longer term.

The Member States of the Region considered that the next Director-General should be elected from one of the three regions that had never had a successful candidate – Africa, South-East Asia and the Eastern Mediterranean; thereafter elected from one of the two remaining regions, and finally from the last remaining region, thereby ensuring that every region had provided at least one Director-General.

Mr KWON Jun-wook (alternate to Professor Sohn Myongsei, Republic of Korea) said that the current election procedure should be retained. WHO's Constitution stressed the need to maintain the efficiency, integrity and internationally representative character of the Secretariat at the highest level. The person selected as Director-General must therefore be the best of all the candidates, as had always been the case. The proposal to change the election procedure "in the interests of fairness and equity", as some members had put it, implied that the current procedure was inequitable, which was to do a disservice to the legacy and the continuing achievements of past and present Directors-General.

Mr McKERNAN (New Zealand) pointed out that there was considerable diversity even within regions; for true fairness and equity, it would be necessary to rotate the post of Director-General among all the Member States in turn. New Zealand was opposed to the principle of rotation: the candidate selected must be the one with the best credentials.

Dr OUSMAN (alternate to Mr Miguil, Djibouti) said the fact that three regions had not yet provided a Director-General was not attributable to any lack of competent candidates; he recalled that Africa had provided two recent Secretaries-General of the United Nations.

Dr SINGAY (Bhutan), speaking on behalf of the Member States of the South-East Asia Region, pointed out that the geographical criterion was intended to complement the other criteria for selection. It would not mean that candidates of lesser quality were considered. He supported the statements made by the members for Liberia, Malawi and Djibouti.

Dr BIN SHAKAR (United Arab Emirates) emphasized that the competence and ability of the candidate must be the most important criteria.

Dr AL-HASNAWI (Iraq) endorsed the statements made by the members for Malawi and the United Arab Emirates. It was inequitable to exclude regions that could provide perfectly acceptable candidates.

Dr ABDESSELEM (Tunisia) said that geographical rotation of the post of Director-General would increase equity and was also wholly compatible with the most important factor, namely the competence of the candidate.

Dr CHEW Suok Kai (alternate to Dr Sadasivan, Singapore) stressed the importance of the post of Director-General, responsible for promoting public health throughout the world and representing the entire world community in health matters. All regions must participate in decision-making, and mechanisms already ensured that that responsibility was fulfilled.

Geographical rotation for the post of Director-General would have major implications for the regional committees, some of which had had no opportunity to reach a regional consensus. Discussion of the issue should be suspended, perhaps for as long as two years, in order to allow the regional committees to agree on their own positions.

Dr GWENIGALE (Liberia) stressed that rotation was intended as an additional, not an alternative, criterion. The issue should be brought to the attention of the Health Assembly through the Executive Board; however, failing all else, other means might be necessary.

Mrs NYAGURA (Zimbabwe)<sup>1</sup> supported the statements made by the members for Liberia and Malawi. The technical competence of the candidate was important but it was not the only criterion. The current selection process was marked by lobbying campaigns that were unaffordable for poor countries. Geographical rotation would create a greater fairness.

Dr OGWELL (Kenya)<sup>1</sup> said that, under the current system, some governments conducted what amounted to intensive and costly election campaigns on behalf of their own candidates. WHO should adopt the practice of its parent organization, the United Nations, which used geographical rotation as a criterion. There were no grounds for fearing that certain regions would be unable to provide sufficiently qualified candidates. The Board should decide on the issue at its current session, so that the matter could be transmitted to the Health Assembly if found appropriate.

Dr DAHL-REGIS (Bahamas) said that every region had competent candidates, and it was not necessarily true that extensive resources increased a candidate's chances of being elected. However, equitable geographical distribution was valuable to small countries; without it, she herself would not currently be a member of the Executive Board.

The CHAIRMAN, summing up, said that there was no consensus among Board members, or within the regions. The issue was politically sensitive and might require members to consult their governments before any agreement could be reached. Nor was it clear how the principle of geographical rotation might be implemented in practice.

It had been pointed out that the issue could be brought directly before the Health Assembly, without going through the Board. However, it was unlikely that the Health Assembly could reach a decision on such a controversial matter without lengthy and divisive discussion, which might jeopardize the very principle that the proposed changes were intended to promote.

Dr GWENIGALE (Liberia) said that, if the issue of geographical rotation was brought before the Health Assembly, it would be settled once and for all: if the Health Assembly approved the principle, action would be taken to introduce it into the election process; if it did not approve it, there would be no further discussion of the idea.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The CHAIRMAN, supported by Dr INOUE (alternate to Dr Shinozaki, Japan), suggested that, since the next election of a Director-General was at least four years away, there was ample time for the regional committees to discuss the issue and reach a consensus, which would guide the Board in its later deliberations. He accordingly suggested that the Board should suspend consideration of the issue.

**It was so agreed.**

**United Nations reform process and WHO's role in harmonization of operational development activities at country level:** Item 6.2 of the Agenda (Documents EB122/3 and EB122/18)

Professor PEREIRA MIGUEL (Portugal), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, reported briefly on the Committee's discussion of the subitem, as set forth in paragraph 7 of document EB122/3. The Committee had recommended that the Board should take note of the report contained in document EB122/18.

Dr GWENIGALE (Liberia), speaking on behalf of the Member States of the African Region, requested more information on actions needed to enable the Director-General to ensure that at country level all United Nations agencies supported one national health plan through a joint United Nations country cooperation strategy on health. Thus Member States could identify appropriate reforms so that WHO could provide more effective leadership to all United Nations agencies. As long as each agency had its own assistance strategy on health matters at country level, no significant progress would be made in improving efficiency and effectiveness. The system of each agency or partnership imposing separate monitoring and evaluation requirements could not continue. The African Region also requested information from WHO on working towards a coordinated one-country support framework with other United Nations agencies.

Currently, technical assistance for health at country level was costly, disorganized, supply-driven and without accountability for poor performance. It adversely affected national governance systems and weakened vulnerable health systems. African health ministers were ready to work with the Director-General to halt the chaos at country level, and the Member States of the Region would provide the necessary leadership on national policies and strategies. If a review of WHO's Constitution was necessary to ensure the commitment of Member States at global level, such a review must be conducted, in order to reduce the current wastage of taxpayers' investments in health.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland), speaking on behalf of the Member States of the European Union, said that the candidate countries Turkey, Croatia and The former Yugoslav Republic of Macedonia, the countries of the Stabilisation and Association Process, and potential candidates Albania, Bosnia and Herzegovina, and Serbia, the European Free Trade Association countries Iceland and Norway, members of the European Economic Area, and Switzerland, as well as Ukraine, Armenia, Georgia and the Republic of Moldova, aligned themselves with his declaration.

The European Union welcomed WHO's involvement in the eight "Delivering as One" pilot initiatives. The toolkit for country office staff was useful and should be made available to health partnerships and United Nations partners. That process should be stepped up in 2008. The "Delivering as One" pilot initiatives and future moves in other countries, should be provided with support through the headquarters and regional levels of United Nations agencies. It should promote flexibility for system coherence as a whole. WHO should sign up to One United Nations plans, where they existed, as the overarching planning document for in-country United Nations activities.

The European Union was of the view that the reform process should not be used to introduce new conditionalities for development assistance. Efficiency gains should benefit country programmes. National ownership was the key element of One United Nations plans, and not a "one-size-fits-all" model. Welcoming the recent commitment by United Nations agency heads to harmonize business practices, he stressed the need for WHO to demonstrate administrative efficiency targets. The

Regional Office for the Americas was working closely with United Nations Regional Directors, a practice that should be encouraged in other WHO regions in order to improve system-wide coordination. Increased regional co-location should be examined.

Resolution WHA58.25 had specifically referred to United Nations General Assembly resolution 59/250 on the triennial comprehensive policy review. WHO should take note of that review for 2008–2011, which emphasized coherence, harmonization, efficiency and accountability at country level and contained stronger recommendations on interagency activities. He would welcome WHO's commitment to the new resolution.

Speaking on behalf of his own country, he emphasized increased coherence within the United Nations system in response to HIV/AIDS. In support of UNAIDS' response to the Global Task Team's recommendations, WHO should provide guidance and incentives to country-level staff for joint United Nations programming on HIV/AIDS. At global level, WHO should also report under the UNAIDS Unified Budget and Workplan performance framework.

In order to enable donors to increase the proportion and predictability of negotiated core voluntary contributions further reform was needed within WHO. A centralized fund-raising position was needed so that donors providing un-earmarked core voluntary contributions were positively recognized, and not pursued by individual departments for additional funding. He recognized the commitment of the Director-General to the International Health Partnership and related partnerships.

Dr BIN SHAKAR (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that increasing demands, especially for humanitarian assistance, human development and health security, had raised the international prominence of health issues. WHO should participate actively both in global and regional United Nations coordination mechanisms and in country-level coordination.

United Nations reform must be contextualized at country level in order to enable United Nations agencies to continue operating within their specific mandates in response to the specific needs of Member States.

Government leadership, discipline among agencies and donors, and communication with United Nations staff would be pivotal to reform. The guiding principle of United Nations reform should be the notion of "Delivering as One".

WHO should take forward the reform agenda with its partners in the United Nations system. He noted with satisfaction WHO's commitment to leading reforms of the United Nations health sector.

Mr MARTIN (Switzerland)<sup>1</sup> said that the report contained in document EB122/18 demonstrated WHO's will to implement the United Nations Development Assistance Framework and to take part in the triennial comprehensive policy review, for the benefit of developing countries. The review adopted in December 2007 by the United Nations General Assembly, also emphasized capacity building as a central function. He expressed support for WHO's efforts to promote gender equality and gender-specific approaches. WHO should allocate resources responsibly and monitor results obtained.

The new review recognized the responsibilities of Member States to address needs of the specialized agencies by paying regular and voluntary or additional contributions; the latter should ideally not be earmarked. He encouraged WHO to share its experience of negotiated core voluntary contributions with other organizations in the United Nations system.

Reducing maximum transaction costs would make the United Nations and WHO more effective. With regard to co-location, he emphasized that working under the same roof facilitated synergies between organizations and could strengthen the spirit of partnership. He congratulated WHO on its involvement in the "One United Nations" pilot initiatives, a demanding exercise that required people to question their existing convictions and ways of working. All levels of the Secretariat and all other

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

United Nations bodies should examine their activities and methods and adopt the “One United Nations” spirit.

The DIRECTOR-GENERAL thanked members for their guidance and assured the Board that WHO would remain committed to United Nations reform and would ensure that health matters were properly reflected on the international development agenda.

The comments made by the member for Liberia had emphasized country ownership and national health plans, founding principles of the International Health Partnership. Reduced transaction costs and avoiding additional work for overstretched organizations at national level were needed, particularly in developing countries. All United Nations agencies and, she believed, donors were aware of countries’ concerns. Reform would lead to changes in behaviour, in line with the principles set out in the Paris Declaration on Aid Effectiveness and the Rome Declaration on Harmonization.

Eight health-related United Nations agencies, including WHO, and one large foundation had been working together to support countries’ efforts to attain the Millennium Development Goals under the arrangement informally referred to as the “Health 8” initiative. No formal structure would be established for such cooperation, so no extra resources or mechanisms would be involved, but it demonstrated WHO’s recognition of the importance of working coherently with other organizations. At regional level, she was working closely with Regional Directors, and they with their counterparts. They were fully committed and had made significant progress, though more perhaps remained to be done.

United Nations reform had been a subject of discussion for three decades and had led to the inclusion of the subitem “Partnerships” on the Board’s agenda. If reforms were not put in place soon, the United Nations system risked losing all credibility. For the remainder of her tenure, reform would be her top priority.

**The Board noted the report.**

**Partnerships:** Item 6.3 of the Agenda (Documents EB122/3 and EB/122/19)

Professor PEREIRA MIGUEL (Portugal), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had welcomed the initiative of the Secretariat in seeking guidance on partnerships and had expressed appreciation for the report. The Committee’s debate had highlighted the complexity of global trends in health and the implications of the increasing financial resources available through global health partnerships with regard to coordination and harmonization among partnerships, and between partnerships and WHO. The Committee had requested that the Secretariat should produce draft policy guidelines for consideration by the Board and had recommended that the Board should take note of the report contained in document EB122/19.

Dr AL-HASNAWI (Iraq), speaking on behalf of WHO’s Eastern Mediterranean Region, said that, as the report indicated, there had been dramatic changes in the health sector. Health had come to be recognized as a core element for social and economic development and partnerships had become essential at all levels. Countries in his Region could show encouraging examples of partnerships; for instance, significant external resources had been secured for the Polio Eradication Initiative to cover the provision of vaccines, operational expenses, supplemental immunization, and continued surveillance. WHO was supporting malaria elimination with interested agencies, such as the partnership with the Gulf Cooperation Council countries active in Yemen.

Nevertheless, coordination was becoming increasingly difficult in the Region. Guidelines should be adhered to. First, partnerships were intended to help countries to tackle health and development problems and therefore national ownership should be respected; countries should formulate and direct the strategic agendas. Secondly, an institutionalized mechanism to coordinate partners’ activities under national plans and existing regulation was needed. Thirdly, implementation

partners could contribute to joint strategic and operational national plans. All three elements were necessary for effective partnerships, the challenge being how to realize them at country level.

WHO's authority was critical to improving coordination of health partners at global, regional and country levels. Partnership resources fell outside the governance of the Health Assembly. Questions remained as to how to reconcile the contribution of partners with the important role of WHO. Partnerships should also support the work of WHO's Secretariat, not duplicate or weaken it. His Region proposed that the Director-General should undertake a study on partnership, its contribution to and relationship with WHO, its impact on WHO's governance and decision-making, and should propose solutions to improve synergy and partnership governance, for consideration by the Board. The Organization was urged to continue to engage in partnerships.

Dr STEIGER (alternate to Dr Wright, United States of America) said that, having attended and participated in Board discussions for some years, he had often reflected that they had little to say on the strategic direction of the Organization; he therefore welcomed the inclusion of the current agenda item. As others had observed, WHO involvement in external partnerships had grown significantly in recent years and many of them, such as the Polio Eradication Initiative and the Stop TB Partnership, had been remarkably beneficial to public health. However, WHO's leadership should develop a more defined set of policies to guide its involvement. The Director-General should personally review and approve each arrangement after consultation with the Board and after cost-benefit analysis, in order to better assess WHO's role in the political environment surrounding some initiatives. Furthermore, she should develop criteria for how and when to accept a hosting arrangement and a long-term strategy for each partnership.

Three current members of the Board and the Director-General had seats on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria; those who sat on the boards of partnerships had a particular responsibility to ensure better coordination between the institutions involved. They should be voices for aid effectiveness, avoidance of duplication, and added value in each arrangement. It was interesting to note that, while the Board was called upon to approve any new prize instituted by the Organization, it was not required to approve multi-million-dollar partnerships. He supported the recommendation of the Programme, Budget and Administration Committee that the Director-General should present draft policy guidelines to the Board at its next meeting.

Dr INOUE (alternate to Dr Shinozaki, Japan) was pleased to see the important issue of partnerships placed on the Board's agenda for the first time. WHO had recently become just one of many actors in global health and, while the involvement of others in the field was positive, it also posed challenges for WHO. It could be inferred from the report that the proliferation of partners provided an opportunity for the Organization to focus on its core function and leave the remaining activities to other players. Additionally, many key partnerships with independent governance structures were included in WHO's budgeting and those financial arrangements should be brought into line with its own governance structure.

Dr FORSTER (Namibia), speaking on behalf of the Member States of the African Region, said that African countries were hosts of partnerships that had introduced additional resources, generated synergy, strengthened communication and increased stakeholder participation. However, partnerships required strong coordination and skills in African health ministries and throughout their health systems. Partnerships generated pressure on African countries to transform their organizations and operating cultures, a situation often exacerbated when skilled personnel moved on to work for the partners, and placed even more demands on WHO for technical assistance. In that regard, he expressed appreciation to WHO for having introduced new subregional offices in the African Region.

Increasingly partnerships were forged with stakeholders from civil society and the private sector, creating impetus for decentralized decision-making in national health systems. Partnerships were evolving and changing the way health business was conducted. All partners should work on the basis of the Paris Declaration on Aid Effectiveness: ownership, harmonization, alignment, results and mutual accountability (2005). There was a need for unified national health strategies; coordination

mechanisms and monitoring; and national codes of conduct for all partners working in countries. The challenges posed by partnerships were considerable. He supported the suggestion of the Programme, Budget and Administration Committee that WHO should produce draft policy guidelines on the Organization's engagement with partnerships which, he proposed, should be tabled at the Sixty-second World Health Assembly after consideration by the Board.

Mr TOURÉ (Mali) said that, given the scale of the health measures necessary for populations in the African Region, partnerships were indispensable. Many health initiatives were focused on specific illnesses, with little attention paid to strengthening health systems, whereas the two should be integrated. Synergies were needed between the different health initiatives where resources were limited, which was especially true in the context of time-consuming processes and procedures. He welcomed the new International Health Partnership, which could assist coordination and strengthen leadership in country programmes, together with WHO's catalytic role in scaling up interventions to achieve the Millennium Development Goals.

Strengthened partnerships with nongovernmental organizations were needed, but their activities should be firmly embedded in the policies of the countries in which they worked.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) agreed with the views expressed by the members for the United States of America and Namibia. WHO needed to show leadership and play a stronger coordinating role, ensuring that existing partnerships added value. WHO could phase out certain partnerships, either by incorporating them within core business or by disengaging from them. In the interests of saving time, he would submit detailed comments, based on bilateral discussions held with the Director-General in 2007, to the Secretariat in writing.

Mr FISHER (Denmark) echoed the views of previous speakers in stressing avoidance of duplication of work when dealing with the same international health issues in different forums, which could lead to a waste of resources. He welcomed the discussion on effective management and coordination of global health initiatives.

Global partnerships had been growing rapidly and included initiatives aimed at scaling up efforts to achieve the health-related Millennium Development Goals; those initiatives must not add to the complexity of global health and development assistance. He welcomed WHO's role in advising on coherence. The report highlighted the challenges related to WHO-hosted partnerships, some of which had implications for WHO's own governance systems. Accountability, transparency and efficiency must be ensured. He looked forward to the draft version of WHO's internal policy on partnerships at the next session of the Board.

WHO faced a longer-term strategic challenge relating to its role, which would be compounded by the actions of several significant partnerships that were disengaging from hosting arrangements with WHO. Member States needed to assure WHO's continued leadership, its normative and technical role, and its global role in policy reference and regulation. In that respect, WHO's role in the International Health Partnership could serve as a pathfinder. He welcomed the "Health 8" initiative, and increased information flows and collaboration between health partners. He looked forward to clarification on how those initiatives related to the broader architecture of global health.

The WHO governing bodies needed to debate global health aid, on the basis of the mandates and comparative advantages of the organizations and actors concerned.

Dr MATHESON (alternate to Mr McKernan, New Zealand) concurred with the views of previous speakers concerning the recommendations of the Programme, Budget and Administration Committee. WHO should play a leading and coordinating role in global health. He looked forward to the report that WHO was preparing on the management challenges presented by an increased number of players and of the implications for global health governance. He would be interested in better use of the Health Assembly in exploring the key issues, and asked whether a third committee (Committee C) might be created in order to examine the way in which the different health players could present their plans. Health ministers could thus readily engage in the decisions taken on health partnerships.

Mr MACPHEE (Canada)<sup>1</sup> welcomed the inclusion of the subitem on the agendas of the Board and the Programme, Budget and Administration Committee, and the Secretariat's preparation of a document to include the impact of partnership arrangements on WHO's programme budget and the general programme of work as a substantive item on the Board's agenda. Clear facts and figures would be essential for such a discussion. The Board and Member States should have access to the document well in advance of discussions on the subject.

Mr MCFARLANE (Australia)<sup>1</sup> agreed with previous speakers on the need for WHO to further analyse concrete actions on the array of global health partnerships. In line with the recommendation made by the Programme, Budget and Administration Committee that draft policy guidelines should be produced, a clear typology of the partnerships was needed with recommendations on either phasing out, integration or strengthening of partnerships. In addition, there should be a set of criteria for WHO's involvement, roles and responsibilities vis-à-vis partnerships. More information would be useful on how the Medium-term strategic plan 2008–2013, and especially the programme budget, would be linked with the provision of financing, administrative support and technical assistance by WHO to partnerships. He drew attention to the High-level Forum on Aid Effectiveness, to be held in Accra in September 2008, an opportunity for WHO and the donor community to align and harmonize global health partnerships.

Dr ANTEZANA ARANÍBAR (Bolivia)<sup>1</sup> expressed concern with certain aspects of developing a policy on partnerships. He agreed with the comments made by the member for the United States of America regarding the possible consequences of building partnerships without a clearly delineated framework; the Constitution provided that, where public health was concerned, WHO took the lead in establishing partnerships and in determining the priorities, mechanisms and actions to be taken. How was WHO to act in a situation where the rules it had framed were not acceptable to other partners, or where governments, which contributed two thirds of the budget, were not included in deciding how the budget should be allocated? Although such partnerships were entirely welcome, it was imperative to ensure that WHO did not become the junior partner, and that its freedom of action was not restricted in situations in which a partner was the major financial contributor.

Mr LAMB (International Federation of Red Cross and Red Crescent Societies), speaking at the invitation of the CHAIRMAN, expressed support for the directions taken by WHO in connection with partnerships. His own organization had adopted a similar approach, in recognition that the humanitarian challenges facing the world were beyond the capacity of any one government or organization. The theme of the 30th International Conference of the Red Cross and Red Crescent (Geneva, 26–30 November 2007) had been "Together for Humanity", and one of the challenges identified had been emergent and recurrent diseases. The Federation and WHO had built a strong partnership relevant to health challenges that were encapsulated in the joint letter signed by his Organization and WHO, in May 2005. It had been given additional substance at the regional level through other documents signed with four of WHO's six regional offices. It was to be hoped that all the regional offices would follow. The working relationship included the membership as a whole, involving participation in international partnerships in a number of health-related areas.

His organization prioritized provision of the tools needed for its national societies to work with their public authorities as auxiliaries. That relationship had been given fresh definition by the last International Conference. He noted that WHO was supporting the relationship established between health ministries and national societies to implement national strategies, for example in partnerships to address the avian and human influenza threat.

The Federation would also strive to strengthen its partnerships at the next Health Assembly. Between 14 and 16 May 2008, it would be hosting its global health forum, bringing together selected

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

national societies, experts from WHO and other organizations, and ministers and government representatives. The theme would be “Primary health care and the role of national societies”. It would focus, inter alia, on the contribution of volunteers in their communities and would assist governments, organizations, WHO and the Federation in strengthening primary health care. Those aspects of its work should be reflected in future Secretariat reports on partnerships.

Dr BALE (International Federation of Pharmaceutical Manufacturers and Associations), speaking at the invitation of the CHAIRMAN, drew attention to areas in which his Federation provided technology and support for the development of partnerships. The Global Network for Neglected Disease Discovery would increase and accelerate research into potential new medicines and vaccines. The Sustainable Research and Development Funding Initiative was laying the foundations for adequate, sustainable and predictable funding for research and development into neglected diseases. The “Southern Skills” capacity development programme was exploring ways to harness industry and other expert resources to build skills capacity in affected areas. His organization was also studying the provision of expertise in order to build robust supply chains for therapeutic and preventive technologies in developing countries. In response to WHO’s new initiative on medicines for paediatric indications and new paediatric medicines, it was examining how the industry could increase the availability and affordability of medicines suitable for children. Regarding the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, the industry was supporting the development of new medicines and capacity building in developing countries.

Ms ARENDT LEHNERS (International Lactation Consultant Association), speaking at the invitation of the CHAIRMAN, said that her organization welcomed the report’s analysis of the functioning of partnerships in enhancing the work of the global health community. She emphasized clear structures and safeguards, defined objectives, transparency and accountability and the avoidance of conflicts of interest.

Referring to the comment by the member for Slovenia regarding criteria governing the prioritization of prospective partnerships, she drew attention to the guidelines on working with the private sector which the Board had discussed at its 107th session. The report contained in document EB122/19 made no reference to those guidelines.

Given the increasing interaction between WHO and the private sector and the increasing tendency of large industries to undermine public policy-making, the guidelines and other mechanisms should be revised, with the participation of all relevant stakeholders in order to guarantee WHO’s integrity and independence.

The DIRECTOR-GENERAL thanked Board members, representatives of United Nations bodies and nongovernmental organizations for their valuable contributions. On the comments made by the member for the United States of America, she said that the decision on whether to bring that important matter to the attention of the governing bodies had been complex and difficult. However, given the current architecture of global health, failure to grasp that nettle would have amounted to a failure on her part. The Board’s discussion heralded an ongoing and lively debate, which would eventually clarify issues such as the criteria for entry and engagement and the challenges posed by dual governance. WHO was currently hosting 15 large partnerships with their own governance structures and managing more than 70 other initiatives, programmes and campaigns. Partnerships strengthened global public health and fostered political commitment, resources and skills; they also posed challenges on matters such as core competency. The advice offered by the Board would be taken into account in the Secretariat’s document for consideration by the Board at its 123rd session. A solution to the problem might not be found before the next Health Assembly, but the dialogue could continue.

In the integration of partners some progress was being made. In the case of the partnership between WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Board had taken a very responsible decision on how to proceed. The Global Fund, which was hosted by WHO, made a major contribution to global health; however, despite the continuing good working relationship

between the two organizations, problems associated with dual governance and United Nations rules and regulations, by which WHO was bound, were leading to tensions. Those regulations guarded against vested interests, but could engender delays that were not always acceptable to prospective or existing partners. One question was whether WHO staff members who were employed by a partner would continue to be bound by WHO's rules. In her view, it would be unthinkable for a Director-General to relinquish authority over several hundred staff members; in such circumstances it would be better for the partners to separate amicably. Those were some of the issues that would be taken up with WHO's existing partners. She would address the concerns raised by some Member States and the points she had been requested to explore, with a view to submitting a progress report to the Board at its 123rd session.

The CHAIRMAN took it that the Board wished to take note of the report and that the suggestion of the Programme, Budget and Administration Committee that the Secretariat should produce draft policy guidelines for consideration by the Executive Board was acceptable.

**It was so decided.**

**WHO publications:** Item 6.4 of the agenda (Documents EB122/3 and EB122/20)

Professor PEREIRA MIGUEL (Portugal), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, reported briefly on the Committee's discussion of the subitem, as set forth in paragraphs 14 and 15 of document EB122/3. The Committee had requested the Director-General to continue work on the issue and to provide the Committee, at its next meeting, with more detailed guidelines on how the policy would be implemented and evaluated. The Committee had also recommended that the Board should take note of the report.

**Dr Gwenigale took the Chair.**

Dr AL-HASNAWI (Iraq), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the new publishing policy guidelines were clear and would help to ensure that WHO publications were relevant, especially to developing countries. Health professionals and ordinary citizens relied on WHO to provide up-to-date and reliable information on health issues; accordingly, Member States must also develop their research capacities and health information systems. Development and peer review should be continued, through expert consultations and review at country level. Executive clearance should remain the responsibility of the Assistant Directors-General and Regional Directors; there should be no need to burden the Director-General with that task. Member States expected to be consulted but also trusted WHO's judgement, as a body whose independence must be safeguarded. WHO should continue decentralization and devolve responsibilities for publications provided that quality was not compromised. Full use must be made of available scientific evidence in furthering WHO's guidance function and safeguarding its reputation as a reliable publisher.

Professor SOHN Myongsei (Republic of Korea) commended WHO's efforts to publish, both in print and on the Internet, objective and reliable information essential to global health. He also welcomed the initiative of devising the new publication policy and guidelines that stressed the importance of publications and the need to maintain the highest possible standards. On the issue of dissemination, paragraph 2 of the report stated that some members of the Committee had urged the Organization to make greater use of the Internet. Although the needs of readerships with no access to electronic communication should be taken into account, Internet publication had expanded access to essential health information. For example, since 2000 the *International digest of health legislation*, a WHO publication first issued 60 years previously, had been available online only. More information on health legislation could be provided without cost concerns, with access to legislation in the original language through hyperlinks: search engines permitted location and cross-referencing of specific

issues. The Republic of Korea urged that the raising of awareness of where and how information would be found should become a stated objective of WHO publications.

Professor SALANIPONI (Malawi), speaking on behalf of the Member States of the African Region, requested the Secretariat to provide more details that would enable the Board and the Health Assembly to monitor and evaluate the impact of WHO's publications on health outcomes. As WHO's publications accounted for about 15% of the Organization's total budget, equivalent to that of all its country activities, a comprehensive policy and strategy for such publications was needed. WHO should devise a cost-effective publications policy that promoted innovations in publication and strengthened peer-review mechanisms, with delegation of editorial decisions. The policy should also protect and hold accountable the Director-General and her staff. It should lay down clear standards in areas such as transparency, misconduct, peer review, editorial independence, standards of accuracy, intellectual property and multilingualism. The report provided a list of control measures that were putting undue pressure on the Director-General, Assistant Directors-General and Directors. The clearance procedures referred to in paragraphs 9, 12 and 13 of the report would be very time-consuming for the officers concerned. He asked the Secretariat to provide information on the impact of the policy proposals on the percentage of the WHO biennial budget earmarked for publications.

**Dr Sadasivan resumed the Chair.**

Mr NONO (alternate to Dr Shinozaki, Japan) said that objective and reliable public health information was essential. According to the report, WHO issued between 350 and 400 publications a year, with between 1.2 and 1.6 million copies distributed annually, 90% of them free of charge. Those publications must reach the people who needed them, and therefore ways must be found of counting downloads from the web site and the number of printed publications consulted. A general catalogue of WHO's publications with concise information and keywords for Internet search should be developed. Such publications should continue to be reliable and help Member States to improve their populations' health.

Mr HOHMAN (alternate to Dr Wright, United States of America) said that his country had given its views in the Programme, Budget and Administration Committee and supported the latter's recommendations that the Director-General's continued work should include more detail on how the publication policy would be implemented and evaluated, and how publications from closely affiliated entities such as IARC fitted with that policy. The Director-General should consider establishing an executive secretariat function responsible for ensuring that publications and policy documents received the necessary review and clearance throughout WHO. Such a function might alleviate concerns such as those expressed by the member for Malawi regarding the potential burden placed on officials at Assistant Director-General level and above. Serious consideration should be given to that proposal.

Ms HENDRY (alternate to Sir Liam Donaldson, United Kingdom of Great Britain and Northern Ireland) welcomed the report, the hard data it contained, and the move to use more modern technology and to make savings. She asked when the new publications policy would come into effect. Paragraph 8 of the report referred to executive approval of a master list of planned publications; did that mean approval by the Board or by WHO's management? In the latter case, what should be the role of Member States? Lastly, it was stated that executive clearance would be required for final texts, which should be based on the best evidence and be of a high standard; however, "additional clearance" would be required in certain cases. WHO needed to be able to use examples that might be controversial and to describe different health systems in order to fulfil its normative role effectively. Further clarification on the implications of paragraph 13 of the report would be welcome.

Dr SINGAY (Bhutan), speaking on behalf of the Member States of the South-East Asia Region, said that it was not clear whether the report set out the new publications policy in full or a summary

thereof. The definition of “publication” contained in footnote 2 to page 1 of the report implied that “information products” might need to be reviewed by the Director-General’s Office. However, it was not clear whether they would also need to be included in the master list of publications, prepared up to two years in advance. WHO needed to specify how it would respond if emergency situations such as natural disasters or emerging health concerns arose. Clarifications were required on how the Organization intended to deal with a large volume of publications; the apparatus needed for implementing the new policy; how WHO would react if an urgent matter required the creation of a new publication or information product not included in the master list; and the timeframe for clearance of the master list. The Region’s overall impression was that the new policy was highly centralized. The Secretariat’s comments would therefore be appreciated.

Mr FISHER (Denmark) said that WHO had thus far performed excellently in the distribution of objective and reliable information. He supported the publication policy outlined in the report, which avoided the risk of censorship while securing the firm executive approval required for the continuing credibility and impact of WHO. The report was explicit on the question of executive clearance of publications dealing with politically sensitive issues. Technical issues could also be sensitive. Executive approval at WHO headquarters and in the regional offices should be organized so as to ensure that the Organization’s publishing activities were not delayed or halted.

Dr MENESES GONZÁLEZ (alternate to Dr Hernández Ávila, Mexico) stressed that WHO public health information was a public good and should be available not only to Member States but also to the academic community. The financial and environmental costs of publishing all documents in printed form should be reduced, where possible, through the use of technologies such as the Internet, which would also facilitate faster and wider dissemination of information.

He asked when it might be possible to access the planned collection of WHO publications in electronic format. He stressed the need for prompt and regularly updated information. In the area of health, developments could be exceptionally rapid and the policy should reflect that. The publications procedure should be improved throughout the Secretariat, including in regional and country offices.

Dr GWENIGALE (Liberia) expressed concern at the burden of responsibility placed on the Director-General. She had extensive responsibilities at the highest level and should not have to spend all her time overseeing editorial work. The new policy should relieve some of that burden.

Dr REN Minghui (alternate to Mr Li Baodong, China) said that China recognized the important role of WHO publications but noted that problems often arose with editing and distribution. Timeliness was critical, particularly where multilingualism was concerned; in 2007 the Chinese versions of some documents had been received only two weeks before World Health Day. WHO should give higher priority to the prompt translation of documents. Furthermore, experts in many organizations needed access to WHO publications that were not readily available; meanwhile, many publications were languishing in warehouses. An electronic library should be established so that Member States could download publications free of charge. Electronic publication would save money, as would the use of lower-quality paper. More care should be taken over editorial quality and control.

Dr JAKSONS (Latvia) said that WHO meetings generated quantities of information documents that were distributed round the world. He himself had received two identical sets of documentation for the Board’s current session. The Secretariat should pay closer attention to distribution in order to avoid unnecessary and wasteful duplication.

Mr ALCÁZAR (Brazil)<sup>1</sup> said that the rising cost of publications and greater use of the Internet should be considered in any revision of the WHO publications policy. He stressed the main purpose of the policy, namely to deliver information on health matters that was of relevance to Member States. He was concerned that political pressure might block the publication of important papers on relevant health issues. WHO had a crucial role to play in assessing, for instance, the impact of intellectual property on public health issues, and it must publish papers on those issues. While Member States should respect the Director-General's editorial independence, executive clearance and evaluation should be transparent, with Member States kept informed.

One of the Organization's publications to which the policy had presumably been applied, *The world health report 2007*,<sup>2</sup> made extensive use of concepts such as "threat", "collective defence" and "security agenda" – confrontational language that was more appropriate to the United Nations Security Council than to the International Health Regulations (2005). He drew attention to difficult concepts to define such as "health measures", which should not be taken as security measures; "event"; "public health emergency of international concern"; and "public health risk".

Mr DEL PICÓ (Chile)<sup>1</sup> agreed on the need to reduce the number of publications and recommended that WHO should review and rationalize its output, particularly since much of it was never read, either because of the subject matter or because too many or too few copies were produced. The quality of the web pages varied depending upon the language in which they appeared: the English pages tended to contain more information and be more up-to-date than those in other languages, particularly Spanish. All web pages should be of the same quality. Many people, including national experts, relied on the information on the WHO web site, and not all of them were familiar with other languages.

Dr EVANS (Assistant Director-General) thanked members for their useful comments, which, in essence, corresponded to the recommendations made by the Programme, Budget and Administration Committee. They had included suggestions on implementation, in particular on management of the balances between centralization and decentralization of publishing activities, and between workload and work capacity. Emphasis had been placed on the need for quality, accessibility, cost-effectiveness and streamlining of the publishing process. Evaluation and the clear criteria for monitoring the implementation of recommendations had also been stressed. Members had commented on effective management of the clearance process, given the range of publications produced by WHO.

The new WHO publishing policy guidelines responded to assessments of previous publishing performance and to the recommendations of the Programme, Budget and Administration Committee. They would continue to be updated in light of periodic evaluations and in line with the stated objectives.

In answer to specific questions, he pointed out that the master list for distribution was not fixed and was not approved by the Board or Member States. Rather, it was used for internal planning and designed to avoid duplication in distribution. It could also be revised to reflect particular needs and used to determine which publications were to be translated. In future, proposed publications and translation needs would be included in the Secretariat's workplans and would therefore be linked to expected results. The procedure should improve discipline in relation to publications. IARC and the Special Programme for Research and Training in Tropical Diseases had their own clearance and publishing policies, which were subject to review by their governing bodies. WHO had an electronic library, which was being organized to facilitate access to WHO publications on the Internet, all of which could be downloaded free of charge.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>2</sup> *The world health report 2007 – A safer future: global public health security in the 21st century*. Geneva, World Health Organization, 2007.

The Secretariat would report back to the Programme, Budget and Administration Committee at its next meeting, and subsequently to the Board, on its efforts to implement the Committee's recommendations on WHO publications.

The DIRECTOR-GENERAL recalled that publishing at WHO headquarters had been highly centralized in the past but had recently been decentralized. The publishing policy review aimed to ensure that WHO was producing publications in accordance with its constitutional mandate, quality control and timeliness. The number and type of publications, and information on which units were publishing them, would be clarified. Topics for the world health reports, for example, were determined some two years ahead of publication. Balance must be struck between the need for executive clearance – quality control and respect for WHO's policies and priorities – and the workload that resulted. In some cases, where speed of publication had been essential, clearance procedures had not been fully adhered to. Publications were sometimes driven by Member States, sometimes by staff members, who might not always respect the need for objectivity. Whatever the political pressure, she would safeguard the editorial independence of WHO. The guidance given to Member States must be based on scientific evidence and objective expert advice. WHO should refuse funds offered for publishing if the publication concerned was not part of its core functions. In reply to the member for the United Kingdom of Great Britain and Northern Ireland, she explained that the governing bodies provided guidance on the overall publication policies and evaluated implementation of those policies.

On joining WHO, she too had been struck by the Organization's volume of publications and documents and by the storage costs. Quantity was perhaps too great – the 350 to 400 publications a year mentioned in paragraph 4 of the Secretariat's report included only those that carried an International Standard Book Number (ISBN) but not advocacy or meeting documents. WHO needed to consider fundamental questions such as quantity and expenditures. Was it a publishing house or library? Should it advocate for funding for its work as well as providing guidance? The representative of Chile had emphasized the need for equity across the official languages and for timely translation. The review would consider that and the translation resources available.

Decentralization was one of the Organization's assets, and she and the Regional Directors must take full responsibility for publications from their respective offices and be accountable to Member States for those products.

In reply to the member for the United States of America, she explained that all the documents for the governing body meetings were cleared by the Deputy Director-General and the Executive Director of the Director-General's Office.

Publications would be discussed at the senior management retreat in March 2008 and management activities would be reported to the governing bodies. She urged the Board to allow her enough room for manoeuvre in order to make the necessary decisions.

The CHAIRMAN took it that the Board wished to take note of the report, and that it accepted the request of the Programme, Budget and Administration Committee that the Director-General should continue work on the Organization's publishing policy and provide the Committee, at its next meeting, with more detailed guidelines on how the policy would be implemented and evaluated.

**It was so decided.**

**Method of work of the Health Assembly:** Item 6.5 of the Agenda (Documents EB122/3 and EB122/21)

Professor PEREIRA MIGUEL (Portugal), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, reported briefly on the Committee's discussion of the subitem as set forth in paragraphs 16 and 17 of document EB122/3. The Committee had recommended adoption by the Board of the draft resolution as amended by the Committee and attached as Annex 2 to document EB122/3.

Dr REN Minghui (alternate to Mr Li Baodong, China) said that, although China welcomed the efforts to improve the method of work of the Health Assembly, it was opposed to the proposal to abolish the Committee on Nominations where nominations were usually uncontested. Its abolition would not save a great deal of money or time. He recommended starting meetings punctually and avoiding repetitive discussion. China had been unable to make its views known in the Programme, Budget and Administration Committee, as it was not a member of that Committee.

Dr FORSTER (Namibia), speaking on behalf of the Member States of the African Region, welcomed the Secretariat's initiative to review the Rules of Procedure of the Health Assembly with a view to increasing efficiency. The time saved through the abolition of the Committee on Nominations should be put to productive use. The Region welcomed the intention to align the Rules of Procedure of the Health Assembly with those of the United Nations General Assembly where appropriate. It supported the draft resolution as amended by the Programme, Budget and Administration Committee and contained in Annex 2 to document EB122/3.

Mr HOHMAN (alternate to Dr Wright, United States of America) said that his country supported the suggestions made by the Programme, Budget and Administration Committee, and also the amended draft resolution contained in Annex 2 to document EB122/3. His delegation supported the proposal for the abolition of the Committee on Nominations as that would help to streamline work on the opening day. He pointed out that the Committee on Nominations did not itself nominate the officers of the Health Assembly, but merely rubber-stamped the recommendations it had received from the regional committees.

Ms KRARUP (adviser to Mr Fisker, Denmark) supported the improved efficiency of the Health Assembly, including the proposal to abolish the Committee on Nominations. That efficiency would be further improved if a fixed time were set for the Director-General's speech, preferably on the first day of the event. Member States could then plan their schedules accordingly.

Mr McKERNAN (New Zealand) endorsed the comments made by the members for the United States of America and Denmark; any attempts to streamline the activities of the Health Assembly and devote the first day to high-level proceedings were welcome. To save even one hour on the first day would have a cost impact.

Dr GWENIGALE (Liberia) explained the Programme, Budget and Administration Committee had proposed that the Committee on Nominations should be abolished because the nomination process was merely a formality. The individuals who represented countries at the Health Assembly were recommended by their respective regions. Since it was really the regions that made the nominations and they were not voted on in the Committee on Nominations, there was no need for such a committee.

Dr REN Minghui (alternate to Mr Li Baodong, China) said that China was conversant, as a former member, with the way the Committee on Nominations worked. In the past, the Committee had never voted on nominations because it operated on the basis of consultations and consensus. That, however, did not mean that there would never be a need for a vote in the future.

Mr HOHMAN (alternate to Dr Wright, United States of America) asked whether it would be possible to assign to the General Committee the responsibilities currently attributed to the Committee on Nominations.

Mr BURCI (Legal Counsel) said that that would not be possible because the General Committee met only after the President and Vice-Presidents of the Health Assembly had been elected, and it was the Committee on Nominations that recommended which countries would serve on the General Committee.

After a discussion in which Dr DAHL-REGIS (Bahamas), Mr BURCI (Legal Counsel), Dr REN Minghui (alternate to Mr Li Baodong, China) and Dr KEAN (Executive Director, Office of the Director-General) participated, the CHAIRMAN suggested that the Board should vote on China's proposal to retain the Committee on Nominations.

Dr VOLJČ (Slovenia), speaking on behalf of the Member States of the European Union, requested that the meeting should be suspended to facilitate consultations among its members.

**The meeting was suspended at 18:55 and resumed at 19:10.**

Dr REN Minghui (alternate to Mr Li Baodong, China) said that, during the suspension, all members had pursued the goal of enhancing efficiency. He himself had originally thought that that could be done by abolishing the time-consuming Committee on Nominations. In fact, however, it was the General Committee that consumed a great deal of the Health Assembly's time. In withdrawing his proposal to abolish the Committee on Nomination, he recommended that, at its next meeting, the Programme, Budget and Administration Committee should instead consider how the meetings of the General Committee could be made more efficient.

Dr INOUE (alternate to Dr Shinozaki, Japan) said that unpredictable work patterns at the Health Assembly made it difficult to schedule health ministers' journeys to ensure that they attended high-level meetings. He welcomed China's proposal that the Programme, Budget and Administration Committee should discuss ways of making the General Committee more effective.

Dr VOLJČ (Slovenia) said that he also welcomed the proposal by the member for China.

**The resolution was adopted.<sup>1</sup>**

**The meeting rose at 19:15.**

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<sup>1</sup> Resolution EB122.R8.