

## **SIXTH MEETING**

**Wednesday, 18 January 2012, at 14:40**

**Chairman:** Mr R. EL MAKKAOUI (Morocco)

### **WHO REFORM:** Item 5 of the Agenda

The CHAIRMAN thanked the Secretariat for their hard work in preparing the documents on WHO reform in the short time since the Board's special session in November 2011. He proposed that item 5 would be taken up in three parts: programmes and priority-setting (documents EB130/5 Add.1 and Add.2); governance (documents AB130/5 Add.3 and Add.4); and managerial reforms – financing (documents EB130/5 Add.5 and Add.6), organizational effectiveness (document EB/130 Add.7), and evaluation (documents EB130/5 Add.8 and Add.9).

**It was so agreed.**

### **Programmes and priority setting** (Documents EB130/5 Add.1 and EB130/5 Add.2)

Dr SILBERSCHMIDT (Switzerland) said that the two reports provided a good starting point for discussion. In May 2013, the Sixty-sixth World Health Assembly would consider for adoption a Proposed programme budget 2014–2015 based on a consensus on priorities, and that consensus would have to be reflected in the Twelfth General Programme of Work. Given time constraints, would it be possible to adopt that programme of work formally in 2014 rather than in 2013? Working backwards from the Sixty-sixth World Health Assembly, the Board would consider the Proposed programme budget 2014–2015 and related priorities at its 132nd session in January 2013. The regional committees would normally consider that budget proposal beforehand, in the second half of 2012. Would it be possible to gain more time for the process by requesting the regional committees to focus on priorities rather than on the budget itself? That would mean that the main task of the Sixty-fifth World Health Assembly in May 2012 would be to decide the criteria for setting priorities rather than the actual choice of priorities. In that case, the four months between the current Board session and the Health Assembly could be best used by seeking agreement on the criteria for priority setting and the role of WHO in global health, which were not set out clearly in the relevant documentation.

WHO should have three main roles: the provision of global public health norms, standards and information, promotion of health security and convening of negotiations; provision of technical advice to all Member States; and the more engaged and resource-intensive provision of technical advice and assistance in the context of development cooperation for low- and middle-income countries. Priorities would therefore need to be determined through an appropriate balance of top-down and bottom-up approaches; the resource allocation ratio should be seen not as a strict distinction between organizational entities but rather as the direction of 70% of resources to priorities based on country needs and 30% to globally determined priorities. Similarly, the proposal in paragraph 30 of document EB130/5 Add.1 for raising the proportion of WHO funds spent at country level to at least 50% could be amended to indicate that more than 50% of resources should go towards spending on behalf of countries, regardless of whether the relevant work was done at country, regional or headquarters level, or elsewhere.

Elements of the criteria for priority setting were scattered throughout the text of document EB130/5 Add. 1 (paragraphs 5, 8, 9, 19–21, 36, 38 and 42) but there was no coherent list, and some elements were missing, such as: work that only WHO could undertake; how to set priorities for the

Organization's normative work; a clear description of the added value of the regional offices and of their resources; and how to set priorities for the work of the governing bodies and use their resolutions as a means of setting priorities.

He welcomed the country typologies set out in paragraph 12 of document EB130/5 Add.1 and the seven categories for the next general programme of work (paragraph 18), which could replace the current 13 strategic objectives.

The terms of reference for the Member State-driven process proposed in paragraph 54 should be based primarily on the criteria for priority setting and not the priorities themselves. The schedule for the process would depend on whether the Secretariat had to prepare additional documents, in which case it would not be possible to hold the proposed meeting in February 2012. If it were decided that the work should proceed on the basis of the existing documents, that meeting could go ahead as scheduled.

Dr JESSE (Estonia) speaking on behalf of the European Union and its Member States and noting the short time available during the current session for discussion of WHO reform, said that it was essential to decide on the timeline for the Member State-driven process and to determine the criteria for priority setting. She asked the Secretariat to develop appropriate draft decision points for consideration and proposed that, to make the best use of the time available, a drafting group be set up that could meet in parallel with the Board. She had specific amendments to the terms of reference proposed in document EB130/5 Add.1 but would wait to submit them to a drafting group. In respect of the timing for the consultation of Member States, she favoured the proposal to hold the main meeting in late February 2012 (document EB130/5 Add.1, paragraph 55), so as to allow time for follow-up before any decisions were taken during the Sixty-fifth World Health Assembly in May 2012.

WHO must remain relevant to all countries and play the leading role in global health, focusing on areas where it had relative strengths compared with other international institutions. The normative and global mandates were the starting point.

Country needs should form the basis for priority setting, but other factors must also be taken into account, with an appropriate balance between countries' own health policies, plans and strategies on the one hand, and the Organization's technical support to countries and its normative and standard-setting functions on the other. The role of the regions and the coherence and alignment of the Organization as a whole should also be considered throughout the reform discussions. Document EB130/5 Add.2 provided a useful overview of current financial and human resource allocation and should be included in the debate on priority setting.

The typologies of countries required further careful consideration, drawing on the experience of other organizations, including the World Bank and UNDP, and the typologies chosen should be in line with agreed United Nations classifications. The seven categories suggested as a framework for the next general programme of work (document EB130/5 Add.1, paragraph 18) were too broad as a basis for priority setting, making it difficult to envisage what WHO would not be doing in the future. Moreover, criteria were needed before priority setting itself could start. She looked forward to further discussions in that area and welcomed the emphasis on the need for a systematic review, on the basis of the framework, of those areas in which WHO should do less or shift functions.

The proposal on priority setting and the suggestions for a new financing model were not interlinked, and further work was needed to do so. For example, how were efforts to increase resource mobilization at country level linked to priorities and the new financing model? Resource allocation targets should not be decided before priorities were set but should be linked to the agreed priorities; it was therefore premature to propose a target of at least 50% for spending at country level.

She welcomed the work undertaken in developing the results chain, which would help demonstrate the impact of WHO's work. However, a clear hierarchy and distinction between objectives, categories and functions were essential. Moreover, impact measurement should cover not only areas that were easy to measure but also include, for example, normative work.

Dr REN Minghui (China) agreed that that the next general programme of work and programme budget should take as their starting point the needs of individual countries in order to align them with the priorities set out in country cooperation strategies. He endorsed in principle the seven proposed categories (document EB130/5 Add.1, paragraph 18) as a framework for determining Organization-wide strategic objectives and programmes at the various levels. He could not support, however, the country typologies (paragraph 12), which were not consistent with existing country grouping criteria and agreed United Nations terminology; moreover, they lacked precision in their scope and some categories overlapped. For example, some countries could be considered to be in fragile circumstances while being thought of as countdown countries, and countries within the same group might have different health needs.

The Secretariat ought to be soon in a position to propose resource allocation at the country level. He agreed that at least 50% of the total budget should be allocated to countries; those resources should cover country-specific priorities and collaborative work by countries and WHO on global health priorities. He also agreed that headquarters and the regional offices should receive an appropriate share of resources based on their functions.

He endorsed the scope and terms of reference for the Member State-driven process set out in paragraph 54 of document EB130/5 Add.1 and expressed a preference for the main meeting to be held in late February 2012 (paragraph 55, option (1)). He requested clarification of an apparent inconsistency in the document: paragraph 52 stated that implementation of the Twelfth General Programme of Work would begin in 2014, whereas the Eleventh General Programme of Work would run until 2015. The timeline for development of the various instruments should be consistent so that programming and budgeting cycles could proceed in an orderly manner.

Dr OMI (Japan) said that priority setting was clearly tied to the allocation of financial and human resources. The target of at least 50% of total revenues for allocation to country offices was a step in the right direction but was ambitious and would necessitate strengthening the capacity of those offices to ensure that they had appropriately qualified staff. WHO was characterized by its international nature; making it even more international would enhance its efficiency and effectiveness. He therefore proposed that country offices should be required to recruit a certain proportion of foreign staff, with the precise level to be determined at a later stage.

He expressed concern at the physical and financial burden of meetings that would result from the options for the follow-up process set out in document EB130/5 Add.1 (paragraph 55) and suggested that further thought should be given to the proposed schedule.

Dr LARSEN (Norway) said that the main challenge for the Board at its current session was to establish terms of reference for the Member State-driven process, but document EB130/5 Add. 1 did not give sufficient guidance on the formulation of criteria and processes for priority setting. The terms of reference should describe the current principles underlying priority setting and the current relationship between the priorities set at the three levels of the Organization. The process should include discussion of priorities in respect of: WHO's normative and convening roles relative to country support; how the governing bodies could best ensure that priorities were set democratically and not by donors; and criteria for presenting resolutions to the governing bodies with a view to developing a resolution-management mechanism and the more active engagement of the Board's Officers in that process.

The Secretariat should seek to address the weakness identified in paragraph 27 of document EB130/5 Add.1 in respect of a lack of analysis of functions and costs at the headquarters and regional levels. He expressed scepticism regarding the target of at least 50% of total revenues to be allocated at country level, as proposed in paragraph 30, given the need to strengthen WHO's normative and convening capacity through adequate resource allocation. The description of the seven categories

(paragraph 18) was premature as the immediate focus should be on a concrete discussion of the criteria and process for priority setting.

He supported the holding of a meeting in February 2012 (paragraph 55, option (1)), and proposed that it be followed by a web-based consultation on the outcome before the Sixty-fifth World Health Assembly. The documents presented under the present agenda item were all closely linked and should be consolidated into a single set of reform proposals for consideration at the Health Assembly.

Dr ST. JOHN (Barbados) pointed out that mechanisms would be needed to ensure the smooth running of the Organization during the implementation of reforms and recalled the suggestion made by the member for Estonia to establish a drafting group. Clear criteria for priority setting were essential, as was an in-depth analysis of how priorities had been set in the past. Mechanisms for virtual meetings should be determined as it would be difficult for many participants to return to Geneva for a further meeting in February 2012. A bottom-up approach to priority setting was desirable but should not be exclusive and should take into account effective mechanisms used previously. Greater clarity was needed on country groupings (document EB130/5 Add.1, paragraph 12) and how the Secretariat would interact with the various groupings, including small island developing States, and with countries that straddled the groupings. She agreed that the capacity and financing of country offices would require strengthening to ensure timely and transparent accounting and evaluation of the impact of interventions. The proportion of revenues directed to each level of the Organization was perhaps less important than the quantum of work undertaken at each level and the extent of its impact on countries' needs, challenges and inequities.

Dr SEEBA (Germany) requested further analysis of WHO's current activities with a view to enhancing the transparency of WHO's work and providing the necessary basis for the reform debate, which would also need to take into account the role of other global health actors. As the Director-General had remarked, it was important to understand who was doing what. Priority setting was the key to the success of WHO reform and would involve, first, a decision on the Organization's overall mandate in relation to other actors and, secondly, development of guidance on how the limited regular budget resources should be allocated and for which programmes efforts should be made to mobilize additional funding. Priority setting should be based on the relative strengths of the three levels of the Organization. However, resources should follow functions, and the setting of targets for allocations at each level should not precede a comprehensive discussion on the different functions at the three levels.

Dr DANKOKO (Senegal), speaking on behalf of the Member States of the African Region, said that he appreciated the need for a global vision for WHO linking the definition of priorities with resource allocation and financing modalities in order to improve coherence and effectiveness. A bottom-up approach to priority setting was appropriate. However, further analysis of the distribution of human and financial resources by programme at country level was needed in order to determine the feasibility of developing the general programme of work and programme budget on the basis of individual country needs. Country typology and the need to share experiences should be taken into account, and he sought further clarification of the typologies of countries. Objectives, targets and indicators for determining the impact of WHO should be clear, precise and easily measurable.

He also requested clarification of option (2) for the intersessional process for defining priorities (document EB130/5 Add.1, paragraph 55), in particular the reference to a possible series of informal regional and/or thematic meetings.

Referring to governance, he emphasized that, in accordance with the Constitution, the Health Assembly was the Organization's supreme decision-making body and took into account the outcomes of sessions of the regional committees and the Board and its Programme, Budget and Administration Committee. He was in favour of reviewing the sequencing of governing body meetings as part of the reform process in order to improve coherence, consistency and coordination: particular emphasis

should be placed on harmonizing the work of the regional committees. Further analysis was required of ways of streamlining national reporting. He supported the proposals on engagement with other stakeholders and involvement with and oversight of partnerships.

Mr DESIRAJU (India) endorsed the principle that country needs should be the starting point for priority setting and pointed out that country cooperation strategies represented the best statements of such needs in the context of WHO's strengths and capabilities. However, use of the country cooperation strategies would place a considerable burden on WHO country offices.

The development of typologies of countries was desirable, but the classification set out in the report was based on levels of development and did not take disease burden into account. Consideration should be given to classifying countries on the basis of the seven categories of work identified.

As was recognized in paragraph 4 of document EB130/5 Add.1, programmes and priority setting must be viewed in the context of resource allocation and funding modalities, even though the Board was currently examining the different aspects separately. Some difficult questions needed to be asked. For example, if there were funding shortfalls where would cuts be made? Would the pledging process result in a level of donor funding similar to the current level? If the will of the Health Assembly was to prevail, donors would need to be assured of the purpose and transparency of the priority setting process, and Member States would require assurance of the rigour of that process.

The valuable information provided in document EB130/5 Add. 2 would be enhanced by a breakdown of the assessed contributions and voluntary funds available for each programme.

He endorsed the comments of the members for Japan and Barbados concerning the timing of meetings in the process leading up to the Sixty-fifth World Health Assembly, but would be prepared to support any viable consensus on the matter.

Mr ESPINOSA SALAS (Ecuador), speaking on behalf of the Union of South American Nations, said that he appreciated the detailed information provided, but deprecated the insufficient time available to give it careful consideration; the Board had a unique opportunity to reorient the work of WHO in the interests of global health and had to devote time to a process of such importance.

The process should be driven by Member States; they were best placed to define the needs that would form the basis of the bottom-up priority setting which he hoped could be put in place. The countries of the Union stood ready to cooperate with others in achieving the agreed goals and would comment further on detailed aspects of the reform process in due course.

Document EB130/5 Add.1 provided a good starting point for the discussion on programmes and priority setting. He supported the proposal to set global priorities on the basis of country needs in framing the next general programme of work and programme budget, using a bottom-up approach. The document described current processes at the three levels of the Organization, but did not provide detailed background information on how the seven broad categories or priority areas for the development of strategic objectives had been determined. Similarly, regarding the country typologies, more detail should be provided on the mechanism used for classification purposes. Any classification of countries should be based on burden of disease rather than level of development. It was difficult to see the purpose of a classification that would not, as indicated in paragraph 13, serve as a new organizing structure or mechanism for allocating resources. Therefore, he sought clarification of the classification process and its impact on resource allocation.

Mr DÍAZ ANAIZ (Chile), continuing the statement started by the member for Ecuador, said that document EB130/5 Add.1 did not adequately explain how priorities would be set. Member States should determine priorities and any changes should be based on consultations with them. The Secretariat's role should be to determine the scope of priorities so as to allocate appropriately budgetary and extrabudgetary resources, and that process should be monitored by the Member States.

He saw no justification for WHO accepting voluntary contributions for operations not included in the strategic plan.

Clarification was needed on the validation mechanism referred to in paragraphs 26 and 27, and on the current method of distributing funds between headquarters and the regional and country offices. He supported the proposal regarding the funding of WHO's work at country level and believed that the two questions contained in paragraph 28 were crucial and would require further analysis. The criteria for resource allocation referred to in paragraph 31 should be the responsibility of the regional and country offices, but there was no need to change current practices — although steps should be taken to strengthen the principles of transparency, cost-effectiveness, accountability and equity.

Regarding WHO's impact, he noted that the five levels of the results chain were not clearly defined. He favoured the creation of a mechanism to evaluate the public health impact of all WHO's activities, but expressed concern about the example given in paragraph 47 on the selection of priority outcomes within the European Region. He welcomed the proposal for a process of consultation with Member States to discuss priority setting so that the agreed priorities could be used as a basis for developing the next programme of work.

Ms GOLBERG (Canada) said that, despite current constraints, WHO continued to have an essential role in enhancing global health, fostering global consensus, and building commitment and coordination to respond to the most pressing health needs, especially for the most vulnerable populations. Moreover, its country offices had demonstrated their value, not least in providing support to enhance the capacity of health ministries. It was therefore essential to ensure that WHO was strong, effective and efficient, positioned as the leading technical health agency, equipped to respond to complex health challenges in a globalized world, and able to set priorities and focus on achieving results. The Organization should be able to exercise catalytic leadership and strategic convening power to galvanize international collaboration and multilateral partnerships for health. It should also be able to manage its financial and human resources in alignment with its functions. Her Government therefore strongly supported WHO reform and was working with many partners to reach consensus on the three key themes of governance, priority setting, and managerial effectiveness and accountability.

Changes in governance should include better and more strategic use of the governing bodies, in particular the Board and its subcommittees, with better coordination with the regional committees, changes in the scheduling of meetings, agendas that focused on critical issues and remodelling of collaboration with external partners.

Priority setting was perhaps the most difficult process to reform. There was currently a hiatus between the strategic direction set in governing body decisions and the resources available for implementation. The proposed country-driven approach and the establishment of groupings of countries for the identification and qualification of priorities were steps in the right direction, but WHO's leadership in identifying global and emerging needs and threats and its normative and standard-setting work were equally important.

In respect of managerial reforms, it was not sufficient to improve operational and budget planning. WHO's organizational and managerial culture should be modified, but any such reforms should ensure that the Director-General retained the flexibility to shape the Organization in a manner consistent with her vision and responsibilities. The proposed financing mechanism should stimulate discussion on improving the alignment between voluntary contributions and WHO's priorities.

The reform process should result in improved health outcomes for populations and stronger and more effective international collaboration to advance global health, supported by an agile WHO, equipped to tackle public health challenges.

Mr AL-ABDULLA (Qatar), referring to the need to increase linkages between regional committees and the global governing bodies, expressed support for the alignment of agenda items proposed in paragraph 3.7 of document EB130/5 Add.3. In that context, it would also be necessary to

support the regional offices with the necessary financial, technical and administrative resources; strengthen their capacities for study, research and analysis; and propose further measures for facilitating communication between those offices and Member States.

Concerning the timeline for governing body meetings, he supported the proposed option 1 - moving the Programme, Budget and Administrative Committee meeting to early December and the Board session to the end of February; as advocated in paragraph 2.9 of the document - so as to give Board members more time to consider and consult. He also favoured the proposal to extend the length of the Board's session in May from one day to three for the reasons set out in paragraph 2.11 of the document. In addition, the Health Assembly should be convened only once every two years, as a cost-reduction measure; in the intervening period, discussions could instead be conducted through the regional committee sessions, a mechanism that would also have the benefit of increasing the focus on regional and country activities.

He supported the draft WHO evaluation policy set out in document EB130/5 Add.8, notably in view of its scientific precision, incorporation of the principles of impartiality, independence and transparency, inclusion of different types of evaluations, methodology and coverage of financing, accountability and oversight, as well as the matter of the use and follow-up of recommendations.

On the issue of promoting engagement with other stakeholders, he reiterated the importance of establishing partnerships with existing health agencies and institutions so that WHO could provide positive guidance on setting priorities for their work and activities. He endorsed the suggestion and the rationale, as contained in paragraph 16 of document EB130/5 Add.4, for the regular inclusion in the Board's agenda of an item on partnerships.

Mr TOSCANO VELASCO (Mexico), welcoming the proposal for the development of priorities based on country needs, emphasized that the guiding principles for the strategic allocation of resources were based on equity and support to those countries most in need. However, it was not clear whether the parameters of the validation mechanism required updating. Although its use of fixed and needs-based components represented current realities, he expressed concern that the data used to estimate the ratios were out of date and that the proposal did not therefore take into account current funding criteria or needs. As a result, it would be appropriate to use the seven categories proposed by the Secretariat as a basis for strategic planning, to ensure that the ratios were continuously assessed and updated.

Echoing the comments of the members for India and Senegal, he requested clarification on the parameters used to define the country groupings, particularly with regard to countries in fragile circumstances. Resource allocation should be based on the headquarters, regional and country levels, taking into account funding for the long-term strategic plan, with reallocation permissible, according to set criteria, between countries. For the dates of consultations he preferred option 1, proposed in paragraph 55 of document EB130/5 Add.1. He appreciated the information presented in document EB130/5 Add.2, but requested a report on programme performance, showing the relationship between progress on the strategic objectives and staff financing in the individual regions and countries.

Dr DAULAIRE (United States of America) said that the work undertaken thus far provided a solid foundation for progress on WHO reform. Document EB130/5 Add.1 proposed that priority setting be based on country needs. However, there should be clarity and alignment across the three levels of the Organization, with a two-way flow: global objectives and normative functions should inform and guide regional and country-based objectives, while country needs should guide global efforts, and WHO's core functions and relative strengths must be taken into account. As was noted in paragraph 35 of the report, WHO's normative work was a particular comparative advantage and should be placed on a firmer footing, although, as had been indicated by the member for Estonia, that might not be consistent with the target of spending at least 50% of total revenues at country level, as proposed in paragraph 30, and needed further thought. He endorsed the need, also mentioned in paragraph 35, to determine how the results and effectiveness of normative work should be evaluated.

He broadly endorsed the seven categories for priority setting set out in paragraph 18 but expressed concern at the potential diminution in importance of health security and communicable diseases. He proposed that category (4) should be amended to read “Health security and the effective management of humanitarian disasters”. However, apart from category (1), which mentioned HIV/AIDS, tuberculosis and malaria, there was no other category that addressed communicable diseases, which were a major public health concern in many parts of the world, as was the growing threat of antimicrobial resistance. The Secretariat should prepare a document that matched the seven categories to areas of work within the Organization to help Member States to understand which clusters and staff would undertake which activities, and where cross-cutting activities would require collaboration or alignment across the Organization. In view of the need for intensive work on those matters during the Board's current session and before the Sixty-fifth World Health Assembly, he supported the holding of the main consultative meeting in late February (option (1), paragraph 55).

Ms ARTHUR (France) welcomed the level of engagement by all parties in the WHO reform process and was encouraged by the initial decisions taken at the Board's special session in November 2011. That positive approach should be sustained in tackling other questions pertaining to the continued credibility of WHO's leadership in international health.

Priority setting was a crucial area of reform, but she said that it was difficult to offer a detailed reflection on the Secretariat's proposals, such as the seven broad categories for the next general programme of work, given the late receipt of the document. The reform exercise should enable WHO to refocus on those areas of activity in which it had unique legitimacy and know-how. The choice of priorities should be based on the advice of public health experts, validated by Member States, and programmes should be financed in a transparent and coordinated manner.

The proposed collective financing model envisaged a public pledging conference for Member States and donors. The Secretariat considered that such a process would be more binding on contributors and create positive competition. It would have positive aspects, including the exclusion of donors from any role in priority setting, and benefits in terms of transparency in the breakdown of funding by donor, programme, objective and office, but the cost of such a conference had not been estimated, and less costly and equally transparent formats should be considered.

Dr AZODOH (Nigeria) requested more information on the criteria to be used for priority setting and the mechanisms for follow-up meetings. She encouraged further discussion of programmes and priority setting, which should take place within the Board in order to ensure better coordination and follow-up and equal regional representation.

Dr AL-HALKI (Syrian Arab Republic), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that with respect to priority setting he accepted the proposed groupings of countries, which at least fulfilled minimum wishes, although no typology would be fully satisfactory. The seven suggested categories for the general programme of work were practical in terms of both number and coverage of priorities for the performance of WHO's functions and should be duly reflected in the next programme of work. Concerning resource allocation, the proposed increase in the proportion of funds spent at country level to at least 50% of total revenues in any biennium was right and proper, given the importance of WHO's work with countries.

The proposals on managerial reform covered most of the key aspects and would undoubtedly advance the reform process insofar as achievement of the overall objectives depended on the implementation of financial and managerial reforms. The documentation on the managerial and financial situation gave an overview of the nature of the existing challenges and broadly facilitated understanding of the reform proposals. In that connection, he affirmed the importance of technical capacity building for country offices, which should be afforded greater powers and staffed in accordance with needs; the transfer of various programmes, operations and functions from WHO

headquarters to less costly locations that were nonetheless easily accessible; and the results-based management system, given its proven effectiveness and high returns, in particular with respect to planning review, budget preparation and resource allocation. Harmonization with national planning periods and with other health agencies in Member States must also be taken into consideration.

Dr GULLY (Canada) said that priority setting lay at the core of WHO reform, and document EB130/5 Add.1 contributed many positive elements to what was a complex endeavour. He agreed that the process should be based on country needs, but it would also be necessary to include a top-down analysis to ensure that priorities at all levels were appropriately reflected. The Board could play an active and strategic role in that regard. The new approach should be strongly anchored in results-based management based on a solid results chain. Programme and priority setting must therefore ultimately be structured around identified outcomes and WHO's contribution to and role in achieving those.

To make the best use of the time available, the Board should avoid detailed consideration of the seven proposed categories for the next general programme of work, which were not priorities in and of themselves and should remain broad to capture activities relating to all WHO's constitutional responsibilities. It was more important to identify concrete activities that would lead to identified outcomes and targets. Different issues would require varying balances between the five areas of work, which was where priority setting was needed. Criteria were required for that balance of activities rather than for identification of issues. The priority-setting mechanism must be respected by all, and the practice of using resolutions to raise the profile of particular issues should be discontinued. That would require discipline and more focused strategic discussion in the governing bodies.

Resource allocation at the three levels of the Organization was a complicated exercise and the 70:30 ratio represented a reasonable balance. However, it should be used as a guide only, leaving room for adjustments as priorities were established. Some country coordination activities would have to be conducted at headquarters, while others would be delivered and led by the regional offices.

Some grouping of countries was necessary and a perfect classification would be difficult to devise. Rather than spending time on the details, the Board should agree that some form of grouping was needed and that it should be aligned with the classification proposed in the document. The main questions were how best to move to a strategic discussion on the choice of priorities within the proposed framework, what role WHO should play in supporting and contributing to activities to address those priorities, and how the priorities should be tied to the impact WHO wished to have.

He favoured holding a meeting at the end of January, which should be seen as a consultation open to all Member States but not a decision-taking meeting. The meeting should be facilitated by the Chairman of the Executive Board, who would need to guide the Board subsequently in considering the meeting's results. The Secretariat should prepare documents for consideration at the meeting on: an analysis of country strategies that quantified country needs; the activities that WHO should focus on; what areas of work related to specific health issues and where WHO was best placed in relation to other global actors; and identification of cross-cutting global needs where WHO had a critical convening and normative role, for example implementation of the International Health Regulations (2005). The consultation should provide guidance on key priority activities and, in turn, goals and targets, and a costed general programme of work that took into account previous discussions of the value of combining the general programme of work with the medium-term strategic plan.

Mr ESPINOSA SALAS (Ecuador), speaking on behalf of the Union of South American Nations and referring to document EB130/5 Add.2, said that transparency should be taken into account throughout the reform process. More information was needed on the actual allocation of resources and its relationship to the distribution of human resources within the regional and country offices. In addition, information was needed on the impact of the allocation of voluntary contributions on the implementation of the strategic plan. It was vital that the strategic plan was well structured and contained clearly defined priority activities.

Dr BHATTARAI (Nepal)<sup>1</sup> said that the reform agenda discussions should focus on strengthening WHO's ability to deliver programmes that had a real and immediate impact on people, and ensuring appropriate links between priority setting and resource allocation. Reforms should enrich WHO's effectiveness in supporting Member States and its normative role. Priority setting should be guided primarily by an analysis of country needs, in particular those of the least developed countries, as ensuring adequate public health services provided a foundation for socioeconomic development and was crucial for the attainment of the Millennium Development Goals. Contributions in the area of health were also central to attaining the goal of the Programme of Action for the Least Developed Countries for the Decade 2011–2020 adopted by the Fourth United Nations Conference on the Least Developed Countries (Istanbul, 30 May-3 June 2011), which would enable half of the 48 countries concerned to graduate from that category by 2020.

He welcomed the target for spending at country level and the proposal that resources should be allocated according to country needs. The current over-reliance on voluntary contributions resulted in a mismatch between agreed priorities and available resources, and he therefore supported the proposal to link the priority-setting and resource allocation processes more closely. The strengthening of country offices, which were at the forefront in delivering WHO programmes, was a vital area for reform and should create an environment in which WHO could reach populations in order to address health inequities.

Public health was no longer an exclusively technical issue confined within national borders, as recent threats to global health had shown. Security, economic stability, human rights, equality and equity were all important factors and should be taken into account in the reform process.

Dr NICKNAM (Islamic Republic of Iran)<sup>1</sup> called for more consultations with Member States before a decision was made on the seven categories of country needs. Assessing other competing categories should also form a part of the Member State-driven process. Turning to the scope of work and terms of reference of that process, he welcomed the general approach, but said that the objectives should not be confined to those listed in paragraph 54 of document EB130/5 Add.1: they should incorporate a degree of flexibility. Referring to the areas of work which, according to paragraph 20 had been discontinued, he said that, in order to ensure transparency, a full list of those areas and the reasons for the cessation of activity should be made available. With regard to the proposed schedule for consultations, he preferred the second option, which would allow time for regional and informal consultations.

Mr LEE Kyong-yul (Republic of Korea),<sup>1</sup> endorsing the key features of reform highlighted by the Director-General at the previous meeting, including clear priorities, the delineation of jobs needed and the creative division of labour, said that reform was meant to be a continuous process, rather than a one-off task. Although in principle he agreed that the priority-setting process should not be one of exclusion, it was important to be able to exclude elements that were deemed unimportant. Document EB130/5 Add.1 contained all the necessary elements for reform, and the next challenge would be to convert those elements into implementable action plans. He preferred holding the next consultations in February 2012, in accordance with proposed option 1 (paragraph 55).

Dr GWINJI (Zimbabwe)<sup>1</sup> said that priority setting should be an integral part of the reform process and should be considered concurrently with aspects related to the mobilization and allocation of resources. It should be guided by the needs of individual countries but he expressed concern that the process would be based on a desk review of strategies and discussions within the Secretariat. Further

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

information on the actual functioning of the process, including the role of the regional committees, was needed to give a clearer overview of the relevant proposals and their implications.

He welcomed the information provided on the allocation of resources, but said that it would be useful to see the human resources data disaggregated by region and country for both professional and general service staff. Moreover, given that more than three quarters of funding was specified funding, there should be greater emphasis on the link between priority setting and resource mobilization. He expressed support for the establishment of a working group to discuss priority setting, but emphasized that the period leading up to the meeting of the group should be used for consultations to ensure a clear understanding of the proposals and their links to other aspects of the reform process.

Dr DAHL-REGIS (Bahamas)<sup>1</sup> said that increased attention should be paid to the link between financing and programme budgeting. There was a need to engage with the private sector, but any such collaboration should be done in a managed and transparent environment. She asked the Secretariat to propose a structure for that important element. With regard to the country groupings, she said that the small island States group should include both developing and developed countries as they had shared vulnerabilities. Furthermore, the groupings should not be aligned with other United Nations agency designations. A mechanism should also be developed to assist those countries that did not have the capacity to assess their own priorities, as there should be a balance between a bottom-up and a top-down approach. She expressed concern that the proposed target of spending at least 50% of total revenues at the country level was not practicable.

Ms DABRE (Burkina Faso),<sup>1</sup> welcoming the work undertaken to date on WHO reform, said that the various contributions by Member States should feed into the formal adoption of reform proposals. The strategy should place greater emphasis on national and regional priorities and on an operational plan for independent evaluation of the reform process to ensure proper follow-up by Member States.

Miss OSUNDWA (Kenya),<sup>1</sup> highlighting the linkages between priority setting, resource allocation and funding modalities, said that it was important to hold further discussions on the funding modalities and the application of the various proposals, including on the predictability of WHO financing. However, she noted with concern the lack of general criteria for priority setting.

More information was needed on the criteria used for establishing the proposed country groupings, as it was possible that countries could fit into more than one category, or even into no category. Moreover, it was unclear why the groupings were necessary, since the proposed approach was to be based on individual country needs. She also requested clarification on the last part of paragraph 20 of document EB130/5 Add.1, which appeared to suggest that WHO could relinquish key functions to other actors. She expressed concern that the proposal by the member for Estonia for a parallel meeting to discuss reform during the current session of the Board could impose constraints on small delegations in terms of their ability to participate.

Mr CAVALERI (Argentina)<sup>1</sup> expressed support for the proposal contained in document EB130/5 Add.1 for a consultation process between February and May 2012, which would allow time for a more in-depth discussion and analysis of all aspects of the reform process. The first meeting should be held in late February, as proposed.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland),<sup>1</sup> endorsing the statements made by previous speakers on the need for clarity in the reform process, said that the

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

priority-setting process should be seen as a means to reach a transparent and legitimate consensus on where WHO's focus should be from one biennium to the next. However, before the Member State-driven process began, it would be important to develop a list of criteria for discussion. At the special session of the Executive Board in November 2011, several possible criteria had been suggested, such as added value, public health impact and contribution to the Millennium Development Goals. Clarification was needed from the Secretariat on the next steps that should be taken in order to develop the list of criteria and thus begin the Member State-driven process.

Mr KOÇAK (Turkey)<sup>1</sup> stressed that since the reform process was Member State-driven and open to all Member States, the priority-setting process should follow the same format. He welcomed the general approach to the setting of categories for the next general programme of work, as the use of categories would help to ensure that the work was effective, efficient and target-oriented. However, the categories needed to be further elaborated, reflecting the specific needs of Member States. On the proposed schedule for the consultation process, he favoured the option of a meeting in April 2012, as that would allow time for informal meetings and web-based consultations to refine the proposals.

More work was needed on governance, particularly with regard to proposals on the timing of meetings, corporate alignment, the role and responsibilities of the regions and the role and budgetary allocations of country offices.

Ms CHILDS (MSF International), speaking at the invitation of the CHAIRMAN, welcomed the effort to improve the functioning of WHO. The review of stakeholder relations was particularly welcome, but she noted the lack of timelines for that process. Furthermore, fundamental changes to WHO's core departments, such as the Department of Essential Medicines and Pharmaceutical Policies, had been set in motion before a decision had been reached on the main reform process. Those changes were potentially irreversible and could result in the loss of experienced staff. There had been a significant reduction in contributions to that Department, which had resulted in decreased levels of technical support to countries. She urged Member States to ensure that core areas of normative work were strengthened and not weakened during the reform process, and that budgetary support was secured for all core functions.

Ms FABBRI (Medicus Mundi Internationalis), speaking at the invitation of the CHAIRMAN and also on behalf of the People's Health Movement, said that priority setting should be driven by the mandate of WHO rather than the availability of resources. Country-driven priority setting was often neutralized by the high number of vertical disease-based programmes driven by global public-private partnerships that were able to influence resource allocation at the country level. The success of new prioritization mechanisms would depend on measures to correct the distortions in resource allocation that resulted from tied donor funding. Moreover, programmes and priority setting required a participatory process and Member States should focus on the process and mechanism of priority setting rather than agreeing on specific priorities that might not reflect the priorities of many countries. She welcomed the introduction of the concept of country groupings, but the five proposed categories were simplistic and based almost entirely on economic variables, failing to take account of common health situations and priorities within regions. The concept of country groupings could better be applied both across and within regions and the success of such groupings would depend on the empowerment of regional offices and decreasing centralization within WHO.

Ms DENTICO (CMC – Churches' Action for Health), speaking at the invitation of the CHAIRMAN and also on behalf of the Democratising Global Health Coalition, said that the reform process was a significant political and strategic development, the objective of which was to fully implement the WHO Constitution. It was a matter of concern that not all Member States fully participated in the process. An independent analysis of the functioning of WHO was needed in order

to identify problems and potential solutions. The reform agenda had gathered a disconcerting momentum, and it was unclear how Member States could retain full ownership of the process given their limited capacity to contribute. Yet it was precisely the Member States that should be in the driving seat in order to ensure full transparency and accountability. She urged WHO to adopt regulations that protected the Organization from undue private-sector influence, together with a comprehensive conflict-of-interest policy.

The DIRECTOR-GENERAL said that the Secretariat's documents on WHO reform had been meant to stimulate debate; it was not yet time to make decisions. She welcomed the views expressed by Member States on both the content and the process of reform. Regarding content, she noted the general view that country needs should drive the priority-setting process. She stressed, however, that the bottom-up approach based on country needs should be balanced by a top-down approach based on the overall normative work and convening role of WHO. The proposed country typologies were just one possible way to bring countries into groups and had been developed to facilitate elements such as South-South cooperation and building dialogue. Likewise, the seven categories proposed for the next general programme of work were an attempt to give a cross-cutting view of the functions and priorities of WHO, which was based on both the current activities and WHO's constitutional mandate.

On resource allocation, she acknowledged the wish of Member States to strengthen the country offices, but pointed out that document EB130/5 Add. 2 showed that roughly 45% of funding was currently spent at the country level. The proposed increase in the allocation of funds to country offices had been developed in response to the importance attached by Member States to the role of the country offices. However, she noted that many participants felt that the current session was not the appropriate time to take a decision on the issue.

The development of a general programme of work was a constitutional requirement: the Director-General would periodically submit such a programme to the Board for its consideration. In the past, Member States had not been fully consulted on the issue, but the drafting of the most recent programme of work involved consultations with Member States and partners. There were two options with regard to a programme budget 2014–2015: the development of a new general programme of work, which took into account the new challenges the Organization was currently facing, or the use of the existing Eleventh General Programme of Work, which did not include aspects that had arisen since it had been drafted.

Turning to the proposed timeline for establishing a Member State-driven process, she said that, if Member States so wished, a working group could be convened during the current Board session to enable Member States to provide input on the proposed scope and terms of reference, ahead of the main meeting envisaged for the process. Late February 2012 seemed to be the preferred option for the date of that meeting and she sought confirmation from Member States that they wished to proceed on that basis.

The CHAIRMAN, noting the emphasis placed by the Director-General on content and the need to take due account of country needs while not forgetting WHO's work on norms and standards, said that a decision on content was not needed immediately; the comments that had been made would guide the Secretariat in preparing documents for future discussions. He also noted the questions that had been raised about country typologies, WHO's functions, categories for the general programme of work, resource allocation for improving the performance of country offices, and the impact of WHO's activities.

He invited Board members to give their views on the question asked by the Director-General as to whether the next general programme of work should be redesigned to reflect Member States' concerns, and, if so, whether that new version should be used as the basis for preparing the next Proposed programme budget.

He said that he sensed that the Board was moving towards the idea of holding a meeting on WHO reform and priority setting in late February 2012. That would allow time for further consultation and the preparation of documentation for the Health Assembly. If that was the spirit of the meeting, he would ask the Secretariat to draft a decision along those lines to be considered the next day.

Dr SILBERSCHMIDT (Switzerland), referring to his earlier comments, explained that he had not intended to suggest that the Proposed programme budget 2014–2015 should be based on the current Eleventh General Programme of Work, nor did he wish to hold up the strategic reorganization of WHO.

Dr GULLY (Canada) approved of holding initial discussions on the Member State-driven process in a working group during the session and suggested that any decision on the scope of work and terms of reference of the process should be deferred until after those discussions had taken place.

The DIRECTOR-GENERAL said that, if Member States agreed, the suggestion by the member for Canada could be incorporated into a broader decision on the agreement to continue the Member State-driven process in late February.

The CHAIRMAN said that he took it that the Board wished to convene a working group on the sidelines of its current session before any decision point was formulated regarding the terms of reference and scope of work of the process.

**It was so agreed.**

#### **Governance** (Documents EB130/5 Add.3 and EB130/5 Add.4)

Dr JESSE (Estonia), speaking on behalf of the European Union and its Member States, stressed the need for reform proposals to include the agreed principle of limiting the number and strengthening the content of resolutions by replacing them, where appropriate, with summaries of discussions or agreed conclusions and by developing a standard framework for the formulation of future resolutions.

She recalled that the special session of the Board in November 2011 had considered proposals for developing a multiyear programme of work for the governing bodies. Those proposals could usefully be made the subject of further discussion in relation to the reform process.

The proposed revisions of the terms of reference of the Programme, Budget and Administration Committee would not strengthen the Committee's oversight, monitoring and evaluation role. The revised terms of reference should define the objectives of the Committee and the criteria for the selection of members (which could include Member States not represented on the Board); provide guidance for new members; and describe how the Committee interacted with other bodies. The role of the Committee would also benefit from improvement in the quality and timing of reports.

With respect to the timing of meetings of the governing bodies, she supported the idea of separating the meetings of the Programme, Budget and Administration Committee and Executive Board, but proposed a more radical change to the current schedule of governing body meetings than that outlined in document EB130/5 Add.3, to allow for better meeting preparation and a more consistent budgetary and planning cycle: the regional committees could meet in January to hold initial discussions on budget proposals, followed by meetings of the Programme, Budget and Administration Committee and the Executive Board in the second quarter of the year. The final adoption of budgets could take place at a Health Assembly later in the year, which would be followed by a more substantive Executive Board session that could focus on monitoring and oversight matters and for which documents should be made available well in advance. Such a schedule would allow for budgets to be adopted much closer to the date on which they would become operational.

The proposals for better harmonization of the work of the regional committees and increased alignment between them and the global governing bodies were welcome but could have gone further.

She approved the proposals for the development of a framework to guide engagement with the private, for-profit sector and philanthropic organizations, but stressed the importance of setting clear and indisputable principles for guiding relations with nongovernmental organizations and other civil-society actors, as the credibility and independence of WHO must be maintained at all times.

Dr ST. JOHN (Barbados) said that document EB130/5 Add.3 would have benefited from deeper discussion of the Programme, Budget and Administration Committee in respect of not only its terms of reference but also of how its work linked with the work and timing of other governing body meetings. Would that Committee have any role in the reform process and could it, in future, address the late submission of resolutions or ensure that the stated financial implications of resolutions were correct? She approved of the proposal to separate the meeting of the Programme, Budget and Administration Committee from Executive Board sessions in order to allow more time for consideration of the Committee's decisions by the Board.

She agreed in principle with the expressed need for clearer guidelines on engagement with other stakeholders. Was the Standing Committee on Nongovernmental Organizations deemed a suitable tool in that regard and, if not, what adjustments could be made so that it was?

Mr PRADHAN (India) expressed a preference for revising the annual schedule of governing body meetings in accordance with the first option set out in paragraph 2.9 of document EB130/5 Add.3, as it would be advantageous for the Board to have a full picture of the previous year's work, including that of the Programme, Budget and Administration Committee. Owing to the possible practical difficulties faced by delegations, India did not support extending the length of the Board session after the Health Assembly in May from one to three days.

The proposals to improve harmonization of the work of the regional committees were commendable but he asked to what extent the discussions in those committees would inform the agenda of the Health Assembly, as the capacity of Member States to raise other issues of concern at the Health Assembly might be limited if discussions could only focus on what had cleared the regional committees, the Programme, Budget and Administration Committee and the Executive Board.

A detailed review of the principles governing WHO's relations with nongovernmental organizations was both necessary and desirable; WHO had to reach out to greater numbers of civil society organizations in order to enhance its capacity for public health promotion and service delivery. Greater clarity was needed, however, on how changes in relations with partners would impact the Member State-driven decision-making processes of the Organization, as document EB130/5 Add.4 did not adequately address issues of institutional conflicts of interest.

Dr GULLY (Canada) said that the proposals outlined in the documents, although welcome, did not go far enough to make governance of the Organization as streamlined and effective as it should be. He sought more concrete improvements in the way the governing bodies operated and interacted.

The revisions to the terms of reference of the Programme, Budget and Administration Committee would have benefited from expanding the role of the Committee to include guidance to the Board on the financial implications of resolutions.

He supported the proposal by the member for Estonia for bolder changes to the schedule of governing body meetings and agreed with the suggestion to hold regional committee meetings in January and February, an Executive Board session in May and the Health Assembly in October. He did not, however, support the proposal to extend the length of the Board session immediately following the Health Assembly from one to three days, as that would limit the capacity of both the Secretariat and Member States to prepare adequately for substantive discussions on issues. Instead, the

governing bodies should consider increasing their intersessional work, particularly through cost-effective, electronic means.

He agreed with the proposal that the regional committees should approve the implementation plans for global policies and strategies and adapt them to the regional context, rather than repeating the process of policy and strategy development.

He expressed the hope that Member States would continue to discuss the important issues of governance and priority setting in other arenas, and through additional focused consultations, possibly in the context of an intersessional process in which Geneva-based missions could participate.

He supported the development of comprehensive policy frameworks to guide interaction with the private sector and philanthropic organizations, as proposed in document EB130/5 Add.4, and favoured the inclusion of a standing item on partnerships in the Executive Board agenda so as to increase Member States' engagement with and oversight of WHO's partnerships. In addition, WHO should enhance its collaboration with civil society and other partners to ensure greater transparency, inclusiveness and mutual benefit.

Dr OMI (Japan) said that a crucial aspect of governance reform was the harmonization of the roles of the regional committees, the Executive Board and the Health Assembly, given the lack of coordination that had been noted several times in recent years. Discussions on the governing bodies should also include a review of the respective roles and responsibilities of the Director-General and the Regional Directors.

Engagement with other stakeholders was not an issue that should necessarily be taken up by the Board at its current session, given the large number of reform-related issues that required its attention; he suggested that the Programme, Budget and Administration Committee was a more appropriate forum for that discussion.

He supported the option of holding the meetings of the Programme, Budget and Administration Committee and the Executive Board in December and late February, respectively (paragraph 2.9 of document EB130/5 Add.3), in order to allow more time to review the outcome of the former before the latter took place.

Dr SILBERSCHMIDT (Switzerland) agreed that it was necessary to strengthen the role of the Programme, Budget and Administration Committee, particularly as the programmatic aspect of its work, as defined in its current terms of reference, had been largely neglected.

With respect to revising the annual schedule of governing body meetings, he favoured the proposal to move the Executive Board meeting to February, so as to allow more time for Member States to prepare for discussions following the meeting of the Programme, Budget and Administration Committee in December. He also supported extending the post-Health Assembly session of the Board from one to three days, but questioned whether it was still necessary to hold a longer Health Assembly every other year for the purposes of discussions on the budget when a shorter, six-day Health Assembly every year would allow more resources to be allocated to the other governing bodies. Referring to the annual meeting schedules proposed by the members for Estonia and Canada, he asked the Secretariat to explore the feasibility, advantages and disadvantages of other scheduling options. Switzerland was willing to provide logistical support in that connection.

He supported the proposals for better links between the regional committees and the global governing bodies, but stressed that increased harmonization between the regions should not hinder innovation in the practices of any one region. National reporting reforms of the kind outlined in section 4 of document EB130/5 Add. 3 were desirable, and he welcomed the recommendation that concrete proposals be developed on that subject. Increased stakeholder engagement was also welcome, but given the specific characteristics, roles and interests of nongovernmental, private-sector and other organizations, WHO should avoid differentiating between categories of stakeholders. Potential

conflicts of interest should be managed in an appropriate manner, ensuring that the Secretariat was protected and that Member States adhered to their responsibilities.

He approved of increased oversight of WHO's partnerships by the Board but said that additional time should be allocated for that purpose, perhaps at a three-day Board session in May. The Sixty-fifth World Health Assembly should also consider developing criteria to govern the submission of resolutions.

Dr REN Minghui (China) expressed support in principle for the proposed amendments to the terms of reference of the Programme, Budget and Administration Committee. He also agreed with the proposal to move the meeting of that Committee to December and the Board session to the end of February. That would enable the Secretariat to produce a full management report for the whole of the previous year for consideration by the Board, thereby facilitating the latter's monitoring and follow-up functions. However, given the need for the Programme, Budget and Administration Committee also to examine the situation for the whole of the preceding year, he was concerned that there might not be enough time for that examination and for the Secretariat to respond to requests from the Committee before its recommendations and reports were reviewed by the Board.

Whether the May session of the Board should be extended depended on the nature of its content; if only administrative matters were to be discussed there would be no need for an extension but if, on the other hand, more substantive discussions were envisaged, an extension would be appropriate. That session should focus on matters of implementation, monitoring and follow-up. He expressed disappointment that suggestions made previously at the recent special session of the Board to hold a one- or two-day meeting of the Programme, Budget and Administration Committee before the meetings in May had not been included in the Secretariat's report.

To facilitate the discussions at the Health Assembly and to address issues related to the limited speaking time available, consideration should be given to the possibility of allowing statements to be submitted in writing beforehand, for publication on WHO's web site.

He agreed in principle with the proposals to improve linkages between the regional and global governing bodies but said that the wording of paragraph 3.7 of document EB130/5 Add.3 was too broad; clarity was needed on precisely which policies and strategies would be discussed by the regional committees before the Board and Health Assembly discussions. It would not be appropriate for all policies to be discussed at all levels of the governing bodies as that could have a negative impact on the decision-making process. The rules of procedure of the regional committees, as well as current national reporting mechanisms, needed careful review and the Secretariat should analyse how both could be streamlined.

The Board needed to give careful consideration to ways of enhancing the participation of nongovernmental organizations at governing body meetings and to the extent to which the views expressed by those organizations should inform health policies and strategies. The current process for the accreditation of nongovernmental organizations seemed appropriate and the Standing Committee on Nongovernmental Organizations should continue with its role in that process. However, a more general policy framework on relations with those and other civil society organizations needed to be developed; many of those bodies could act as sources of funding and partnership for WHO and, assuming that an appropriate system to manage conflicts of interest was in place, those relationships could help to ease some of the financial difficulties faced by the Organization and to improve the availability of the products needed to tackle many global health scourges.

Dr LARSEN (Norway) expressed support both for the revisions to the terms of reference of the Programme, Budget and Administration Committee, as proposed in document EB130/5 Add.3, and for the proposal to move the Committee's meeting to early December. However, if the Board session were to move from January to late February, he doubted that the Secretariat would have sufficient time to prepare for the Health Assembly in May. He favoured extending the post-Health Assembly session of

the Board to three days so as to strengthen its capacity for strategic oversight, but requested more information on how the Board's work would be divided between its two sessions. More substantial revisions to the schedule of governing body meetings, as proposed by the members for Estonia and Canada, were of significant interest and would merit more in-depth discussion. Any change to the meeting timeline should be evaluated by Member States after two or three years.

He supported the proposals for better alignment of the agendas of the regional committees and the other governing bodies and for the streamlining of national reporting mechanisms. Regarding engagement with other stakeholders, an extensive evaluation of WHO's participation in partnerships should be made, along with an assessment of the added value of WHO's current hosting arrangements.

Dr DANKOKO (Senegal) recalled his earlier statement in which he had underscored the Health Assembly's role as the Organization's supreme decision-making body and the need for it always to convene on the basis of the outcomes of the meetings of the other governing bodies. That approach was implicitly consistent with the proposal by the member for Estonia to change the schedule of governing body meetings and with the spirit of the new approach to defining priorities on the basis of country needs. It was also in line with the proposals for increasing linkages between the regional committees and the global governing bodies and for harmonizing the practices of the regional committees. The African Region favoured further analysis of issues relating to both national reporting and partnerships.

Mr TOSCANO VELASCO (Mexico) noted that the proposed amendments to the Programme, Budget and Administration Committee's terms of reference reflected the establishment of the Independent Expert Oversight Advisory Committee and the role of the Programme, Budget and Administration Committee in monitoring and evaluation. However, he proposed adding a paragraph to clarify that the latter Committee would still be responsible for following up on recommendations made by groups working on reform, as progress reports would be presented to the Committee at each of its sessions. Furthermore, the terms of reference should include matters related to the Financial Regulations, financial management rules and staff issues.

Referring to the proposed terms of reference on financial and administrative issues outlined in subparagraph 1.1(2) of document EB130/5 Add.3, he suggested including matters pertaining to the External Auditor's report so as to provide for an overview of all bodies reporting on oversight of planning and implementation. He asked for clarification of the meaning of the words "to an extent that" in subparagraph 1.2(i) of that document.

He expressed support for the proposal to move the Programme, Budget and Administration Committee meeting to December and the Executive Board's session to the end of February, so as to provide more time for the review of documents. In addition, when the amendments to the terms of reference of the Programme, Budget and Administration Committee were adopted, the Board would need to review the guidelines for submission of reports from the External Auditor, the Office of Internal Oversight Services, the Joint Inspection Unit of the United Nations system and the Independent Expert Oversight Advisory Committee.

He agreed that the May session of the Executive Board was too short for a full discussion of the many items on the agenda, but understood that extending the session would have significant financial implications. He therefore proposed two options: first, that the session should last two days and that, where possible, Member States should cover their own travel expenses; or secondly, that the session should last one day, as was current practice, but with an agenda restricted to electing new Board members and reviewing decisions taken at the Health Assembly, and not including any health matters.

He agreed that the alignment of priorities between the global and regional levels was necessary, in conjunction with programmatic alignments, and reiterated that the participation of external observers would not give rise to conflicts of interest.

With regard to streamlining national reporting, he agreed that concrete proposals should be submitted by May 2012. However, in addition, he proposed that a technology platform for information exchange should be developed as part of a pilot project covering a whole region or a group of countries with access to information technology, which could be replicated in all countries in the future. Finally, he suggested eliminating oral reports and standardizing reporting formats within a single electronic system.

Dr DAULAIRE (United States of America) expressed support for the proposed revisions to the terms of reference of the Programme, Budget and Administration Committee but said that they should also specify the need for the proposed new ethics office to report to the Committee, which should be included in section (2) of the terms of reference, on financial and administrative issues, as outlined in document EB130/5 Add.3.

Regarding the schedule of governing body meetings, he did not consider that there were strong enough arguments either to separate by several months the meeting of the Programme, Budget and Administration Committee and the session of the Executive Board, or to extend the post-Health Assembly Board session in May to three days.

He favoured a tighter yet still relatively flexible alignment between policy development and programme planning at the regional and global levels. However, rather than repeating the process of policy and strategy development, the regions should strive to adopt global policies and strategies. So as to determine whether enough had been done to promote reform of the linkages between the regional and global levels, and given its importance to overall organizational reform, he asked the Secretariat to draft a document that would draw together all the proposals on governance, managerial reform and priority setting.

He favoured strong engagement with stakeholders but requested clarity on whether Member States were being asked to approve the principles and frameworks referred to in paragraph 14 of document EB130/5 Add.4. There was general agreement that holding a stakeholder forum every two or three years would be unworkable, but he considered that it would still be possible to convene such forums as and when they were needed, to address complex or emerging health topics, as had been the case with the WHO Global Forum: Addressing the Challenge of Noncommunicable Diseases, held in Moscow in April 2011.

He urged caution about differentiating between the various types of nongovernmental and civil society organizations, given the danger of excluding certain stakeholders or not appropriately acknowledging their specific spheres of interest or activities as part of a transparent consultative process.

A periodic review of all partnerships should be done to define the level of WHO's strategic involvement and the extent to which the partnerships' work met the interests of the Organization.

Ms ARTHUR (France) favoured increased engagement with other stakeholders and welcomed the proposals on managing conflicts of interest and guaranteeing the independence of experts in the field of public health. She had three reasons for supporting such initiatives: first, stakeholders needed to be involved in consultative processes in their respective areas of activity, but States had to reserve the right to make final decisions as they were accountable to their citizens; secondly, pandemic (H1N1) 2009 had raised issues of credibility, and public confidence in governments and their health-related decisions had waned, highlighting the need for greater transparency at national and international levels; and thirdly, WHO needed to retain its effectiveness as the acknowledged authority on health matters, with its value being shown through the legitimacy and credibility of its actions.

The CHAIRMAN said that circumstances beyond his control would prevent him from being present for the remainder of the session. He expressed thanks for the support he had received from Member States.

**The meeting rose at 17:45.**

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