

## **WHO reform**

### **Governance**

#### **Report by the Secretariat**

1. The Executive Board, at its special session in November 2011, inter alia, requested the Director-General to submit:<sup>1</sup>
  - (a) a proposal for revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board;
  - (b) further analysis on ways to increase linkages and alignment between Regional Committees, the Executive Board and the Health Assembly as well as on proposals to harmonize the practices of Regional Committees;
  - (c) proposals for a revision of the annual timeline of the meetings of governing bodies in order to optimize their synergies and effectiveness;
  - (d) proposals on how to streamline national reporting in accordance with Articles 61 to 65 of the Constitution of the World Health Organization, using modern tools.
2. Additional proposals on global health governance in response to the requests made by the Board in decision EBSS2(2) are found in document EB130/5 Add.4.

#### **Revised terms of reference for the Programme, Budget and Administration Committee**

3. The terms of reference for the Programme, Budget and Administration Committee have been reorganized by area for better clarity, and updated to reflect the establishment of the Independent Expert Oversight Advisory Committee and the role of the Programme, Budget and Administration Committee in monitoring and evaluation.

#### **1. Proposed terms of reference**

- 1.1 To review, provide guidance and, as appropriate, make recommendations to the Executive Board on:

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<sup>1</sup> See decision EBSS2(2).

- (1) *Programme planning, monitoring and evaluation, including:*
  - (i) the general programme of work;
  - (ii) the programme budget;
  - (iii) performance assessment reports;
  - (iv) evaluation plans and reports;
  - (v) the Secretariat's response to matters referred to in subsections (i) to (iv) above.
  
- (2) *Financial and administrative issues, including:*
  - (i) the financing of the work of the Organization;
  - (ii) the annual Financial Report, and audited financial statements, together with the report of the External Auditor thereon;
  - (iii) the annual report on human resources;
  - (iv) the audit plans of the External and Internal Auditors and any reports submitted by them to the Executive Board;
  - (v) the reports of the Independent Expert Oversight Advisory Committee;
  - (vi) the reports of the Joint Inspection Unit;
  - (vii) the Secretariat's responses to matters referred to in subsections (i) to (vi) above;
  - (viii) other financial and administrative matters on the provisional agenda for the next session of the Executive Board;
  - (ix) any other matter referred by the Executive Board.

1.2 To act on behalf of the Executive Board:

- (i) to consider the situation of the Members in arrears to an extent that would justify invoking Article 7 of the Constitution;
- (ii) to examine the Financial Report and audited financial statements and the report of the External Auditor;
- (iii) to consider any other programme, administrative, budgetary or financial matters that the Board may deem appropriate;
- (iv) to make comments or recommendations on all these matters directly to the Health Assembly.

## Recommendation

*The Board is invited to approve the revised terms of reference of the Programme, Budget and Administration Committee.*

## 2. Revised timeline for meetings of the governing bodies

### Current timeline

2.1 This section proposes changes in the sequencing of governing body meetings and takes into account comments and proposals made by Member States during the special session of the Board.

2.2 **The Programme, Budget and Administration Committee of the Executive Board** meets for two days at the end of the week preceding the session of the Board in January, and reports to the Board on its work. It also meets for one or two days immediately before the Health Assembly in May, and reports to Health Assembly on behalf of the Board on such issues as which Member States are in arrears under the terms of Article 7 of the Constitution. Any issues that the Programme, Budget and Administration Committee determines should be reported to the Board are reported to that body in May.

2.3 **The Executive Board** meets in January for up to eight days in the years in which it discusses the proposed programme budget, and for up to six days in “non-budget” years. The January session is considered to be the more substantive session, as the May session, which takes place immediately after the Health Assembly, currently lasts for just one day. At the May session, the Board elects the new Chairman and other Officers, new members for the Programme, Budget and Administration Committee, the members of the Standing Committee on Nongovernmental Organizations, and any vacant posts on the Awards Panels/Selection Committees. Board members also discuss the outcome of the Health Assembly, and any other matters assigned to the May session. Substantive technical items can be discussed at this session but the short duration limits their number.

2.4 **The World Health Assembly** meets in May for up to nine days in the years in which the proposed programme budget is discussed and for up to six days in “non-budget” years.

2.5 **Regional Committees** meet in an established six-week cycle, beginning with the Regional Committee for Africa (in the last week in August), and ending with the Regional Committee for the Eastern Mediterranean (in the first week in October).

### Issues

2.6 The January meeting of the Programme, Budget and Administration Committee is scheduled to take place immediately before the Board’s session, which leaves insufficient time for Member States to consider fully the Committee’s report and its recommendations, particularly if matters require consultation with capitals. The current schedule also does not provide sufficient time for the Secretariat to provide responses and further analyses in response to Committee requests.

2.7 The main session of the Board takes place in January, shortly after year-end, which means that management reports cannot reflect the preceding year as a whole, only the situation up to the month of September of the previous year.

2.8 The May meeting of the Board is too short to allow for substantive discussion and reduces the effectiveness of the Board's oversight role.

## **Proposals**

2.9 Two options are proposed for addressing the challenges of the current meeting cycle of the Programme, Budget and Administration Committee and the Board:

**Option 1:** Move the Programme, Budget and Administration Committee meeting to early December and the Board session to the end of February.

**Option 2:** Move the Programme, Budget and Administration Committee meeting to early December, and maintain the Board session in January.

2.10 Both options ensure that the report and recommendations of the Programme, Budget and Administration Committee are available in advance of the session of the Board, creating more time for review and consultation. The advantage of the first option is that it would enable the Secretariat to prepare management reports that fully reflect the situation at the end of the previous year, thereby providing the Board with more meaningful and updated information to support the exercise of its oversight role.

2.11 In line with discussion at the special session of the Board, the second proposal is to extend the session of the Board in May from one day to three. This change would make the session of the Board in May a more substantive one, enabling members to consider a broader range of items and allow for more thorough briefing opportunities for newly elected Board members, including meetings with technical units on request.

2.12 Moving the Programme, Budget and Administration Committee meeting to December would incur additional travel costs for Committee members (approximately 100 000 Swiss francs per annum). Extending the May session of the Board would incur additional costs for per diem of members, as well as interpretation and logistics (approximately 80 000 Swiss francs per additional day).

## **Recommendation**

*The Board is invited to consider the options above and to take a decision on the future cycle and duration of sessions of the Board and meetings of the Programme, Budget and Administration Committee.*

## **3. Increasing linkages between Regional Committees and the global governing bodies and harmonization of the practices of Regional Committees**

### **Issues**

3.1 The agendas of the Regional Committees and the Board are not always aligned in ways that allow coordinated discussion of priorities across the governing bodies of WHO. There is also no formal mechanism by which the Board is made aware of issues that have been discussed in the Regional Committees.

3.2 There are variations between the rules of procedure and operational practices followed by the different Regional Committees. This diversity reflects the variety among the Regions in culture and tradition. However, while acknowledging the importance of this diversity, Member States have also asked for harmonization of some aspects of regional governance to ensure sound legal practice, to increase the effectiveness of governance, and to promote fairness, accountability and transparency across the Organization.

3.3 Areas in which greater harmonization would be an advantage include the review of credentials, the rules governing the participation of observers, and the process for nominating Regional Directors.

3.4 As formal intergovernmental bodies Regional Committees should avoid any uncertainty or controversy concerning the representation of Member States. Current practice with regard to the review of credentials of Member States is uneven. Some Regional Committees have established formal Credentials Committees, in others the Secretariat assumes the responsibility of verifying the validity and correctness of credentials, which could leave the Secretariat open to criticism in controversial cases.

3.5 On the issue of Observers, various groups of stakeholders are invited to participate in Regional Committee meetings and can make important contributions to their deliberations. However, the rules and practices of Regional Committees with respect to Observers vary and, in some areas, would benefit from review and harmonization.

3.6 The process for nominating Regional Directors also varies across Regions and would benefit from harmonization to ensure greater transparency, fairness and thoroughness.

## **Proposals**

3.7 On alignment: some items on the agenda of the Board or Health Assembly will benefit from discussion at the Regional Committees before they are discussed by the Board, or before the Board or Health Assembly make any final decision. These items will always include the proposed programme budget, the draft general programme of work, as well as global strategies, policies, or legal instruments such as conventions or regulations. This will ensure that final decisions by the Health Assembly reflect, to the greatest extent possible, the interests and concerns of individual regions.

3.8 Once developed and approved by the Health Assembly, Regional Committees will then approve implementation plans for global policies and strategies, adapting them to regional contexts, rather than repeating the process of policy and strategy development.

3.9 A consolidated report from the Chairpersons of the Regional Committees will then be presented annually to the Board, summarizing decisions made in each region; inputs to the development of global policies, strategies and conventions; and major recommendations resulting from the oversight function of the Regional Offices.

3.10 On harmonization: all Regional Committees should establish a Credentials Committee or assign responsibility for reviewing Member State credentials to the Officers of the Regional Committee. The Board or the Health Assembly may wish to elaborate and recommend to Regional Committees a standard set of formal requirements for credentials along the lines of the Rules of Procedure and practice of the Health Assembly. This would avoid ambiguities as to the proper accreditation of Member States; ensure a sound legal basis for participation; clarify the authority to review credentials; and make the rules transparent to all participants.

3.11 The Board may also wish to recommend to Regional Committees the adoption of a harmonized set of Rules of Procedure and a common process for the admission and participation of observers in the sessions of Regional Committees. These instruments should identify the main categories of stakeholders that may attend Regional Committees.

3.12 Following a review of current practice across Regional Committees, the Board may wish to make recommendations that would harmonize the process for the nomination of Regional Directors.

### Recommendation

*The Executive Board is invited to consider the proposals above.*

## 4. Streamlining national reporting

### Background

4.1 Current reporting practices to WHO by the Member States are shown below.

Reporting requirement	Fulfilment
<b>Constitution of WHO</b>	
<b>Article 61</b> Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people.	Verbal reports in the World Health Assembly, Regional Committees, and other governing body meetings, and published in the records of those meetings.
<b>Article 62</b> Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations.	Regular reports on implementation of the International Health Regulations (2005), based on a standard reporting format prepared by the Secretariat, and published in the annual report to the Health Assembly;  Regular reports on implementation of the WHO Framework Convention on Tobacco Control (FCTC) by State parties to the FCTC, based on a standard reporting format prepared by the Secretariat.
<b>Article 63</b> Each Member shall communicate promptly to the Organization important laws, regulations, official reports and statistics pertaining to health which have been published in the State concerned.	Ad hoc reports to the Secretariat, published electronically in the International Digest of Health Legislation;  (For official reports and statistics pertaining to health which have been published in the State concerned, see Article 64).

Reporting requirement	Fulfilment
<b>Constitution of WHO</b>	
<p><b>Article 64</b> Each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly.</p>	<p>Many routine (usually annual) reporting mechanisms for information on vital registration, health systems and programmes, based on World Health Assembly resolutions (including reporting on progress towards achievement of the Millennium Development Goals), with reporting formats prepared by the Secretariat, for publication by WHO and other United Nations agencies and partners (examples include World Health Statistics; Global Tuberculosis Control Report; World Malaria Report; WHO report on the global tobacco epidemic);</p> <p>Many ad hoc mechanisms for collecting specific health information, through surveys and other mechanisms, with reporting formats prepared by the Secretariat, for publication by WHO and other United Nations agencies and partners (recent examples include the Global status report on noncommunicable diseases and Global status report on road safety);</p> <p>Notification of events that may constitute a public health emergency of international concern as per Annex 2 of the International Health Regulations (2005).</p>
<p><b>Article 65</b> Each Member shall transmit upon the request of the Board such additional information pertaining to health as may be practicable.</p>	

4.2 Requests for information from the Secretariat and other United Nations agencies and partners are time consuming and sometimes duplicative. Member States have identified the need for streamlined reporting mechanisms that provide the necessary information from all Member States, reduce the workload for Member States and the Secretariat, and take advantage of modern information technologies.

4.3 In addressing this need, several considerations need to be addressed, including the following:

- (1) Capacity of national health information systems
- (2) Access of Member States to information technologies
- (3) Need to balance standardization with flexibility
- (4) Procedures for validation and analysis of information before publication
- (5) Access to information: mechanisms of publication

4.4 Further analysis is required to enable the Secretariat to develop concrete proposals that will address different reporting requirements while recognizing different country capacities and contexts.

**Recommendation**

*The Board is invited to request the Secretariat to carry out further analysis and to present concrete proposals to the Board at its 131st session in May 2012.*

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