



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

131ST SESSION

GENEVA, 28 and 29 MAY 2012

**RESOLUTIONS AND DECISIONS
ANNEXES**

**SUMMARY RECORDS
LIST OF PARTICIPANTS**

GENEVA
2012

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	– <i>Office International des Epizooties</i>
ASEAN	– Association of Southeast Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
		WMO	– World Meteorological Organization
		WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 131st session of the Executive Board was held at WHO headquarters, Geneva, on 28 and 29 May 2012.¹

The Sixty-fifth World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board² in place of those whose term of office had expired,³ giving the following new composition of the Board:

Designating country	Unexpired term of office ⁴	Designating country	Unexpired term of office ⁴
Armenia.....	1 year	Mongolia.....	1 year
Australia.....	3 years	Morocco.....	1 year
Azerbaijan.....	3 years	Mozambique.....	1 year
Barbados.....	1 year	Myanmar.....	2 years
Belgium.....	3 years	Nigeria.....	2 years
Cameroon.....	2 years	Norway.....	1 year
Chad.....	3 years	Panama.....	3 years
China.....	1 year	Papua New Guinea.....	2 years
Croatia.....	3 years	Qatar.....	2 years
Cuba.....	3 years	Senegal.....	2 years
Ecuador.....	1 year	Seychelles.....	1 year
Iran (Islamic Republic of)....	3 years	Sierra Leone.....	2 years
Lebanon.....	3 years	Switzerland.....	2 years
Lithuania.....	3 years	Timor-Leste.....	1 year
Malaysia.....	3 years	United States of America.....	1 year
Maldives.....	3 years	Uzbekistan.....	2 years
Mexico.....	2 years	Yemen.....	1 year

Details regarding members designated by the above Member States can be found in the list of members and other participants.

¹ Decision EB130(17).

² Decision WHA65(7).

³ The retiring members had been designated by Brunei Darussalam, Burundi, Canada, Chile, Estonia, France, Germany, India, Japan, Serbia, Somalia and the Syrian Arab Republic (see decision WHA62(7)).

⁴ At the time of the closure of the Sixty-fifth World Health Assembly.

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 - 8.2 Committees of the Executive Board: filling of vacancies
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9. Matters for information: report on meetings of expert committees and study groups
10. Future sessions of the Executive Board and the Health Assembly
11. Closure of the session

¹ As adopted by the Board at its first meeting.

LIST OF DOCUMENTS

EB131/1 Rev.1	Agenda ¹
EB131/1 (annotated)	Provisional agenda (annotated)
EB13/1 Add.1	Proposal for a supplementary agenda item
EB131/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB131/3	WHO reform Draft formal evaluation policy ²
EB131/4	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
EB131/5	Amendments to the Staff Regulations and Staff Rules ³
EB131/5 Add.1	Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly ⁴
EB131/6	Membership of the Independent Expert Oversight Advisory Committee
EB131/7 and EB131/7 Add.1 Rev.1	Committees of the Executive Board: filling of vacancies
EB131/8	Report on meetings of expert committees and study groups
EB131/9	Future sessions of the Executive Board and the Health Assembly
EB131/10	WHO reform Revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board
EB131/11	Radiation protection and safety of radiation sources: International Basic Safety Standards

¹ See page vii.

² See Annex 2.

³ See Annex 1.

⁴ See Annex 3.

Information document

EB131/INF.DOC./1 Statement by the representative of the WHO staff associations

Diverse documents

EB131/DIV/1 Provisional list of members and other participants

EB131/DIV/2 Decisions and list of resolutions

EB131/DIV/3 List of documents

COMMITTEES¹

1. Programme, Budget and Administration Committee²

Dr Dirk Cuypers (Belgium), Dr Martina Baye Lukong (Cameroon), Dr Ren Minghui (China), Dr Liow Tiong Lai (Malaysia), Dr Ahmed Jamsheed Mohamed (Maldives), Mr Miguel Limón Garcia (Mexico), Dr A.O. Saíde (Mozambique), Dr Abdulla Al-Qahtani (Qatar), Dr Gaudenz Silberschmidt (Switzerland), Mrs Madalena Hanjam da Costa Soares (Timor-Leste), Dr Nils Daulaire (United States of America), Mr J. Thabet Nasher (Yemen), Dr Joy St. John (Barbados), Chairman of the Executive Board, member ex officio, and Dr Boubacar Samba Dankoko (Senegal), Vice-Chairman of the Executive Board, member ex officio.

Sixteenth meeting, 16–18 May 2012:³ Dr A.O. Saíde (Mozambique, Chairman), Dr Ren Minghui (China, Vice-Chairman), Dr Joy St. John (Barbados), Dr Norbert Birintanya (Burundi), Dr Paul Gully (Canada), Mr Björn Kümmel (Germany, alternate to Dr Ewold Seeba), Mr K. Rao (India, alternate to Mr P.K. Pradhan), Dr Teiji Takei (Japan, alternate to Dr Shigeru Omi), Mr J.A. Al Maawda (Qatar, alternate to Dr Abdulla Al-Qahtani), Dr Gaudenz Silberschmidt (Switzerland), Mrs Madalena Hanjam da Costa Soares (Timor-Leste), Mr J. Thabet Nasher (Yemen), and Dr Boubacar Samba Dankoko (Senegal, member ex officio).

2. Standing Committee on Nongovernmental Organizations⁴

Professor Ara Saenovič Babloyan (Armenia), Mrs C. Vance Mafla (Ecuador), Dr Liow Tiong Lai (Malaysia), Dr Pe Thet Khin (Myanmar), Dr Bernard Valentin (Seychelles).

3. Léon Bernard Foundation Committee⁵

Chairman and Vice-Chairmen of the Executive Board, members ex officio, and Professor Rajko Ostojić (Croatia).

4. United Arab Emirates Health Foundation Committee⁶

Chairman, member ex officio, and Vice-Chairmen of the Executive Board, and Mr J. Thabet Nasher (Yemen).

¹ Showing current membership as of 29 May 2012, and listing the names of those committee members who attended meetings held since the previous session of the Executive Board.

² Decision EB131(5).

³ See document A65/44, Annex.

⁴ Decision EB131(6).

⁵ Decision EB131(7).

⁶ Decision EB131(8).

PART I

RESOLUTIONS AND DECISIONS

ANNEXES

RESOLUTIONS

EB131.R1 Confirmation of amendments to the Staff Rules

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,¹

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2012 concerning the remuneration of staff in the professional and higher categories including the revised rates of staff assessment in conjunction with gross base salaries.²

(Second meeting, 28 May 2012)

EB131.R2 Revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board

The Executive Board,

Having considered the proposed amendments to the terms of reference for the Programme, Budget and Administration Committee of the Executive Board,³

APPROVES the revised terms of reference (as annexed).

ANNEX

Terms of reference for the Programme, Budget and Administration Committee of the Executive Board

1. The Programme, Budget and Administration Committee shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chairman and a Vice-Chairman of the Board, ex officio.
2. The Committee shall meet twice annually. The Board may, however, decide to convene extraordinary meetings of the Committee in order to deal with urgent matters that fall within the terms

¹ Document EB131/5.

² See Annex 1, and Annex 3 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

³ Documents EB131/2 and EB131/10.

of reference of the Committee and that need to be considered between regular meetings of the Committee.

3. Committee members shall serve for a two-year period. There shall be two office-bearers: a Chairman and a Vice-Chairman. They shall be appointed from among Committee members, for a one-year term, or two sessions of the Committee, in the first instance (with a possibility of extending for a further year if they are still members of the Board).

4. The Committee shall review, provide guidance and, as appropriate, make recommendations to the Executive Board on:

(1) *Programme planning, monitoring and evaluation, including:*

- (a) the general programme of work;
- (b) the programme budget;
- (c) performance assessment reports;
- (d) evaluation plans and reports;
- (e) the Secretariat's response to matters referred to in subsections (a) to (d) above.

(2) *Financial and administrative matters, including:*

- (a) the financing of the work of the Organization;
- (b) the annual Financial Report, and audited financial statements, together with the report of the External Auditor thereon;
- (c) the annual report on human resources;
- (d) the audit plans of the External and Internal Auditors and any reports submitted by them to the Executive Board;
- (e) the reports of the Independent Expert Oversight Advisory Committee;
- (f) the reports of the Joint Inspection Unit;
- (g) the reports of the Ethics Office;
- (h) the Secretariat's responses to matters referred to in subsections (a) to (g) above;
- (i) other financial and administrative matters on the provisional agenda of the next session of the Executive Board;
- (j) any other matter referred by the Executive Board.

5. The Committee shall act on behalf of the Executive Board, to examine, provide advice and make comments or recommendations on all following matters directly to the Health Assembly:

- (a) the financial and administrative implications for the Secretariat, and relationship to the programme budget, of proposed resolutions;
- (b) the situation of Member States in arrears to an extent that would justify the application of Article 7 of the Constitution;
- (c) the Financial Report and audited financial statements, and the report of the External Auditor;
- (d) any other programme, administrative, budgetary or financial matters that the Board may deem appropriate.

(Second meeting, 28 May 2012)

DECISIONS

EB131(1) Evaluation policy

The Executive Board, having considered the draft formal evaluation policy presented by the Secretariat,¹ approved the evaluation policy.²

(Second meeting, 28 May 2012)

EB131(2) Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

The Executive Board, having considered the proposal submitted by the Director-General on the proportional allocation of Partnership Contribution resources between preparedness and response,³ as required under the Pandemic Influenza Preparedness Framework, Section 6.14.5, decided that:

- (1) in the early phases of the Pandemic Influenza Preparedness Framework's implementation, more of the Partnership Contribution should be used for preparedness than for response;
- (2) specifically, over the next five years (2012–2016) approximately 70% of contributions should be used for pandemic preparedness measures and approximately 30% should be reserved for response activities, recognizing the need for and usefulness of flexibility in allocating funds;
- (3) in order to ensure that the proportional division does not hinder necessary response measures during pandemic influenza emergencies, the Director-General should be able to modify temporarily the allocation of Partnership Contribution resources as required in order to respond to such emergencies, and the Director-General should report on any such modification to Member States;
- (4) the proportional division should be reviewed again in 2016.

(Second meeting, 28 May 2012)

¹ Document EB131/3.

² Annex 2.

³ Document EB131/4.

EB131(3) Radiation protection and safety of radiation sources: International Basic Safety Standards

The Executive Board, having considered the report on radiation protection and safety of radiation sources: International Basic Safety Standards,¹ decided to note the revised *International Basic Safety Standards*.

(Second meeting, 28 May 2012)

EB131(4) Membership of the Independent Expert Oversight Advisory Committee

The Executive Board noted the report on membership of the Independent Expert Oversight Advisory Committee,² and appointed Dr Shamshad Akhtar (Pakistan) and Ms Mary Ncube (Zambia) as members of the Committee for a four-year term of office, in accordance with resolution EB125.R1.

(Third meeting, 29 May 2012)

EB131(5) Membership of the Programme, Budget and Administration Committee

The Executive Board appointed as members of the Programme, Budget and Administration Committee: Dr Martina Baye Lukong (Cameroon), Mr Miguel Limón Garcia (Mexico), Dr Nils Daulaire (United States of America), Dr Ahmed Jamsheed Mohamed (Maldives), Dr Dirk Cuyper (Belgium) and Dr Liow Tiong Lai (Malaysia) for a two-year period or until expiry of their membership on the Board, whichever came first, in addition to Dr A.O. Saíde (Mozambique), Mrs Madalena Hanjam da Costa Soares (Timor-Leste), Dr Gaudenz Silberschmidt (Switzerland), Dr Abdulla Al-Qahtani (Qatar), Mr J. Thabet Nasher (Yemen) and Dr Ren Minghui (China), Dr Joy St. John, Chairman of the Board, member ex officio, and Dr Boubacar Samba Dankoko, Vice-Chairman of the Board, member ex officio. It was understood that, if any member of the Committee, except the two ex officio members, was unable to attend, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Third meeting, 29 May 2012)

EB131(6) Membership of the Executive Board's Standing Committee on Nongovernmental Organizations

The Executive Board appointed Dr Liow Tiong Lai (Malaysia) and Mrs C. Vance Mafla (Ecuador) as members of its Standing Committee on Nongovernmental Organizations for the duration of their terms of office on the Executive Board. It was understood that if Dr Liow Tiong Lai or Mrs C. Vance Mafla were unable to attend, their successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Third meeting, 29 May 2012)

¹ Document EB131/11.

² Document EB131/6.

EB131(7) Membership of the Léon Bernard Foundation Committee

The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Professor Rajko Ostojić (Croatia) as a member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that if Professor Rajko Ostojić was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Third meeting, 29 May 2012)

EB131(8) Membership of the United Arab Emirates Health Foundation Committee

The Executive Board, in accordance with the Statutes of the United Arab Emirates Health Foundation, appointed Mr J. Thabet Nasher (Yemen) as a member of the United Arab Emirates Health Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board, member ex officio. It was understood that if Mr Thabet Nasher was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Third meeting, 29 May 2012)

EB131(9) Appointment of representatives of the Executive Board at the Sixty-sixth World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Dr Joy St. John (Barbados), and its first three Vice-Chairmen, Dr Ren Minghui (China), Dr Ahmed Jamsheed Mohamed (Maldives), and Dr Gaudenz Silberschmidt (Switzerland) to represent the Executive Board at the Sixty-sixth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr Boubacar Samba Dankoko (Senegal), and the Rapporteur, Dr Walid Ammar (Lebanon), could be asked to represent the Board.

(Third meeting, 29 May 2012)

EB131(10) Place, date and duration of the 132nd session of the Executive Board and Sixty-sixth World Health Assembly, as well as the extraordinary meeting of the Programme, Budget and Administration Committee

The Executive Board, having considered the report on future sessions of the Executive Board and the World Health Assembly,¹ decided that:

- (1) the 132nd session of the Board should be convened on Monday, 21 January 2013, at WHO headquarters, Geneva, and should close no later than Tuesday, 29 January 2013;

¹ Document EB131/9.

(2) the Programme, Budget and Administration Committee of the Executive Board should hold an extraordinary meeting from 6 to 7 December 2012, at WHO headquarters, open to all Member States, which would focus its agenda on: particular aspects of WHO reform; consideration of options developed pursuant to document A65/5 of the Sixty-fifth World Health Assembly on transparency, predictability and flexibility of WHO's financing; and review of the issues raised by discussions in regional committees concerning the draft twelfth general programme of work and the proposed programme budget;

(3) the Programme, Budget and Administration Committee of the Executive Board should hold its seventeenth meeting from 17 to 18 January, at WHO headquarters, in order to take up the remainder of the Committee's agenda, and its eighteenth meeting from 16 to 17 May 2013, at WHO headquarters, Geneva;

(4) the Sixty-sixth World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 20 May 2013, and should close no later than Tuesday, 28 May 2013.

In addition, the Executive Board requested the Director-General:

(5) to provide, as part of the preparations for its 132nd session and for the Sixty-sixth World Health Assembly, briefings for Member States on all aspects of reform implementation, ensuring that the relevant documentation is available at least 10 days before the start of the extraordinary meeting of the Programme, Budget and Administration Committee in December 2012, and, in early January 2013 for the 132nd session of the Executive Board;

(6) and to submit a document to the Executive Board at its 132nd session that identifies and assesses specific options on the elements set out in document A65/5, in particular on WHO internal governance, including the alignment of headquarters, regional and country offices on the issue of WHO's role in global health governance, and the methods of work of the governing bodies.

(Third meeting, 29 May 2012)

ANNEXES

ANNEX 1

Confirmation of amendments to the Staff Rules¹

[EB131/5 – 3 May 2012]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.²
2. The amendments described in paragraphs 8 and 9 of this document stem from decisions taken by the United Nations General Assembly at its sixty-sixth session, on the basis of recommendations made by the International Civil Service Commission in its annual report for 2011.³
3. At its 130th session in January 2012, the Executive Board considered document EB130/28, which provided the rationale for the proposed amendments to the Staff Rules and adopted two resolutions. One of these was resolution EB130.R15, which included amendments considered necessary in the light of decisions expected to be taken by the United Nations General Assembly at its sixty-sixth session on the basis of the recommendations of the International Civil Service Commission.
4. In resolution EB130.R15, the Executive Board confirmed the amendments to the Staff Rules that had been made by the Director-General with effect from 1 January 2012 concerning the remuneration of staff in the professional and higher categories, including the revised rates of staff assessment in conjunction with gross base salaries.
5. After the 130th session of the Executive Board, the United Nations General Assembly approved the revised rates of staff assessment used in conjunction with gross base salaries for the professional and higher categories of staff,⁴ with effect from 1 January 2012. The resulting gross base salaries are lower than the gross base salaries that the Executive Board confirmed at its 130th session. The lower figures have no effect on the take-home pay of the staff members concerned.
6. Following the adoption by the United Nations General Assembly of resolution 66/235, certain amendments to the Staff Rules confirmed by the Executive Board in resolution EB130.R.15 have been revised by the Director-General and are being presented to the Executive Board for confirmation. These revisions concern the remuneration of staff in the professional and higher categories, including the revised rates of staff assessment used in conjunction with gross base salaries [Appendix 1].
7. The amendments for the biennium 2012–2013 involve negligible additional costs under the regular budget. They will be met from the appropriate allocations established for each of the regions and for global and interregional activities, as well as from extrabudgetary sources of funds.

¹ See resolution EB131.R1.

² *Basic documents*, 47th ed., Geneva, World Health Organization, 2009.

³ Report of the International Civil Service Commission for 2011. *General Assembly Official Records, Sixty-sixth session, Supplement No. 30* (documents A/66/30 and A/66/30 Corr.2).

⁴ See United Nations General Assembly resolution 66/235.

AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF DECISIONS TAKEN BY THE UNITED NATIONS GENERAL ASSEMBLY AT ITS SIXTY-SIXTH SESSION ON THE BASIS OF RECOMMENDATIONS OF THE INTERNATIONAL CIVIL SERVICE COMMISSION

Remuneration of staff in the professional and higher categories

8. The Commission recommended to the United Nations General Assembly that the current base/floor salary scale for the professional and higher categories should be increased by 0.13% through the standard consolidation method of increasing base salary and commensurately reducing post adjustment multiplier points (i.e., on a “no loss, no gain” basis) with effect from 1 January 2012.

9. The Commission also recommended the revised staff assessment rates used in conjunction with gross salaries as shown in [Appendix 2] and that the rates be reviewed every three years and revised as appropriate.

ACTION BY THE EXECUTIVE BOARD

[This paragraph contained one draft resolution, which was adopted at the second meeting as EB131.R1.]

Appendix 1

Salary scale for the professional and higher categories annual gross salaries and net equivalents after application of staff assessment (in US dollars)¹
(effective 1 January 2012)

Level	Step														
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
		*	*	*	*	*									
D-2 Gross	141 227	144 223	147 221	150 227	153 351	156 476									
Net D	112 096	114 283	116 471	118 659	120 846	123 033									
Net S	102 981	104 827	106 666	108 500	110 329	112 147									
					*	*	*	*	*						
D-1 Gross	129 047	131 678	134 304	136 936	139 568	142 197	144 830	147 459	150 093						
Net D	103 204	105 125	107 042	108 963	110 885	112 804	114 726	116 645	118 565						
Net S	95 394	97 062	98 728	100 388	102 047	103 702	105 349	106 996	108 638	*	*	*			
P-5 Gross	106 718	108 955	111 195	113 430	115 670	117 905	120 147	122 384	124 622	126 860	129 099	131 336	133 575		
Net D	86 904	88 537	90 172	91 804	93 439	95 071	96 707	98 340	99 974	101 608	103 242	104 875	106 510		
Net S	80 734	82 186	83 633	85 079	86 524	87 963	89 402	90 838	92 272	93 703	95 132	96 556	97 981		
												*	*	*	
P-4 Gross	87 933	89 929	91 924	93 919	95 916	97 910	99 908	102 059	104 219	106 377	108 540	110 696	112 856	115 018	117 178
Net D	72 467	74 044	75 620	77 196	78 774	80 349	81 927	83 503	85 080	86 655	88 234	89 808	91 385	92 963	94 540
Net S	67 483	68 918	70 354	71 784	73 215	74 645	76 074	77 500	78 924	80 349	81 770	83 191	84 612	86 030	87 447
														*	*
P-3 Gross	72 267	74 114	75 962	77 808	79 657	81 503	83 348	85 199	87 046	88 892	90 742	92 586	94 437	96 282	98 128
Net D	60 091	61 550	63 010	64 468	65 929	67 387	68 845	70 307	71 766	73 225	74 686	76 143	77 605	79 063	80 521
Net S	56 091	57 433	58 777	60 118	61 462	62 803	64 143	65 488	66 828	68 170	69 508	70 847	72 182	73 521	74 859
												*			
P-2 Gross	59 267	60 920	62 571	64 225	65 877	67 528	69 182	70 832	72 485	74 139	75 790	77 443			
Net D	49 821	51 127	52 431	53 738	55 043	56 347	57 654	58 957	60 263	61 570	62 874	64 180			
Net S	46 730	47 915	49 096	50 279	51 461	52 645	53 847	55 046	56 251	57 452	58 650	59 854			
P-1 Gross	46 399	47 878	49 348	50 891	52 476	54 063	55 653	57 243	58 827	60 415					
Net D	39 439	40 696	41 946	43 204	44 456	45 710	46 966	48 222	49 473	50 728					
Net S	37 202	38 359	39 516	40 671	41 827	42 982	44 138	45 280	46 416	47 553					

¹ D = Rate applicable to staff members with a dependent spouse or child; S = Rate applicable to staff members with no dependent spouse or child.

* = The normal qualifying period for a within-grade increase between consecutive steps is one year, except at those steps marked with an asterisk, for which a two-year period at the preceding step is required (Staff Rule 550.2).

Appendix 2

STAFF ASSESSMENT RATES TO BE USED IN CONJUNCTION WITH GROSS BASE SALARIES

Gross base salaries for professional and higher graded staff shall be subject to the following assessments:

Staff assessment rates for staff members with dependants (as defined in Staff Rule 310.5.1 and Staff Rule 310.5.2)

<i>Assessable income (United States dollars)</i>	<i>Assessment rate (Percentage)</i>
First 50 000	15
Next 50 000	21
Next 50 000	27
Remaining assessable payments	30

Amounts of staff assessment for staff members with neither a dependent spouse nor a dependent child would be equal to the differences between the gross salaries at different grades and steps and the corresponding net salaries at the single rate.

ANNEX 2

Evaluation policy¹

[EB131/3 – 3 May 2012]

PURPOSE

1. The purpose of this policy is to define the overall framework for evaluation at WHO, to foster the culture and use of evaluation across the Organization, and to facilitate conformity of evaluation at WHO² with best practices and with the norms and standards for evaluation of the United Nations Evaluation Group.
2. The accountability framework of WHO includes several types of assessments. WHO considers that all are crucial to programme development and institutional learning. The current policy addresses only the assessments qualifying as “Evaluation” and excludes other forms of assessments conducted in WHO, such as monitoring, performance assessment, surveys, and audit.

POLICY STATEMENT

3. Evaluation is an essential function at WHO, carried out at all levels of the Organization. It ensures accountability and oversight for performance and results, and reinforces organizational learning in order to inform policy for decision-makers and support individual learning.

EVALUATION DEFINITION

4. “An evaluation is an assessment, as systematic and impartial as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area institutional performance (...).”³
 - (a) It focuses on expected and achieved accomplishments, examining the results chain, processes, contextual factors and causality, in order to understand achievements or the lack thereof.
 - (b) It aims at determining the relevance, impact, effectiveness, efficiency, and sustainability of the interventions and contributions of the Organization.
 - (c) It provides evidence-based information that is credible, reliable and useful, enabling the timely incorporation of findings, recommendations and lessons learnt into the decision-making processes of the Organization.

¹ Decision EB131(1).

² This policy replaces the previous guidance and the *WHO Evaluation guidelines*. It was approved by the Executive Board in decision EB131(1).

³ As defined in *Norms for evaluation in the UN System*, UNEG/FN/Norms(2005), United Nations Evaluation Group, Geneva, 2005.

- (d) It is an integral part of each stage of the programming cycle and not only an end-of-programme activity.

PRINCIPLES AND NORMS¹

5. This policy provides a framework for the evaluation function and evaluation processes to ensure the systematic application of the key principles for evaluation in WHO. The key principles set out below are interrelated and underpin the approach to evaluation in WHO.

Impartiality

6. Impartiality is the absence of bias in due process; it requires methodological rigour, and the objective consideration and presentation of achievements and challenges. Impartiality contributes to the credibility of evaluation and reduces bias in the data gathering, analysis, formulation of findings, conclusions and recommendations.

7. All evaluations shall be conducted in an impartial manner at all stages of the evaluation process. An evaluation management group will be established for each evaluation to ensure oversight of the evaluation process.

Independence

8. Independence is the freedom from the control, or undue influence, of others. Independence provides legitimacy to evaluation and reduces the potential for conflicts of interest that could arise if policy-makers and managers were solely responsible for the evaluation of their own activities.

9. Independence must be ensured at organizational, functional, and behavioural levels. At the **organizational level**, the evaluation function must be separated from those responsible for the design and implementation of the programmes and operations being evaluated. At the **functional level**, there must be mechanisms that ensure independence in the planning, funding, and reporting of evaluations. At the **behavioural level**, there must be a code of conduct that is ethics-based. This code of conduct will seek to prevent or appropriately manage conflicts of interest.

10. Evaluators shall not be directly responsible for the policy, design, or overall management of the subject under review. WHO staff performing evaluations shall abide by the ethical principles and conduct of staff.² External contractors shall abide by the WHO requirements for external contractual agreements. Evaluators must maintain the highest standards of professional and personal integrity during the entire evaluation process. They are expected to ensure that evaluations address gender and equity; and be sensitive to contextual factors, such as the beliefs, manners and customs of the social and cultural environments evaluated.

11. The whistleblower policy and other relevant policies will protect staff participating in evaluations from retaliation or repercussions.

¹ See *Norms for evaluation in the UN System*, UNEG/FN/Norms(2005), United Nations Evaluation Group, Geneva, 2005, and *DAC Principles for evaluation of development assistance*: Development Assistance Committee, OCDE/GD(91)208, Organisation for Economic Co-operation and Development, Paris, 1991, reprinted 2008.

² *WHO Code of Ethics*.

Utility

12. Utility relates to the impact of the evaluation on decision-making and requires that evaluation findings be relevant and useful, presented in a clear and concise way, and monitored for implementation. The utility of an evaluation depends on its timeliness, relevance to the needs of the programme and stakeholders, the credibility of the process and products, and the accessibility of reports.

13. Utility will be ensured through the systematic prioritizing of the evaluation agenda based on established criteria and consultation with relevant stakeholders; the systematic follow-up of recommendations; public access to the evaluation products; and alignment with the results-based management framework.

Quality

14. Quality relates to the appropriate and accurate use of evaluation criteria, impartial presentation and analysis of evidence, and coherence among findings, conclusions and recommendations.

15. Quality will be ensured through (a) the continuous adherence to WHO evaluation methodology, applicable guidelines and the norms and standards for evaluation of the United Nations Evaluation Group; (b) oversight by the evaluation management group; and (c) peer review of the evaluation report when justified. Other mechanisms such as periodic meta-evaluations will also be considered.

Transparency

16. To achieve transparency, stakeholders should be aware of the reason for the evaluation, the selection criteria, and the purposes for which the findings will be used. Transparency of process is also important, as is the accessibility of evaluation materials and products.

17. Transparency will be ensured through the approaches described below. The commissioner of the evaluation will ensure a continuous consultation process with relevant stakeholders at all stages of the evaluation process. The evaluation report shall contain details of evaluation methodologies, approaches, sources of information and costs incurred. In accordance with the WHO disclosure policy, evaluation plans, reports, management responses and follow-up reports will be made public on the WHO evaluation web site.

TYPES OF EVALUATION

18. The WHO Secretariat commissions the following main types of evaluation:

(a) **Thematic evaluations** focus on selected topics, such as a new way of working, a strategy, a cross-cutting theme or core function; or they address an emerging issue of corporate institutional interest. Thematic evaluations provide insight into relevance, effectiveness, sustainability and broader applicability. They require an in-depth analysis of a topic and cut across organizational structures. The scope of these evaluations may range from the entire Organization to a single WHO Office.

(b) **Programmatic evaluations** focus on a specific programme. This type of evaluation provides an in-depth understanding of how and why results and outcomes have been achieved over several years and examines their relevance, effectiveness, sustainability, and efficiency. Programmatic evaluations address achievements in relation to WHO's results chain, and require

a systematic analysis of the programme under review. The scope of programmatic evaluations may range from a country to interregional or global levels.

(c) **Office-specific evaluations** focus on the work of the Organization in a country, region or at headquarters in respect of WHO's objectives and commitments.

19. The Executive Board may, at its discretion, also commission an evaluation of any aspects of WHO.

EXTERNAL EVALUATIONS

20. Evaluations may be commissioned by the governing bodies to be conducted by external evaluators independent from the Secretariat. Other stakeholders, such as Member States, donors or partners, may also commission external evaluations of the work of WHO for the purpose of assessing performance and accountability or prior to placing reliance on the work of the Organization.

21. The Secretariat will fully cooperate in external evaluations through a process of disclosure of appropriate information and facilitation of their performance. The results of external evaluations, when made available, will be disclosed on the WHO evaluation web site.

PLANNING AND PRIORITIZATION OF EVALUATIONS

22. WHO will develop a biennial, Organization-wide evaluation workplan as part of the Organization's planning and budgeting cycle.

23. The workplan shall be established in consultation with senior management at headquarters and regions and with Heads of WHO Offices in countries, areas and territories, based on established criteria. The biennial workplan will be updated annually on the basis of the annual report to the Programme, Budget and Administration Committee and the Executive Board. The workplans shall be submitted to the Executive Board for approval through the Programme, Budget and Administration Committee.

24. The following categories shall be considered in the development of criteria¹ for the selection of topics for evaluation:

- Organizational requirement relevant to: global, international or regional commitments; specific agreements with stakeholders, partners or donors; requests from governing bodies.
- Organizational significance relating to: general programme of work priorities and core functions; level of investment; inherent risks; performance issues or concerns in relation to achievements of expected results.
- Organizational utility relating to: a cross-cutting issue, theme, programme or policy question; potential for staff or institutional learning (innovation); degree of comparative advantage of WHO.

¹ Refer to the WHO evaluation practice handbook for further guidance on detailed selection criteria.

EVALUATION METHODOLOGY

25. The following are the main components of an evaluation process.¹

Design

26. Terms of reference for an evaluation shall include detailed information on the following elements:

- (a) context of the evaluation;
- (b) purpose and objectives of the evaluation;
- (c) scope and linkage to the Programme budget and the General Programme of Work (outlining what is, and what is not, covered by the evaluation);
- (d) evaluation criteria (inter alia, relevance, impact, efficiency, effectiveness and sustainability) and key evaluation questions;
- (e) users (owner and audience) of the evaluation results;
- (f) methodology (approach for data collection and analysis, and involvement of stakeholders);
- (g) evaluation team (size, knowledge, skills and qualifications);
- (h) a detailed workplan (including a timetable, organization and budget);
- (i) deliverables (including report, distribution strategy and follow-up);
- (j) ad hoc evaluation management group (including technical staff requirements).

Ad hoc evaluation management group

27. When warranted by the size and complexity of the evaluation, an ad hoc evaluation group shall be assembled by the evaluation commissioner to assist in the conduct and quality control of the evaluation. The group may comprise external experts and/or WHO staff. The functions of this ad hoc group include reviewing, and commenting on, the terms of reference and the draft report. The group shall be kept informed of progress and should be available to respond to queries from the evaluation team and provide suggestions for consideration.

Team selection

28. The following should be considered in the selection of the evaluation team members:

- (a) technical and sectoral expertise;

¹ Refer to the WHO evaluation practice handbook for further guidance on evaluation.

(b) in-depth understanding and experience of quantitative and qualitative evaluation methodology;

(c) previous experience of conducting reviews and evaluations.

29. The team selection process must ensure that no member of the evaluation team has a conflict of interest.

30. The evaluation team leader shall be responsible for interactions among the evaluation team members and have overall responsibility for the evaluation outputs.

Report

31. A written report is an essential requirement of the evaluation process. The final evaluation report shall be logically structured and contain evidence-based findings, conclusions, lessons learnt and recommendations.

32. The report must:

(a) include only information relevant to the overall purpose and objectives of the evaluation;

(b) describe the purpose of the evaluation and attach the terms of reference;

(c) answer the key questions detailed in the terms of reference;

(d) describe the methodology used to collect and analyse the information;

(e) indicate any limitations of the evaluation; and

(f) include the evidence on which the conclusions, lessons learnt, and recommendations are based.

FINANCING OF EVALUATION

33. The Director-General shall ensure that there are adequate resources to implement the Organization-wide evaluation workplan.

34. Regional Directors, Assistant Directors-General, Directors and Heads of WHO Country Offices must ensure that resources are adequate to implement their respective components of the Organization-wide evaluation workplan. An appropriate evaluation budget must be an integral part of the operational workplan of a programme, and shall be discussed as necessary with stakeholders during the planning phase of each project/programme/initiative.

35. In determining the amount required to finance evaluation in WHO, estimations provided by other organizations have been considered. According to these, the overall programme budget might contain, as an integral part, a figure for evaluation that is equivalent to between 3% and 5% of that budget.

ACCOUNTABILITY AND OVERSIGHT

36. The accountability framework defines from whom, and to whom, authority flows and for what purpose. It further defines the accountability of those with authority and their responsibility in

exercising that authority. This section defines the roles and responsibilities¹ for the main actors in the evaluation process as well as the monitoring mechanism used to implement the evaluation policy.

Roles and responsibilities

37. **The Executive Board of WHO²** shall:

- (a) determine the evaluation policy and subsequent amendments, as needed;
- (b) provide oversight of the evaluation function within the Organization;
- (c) encourage the performance of evaluations as an input to planning and decision-making;
- (d) provide input to the biennial Organization-wide evaluation workplan on the items of specific interest to Member States;
- (e) approve the biennial Organization-wide evaluation workplan;
- (f) consider and take note of the annual report of the implementation of the biennial Organization-wide evaluation workplan;
- (g) periodically revise the evaluation policy, as necessary.

38. **The Office of Internal Oversight Services** is the custodian of the evaluation function. The Office reports directly to the Director-General, and annually in a report for consideration by the Executive Board, on matters relating to evaluation at WHO. The Office is responsible for the following functions related to evaluation:

- (a) leading the development of a biennial Organization-wide evaluation workplan;
- (b) informing senior management on evaluation-related issues of Organization-wide importance;
- (c) facilitating the input of evaluation findings and lessons learnt for programme planning;
- (d) coordinating the implementation of the framework for evaluation across the three levels of the Organization;
- (e) maintaining a system to track management responses to evaluations;
- (f) maintaining an online inventory of evaluations performed across WHO;
- (g) maintaining a roster of experts with evaluation experience;
- (h) providing guidance material and advice for the preparation, conduct and follow-up of evaluations;

¹ Refer to the WHO evaluation practice handbook for further details on the individual roles and responsibilities for evaluation.

² WHO Executive Board and its subsidiary organ the Programme, Budget and Administration Committee.

- (i) reviewing evaluation reports for compliance with the requirements of the policy;
- (j) strengthening capacities in evaluation among WHO staff (for example, making available standardized methodologies or training on evaluation);
- (k) submitting an annual report on evaluation activities to the Executive Board through the Director-General;
- (l) supporting the periodic review and updates to the policy as needed.

USE OF EVALUATION FINDINGS

Utilization and follow-up of recommendations

39. Recommendations contained in evaluation reports reflect the value added by the evaluation process. Each evaluation shall have an identified owner, such as the responsible officer of a cluster, programme, office or project. It is the responsibility of the owner to utilize the findings of the evaluation and develop an action plan and timeline for the implementation of the recommendations.

40. The evaluation owner shall ensure that an appropriate management response is issued in a timely manner to the appropriate Assistant Director-General at headquarters, or to the Regional Director in the regions and countries.

41. The Office of Internal Oversight Services shall monitor the follow-up of the implementation of evaluation recommendations in a systematic manner, coordinating efforts with the evaluation owners. The Office shall issue periodic status reports on progress in the implementation of the recommendations to senior management and report annually to the Executive Board through the Programme, Budget and Administration Committee.

Disclosure and dissemination of evaluation reports

42. WHO shall make evaluation reports available in accordance with the Organization's disclosure policy.

43. Lessons learnt from evaluations shall be distilled, reported and disseminated as appropriate.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

Yes

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ n/a; source(s) of funds: n/a.

PART II

SUMMARY RECORDS

LIST OF PARTICIPANTS

SUMMARY RECORDS

FIRST MEETING

Monday, 28 May 2012, at 09:35

Chairman: Mrs M. HANJAM DA COSTA SOARES (Timor-Leste)

later: Dr J. ST. JOHN (Barbados)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB131/1, EB131/1(annotated) and EB131/1 Add.1)

The CHAIRMAN declared open the 131st session of the Executive Board. She recalled that, at its 130th session, the Board had decided that, in the absence of the outgoing Chairman of the Board, the first Vice-Chairman should preside over the opening meeting of the session at which the new Chairman was elected until completion of the election. As that was the case at the current session, she, as outgoing first Vice-Chairman, would chair the present meeting until the new Chairman of the Board had been elected.

Adoption of the agenda

The CHAIRMAN drew attention to item 8.3 of the provisional agenda, Amendments to the Financial Regulations and Financial Rules, and proposed that, as no amendments had been submitted, the item should be deleted.

It was so agreed.

The CHAIRMAN then drew attention to document EB131/1 Add.1, which contained a proposal for a supplementary agenda item on protection and safety of radiation sources: International Basic Safety Standards. The Secretariat had submitted the proposal in order to request the Board to note the revised International Basic Safety Standards, a procedure that formed part of publication approval and would complete the action required of WHO as one of the eight cosponsors.

Dr LARSEN (Norway), noting the brevity of the documentation provided, asked whether the Board would be given further information should inclusion of the proposed supplementary item be approved.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) asked whether the proposed item would also be included on the agendas of the Board's 132nd session in January 2013 and of the Sixty-sixth World Health Assembly in May 2013 or whether the aim was to complete consideration at the present session.

Dr FUKUDA (Assistant Director-General) said that the revised International Basic Radiation Safety Standards constituted a publication of some 300 pages. Should the Board agree to consider the proposed supplementary item at its present session and note the revised Standards as requested, the work on the item would be completed and it would not be included on the agendas of the Board's next session or of the Sixty-sixth World Health Assembly.

Dr LARSEN (Norway) said that, although WHO could be trusted to provide appropriate advice, it was difficult for Board members to approve a supplementary agenda item that entailed noting such a lengthy publication, which would be difficult to assess quickly. He sought guidance on how best to proceed.

Dr REN Minghui (China) pointed out that such an important, lengthy publication, which had only just been provided to Board members, would require examination by government experts in their respective capitals. It would therefore be difficult to complete the work on the item during the current session.

Mrs BAMIDELE (Nigeria) agreed that more time would be needed to study the publication before the Board could note it.

Dr LIOW TIONG LAI (Malaysia) endorsed the view expressed by the member for China. WHO must play a more prominent role in radiation protection, and such an important publication should be assessed properly. The International Atomic Energy Agency (IAEA) and WHO should collaborate closely to ensure that the health aspects of radiation were given appropriate attention.

Professor HALTON (Australia) said that it was her understanding that the standards had already been approved by IAEA and that its governing body had authorized its Director General to issue the publication. The question was therefore whether other organizations, including WHO, wished to be associated with the publication rather than whether they approved it. She requested clarification of the IAEA timetable and asked whether it would be possible for WHO to delay its decision in order to obtain advice.

Dr EL MENZHI (Morocco), associating himself with the view expressed by the member for Australia, said that, as the Board was only to note the publication, it would be preferable to do that at the present session rather than delay it until January 2013.

Dr SILBERSCHMIDT (Switzerland) said that the proposed agenda item was problematic given the late notification and the late provision of the publication itself, in English only. WHO had been criticized previously for its interaction with IAEA, and it would send a poor signal and only give further grounds for criticism if the Board were to note the publication blindly, without proper consideration. WHO should take questions on radiation seriously and give them proper consideration through its governing bodies.

Dr ST. JOHN (Barbados) sought clarification of the implications of a delay by WHO for activities to implement the standards, which had already been approved by the other cosponsors. The CARICOM countries, for example, were planning a workshop on implementation of the International Health Regulations (2005) for June 2012, which might be affected by such a delay.

Professor NICKNAM (Islamic Republic of Iran) endorsed the view that such an important publication required examination by relevant experts in Member States before its consideration by the Board.

The DIRECTOR-GENERAL said that the publication was cosponsored by eight organizations, FAO, IAEA, ILO, PAHO, UNEP, WHO, OECD Nuclear Energy Agency and the European Union. The revision of the standards had been a robust process involving experts from many of WHO's Member States. The revised version had been approved by six of the cosponsors, but WHO and PAHO had not yet done so. It was customary for publications of which WHO was a sponsor to be noted by the Executive Board. It was for Board members to decide whether to note the revised standards at the current session or at its 132nd session in January 2013. PAHO was waiting for a lead from WHO before presenting them to its Executive Committee. If approval by WHO were delayed, the publication

would appear on the web sites of the organizations that had approved it without mention of WHO and PAHO as cosponsors. Radiation experts in WHO Member States might then wonder why, as the health impacts of radiation were important and WHO was the leading international agency on health. The publication existed in all the official languages and was a revision of the previous version.

Dr REN Minghui (China) asked why the Executive Board was merely being asked to note the publication, while the other six agencies had approved it.

The DIRECTOR-GENERAL explained that noting of the report by the Executive Board constituted approval by WHO that the publication could be issued in its name.

Dr LARSEN (Norway) said that, given the explanations provided and the fact that WHO had participated in revising the standards, he could accept inclusion of the item on the agenda. In future, it would be preferable to receive documentation ahead of the session, so as to be able to give agenda items adequate consideration.

Dr SILBERSCHMIDT (Switzerland) said that he too could accept inclusion of the proposed supplementary item but requested that, when the item was taken up, clarification be provided as to why a publication dated 2011 that existed in other languages had been made available to the Board only on the morning of the first meeting of the session and only in English.

Dr ST. JOHN (Barbados) supported inclusion of the supplementary item on the agenda.

The CHAIRMAN took it that the Board wished to include the supplementary item proposed in document EB131/1 Add.1 on its agenda and to adopt the agenda as amended.

The agenda, as amended, was adopted.¹

2. ELECTION OF CHAIRMAN, VICE-CHAIRMAN AND RAPPORTEUR

The CHAIRMAN drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing the Officers of the Board. She invited nominations for the office of Chairman.

Dr DAULAIRE (United States of America) nominated Dr St. John (Barbados), the nomination being seconded by Dr MORA (Panama).

Dr Joy St. John (Barbados) was elected Chairman.

Mrs HANJAM DA COSTA SOARES (Timor-Leste), congratulating Dr St. John on her election, said that it had been an honour and an enriching experience to serve as a Vice-Chairman of the Executive Board during the past year. She also congratulated the Director-General on her re-election and on her leadership over the previous five years, which had inspired and guided the Board. She was sure that the Director-General would continue to take WHO in the right direction, in accordance with its Constitution. She thanked her fellow Officers of the Board. Her term of office had been exciting and had given her the opportunity to learn many things and to work in an excellent spirit of

¹ See page vii.

cooperation. Timor-Leste looked forward to continuing to work with WHO in tackling its many health challenges.

Dr St. John took the Chair.

The CHAIRMAN, having expressed appreciation to the outgoing Chairman and Vice-Chairmen, said that she was honoured to be elected Chairman of the Executive Board and to be the first representative of Barbados and the CARICOM subregion to hold that office. She would do her utmost to uphold the high standards of leadership and to remain committed to the work ahead, and she urged Board members to continue to show fairness, frankness and transparency at what was a challenging time for WHO. The reform process was at a critical stage, and there were important technical health matters to consider. The reform process was slow but was providing valuable lessons about consensus-building, and the outcomes would be owned by each and every Member State. There should also be a role for regional organizations in building consensus from the ground up. The Officers of the Board must show leadership in ensuring that the Organization as a whole took an appropriate direction with regard to administrative, technical and reform matters. She looked forward to working with Board members in the framework of the Organization's efforts to make a positive, sustainable difference to socioeconomic development by the way in which it shaped the global health agenda.

She invited nominations for the four posts of Vice-Chairmen.

Dr MATCHOK-MAHOURI (Chad) nominated Dr Dankoko (Senegal).

Dr LARSEN (Norway) nominated Dr Silberschmidt (Switzerland).

Mrs HANJAM DA COSTA SOARES (Timor-Leste) nominated Dr Jamsheed Mohamed (Maldives).

Professor HALTON (Australia) nominated Dr Ren Minghui (China).

Dr Boubacar Samba Dankoko (Senegal), Dr Gaudenz Silberschmidt (Switzerland), Dr Ahmed Jamsheed Mohamed (Maldives) and Dr Ren Minghui (China) were elected Vice-Chairmen.

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure of the Executive Board, if the Chairman was unable to act in between sessions, one of the Vice-Chairmen should act in his or her place; the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairmen would serve in the following order: Dr Ren Minghui (China), Dr Jamsheed Mohamed (Maldives), Dr Silberschmidt (Switzerland) and Dr Dankoko (Senegal).

The CHAIRMAN invited nominations for the office of Rapporteur.

Dr EL MENZHI (Morocco) nominated Dr Ammar (Lebanon), the nomination being seconded by Dr AL-MARI (Qatar).

Dr Walid Ammar was elected Rapporteur.

Dr DAULAIRE (United States of America) conveyed congratulations from Ms Sebelius, United States Secretary of Health and Human Services, to the Chairman on her election, and on being the first woman to serve as Chairman of the Board for over a decade and the first woman to serve as Chairman during leadership of the Organization by a woman. Indeed, three important steps towards gender equity were education of girls and women, supporting the advancement of women and following women as leaders.

The CHAIRMAN thanked the speaker for his kind words.

3. OUTCOME OF THE SIXTY-FIFTH WORLD HEALTH ASSEMBLY: Item 3 of the Agenda

Dr DAULAIRE (United States of America) said that introduction of the “traffic light” system for limiting interventions had improved discussions in the main committees; however, further consideration should be given to the procedure for proposing amendments to resolutions, as it was difficult for delegates to follow lengthy, substantive amendments proposed from the floor. Delegates should be reminded to adhere to the rule of circulating amendments 48 hours in advance. As that was not always possible, in particular for items under negotiation, better use might be made of the permanent mission focal point e-mail list for circulating proposed texts. He proposed that the Secretariat be requested to suggest possible options for improving the procedure, for consideration by the Board at its next session.

Dr REN Minghui (China) said that the Health Assembly had adopted some important resolutions, including the resolution on follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination,¹ the text of which had been agreed thanks to the spirit of consensus in the drafting group. He hoped that future discussions on that topic would be marked by the same positive attitude. China stood ready to participate in future regional and global consultations, as WHO reform was a common responsibility of all Member States as well as the Secretariat. The efficiency of governing body meetings could be improved if speakers exercised self-restraint and made more targeted remarks; they should also respect consensus that had already been reached.

Dr SILBERSCHMIDT (Switzerland), endorsing the remarks made by the members for the United States of America and China, commended the Secretariat on a well-prepared Health Assembly. Successful outcomes represented only the start of hard work, however, especially in the areas covered by the Consultative Expert Working Group on Research and Development (CEWG) and on WHO reform. There was room for further improvement in Health Assembly procedures within its current Rules of Procedure or, if necessary, by amending those Rules. For example, more guidance from the Secretariat on certain matters, such as structuring the WHO reform debate, procedures for the selection of the Chairman of the CEWG and the handling of the draft resolution on nutrition,² might have been useful. Health Assembly discussions should be driven by Member States, however, such guidance, perhaps in the form of suggested options on how to proceed, might ensure more efficient consideration of agenda items.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) said that the Health Assembly had been highly successful, with interesting, sometimes prolonged discussions. The agenda had been so heavy, however, that it had not always been possible to give the various items adequate consideration, and

¹ Resolution WHA65.22.

² Resolution WHA65.6.

some had had to be transferred from Committee A to Committee B, restricting the participation of some delegations. The Board, as the body responsible for setting the agenda of the Health Assembly, should find ways of limiting the number of items and the length of interventions. Earlier provision of documents and other information on agenda items before the start of the Health Assembly would help Member States to be better prepared.

Dr MORA (Panama) said that the work of informal and drafting groups during the Health Assembly had proved most valuable. He agreed with the member for the United States of America that better mechanisms should be sought for the submission of draft resolutions and for processing amendments.

Dr LARSEN (Norway), congratulating the Director-General on her re-election, expressed the hope that she would use her strong mandate wisely to advance the global health agenda and to strengthen the Organization. The Health Assembly had made progress in a number of important areas, most notably the CEWG report, noncommunicable diseases, the election of the Director-General and substandard/spurious/falsely-labelled/falsified/counterfeit medical products, and had reduced the number of ongoing intergovernmental processes. It appeared, however, that the process for preparation of the noncommunicable disease framework had not been fully understood by Member States and had not advanced sufficiently. Member States and the Secretariat would have to prepare carefully for the formal consultation to be held in October 2012 to complete work on specific targets and indicators and finalize a proposal for the global monitoring framework, and for the web-based consultation on the subject if the work was to be completed by the end of the year, as called for at the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases.

He agreed that the Secretariat should provide more and earlier guidance to Member States on how the various items on the Health Assembly agenda might best be handled and suggested that briefings for permanent missions would be useful in helping Member States to prepare their contributions appropriately. The Officers of the Board could be given a stronger role in the preparation of governing body meetings. As the Director-General had said in her closing remarks to the Health Assembly, participants should trust each other and strive not to reopen resolutions or issues on which agreement had already been reached.

Professor NICKNAM (Islamic Republic of Iran) commended the Secretariat on a successful Health Assembly and welcomed the opportunity given to the Board to appraise its efficiency and effectiveness, which formed part of the WHO reform process. Commenting in the light of his experience as Chairman of Committee B, he agreed that an overloaded agenda had had an adverse effect on Member States and the Secretariat alike. It put pressure on the main committees to work quickly, which affected the quality and outcome of their work and consequently that of the Health Assembly as a whole. The traffic light system had helped, but it was cumbersome to apply and placed the committee chairmen in a difficult position, as all Member States had the right to participate fully in the deliberations. The situation was exacerbated during consideration of substantive and potentially contentious topics. The transfer of items from Committee A to Committee B by the General Committee, necessitated by the shortage of time, was unpredictable and caused confusion and problems of participation for delegations. As a consequence, it had been difficult to achieve an appropriate balance between the right to participate and management of the time available. The Board had a crucial role to play in considering how best to improve the situation, in particular to ensure better agenda setting, bearing in mind the principles of comprehensiveness, efficiency and effectiveness.

Dr LIOW TIONG LAI (Malaysia) said that WHO must adapt to the global public health situation as it evolved. As in many other sectors, extensive reform was essential, and the Health Assembly had had a long, broad-ranging debate on that subject. The Organization should continue to maintain its status as the leading agency for public health at global level. A whole-of-government approach was a crucial component, especially in the prevention and control of noncommunicable

diseases. Many Member States had expressed a strong commitment to pursuing the issue of social determinants of health and their impact on public health. Ministries of health must take the lead in involving other ministries and stakeholders in public health issues at national level and WHO must play a similar role at regional and global levels. In that context, he commended the Director-General for succeeding in bringing the debate on noncommunicable diseases to the United Nations level. Consideration of WHO reform would remain a high priority for some years to come, and he hoped to participate actively in the process during his term as a Board member. Nevertheless, Member States would have to make compromises in order to achieve consensus on reform and to avoid lengthy, unproductive discussions.

Mr LIMÓN GARCÍA (Mexico) said that, as the Health Assembly had emphasized, universal health services coverage was a powerful equalizer in ensuring people's right to health and would become increasingly prominent on the global health agenda. He supported the proposal made by the member for Switzerland for improving the procedures in the main committees.

Professor HALTON (Australia) joined previous speakers in commending the achievements of the Sixty-fifth Health Assembly. Changing procedures for such meetings was a slow and difficult process. The traffic light system had encouraged some Member States to reduce the long interventions prepared weeks earlier by their governments that were not always relevant to the agenda; however, a balance must be found between the drive for consensus and the aim of inclusive participation. She therefore agreed with previous speakers that the Board should give further consideration to the Rules of Procedure of the Health Assembly and to an enhanced role for the Officers of the Board. Increasing opportunities for electronic consultation should be further explored, given the travel difficulties and cost constraints facing the delegations of many Member States.

Dr JAMSHEED MOHAMED (Maldives) said that the Secretariat and the regional offices should recognize the difficulty for the delegations of some countries to participate fully in the Health Assembly, owing to insufficient briefing of new delegates and the concurrent meetings necessitated by a heavy agenda. He agreed with previous speakers that more comprehensive and earlier engagement with Member States would help to guide their preparation for the Health Assembly.

The CHAIRMAN commented that, as a member of a small delegation at the Health Assembly, she too had found it difficult to participate in concurrent meetings of the main committees and drafting groups.

Mrs HANJAM DA COSTA SOARES (Timor-Leste), speaking on behalf of the Member States of the South-East Asia Region, said that the main committees had been highly productive and had helped to determine which areas of WHO's work, in particular among those that were relevant to achieving the health-related Millennium Development Goals, should be given priority. Certain important points should be considered at the present session of the Board rather than being postponed until its 132nd session in January 2013. Confirming the travel difficulties experienced by many Member States, especially in her Region, she supported the proposal by the member for Australia that further consideration be given to use of electronic consultations.

Dr AL-MARI (Qatar) agreed that the Secretariat should examine the proposals made for improving the work of the Health Assembly, including greater use of electronic communications, and should propose options for consideration. The Secretariat should consider giving Member States written guidance on preparing their interventions for the Health Assembly.

Ms JESSE (Estonia)¹ said that she had felt guilty during the night sessions at the Health Assembly, as she had been a Board member at the 130th session of the Board when additional items had been added to the Health Assembly agenda without due consideration of the time available. Night sessions had cost implications and also affected the health and well-being of delegates. The additional items had been included because of their public health importance; however, their consideration late at night when delegates were tired and incapable of giving them appropriate attention was counterproductive. In considering the agenda for the Sixty-sixth World Health Assembly, the Board should ensure that debates could be held during regular working hours.

Dr VIROJ TANGCHAROENSATHIEN (Thailand)¹ endorsed the comments made by the member for the United States of America concerning application of the traffic light system and the procedure for proposing amendments to resolutions. He recognized that it was not always possible to circulate proposed amendments 48 hours in advance and suggested that projection of draft resolutions onto a screen in the committee rooms in one or two of the official languages might help both delegates and the Secretariat. Draft resolutions must be open to amendment in order to achieve consensus that accommodated the different views of Member States; resolutions belonged to all Member States, not the Executive Board or the cosponsors, and the Health Assembly should not be viewed as “rubber-stamping” the decisions of the Board.

The DIRECTOR-GENERAL thanked Board members for their comments and guidance. The success of the Health Assembly had been due to the cooperation and flexibility of Member States in tackling a packed agenda that had included a number of weighty items. The Secretariat recognized that there was room for improvement in the methods of work of the Health Assembly. It would provide a more comprehensive briefing for new members of the Board and the Officers of the Health Assembly and would try to improve the timeliness of document delivery. Nevertheless, provision of large documents in the six official languages required was a real challenge when they were received late; it was not always possible to deliver all the language versions simultaneously. The Secretariat would consider the Board’s various proposals, in particular those concerning the handling of amendments, and would prepare a list of options for improvement. Trust was an important factor in achieving an appropriate balance between the right of Member States to speak and their responsibility to ensure an efficient, effective debate. During the past few years, the Officers of the Board had rarely refused proposals to include items on the draft provisional agenda and had not always applied the agreed criteria for inclusion. Several Board members had suggested that the Secretariat might provide guidance on how agenda items should be handled; however, some Member States preferred that the process be entirely driven by Member States and appeared to resent suggestions from the Secretariat. Such an attitude prevented her from meeting her responsibilities as an administrative officer. She would, as urged by the member for Norway, try to use her mandate wisely. She would listen to Member States and make proposals with the best interests of the Organization at heart. Fairness was her main criterion; every country had one voice and one vote, and there should be no fear or favour.

The CHAIRMAN said that during her term of office she would ensure that the Board displayed its trust and did not prevent the Director-General from carrying out her duties. Board members should note the Director-General’s reminder that Member States had one voice and one vote. She had agreed to provide briefings, especially for new Board members and the Officers of the Board, and to prepare options for improving the mechanisms for processing amendments to resolutions, for example by instituting submissions of proposals through a focal point.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

4. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the Agenda (Document EB131/2)

Dr SAÍDE (Mozambique), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the report of its sixteenth meeting, contained in document EB131/2. He summarized the items covered in the report that were not on the Board's agenda, namely: the report by the Secretariat on general management, the annual report of the Independent Expert Oversight Advisory Committee and progress on implementation of external and internal audit recommendations.

The Committee had also reviewed the revised terms of reference of the Programme, Budget and Administration Committee (document EB131/10) and the draft formal evaluation policy (document EB131/3), which would be considered under agenda item 5. It had also noted the Secretariat's report on amendments to the Staff Regulations and Staff Rules (document EB131/5) and had recommended adoption of the draft resolution contained therein, which would be considered under agenda item 7.2.

Dr AMMAR (Lebanon) welcomed the proposal that Member States should examine the qualifications of representatives on the Programme, Budget and Administration Committee. In view of the proposed revised terms of reference for the Committee, it was important that its members had profiles that met the demands of the role.

The report highlighted funding gaps or shortfalls for a number of strategic objectives, but it would also have been valuable to include possible solutions. With regard to the currency of assessment, the options for reorienting expenditure to currencies other than the Swiss franc, including by conducting some WHO activities in low-cost locations, had not been adequately explored.

The apparent lack of Member State compliance with resolution WHA34.17, such that the Organization was unable to levy 13% programme support costs on all contributions, was a concern. The Executive Board had a duty to ensure that all resolutions were upheld; if compliance with resolution WHA34.17 was not possible, the Board should determine whether or how it should be amended.

Dr REN Minghui (China) said that the Secretariat should carefully analyse the advantages and disadvantages of switching the currency of assessment from the United States dollar to the Swiss franc, as well as other options, and duly inform the Executive Board to help it arrive at a decision on the matter. Recalling that the Programme, Budget and Administration Committee had discussed funding for implementation of WHO reform, he asked the Secretariat for its view on the matter and for an update on the status of resource mobilization, which could be taken into account by Member States when considering future financial support.

Dr WILLIAMS (Barbados) said that, notwithstanding a decline in voluntary contributions owing to the global economic crisis, and the fact that expenditure had fallen below budget allocations, WHO had managed to meet many of its objectives. Future shortages of funds would, however, affect human resources and the ability to deliver expected outcomes. Earmarked funding continued to be a challenge, but appropriate priority setting would allow better management of budgetary shortfalls. The Programme, Budget and Administration Committee had discussed the problem of lower-than-expected voluntary contributions and concluded that it could be mitigated by a targeted approach to donors, timed to coincide with financial statements.

She recognized the increasing importance of currency hedging, as exchange rate volatility had been exacerbated in the previous two years, negatively affecting the Organization's finances and, in the case of several programmes, the delivery of expected outcomes within budget. There had been a reluctance to consider radical change, especially when success could not be guaranteed, but she welcomed the Committee's compromise conclusion that a more proactive approach was required to foreign exchange management and hedging strategies.

Many of the recommendations made by the Committee and the Internal Auditor would be critical for WHO reform; initiatives for evaluation of capital and investment project oversight would be particularly valuable for improving WHO efficiency.

Mrs BAMIDELE (Nigeria), expressing support for the revised terms of reference of the Programme, Budget and Administration Committee, said that extending the Committee's supervisory functions would enhance its overall performance. Nigeria was satisfied with the provisions of the draft evaluation policy and the recommendations to allocate 3% to 5% of the programme budget to evaluation and to carry out evaluation at all levels of the Organization. With regard to the Independent Expert Oversight Advisory Committee, Nigeria supported the recommendations to minimize the effects of exchange rate fluctuations on WHO operations, to make contingency provisions for emergencies and to ensure the provision of adequate financial resources for the Organization to fulfil its mandate effectively and efficiently.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) expressed support for the revised terms of reference of the Programme, Budget and Administration Committee and, in particular, the fact that it would supervise the proposed ethics office. He agreed with the 3% to 5% budget allocation for evaluation, which was essential for establishing a culture of evaluation throughout planning, implementation and monitoring. He agreed with the member for China about the importance of mitigating the foreign currency risk and asked for more information, particularly on the implications of foreign currency risk management.

In the light of comments on closer examination of the qualifications of members of the Committee, he asked for clarification on the selection process, as it was his understanding that it was not the Member States that selected representatives.

Mr LIMÓN GARCÍA (Mexico), referring to paragraph 36 of the report in which reference was made to a budget for the reform process, sought clarification on the expected amount and on how resources would be reallocated for that purpose.

Professor HALTON (Australia) welcomed the proposed revised terms of reference for the Programme, Budget and Administration Committee and, to that end, also supported closer examination of members' qualifications and profiles, which would be necessary in view of the Committee's broader role.

As a number of elements of expenditure were made in currencies other than the United States dollar, she said that it might be time to consider a more refined approach to hedging and to splitting assessments between currencies; appropriate financial advice would be welcome.

The reports of the internal and external auditors highlighted staff activities, which meant that any failures in staff implementation of audit recommendations were scrutinized and made public, providing an incentive to improve performance.

Dr EL MENZHI (Morocco), endorsing the comments made by the member for Lebanon, said that the Programme, Budget and Administration Committee needed members with expertise in finance, public health and management if it were to fulfil its mandate. Regional balance should also be considered when designating members.

Mrs HANJAM DA COSTA SOARES (Timor-Leste), speaking on behalf of the Member States of the South-East Asia Region, thanked WHO for its continued technical and financial support but said that the funds allocated to each region should also take into account disease burden. Allocation of funds for the 13 strategic objectives should be done in a balanced, realistic manner and should be evidence-based; objectives should be set in accordance with the needs of Member States. She therefore looked forward to stronger WHO support, cooperation and collaboration.

Dr SILBERSCHMIDT (Switzerland) said that the report of the Programme, Budget and Administration Committee had failed to capture its increasingly rich discussions, in which challenging questions had been posed and honest responses received from the Director-General, the regional directors and the Secretariat. It was now the responsibility of members of the Committee to follow up on points raised with the Secretariat during the meeting. The size of the Committee was appropriate, however more exchanges and collaboration with Member States when preparing for meetings would be welcome. Interministerial and interdisciplinary teams might also provide support to the teams of members of the Committee. The issue of collecting programme support costs must be resolved, as donor priorities could not continue to be subsidized by assessed contributions.

Professor NICKNAM (Islamic Republic of Iran), endorsing the remarks of the member for Australia, said that careful consideration must be given to the advantages and disadvantages of switching the currency of assessment to the Swiss franc, including forecasts from experts on developments in the international currency markets. He requested further discussion on the matter.

He supported the view that the members of the Programme, Budget and Administration Committee should possess the capacities needed to ensure fulfilment of the Committee's mandate under its revised terms of reference.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)¹ said that the internal control environment, including implementation of auditors' recommendations; enterprise risk management; and strengthening of the Comptrollership function were critical in terms of the overall management of WHO, its risks, assets and finances. His country hoped to see demonstrable progress in those three areas by the next session of the Executive Board in January 2013.

Mr CHATELUS (France)¹ said that the recent session of the Programme, Budget and Administration Committee and the high quality reports that it had produced for the Health Assembly and the Executive Board had once again demonstrated its excellent potential. He welcomed the double approach to management and administrative matters, namely the traditional approach of reports and recommendations and an approach in the context of reform. Those two approaches must be linked in order to ensure that recommendations for reform and any associated difficulties were based on concrete discussions. During its meeting, the Committee had been able to define gaps and problems, as issues had been addressed from different points of view. The current report on human resources had been complete but late; it would have been preferable to have had earlier access to an incomplete report, fully translated, with any remaining information provided later as addenda. He welcomed the Secretariat's responses to questions raised during the meeting of the Committee and the continued support between meetings. He encouraged all Member States to contribute to the deliberations of the Committee.

Dr THIMOTHÉ (Haiti)¹ said that extending the terms of reference of the Programme, Budget and Administration Committee would improve both its effectiveness and efficiency and would allow it to fulfil its mandate by taking into account all aspects of financial management. The proposal to switch the currency of assessment to the Swiss franc was a matter of concern, as that could affect administrative procedures in individual Member States. Clarification on the implications of such a change would be welcome.

Ms WISEMAN (Canada)¹ expressed support for the revised terms of reference of the Programme, Budget and Administration Committee and stressed the importance of having members with suitable qualifications and profiles, which would allow them to participate fully in Committee

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

discussions. Members should be given documents well in advance of meetings so that they could adequately prepare for discussions.

Mr KÜMMEL (Germany)¹ endorsed the statements made by the representatives of Canada, France and the United Kingdom, especially with regard to the internal control framework, risk management, open audit recommendations and strengthening the Comptrollership function. He welcomed the recognition by the Programme, Budget and Administration Committee that the human resources available to the Comptroller must be increased to a level commensurate with his or her greater authority.

The DIRECTOR-GENERAL, responding first to the comment made by the member for Lebanon on funding gaps for certain strategic objectives, said that it was difficult to propose solutions as the problem was related to the high level of earmarked funds, which could not be moved from one strategic objective to another. The matter should be addressed when considering the overall financing of WHO. While the Health Assembly had agreed to charging 13% programme support costs, in practice countries often negotiated ways to contribute significantly less. The Organization could not continue to appeal for money; if Member States were committed to supporting WHO's work, they had to ensure that it was properly funded.

Responding to the comment made by the member for China, she said that an analysis of the implications of switching the currency of assessment to the Swiss franc could be conducted; the Secretariat would take into consideration the experience of other organizations. In respect of the comment made by the member for Barbados on exchange rate volatility, recommendations from banking experts on the Independent Expert Oversight Advisory Committee would determine how and when the Organization carried out currency hedging, which had a cost. Consideration would also be given to how best to manage and invest capital, while mitigating the associated risks.

She endorsed the comments made by the member for Australia, among others, that members of the Programme, Budget and Administration Committee should have relevant qualifications and expertise. To facilitate the Committee's work, the Secretariat would improve the timeliness of distribution of documents to members, taking up the suggestion made by the representative of France to issue some documents before they were complete, with later addenda. She encouraged the type of interaction between the Committee members and others mentioned by the member for Switzerland; that should be promoted by the members themselves and not by the Secretariat.

She endorsed the comments made by the representative of the United Kingdom of Great Britain and Northern Ireland and others on strengthening the Comptrollership function and agreed that that would require more human resources. Member States should recognize, however, that simultaneous expansion of the Comptrollership function, establishment of an ethics office and increased resources for the internal audit would entail increased costs for the general management division. The Health Assembly had asked the Secretariat to provide a clear statement of administrative costs, including the proposed new functions, which would help the Board to decide on the directions the Organization should take. She recognized the need to ensure that staff members complied with internal audits and evaluations and were accountable for their actions. Whereas insufficient rigour in working methods could be improved where it was found among members of staff, the Organization had "zero tolerance" for embezzlement and fraud.

She agreed with the member for France that classical and reform-based approaches were needed. On the basis of the decisions and guidance of Member States at the Health Assembly on WHO reform, the Secretariat had calculated that the reform process would cost roughly US\$ 10 million for the period 2012–2013, including a change management team, the financing of work on an ethics office, the strengthening of the work of the Comptroller, the human resources department and the audit functions, and including the second stage of the evaluation, and the consultations needed on the governance reforms. If Member States wished to hold further consultations on reform in intergovernmental working groups, the cost would be approximately US\$ 1.5 million per meeting. More accurate figures would be conveyed to Member States in due course, as well as reports from the

Secretariat on how the Organization could best interact with civil society, the private sector and with partnerships hosted by WHO.

The Board noted the report.

5. WHO REFORM: Item 5 of the Agenda (Documents EB131/3 and EB131/10)

The CHAIRMAN drew attention to documents EB131/3, on a draft formal evaluation policy, and EB131/10, on revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board, and invited comments on those two aspects of WHO reform.

Dr DAULAIRE (United States of America) welcomed the current draft of the formal evaluation policy but said that it was unclear whether the Office of Internal Oversight Services had sufficient capacity to take on the role of custodian of the evaluation function. Would the additional human and financial resources that would be required to conduct all the evaluations necessary to make the mid-term and biennial assessments be allocated to the Office?

Further information on who would be responsible for the programmatic and thematic evaluations would be welcome; the United States, noting the requirement for technical and sectoral expertise, was concerned about possible conflicts of interest if qualified individuals were selected from the clusters in which those evaluations were to be made.

The draft policy did not address the requirement for improved measurable outcomes. The measures used currently by the Organization for assessments tended to focus on national and global results, whereas the degree to which WHO's work improved health overall was also important. That objective could be achieved by improving the measures used in the general programme of work and the mid-term and biennial assessment of WHO's role and contributions to Member States' efforts to improve the health of their populations. Such improvements would highlight the Organization's added value and advantages.

Mr MEIŽIS (Lithuania), speaking on behalf of the European Union and its Member States, said that the European Union was strongly convinced that substantial reform was needed and hoped that such reform would lead to greater coherence in global health, with WHO playing a lead role; improved health outcomes, with WHO meeting Member States' expectations in addressing global health priorities; and an Organization that pursued excellence and was effective, responsive, objective, transparent and accountable. The Director-General should ensure that the appropriate human and financial resources were allocated to the reform process. The European Union endorsed the suggestion made in the report on the first-stage evaluation of the reform process (document A65/5 Add.2) to develop a change management strategy to guide the introduction of reforms, which should be incorporated into the high-level implementation and monitoring framework. The scope of work for the second-stage evaluation, as outlined in that same report, could be extended to include the mechanism for financing the reform. The document outlining the arrangements for the second-stage evaluation, to be submitted to the Board for consideration at its next session, should include information on scheduling of the evaluation and offer suggestions with regard to who might be entrusted with it. Further information on the costs and funding of the second-stage evaluation would be appreciated.

The European Union welcomed the draft formal evaluation policy but noted that appropriate follow-up and learning were required to ensure that evaluation outcomes influenced decision-making. He reiterated the proposal made by the European Union that the policy be reviewed after three years.

He endorsed the revised terms of reference of the Programme, Budget and Administration Committee, however noted that the changes were limited and suggested that the Board might make additional revisions in the future to ensure that the Committee was able to fulfil its ambitions.

Dr EL MENZHI (Morocco) expressed support for the draft formal evaluation policy but said that it should also apply to the reform process itself. A designated unit should be responsible for monitoring and evaluating the reform process, and a special independent committee should evaluate WHO reform and present an annual report on progress to the governing bodies.

Dr LARSEN (Norway) welcomed the draft formal evaluation policy and the fact that comments made at the last session of the Executive Board were clearly reflected in the current draft.

Norway endorsed the revised terms of reference of the Programme, Budget and Administration Committee and the suggestion that the Committee oversee the proposed ethics office.

Dr AL-MARI (Qatar) said that he was in favour of an equitable, realistic, affordable evaluation process but wished to know more about the cost implications. Given that the Organization already had several audit and evaluation tools, was it appropriate to add another mechanism at a time of financial constraint? Consideration should be given to reviewing and broadening the mandates of existing mechanisms to include the additional evaluation targets that were being proposed.

Dr REN Minghui (China) welcomed the draft formal evaluation policy but suggested that the Secretariat should carry out thematic evaluations of the status of implementation of Health Assembly resolutions, including their impact on Member States, and report on that matter to the Board.

China supported the revised terms of reference of the Programme, Budget and Administration Committee but proposed an amendment to paragraph 5 of the Annex to document EB131/10 to maintain the coherence of the text. Subparagraph 5(e) referred to subparagraphs 5(a) to (d) and should accordingly be moved to the introductory part of the paragraph. Paragraph 5 should therefore read:

“The Committee shall act on behalf of the Executive Board to examine, provide advice and make comments or recommendations on all following matters directly to the Health Assembly:

- (a) the financial and administrative implications for the Secretariat, and relationship to the programme budget, of proposed resolutions;
- (b) the situation of Member States in arrears to an extent that would justify the application of Article 7 of the Constitution;
- (c) the Financial Report and audited financial statements, and the report of the External Auditor;
- (d) any other programme, administrative, budgetary or financial matters that the Board may deem appropriate.”

Dr AMMAR (Lebanon) said that it was not clear whether existing mechanisms for evaluation had been reviewed before the present draft formal evaluation policy had been prepared, with its additional layers of auditing and evaluation. While providing for the financing of future evaluations, the draft policy failed to specify the source of such financing. Lebanon proposed that the costs be borne by the programmes concerned. Thus, evaluations of programmes financed by extrabudgetary funds should not be paid for out of the regular budget.

Dr CUYPERS (Belgium), welcoming the draft formal evaluation policy, said that allocating part of the budget to evaluation would emphasize its importance within the Organization. In that regard, he considered that paragraph 44(c) of the draft policy (document EB131/3) could do more than “encourage the performance of evaluations as an input to planning and decision-making” and should recommend a more explicit form of implementation. Clarification was needed on when and how evaluation reports would be made available and the importance of evaluation outcomes should be kept in mind.

Dr DANKOKO (Senegal) said that the African group, on behalf of which he had spoken during the meetings of the Programme, Budget and Administration Committee, welcomed the establishment of a culture of evaluation at WHO and the draft formal evaluation policy. Although worthy of support

in general, the draft policy should indicate who would be responsible for evaluating WHO's country offices and who would ensure that such evaluations were carried out regularly.

Mr LIMÓN GARCÍA (Mexico), welcoming the draft formal evaluation policy, endorsed the comments made by the member for the United States of America. He requested more details on the evaluation targets and on the information that should be included in the terms of reference for each evaluation, as set out in paragraph 33 of the draft policy.

Dr BAYE LUKONG (Cameroon) stressed the importance of evaluation and of implementing the subsequent recommendations. With regard to the section of the draft evaluation policy on utilization and follow up of recommendations (paragraphs 46 to 48), she asked whether the management response mentioned in paragraph 47 was linked to the implementation of the recommendations in evaluation reports, referred to in paragraph 46.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) said that evaluation was an important part of the administrative cycle, which was designed to ensure that expected outcomes were achieved and planned objectives pursued. The draft formal evaluation policy appeared to be complete and well-structured and should be supported. Thus far, WHO had carried out various thematic and budgetary evaluations, but a formal policy would, as part of the Organization-wide management reforms, improve existing procedures. How much would implementation of the proposed new formal evaluation policy cost?

Professor HALTON (Australia) asked whether the system for tracking management responses to evaluation, mentioned in subparagraph 45(e) of the draft policy, would also be available in an electronic, transparent format similar to that of the online inventory of evaluations referred to in subparagraph 45(f). There were clear links between auditing, evaluation and performance. The outcomes of all three should be available for inspection; making accountability visible in that fashion should lead to improved organizational behaviour.

Dr WILLIAMS (Barbados), welcoming the formal evaluation policy, said that there would be overlap among the three types of evaluation contained therein: thematic, programmatic, and office-specific. That should be taken into account in preparing evaluation plans, particularly for those to be carried out by different personnel, and existing synergies should be exploited. Moreover, more regular feedback from the regions would ensure that evaluations took account of performance in the WHO Offices in countries, areas and territories. She could accept a biennial reporting cycle to coincide with the Organization's work plan but pointed out that annual reporting on evaluation activities to the Executive Board would assist the Secretariat in identifying strengths and weaknesses, so that WHO objectives could be more effectively achieved.

The meeting rose at 12:30.

SECOND MEETING

Monday, 28 May 2012, at 14:35

Chairman: Dr J. ST. JOHN (Barbados)

1. WHO REFORM: Item 5 of the Agenda (Documents EB131/3 and EB131/10) (continued)

The CHAIRMAN invited comments on the draft formal evaluation policy (document EB131/3) and the revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board (document EB131/10).

Professor NICKNAM (Islamic Republic of Iran), endorsing the draft formal evaluation policy, said that the policy should aim to ensure that WHO had timely, strategically-focused and objective information on its performance; to foster institutional understanding of the evaluation function; and to strengthen evidence-based decision-making, advocacy, transparency and effectiveness. WHO could improve its evaluation process by conducting fewer, but higher quality studies that focused on analysing effectiveness and results, raising evaluation standards for country offices, and incorporating findings into the organizational learning framework. He welcomed the fact that the evaluation policy advised those conducting the evaluation to be sensitive to the beliefs, manners and customs of the social and cultural environment under study. It was also important to define the roles of relevant stakeholders in WHO's intergovernmental context.

The revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board were acceptable but the Committee's capacities needed to be strengthened to enable it to fulfil its mandate. The call for stronger ties between the Executive Board and the regional committees was one of the most valuable aspects of the proposed reform process. He asked whether, as a result of those stronger ties, the chairpersons of the regional committees would begin reporting directly to the Board at its next session. Such a practice would convey a positive message about the reform process to the regional committees.

Dr DAULAIRE (United States of America) said that he endorsed the revised terms of reference of the Programme, Budget and Administration Committee and supported the inclusion in them of a new subparagraph 4(2)(g), under which the Committee would review, provide guidance and make recommendations to the Executive Board on the reports of the newly established ethics office. The ethics office must be independent and report directly to the governing bodies. Its efforts to systematically compile and standardize all WHO procedures, functions and standards relating to ethics would be welcome.

Dr SILBERSCHMIDT (Switzerland), expressing support for the draft formal evaluation policy, welcomed the move towards a culture of evaluation. The proposal by the member for Lebanon to charge evaluation costs to the budget of the programme under evaluation reflected government practice in his own country and merited support. He also supported the amendment to paragraph 5 of the revised terms of reference proposed by the member for China at the previous meeting.

Mr KOÇAK (Turkey)¹ praised the draft policy; it was comprehensive and well designed. Referring to the discussion on reform during the recent Health Assembly, he welcomed the report on the first stage of an independent evaluation of the reform process (document A65/5), in particular its call for a change management programme, a plan of action, a risk management system, a communication strategy, and quantitative and qualitative performance measurements of the second-stage evaluation.

In setting out the terms of reference for an evaluation, the draft policy under review called for detailed information on “users (owner and audience)” of the evaluation results. That was not enough, however, since evaluation should begin with a description of the situation on the ground and stakeholders’ perceptions of it; it was against those perceptions that progress could be measured. A thorough stakeholder analysis should therefore be conducted prior to the second stage of the evaluation, to be followed by at least three stakeholder perception studies held at regular intervals once the change management programme had commenced, with the dual aim of designing a communication strategy and monitoring the change management programme. Communication with stakeholders was indeed the most critical component of change management.

He shared the view of the member for the United States that including staff members on the evaluation team could give rise to a conflict of interest.

Dr EL OAKLEY (Libya)¹ welcomed the draft formal evaluation policy and agreed that the criteria for selecting members of the evaluation team should be more precise. In the interest of transparency, one or two Member States from each region, preferably not represented on the Board, might be included on the team. The evaluation process should be clearly defined in advance. More information about the Organization’s disclosure policy in relation to evaluation reports would be welcome.

Mr KÜMMEL (Germany)¹ asked how the concerns that had been expressed about selecting appropriately qualified members for the Programme, Budget and Administration Committee would be reflected in its revised terms of reference.

Mr WEBB (Office of Internal Oversight Services) expressed his satisfaction that the draft formal evaluation policy had broad support within the Organization. Every effort had been made to include the comments that had been received. The policy would provide a formal structure for evaluations and ensure clear lines of responsibility, including for stakeholders, for the evaluation and follow-up processes. It was designed to improve the Organization’s overall programme performance as well as to bolster the evaluation process at country level. Routine performance assessments of the Organization’s technical programmes were not covered under the evaluation policy but were part of the existing programme budget performance assessment system that covered all technical units and activities. Information gathered during the performance assessments would be used as one of the inputs to determine which areas needed to be evaluated.

Evaluations would not be conducted exclusively by the Office of Internal Oversight Services as that would keep other departments across the Organization from strengthening their evaluation capacities and skills. As was customary, most evaluations would be carried out by the technical unit or country concerned, while the Office would be generally responsible for evaluations that were cross-cutting or thematic in nature. The evaluation policy should improve overall programme performance, and achievement of planned results, and the outputs of evaluation should enable better assessment of the impact of future processes. The budget allocated to the Office had not yet taken into account the new roles assigned to it and would need to factor in some additional staff to assist in coordination.

The evaluation policy, which was expected to be fully operational by the 2014–2015 biennium when it would be integrated into the programme budget, would be evaluated on its own performance

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

over the first three years and the results communicated to Member States. The annual report defined in the policy would be presented to the Executive Board, providing information on progress made in the implementation of the evaluation workplan, as required by the policy, as well as on follow-up of the implementation of the recommendations emerging from the body of the evaluative work. The target allocation of 3% to 5% of the overall budget for evaluation had been determined by a review of evaluation mechanisms elsewhere. Projects funded by voluntary contributions should also include arrangements for evaluation.

The decision to draw up a formal evaluation policy had been taken partly in response to an assessment by the Multilateral Organization Performance Assessment Network, which had concluded that evaluation needed to be strengthened at WHO. Before drafting the policy, his Office had conducted a survey of best evaluation practices in international organizations. Information about the evaluation mechanism, including planned and completed evaluations and recommendation status, would be posted on the WHO web site in accordance with the yet-to-be-defined disclosure policy.

The DIRECTOR-GENERAL, in response to the query from the member for the Islamic Republic of Iran, said that the Health Assembly had adopted a decision according to which the chairpersons of the regional committees would submit a report to the Executive Board, and she would be working with regional directors to facilitate that process. The Regional Committee for the Eastern Mediterranean did not meet until October and would need sufficient time to prepare its report to the Executive Board the following January. Turning to the point raised by the member for the United States, she said that the ethics office would indeed have an independent channel of reporting to the Programme, Budget and Administration Committee. To facilitate the operation of the ethics office, a survey of best practices in ethics would be carried out. She also agreed that it was important to have standard ethical principles that were applicable to the Organization's three levels.

Concerning the question raised by the member for Switzerland, the evaluation costs would be part of the programme costs of the unit being evaluated. With regard to the request by the representative of Turkey, it would be possible to conduct a stakeholder survey before the second stage of the evaluation but not before any change management process were to begin since some changes were internal managerial reforms that had already been endorsed by the Health Assembly and must go forward.

The Organization's disclosure policy would be based on best United Nations practices. With regard to membership in the Programme, Budget and Administration Committee, Member States had the right to and were responsible for selection of candidates with the skills and experience needed to assess whether the Organization was performing to their satisfaction. Some Member States might need to select more than one person to sit on the Committee in order to provide the broad range of expertise required.

Dr DAULAIRE (United States of America) said that his Government was deeply committed to the success of WHO reform, particularly in the framework of a collective approach. Member States should therefore be involved in and responsible for the reform process, assist the Director-General and her team in carrying out the work, and recognize the need for change on their part as well. Their contribution was particularly needed in two specific areas of financial reform: guidance on the general programme of work and programme budget development, and consideration of options for the proposed financing dialogue. The Secretariat should explain more clearly the purpose of holding a special session of the Programme, Budget and Administration Committee in December 2012, which should be open to all Member States. Existing structures and procedures could be used to hold a follow-up discussion under the Committee's leadership.

He suggested that the topic of governance should be reviewed in stages, first at the regular meeting of the Programme, Budget and Administration Committee, and then at the 132nd session of the Executive Board, at which point the Board would decide whether a special Member States meeting in March was needed.

He read out the following draft decision:

The Executive Board decided that its 132nd session should be convened on Monday, 21 January 2013, at WHO headquarters, Geneva, and should close no later than Tuesday, 29 January 2013. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold an extraordinary meeting on 5 to 7 December 2012 at WHO headquarters open to all Member States that focuses its agenda on particular aspects of WHO Reform; consideration of options developed pursuant to decision WHA65(5) of the Sixty-fifth World Health Assembly on transparency, predictability and flexibility of WHO's financing and review of the draft General Programme of Work and Programme Budget including results of discussions taking place in Regional Committees. The Executive Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its seventeenth meeting on 17 to 18 January at WHO headquarters, to take up the remainder of the PBAC agenda;

Requests the Director-General, as part of preparation for the 132nd Executive Board and Sixty-sixth World Health Assembly, to provide regular Member States briefings with written documentation provided at least ten days ahead of time, on all aspects of reform implementation;

Requests the Director-General to provide a paper describing elements of a possible meeting of Member States to discuss WHO governance issues including internal governance issues around alignment between global, regional and country offices and methodologies of work of the governing bodies and provide this for consideration to the 132nd meeting of the Executive Board.

Dr LARSEN (Norway) said that Norway continued to accord high priority to the reform agenda; it was concerned, however, that little progress had been made on financing, which was the starting point for reform. As a donor country, Norway feared that the current financing practice at WHO was undermining the democratic foundation of the Organization: the risk was that its priorities would be set by donors rather than by the Health Assembly. It was unfortunate that Member States were approaching the debate on the draft general programme of work and the programme budget without a better understanding of the financing dialogue. Before being submitted to the Board at its next session, the proposed new financing mechanism required further review especially in terms of priorities, in order to avoid a repetition of the inadequately prepared debate that had been held on the subject at the Sixty-fifth World Health Assembly.

He endorsed the suggestion by the member for the United States for a staggered approach to the issue of governance. In respect of the annual meeting schedule, he wished to know why the Secretariat had changed its mind about the preferred alternative in the Director-General's consolidated report on WHO reform (document A65/5). He hoped that the regional committees would be getting a more detailed version of the draft twelfth programme of work and the proposed programme budget for 2014–2015, as well as more specific information on the social determinants of health, which had been a subject of intense debate by the Health Assembly. Implementation of and follow-up to instruments adopted by the Health Assembly, such as conventions or codes of conduct, should be given priority in the programme budget, if his country were to continue making non-earmarked voluntary contributions to it.

Mr THABET NASHER (Yemen) said that, at its current session, the Board should draw up a road map for the reform process and discuss the question of how to include the regional committees' input on the reform process in its deliberations at the 132nd session. It should also explore whether and how it could be of assistance in involving major private sector and civil society stakeholders in the reform process.

It was important to identify reform milestones and expected outcomes. Once that had been done, WHO could "market" its reform process by informing the public, the media, health professionals and others of how it would unfold. He wondered whether the global health agenda for

2015 and beyond was being set by WHO or by other stakeholders? Would it be in harmony with the Organization's priorities and programme of work?

Professor HALTON (Australia), endorsing the views of the member for Norway, said that financing was at the core of the reform agenda, yet nobody seemed prepared to acknowledge that fact. She agreed that there was a need for accountability, predictability and transparency, and alignment between the regions and headquarters, but in the end the Board had to talk about money, and it had to reconcile the potentially irreconcilable issue of donors' priorities versus the democratic principle. The Secretariat could greatly facilitate the process by thinking "outside the box". She supported the proposal by the member for the United States to approach the subject of governance in a stepwise fashion, but only if financing could be tackled at the same time.

Dr SILBERSCHMIDT (Switzerland) said that his Government remained committed to reform and considered that each Member State must take individual responsibility for the process. Reports for regional committees relating to issues on which they were expected to provide input should be prepared well in advance of the first regional committee meeting in August. Financing and governance required special attention from Member States over the coming year. He endorsed the proposal to hold a special session of the Programme, Budget and Administration Committee in December 2012 and agreed that it might be necessary to hold a special session on governance in March 2013, although a decision in that regard could be postponed. He endorsed the view of the member for Yemen on the important role that WHO should play in defining the post-2015 global health agenda.

The CHAIRMAN, pointing out that additional sessions would cost an estimated US\$ 1.5 million per session, said that a discussion on the purpose of the session and how it would be implemented was necessary.

Dr DANKOKO (Senegal), speaking on behalf of the Member States of the African Region, welcomed the significant progress made on reform, and the decision adopted on that matter by the Sixty-fifth World Health Assembly. It was to be hoped that the terms of the decision would ensure that all the necessary financial information would be made available to Board members well in advance of the meetings of the Programme, Budget and Administration Committee. The African Region was particularly interested in the process of drawing up the draft twelfth general programme of work and the proposed programme budget for 2014–2015, and the new dialogue on financing. A consultation or even a session dedicated entirely to those two issues would be welcome.

Dr AMMAR (Lebanon) agreed with previous speakers that financing had not been given the attention it deserved, either in the consolidated report on WHO reform or in the Health Assembly's deliberations. Financing should have been a separate component of reform rather than being classified under management. He agreed with the member for Norway that the proposal for the new financing mechanism should be thoroughly prepared prior to its submission to the Board.

Dr MORA (Panama), expressing his optimism about the reform process and welcoming the progress made, said that the Executive Board should be taking the lead in supervising reform implementation. A road map for reform was necessary as it would provide an overview on what had already been achieved, and what had to be done before the next session of the Executive Board; it would also guarantee transparency and facilitate participation in the reform process. Administrative issues relating to accountability and transparency were being addressed in a timely manner. Regional committees had an important role to play in defining regional priorities to be included in the general programme of work.

Further discussion was needed on governance, particularly on the relationships between WHO and global health stakeholders, other United Nations agencies, and the private sector. Furthermore, the general programme of work should be aligned with governance as a whole. The financial aspects of reform should be discussed in a structured way at an open session of the Programme, Budget and

Administration Committee in order to ensure that work being done at all levels was complementary. Documents must be available early enough to allow participants to prepare for meetings and consultations at all levels. He endorsed the draft formal evaluation policy and the revised terms of reference of the Programme, Budget and Administration Committee.

Dr WILLIAMS (Barbados) commended the systematic and thoughtful manner in which discussions on reform had taken place. Any organization that had to respond quickly and effectively to developments needed to have not only an effective plan but also a certain degree of nimbleness with regard to funding allocation and adequacy, and it was in that context that the dialogue on financing took on the most importance. Now that some corporations were growing larger than governments, greater involvement of the private sector was needed. Corporations were demonstrating a heightened sense of corporate social responsibility, and that resource might be profitably utilized within the new financing dialogue. She endorsed the idea of reviewing meeting schedules in order to improve effectiveness, and strengthening the emphasis on risk management in the Organization's planning.

Mrs ESCOREL DE MORÃES (Brazil)¹ endorsed the views of the member for Panama and the suggestion made by the member for the United States concerning a stepwise approach to the reform process, which would allow Member States to follow its evolution from debate to implementation, and to supervise and guide the process. The first-stage evaluation of the reform process had been generally positive but further debate on financing and global health architecture was needed, both within the Organization and with other international health stakeholders, including civil society, United Nations agencies and the private sector. The aim was to draw up, without further delay, a pact on global health priorities in which all stakeholders felt a sense of ownership.

Ms WISEMAN (Canada)¹ said that the Organization was at a critical juncture in the reform process owing to the complexity of the issues involved and the need for ongoing commitment from all parties concerned. Streamlining operations and identifying priorities more effectively in the general programme of work, and linking them directly to expected outcomes, in the framework of a realistic programme and budget, was vital to moving the reform forward. However, other important reforms were also needed, making the amount of work remaining a matter of concern.

The Organization had to find a way of ensuring predictable and sustainable funding on which all stakeholders could agree. A financing dialogue might be useful in that regard, but it was still at the conceptual stage. Another challenge was to strengthen the respective roles of the two governing bodies, including through Organization-wide alignment, especially between regional committees and headquarters. The methods of work of the governing bodies had improved, but substantive changes were required before they could claim a strategic leadership role. More discussion on those issues among Member States, supported by comprehensive analysis by the Secretariat, was needed and she therefore endorsed the proposed special meeting on financing, which should take place after the regional committee meetings and before the next session of the Board. Consideration should also be given to holding a forum, supplied well in advance with documentation, for in-depth discussion on governance, including the development of a more strategic agenda for the Health Assembly, which would encourage more focused discussion on matters such as how to manage the large number of resolutions and how to analyse progress reports more effectively. A road map and implementation plan for the rest of the reform process would be welcome.

Mr SAMAR (Algeria)¹ said that decision-making processes should involve all Member States as represented in the Health Assembly, which must remain WHO's supreme decision-making body. Measures to strengthen the Executive Board should not infringe on the rights of Member States that were not members of the Board.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The DIRECTOR-GENERAL thanked the Executive Board for its advice and guidance. She outlined the calendar of work for the rest of the year in order to inform the Board's eventual decision on the proposal made by the member for the United States. There were four items of importance for the Board's consideration: the financing dialogue, the draft twelfth general programme of work, the proposed programme budget 2014–2015, and engagement with stakeholders including the private sector, civil society, and partnerships hosted by WHO and United Nations agencies. Planning was already under way for discussion of those reform-related topics. That work came in addition to the extra tasks already set by the Health Assembly that had just concluded: a consultation on noncommunicable diseases in October, as well as other consultative work, including that on the mental health action plan, and on the output of the Consultative Expert Working Group on Research and Development: Financing and Coordination. Under normal circumstances, the Secretariat would already be working on the draft twelfth general programme of work and the proposed programme budget 2014–2015 so that the texts could be translated into the official languages and transmitted to the six regional committees, which were held between August and October, and whose input on those two key documents was essential. She noted the logistical difficulties inherent in those arrangements that would prevent the Secretariat from being able to provide documents within the normal six-week period. It would take some weeks after the last of the regional committees had closed to prepare a coherent and fair document that took account of the regional differences that would necessarily exist. If an extraordinary session of the Programme, Budget and Administration Committee were to be held in early December, members should be prepared to receive two substantial documents in mid-November – perhaps as late as the third week in November. She recalled that members preferred to receive meeting documents at least four weeks in advance, but sometimes accepted to receive them only three or even two weeks in advance of the meeting when circumstances were difficult.

The question of partnerships was an important one; consultations on that subject had already started. Papers would be prepared as soon as possible so as to support debate before the next session. Consultations would also be started immediately on financing options in order to prepare documents for discussion by the Board in January.

Her suggestion to the Board would be for the Programme, Budget and Administration Committee to examine the draft twelfth general programme of work and the proposed programme budget at its extraordinary session in December, in order to be ready to discuss financing and partnership arrangements at the regular session of the Executive Board in January 2013. She noted that an alternative would be to hold an extraordinary session of the Programme, Budget and Administration Committee back-to-back with the regular session of the Board.

Professor HALTON (Australia) asked whether the document on possible financing mechanisms would be available earlier than the other documents that had been mentioned, as it would not require input from the regional committees but would need careful consideration. The idea had been to hold discussions in December in order to allow time for reflection prior to the meeting of the Board in January.

The DIRECTOR-GENERAL said that the financing options document could be made available at an earlier stage. Member States should decide on priorities first and then turn their attention to financing to avoid giving the impression that the agenda was driven by funding.

Dr SILBERSCHMIDT (Switzerland) suggested that instead of having to prepare the complete draft twelfth general programme of work and proposed programme budget in time for the December session of the Programme, Budget and Administration Committee, the Secretariat should prepare a short five-page paper setting out the issues arising from discussion at the regional committees on which further guidance from the Board was needed. The complete draft of the programme of work, incorporating any suggestions made by the Committee, would then be submitted to the Executive Board at its 132nd session in January. The Secretariat might wish to make suggestions on how the Organization could best disseminate information about the aims of the reform in order to gain support for it.

The DIRECTOR-GENERAL said that the regional committees would be encouraged to provide guidance on directions and strategic priorities in relation to the draft twelfth general programme of work and the proposed programme budget for 2014–2015. There would be no budget allocation breakdown at that stage. Following the session of the Board in January 2013, all the recommendations that had been made by the regional committees, the Programme, Budget and Administration Committee at its special session, and the Executive Board at its 132nd session would be taken into consideration, together with the figures prepared by the Secretariat on the expected costs, and the resulting revised programme budget, including a precise budget envelope, would be submitted to the Sixty-sixth World Health Assembly.

The CHAIRMAN drew attention to the need for clarity of understanding on the process to be followed, and expectations for the outcomes; in that connection she favoured the suggestion by the member for Switzerland that the Secretariat should produce a short document on the outcomes of the regional committees on which further discussion was needed.

Dr LARSEN (Norway) said that the date mentioned in the draft decision proposed by the member for the United States for the December meeting of the Programme, Budget and Administration Committee was the same as the one proposed by the Secretariat in document EB131/9; unlike the Secretariat proposal, the draft decision specified that the meeting should focus on various aspects of financing. The schedule of future meetings should be linked to the financing dialogue debate. Should that debate be held prior to the Sixty-sixth session of the Health Assembly or after it? Many Member States would object to letting the Executive Board determine priorities before the debate on the financing dialogue had been held. Indeed, it was difficult to see how a body other than the Health Assembly could set the Organization's priorities, as those very priorities would determine the shape of the financing dialogue. How could the schedule of meetings proposed in the draft decision under consideration be reconciled with the cycle of meetings proposed in the Director-General's consolidated report on the reform process?

The DIRECTOR-GENERAL said that at the Sixty-fifth World Health Assembly, Member States had been in agreement on the sequence in which the Organization's various bodies met and their contribution to the decision-making process that culminated in the Health Assembly Consultations on the draft programme budget would begin with the six regional committees, the conclusions of which would be communicated to the Programme, Budget and Administration Committee and the Executive Board. Following the meetings of those bodies, the draft programme budget would be revised in line with the Board's recommendations and submitted to the Health Assembly which, as the body representing all the Member States, would make the final decision with regard to priorities and the budget envelope. The Health Assembly had decided to maintain the status quo of the meeting schedule until 2013, when it would be reviewed once again. Whatever decision was reached in the future, the order in which meetings were held would remain unchanged.

The CHAIRMAN said that, if she heard no objections, she would take it that the Board wished to take note of and approve the draft formal evaluation policy contained in document EB131/3.

The decision was approved.¹

The CHAIRMAN said that, if she heard no objections, she would take it that the Board wished to approve the draft resolution contained in document EB131/10 containing the revised terms of reference for the Programme, Budget and Administration Committee, as amended by the member for China at the first meeting of the Board's current session.

¹ Decision EB131(1).

The resolution was approved.¹

2. TECHNICAL AND HEALTH MATTERS: Item 6 of the Agenda

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: Item 6.1 of the Agenda (Document EB131/4)

The CHAIRMAN invited the Executive Board to consider the report by the Director-General on Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (document EB131/4) and the draft decision contained in that report.

Dr EL MENZHI (Morocco), stressing that implementation of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework) required a broad and multi-faceted approach spanning legal, regulatory and logistics measures, said that rapid conclusion of the negotiations on the Framework Standard Material Transfer Agreement 2 (SMTA 2) was strongly recommended, as the equitable and transparent transfer of PIP biological materials could not otherwise be guaranteed. Until such time as those negotiations were concluded, transfer of those materials must continue in accordance with the interim process set out in the report on the second meeting of the PIP Framework Advisory Group, annexed to document A65/19, in the interest of global public health, and trust and balance between virus sharing and benefit sharing. He endorsed the guiding principles for the use of the Partnership Contribution, namely fairness, equity, public health risk and need, and the particular vulnerability of countries affected by H5N1, and the proportional allocation of the Partnership Contribution in accordance with the proposal reflected in paragraph (2) of the draft decision. In that regard, the capacities of countries to implement the International Health Regulations (2005) should be taken into account. The PIP Framework constituted a public health victory and guaranteed the principles of solidarity and equity.

Mr MEIŽIS (Lithuania), speaking on behalf of the Member States of the European Union, welcomed the conclusions drawn by the PIP Framework Advisory Group and expressed support for the proposals set out in the draft decision, in particular those contained in paragraphs (2) and (3). His delegation had noted the call for legal support in connection with the SMTA 2 negotiations and would explore the possibilities in that regard. The Member States of the European Union looked forward to the outcome of the Group's third meeting in September, as well as to the Group's annual report, and reiterated their willingness to cooperate in further work on the topic, including the review of the proportional division in 2016.

Dr LIOW TIONG LAI (Malaysia), recognizing pandemic influenza preparedness as a crucial need requiring long-term investment and adequate resource allocation, expressed strong support for the allocation of contributions in the proportions suggested in paragraph (2) of the draft decision under review. It would promote capacity-building in countries that greatly needed preparedness measures in order to respond to pandemic emergencies, provided that the allocations were made on the basis of well-defined criteria and guiding principles agreed by Member States. The proportional division should be reviewed every two years with a view to ensuring that preparedness activities were progressing as planned. Given that requirements were unpredictable, the Director-General should also be authorized to modify the allocation of resources in accordance with paragraph (3) of the draft decision under review. Local logistics must be taken into account in that context.

¹ Resolution EB131.R2.

Mr KOLKER (United States of America) said that he concurred with the proposals set out in paragraphs (2) and (3) of the draft decision. He requested clarification, however, on the procedures in place for ensuring the transparency of decision-making with respect to use of the Partnership Contribution resources, and on the stakeholders, including contributing companies and institutions, that would be consulted.

Dr REN Minghui (China) said that his delegation also agreed with those two proposals, and emphasized that capacity-building must selectively strengthen the surveillance capacities of Member States while also developing the core capacities mandated in the International Health Regulations (2005).

Dr AGUILAR (Ecuador), underlining the importance of preparedness to face any new pandemic influenza situation, said that efforts must be made to strengthen surveillance measures and ensure the allocation of sufficient resources for immunization. Health service capacities in general must also be improved; capacity-building in the area of respiratory infections, for example, would enhance the capacity for monitoring individuals who were vulnerable to influenza.

Dr AMMAR (Lebanon) agreed that capacity-building at the country level had the greatest impact on global protection of the international community and echoed the support expressed for the two proposals contained in paragraphs (2) and (3) of the draft decision.

Dr FUKUDA (Assistant Director-General) said that the proposed allocation of 30% of Partnership Contribution resources for response activities over the next five years, which would amount to some US\$ 8 million, could be used, for example, to create stockpiles of antiviral drugs in order to ensure their availability. As to the proposed 70% allocation for preparedness activities, amounting to some US\$ 20 million, the Advisory Group, which was providing advice to the Director-General, in accordance with the PIP Framework, had indicated that 70% of that allocation should be used for laboratory and surveillance capacity-building, 10% for regulatory capacity-building, 10% for disease burden studies and 10% for risk-communication activities. In the next stage of the process, the Director-General and the Advisory Group, again in accordance with the PIP Framework, would interact with industry and other stakeholders, after which the Director-General would decide as to the use of the resources, including through consultation with WHO regional directors.

Mrs BAMIDELE (Nigeria) recalled that countries in the African Region had benefited from the United Nations Central Emergency Response Fund during pandemic (H1N1) 2009, which had enabled them to respond to the human and veterinary threats posed at that time. WHO had furthermore provided enough vaccines and training to ensure that the workforce was equipped to tackle any eventuality. Despite their late preparedness, those countries had risen to the challenge.

While supportive of the proposal set out in subparagraph (2) of the draft decision, she wished to suggest two options for an amendment to the text. The first option would be to add at the end of subparagraph (2) the phrase “especially to poorer and highly populated at-risk countries”. The second option would be to introduce a new subparagraph (2)*bis* that read: “In allocating the funds above, more resources and attention should be allocated to poorer and highly populated countries which stand a higher risk of harbouring and transmitting the virus”.

Professor HALTON (Australia), supported by Dr EL MENZHI (Morocco), said that it would be preferable to retain the terminology used in the PIP Framework, which had been painstakingly negotiated over a four-year period.

Mr BURCI (Legal Counsel) said that “poorer countries” would fall within the term “developing and least developed countries” used in the PIP Framework. The words “highly populated at-risk” referred to a different criterion, however, and would not appear to pose a problem.

Mr KOLKER (United States of America), pointing out that many stakeholders had a keen interest in the apportionment of Partnership Contribution resources, said that the Executive Board was not the appropriate forum for decision-making in that regard, which should remain under the control of the Secretariat.

Professor HALTON (Australia) said that the terms “least developed countries” and “affected countries” had been selected for use in the PIP Framework as a means of prioritizing the targets of Partnership Contribution resources. Indeed, the language employed in the Framework had been negotiated in the light of the imperative to balance needs.

The DIRECTOR-GENERAL said that the PIP Framework was expressly designed to ensure fairness, transparency and the equitable use of resources. It was therefore unthinkable that Partnership Contribution resources would not be used to strengthen the preparedness of countries in greatest need. Capacity-building was moreover a two-way process; funds were invested for that purpose and the beneficiaries must in turn invest in their own capacities. Least developed countries were most certainly a priority. She therefore appealed to the member for Nigeria to take those facts on board and withdraw her proposed amendment.

Mrs BAMIDELE (Nigeria) said that she would accede to that request, albeit with some reluctance.

The CHAIRMAN thanked the member for Nigeria for her flexibility and understanding. She said that, if she heard no objection, she would take it that the Executive Board wished to take note of the report and adopt the draft decision contained in document EB131/4.

It was so agreed.

The decision was adopted.¹

Radiation protection and safety of radiation resources: International Basic Safety Standards: Item 6.2 of the Agenda (Document EB131/11)

The CHAIRMAN drew attention to the report contained in document EB131/11, in which the Board was invited to note the revised International Basic Safety Standards.

Dr LARSEN (Norway) said that Norway was in favour of noting the revised Standards.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) recalled that during the discussion on agenda item 1 at its first meeting, the Board had agreed to include on its agenda a supplementary item on the International Basic Safety Standards and that there had been consensus that the revised Standards should be noted.

Mr KOLKER (United States of America) concurred that, notwithstanding the failure to disseminate the text in a timely manner, the Board should note the revised edition of the Standards as its content was unobjectionable.

Mr MEIŽIS (Lithuania), speaking on behalf of the European Union and its Member States, expressed regret at the process by which the present item had been included on the Board’s agenda. The revised Standards had been available for over a year and there had been ample opportunity for the

¹ Decision EB131(2).

Secretariat to bring them to the attention of the Board at its previous session, or even during the Health Assembly, in a timely fashion that would have enabled Member States to engage in consultations and devote to the item the attention that it deserved. He would appreciate an explanation of why the item had been tabled so late when the revised Standards had been approved by the Board of Governors of the International Atomic Energy Agency (IAEA) in September 2011, and of the role of the Board in the process of reviewing the Standards and the role of the Secretariat at the interagency level. He also wished to know whether it was necessary for the Board to note the revised Standards in order for the Secretariat to report back to IAEA and what the practical implications would be if the Board decided not to note them at the current session.

Professor HALTON (Australia) said that, irrespective of the issue of timeliness, it was preferable to note the revised Standards in the interest of ensuring that WHO was associated with them once they entered into the public domain. The breakdown in the process should not preclude the Board from taking that action, although it should be apprised of the reasons for the shortcomings that had occurred.

Dr MORA (Panama) agreed that the revised Standards should be noted, despite the lack of clarity concerning the process.

Dr FUKUDA (Assistant Director-General) fully acknowledged the concerns expressed over the lack of timeliness in bringing the item to the Board's attention, for which he apologized. The slow pace of the Secretariat's internal deliberations on the revised Standards had been partly to blame, but that was no excuse. The International Basic Safety Standards were published on behalf of their eight sponsoring organizations, including WHO. The Board's role in the process was to fulfil WHO's responsibility as a sponsor by noting each edition of the Standards. Failure to do so meant that WHO – and possibly the Pan American Health Organization as well – would no longer be indicated as a sponsoring organization. WHO had in fact contributed substantively to the work on updating the health guidance provided in the Standards.

Mr MEIŽIS (Lithuania), speaking on behalf of the European Union and its Member States, said that, although it was reluctant to do so, the European Union could agree in the light of that explanation to note the revised Standards in the interest of moving forward.

Dr EL OAKLEY (Libya) said that the revised Standards had been compiled by experts in the field and that it was accordingly appropriate for the Board to note them without further delay.

The CHAIRMAN said that, if she heard no objection, she would take it that the Executive Board wished to note the revised International Basic Safety Standards.

The Board noted the revised International Basic Safety Standards.¹

¹ Decision EB131(3).

3. STAFFING MATTERS: Item 7 of the Agenda

Statement by the representative of the WHO staff associations: Item 7.1 of the Agenda (Document EB131/INF.DOC./1)

Mr BELGHARBI (representative of the WHO staff associations) read out the statement contained in document EB131/INF.DOC./1.

Dr SILBERSCHMIDT (Switzerland) thanked the representative of the WHO staff associations for his statement and the staff for their commitment to the Organization. Financial pressures and the WHO reform process had undoubtedly caused much disruption among staff as WHO endeavoured to modernize its leadership position in the field of global health. While welcoming the comments made, Switzerland believed that a report on positive social dialogue between the staff associations and WHO's human resources management would be a more constructive approach than cataloguing a list of grievances.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)¹ likewise thanked the representative for his comprehensive and thought-provoking statement and paid tribute to the WHO staff for the vital work that they performed, often in dangerous settings, as had been tragically demonstrated by the events of August 2011. Concerning the issue of consultation with staff, communication was an important aspect of any change within an organization. Indeed, the trust on which the Director-General rightly placed so much emphasis was built when both staff and management could rest assured that their voices were heard. The indications were that internal communication had significantly improved in recent years, but it would be helpful to know what action the Secretariat had taken to hold both formal and informal consultations with staff and how it planned to build on that collaborative relationship in the months ahead.

WHO was undeniably faced with a difficult financial situation; crises did not fall at convenient junctures in the programme budget cycle. Nonetheless, a broader understanding of the decision-making process and the rationale underpinning decisions about downsizing at WHO headquarters and the Regional Office for Africa would be useful. Lastly, concerning alignment, to which the reform discussion was also relevant, it would be useful to know the extent to which the human resources office at headquarters exercised authority and control over that function at regional and country level.

Ms OSUNDWA (Kenya)¹ asked why the Organization employed such a strikingly large number of consultants. Was it because they performed work that the Secretariat was unable to carry out? Were they performing functions previously discharged by competent staff lost as a result of downsizing? Or was it a trend that been developing for some time?

The DIRECTOR-GENERAL thanked the staff for their demonstration of cooperation, understanding and maturity during what was a difficult time for the Organization and acknowledged the important role played in that regard by the WHO staff associations. WHO management had an open-door policy with respect to the representatives of those associations, with whom she and her human resources colleagues met regularly in order to hear and discuss their views. Through that process of consultation, the staff had contributed a great deal to the reform discussions but their input was not always taken on board, since the Organization was essentially driven by its Member States.

Staff association representatives actively participated in all WHO selection panels, ensuring that due process was observed in the appointment of staff. An annual three-day meeting was also held with representatives from all six WHO regions in order to discuss staff issues and attempt to resolve any problems. WHO supported the work of its staff associations to the tune of US\$ 500 000 annually,

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

including their attendance at meetings to explore the impact of United Nations rules and regulations on the very complex internal justice system. Efforts to speed up the process of improving that system were now under way and the positive input of the staff associations on that score was greatly welcome. Indeed, it was a mutual learning experience.

On the subject of downsizing, she said that the post abolition process had been monitored by a Road Map Review Committee with a membership that included technical advisors and a staff association representative in the interest of guaranteeing fairness and transparency.

Agreements for Performance of Work (APWs) were a means of employing individuals on a short-term basis in times of need, for example during the Health Assembly. APWs were not a substitute for the employment of permanent staff. Indeed, it would be much more costly to employ individuals on a full-time basis to perform the tasks concerned, bearing in mind that the average APW spanned a three-month period. Nonetheless, there was room for improvement in that area, which was under scrutiny, including by regional directors.

In short, WHO was doing its utmost to adjust to the reality of the financial crisis and to live within its means. At the same time, Member States must also play their part in providing support. Staff had been asked to do more with less, but a continuation of that situation would have dire consequences for the quality of work and the health of staff members. While proud to work for the Organization, staff were frustrated, as reflected in the fact that most of the 150 appeals in process related to the non-renewal of contracts. A stronger accountability framework was needed for all staff. In that regard, sexual harassment posed a major challenge in that WHO was unqualified to prosecute what was a criminal offence. All sexual harassment cases would therefore in future be referred to the police for investigation. Other staff complaints often related to disagreements concerning performance assessments. An overall review had shown that staff were often rated as having exceeded expectations and were habitually praised for their efforts. Constructive criticism was not easily accepted and an external peer review system was to be introduced as a step towards changing that culture.

WHO could not meet all of the staff associations' requests, however, it would do its utmost to maintain its close dialogue as part of its mandate. In response to the questions raised by delegates, she reaffirmed the importance of consultation and transparent communication through regular meetings with staff and said that she looked forward to greater certainty in the downsizing situation once the reform was complete. The utmost efforts would be made to align human resources policies in order to avoid differences of interpretation, to which end the Director of the Human Resources Department was in regular contact with human resources personnel in all WHO regions. As to the statement by the representative of the staff associations, it was not so much a catalogue of complaints as a list of issues to which Member States should turn their attention. Concerning consultants, their services were not engaged because staff were incompetent but in order to meet the demands of peak work periods. Some separated staff were employed as consultants by virtue of their institutional memory and experience, but WHO strictly applied the United Nations rules limiting the earnings of retirees. In conclusion, she expressed appreciation for the keen interest taken by Member States in staffing matters and assured them that the staff would continue to do their best to serve the Organization.

The CHAIRMAN commented that WHO was a knowledge-based organization with a very special global mandate, whose relevance to decision-making at the broader global level would be further enhanced as a result of the WHO reform. If there were no further comments, she would take it that the Board wished to note the statement by the representative of the WHO staff associations.

The Board noted the statement.

Amendments to the Staff Regulations and Staff Rules: Item 7.2 of the Agenda (Documents EB131/5 and EB131/5 Add.1)

The CHAIRMAN drew attention to the draft resolution contained in the report by the Secretariat on amendments to the Staff Regulations and Staff Rules (document EB131/5), and the related financial and administrative implications for the Secretariat of the adoption of the resolution

(document EB131/5 Add.1), noting in addition that its adoption was recommended by the Programme, Budget and Administration Committee.

The CHAIRMAN said that, as she had heard no objection, she took it that the Executive Board wished to adopt the draft resolution.

The Board adopted the resolution.¹

The meeting rose at 17:40.

¹ Resolution EB131.R1.

THIRD MEETING

Tuesday, 30 May 2012, at 09:45

Chairman: Dr J. ST. JOHN (Barbados)

1. MANAGEMENT AND FINANCIAL MATTERS: Item 8 of the Agenda

Membership of the Independent Expert Oversight Advisory Committee: Item 8.1 of the Agenda (Document EB131/6)

Dr REN Minghui (China) recalled the unique, invaluable role played by the Independent Expert Oversight Advisory Committee since its establishment, providing advice on both financing and reform to the Board. The proposal to appoint to the Committee two new members from developing countries was welcome, but the curricula vitae of the two candidates, as presented in the Secretariat's report (document EB131/6), were rather succinct. Could the Secretariat provide more details, including information on the positions currently held by the candidates? Paragraph 5 of the report referred to a roster of candidates being retained for future vacancies, and it was to be hoped that the roster would be updated regularly. Steps should be taken to ensure that a certain proportion of those candidates were from developing countries.

Ms OSUNDWA (Kenya)¹ commended the competitive process whereby two women candidates, from the African Region and the Eastern Mediterranean Region, had been proposed. She was pleased to note that the Director-General had "cast the nets wider" and encouraged her to do so more often, recalling the principles set forth in Article 101, paragraph 3 of the Charter of the United Nations.

Mr SAMAR (Algeria)¹ said that the proposed appointment of candidates from the African Region and Eastern Mediterranean Region represented application of the principle of equitable geographical representation in the composition of the Organization's bodies, which had been shown to provide added value. He hoped that that principle would continue to be applied. The Secretariat should ensure that adequate information was provided to Member States with regard to vacant positions and post requirements, in sufficient time for them to propose appropriate candidates.

Mr CHATELUS (France)¹ agreed with the member for China that more detailed information about the candidates should be provided. Nevertheless, the available information indicated that they were both highly competent, independent individuals. While he appreciated the fact that the two candidates were women from underrepresented regions, the crucial factors, clearly, were their independence and their competence.

Dr JAMA (Assistant Director-General) said that the full curricula vitae of the two candidates would shortly be made available for consultation. The selection process had been highly competitive, as had been the case during the first round of selections for the Committee, in 2009. The positions had been advertised in international journals, and candidates had been screened by external independent experts. The shortlisted candidates who had not been selected had been placed on a roster and would

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

be considered, depending on their availability, as candidates to replace members of the Committee in two years' time.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)¹ thanked the Secretariat for using the same robust procedure as in the first round of selections, which had involved independent screening of applicants, resulting in the selection of two candidates with the requisite skills and competence. It was important to ensure that bodies such as the Advisory Committee, like technical medical bodies, operated in a fully independent manner. Endorsing the comments made by the member for France, he stressed that any politicization of such bodies must be avoided.

Dr BAYE LUKONG (Cameroon), recalling the sensitive discussions held on the item at the previous session of the Executive Board, congratulated the Committee on the spirit of dialogue that had prevailed and thanked the member for Canada for the proposal that had led to the present successful outcome.

The CHAIRMAN said that, in the absence of any objection, she took it that the Board wished to take note of the report and to confirm the appointment of the two members of the Independent Expert Oversight Advisory Committee, as proposed by the Director-General.

It was so decided.²

Committees of the Executive Board: filling of vacancies: Item 8.2 of the Agenda (Documents EB131/7 and EB131/7 Add.1 Rev.1)

- **Programme, Budget and Administration Committee**

The CHAIRMAN said that the Programme, Budget and Administration Committee was composed of 14 members: two from each region, selected from among Board members, plus the Chairman and a Vice-Chairman of the Executive Board, ex officio. She said that Dr Ahmed Jamsheed Mohamed (Maldives) should be listed in place of Dr Pe Thet Khin (Myanmar) as a member from the South-East Asia Region, with Mrs Madalena Hanjam da Costa Soares (Timor-Leste).

In the absence of any objection, she took it that the Board wished to approve the proposals contained in paragraph 2 of document EB131/7 Add.1 Rev.1, as amended.

It was so decided.³

- **Standing Committee on Nongovernmental Organizations**

The CHAIRMAN said that there were three vacancies to be filled on the Standing Committee on Nongovernmental Organizations. She announced that Dr Maria Teresa Valenzuela (Chile) should be listed in place of Mrs C. Vance Mafla (Ecuador).

In the absence of any objection, she took it that the Board wished to approve the proposals contained in paragraph 3 of document EB131/7 Add.1 Rev.1, as amended.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² Decision EB131(4).

³ Decision EB131(5).

It was so decided.¹

- **Foundation committees**

The CHAIRMAN said that there were two vacancies to be filled on the foundation committees.

In the absence of any objection, she took it that the Board wished to approve the proposals contained in the section on foundation committees in paragraph 3 of document EB131/7 Add.1 Rev.1.

It was so decided.²

- **Appointment of representatives of the Executive Board to the Sixty-sixth World Health Assembly**

The CHAIRMAN proposed that the Executive Board be represented by the Chairman and the first three Vice-Chairmen. If any of them were not able to attend the Health Assembly, the other Vice-Chairman and/or the Rapporteur could be asked to represent the Board.

In the absence of any objection, she took it that the Board wished to approve that proposal.

It was so decided.³

2. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 9 of the Agenda (Document EB131/8)

Professor NICKNAM (Islamic Republic of Iran), referring to the eighth report of the Expert Committee on Leprosy, commended WHO's global target of reducing the rate of occurrence of new cases with visible disability (WHO Grade 2 Disability) to less than one case per million population and of reducing by 35% the rate of new cases diagnosed with Grade 2 disability per million population between 2011 and 2015, which would encourage countries to strengthen their leprosy elimination campaigns. Rehabilitation services were essential for individuals affected by Grade 2 disability. The introduction worldwide of best practice models would facilitate the early detection of new cases and rapid initiation of therapeutic measures and would further contribute to reducing the stigma associated with the disease. Research on drug resistance was also of utmost importance. The provision of insurance coverage and social support to patients with Grade 2 disability should be promoted, and community-based programmes should strengthen their focus on disabled patients. His Government proposed that a regional and global network of collaborating centres on leprosy be established. The Center for Research and Training in Skin Diseases and Leprosy in the Islamic Republic of Iran, which had played a key role in eliminating leprosy in his country many years previously, was willing to offer its technical and research capacity at regional level.

Dr EL MENZHI (Morocco) said that the rate of occurrence of new cases of leprosy had gradually decreased in recent years, through Member States' efforts and with the support of WHO. Further efforts were nevertheless required, particularly for disability prevention, treatment and research. While commending the relevance of the proposed indicators, he suggested the addition of

¹ Decision EB131(6).

² Decisions EB131(7) and EB131(8).

³ Decision EB131(9).

quality indicators, such as treatment rates for people with disabilities, which would provide an indication of health system response capacity.

Mr DEANE (Barbados) commended WHO's scientific reports, including those prepared jointly with the United Nations Food and Agriculture Organization, which provided an objective reference framework for standard-setting at the national level, particularly for developing countries.

The CHAIRMAN thanked the experts who had taken part in the meetings of expert committees and study groups and requested the Secretariat to follow up their recommendations, as appropriate.

She said that, if she heard no objection, she would take it that the Board wished to note the report.

The Board noted the report.

**3. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:
Item 10 of the Agenda (Document EB131/9)**

Dr DAULAIRE (United States of America) proposed a draft decision that read as follows:

“The Executive Board decided that its 132nd session should be convened on Monday, 21 January 2013, at WHO headquarters, Geneva, and should close no later than Tuesday, 29 January 2013. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold an extraordinary meeting on 5 to 7 December 2012 at WHO headquarters open to all Member States that focuses its agenda on particular aspects of WHO reform; consideration of options developed pursuant to decision WHA65(5) of the Sixty-fifth World Health Assembly on transparency, predictability and flexibility of WHO's financing and review of the draft General Programme of Work and Programme Budget including results of discussions taking place in Regional Committees. The Executive Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its seventeenth meeting on 17 to 18 January at WHO headquarters, to take up the remainder of the PBAC agenda;

Requests the Director-General, as part of preparation for the 132nd Executive Board and Sixty-sixth World Health Assembly, to provide regular Member States briefings with written documentation provided at least ten days ahead of time, on all aspects of reform implementation;

Requests the Director-General to provide a paper describing elements of a possible meeting of Member States to discuss WHO governance issues including internal governance issues around alignment between global, regional and country offices and methodologies of work of the governing bodies and provide this for consideration to the 132nd meeting of the Executive Board.”

Mr MEIŽIS (Lithuania), speaking on behalf of the European Union and its Member States, endorsed the proposed draft decision but reiterated that the decision taken by the Health Assembly to maintain the cycle of meetings of the governing bodies should be respected. The European Union could accept the possibility of a meeting of the Programme, Budget and Administration Committee in December 2012 on an extraordinary basis, with a subsequent regular meeting in January 2013 to set the agenda of the Executive Board. The extraordinary meeting should have a limited agenda, with a focus on the transparency, predictability and flexibility of WHO's financing and a review of the draft twelfth general programme of work and the draft proposed programme budget. While the European Union was strongly committed to advancing reform, it recommended that the number of parallel processes be limited. He therefore proposed an amendment to the last paragraph of the draft decision,

which would read: “The Executive Board further requested the Director-General to provide a paper identifying and assessing elements and options of WHO governance around alignment between global, regional and country offices, WHO’s role in global health governance and methodologies of work of the governing bodies, and to provide this for consideration to the Executive Board at its 132nd session.”

He asked for more details on the arrangements for the proposed extraordinary meeting, which should ensure the full participation of all Member States. Other formats might be suitable, such as mission briefings or Member State consultations, as had been done at the meeting in February on priority setting.¹ He stressed the need for preparation and requested that a briefing be given on the issues to be discussed.

Dr AMMAR (Lebanon) asked for clarification of the last paragraph of the draft decision. It was his understanding that the principle of alignment between governing bodies as well as the mechanism for its implementation were clearly set out in the Health Assembly decision on WHO reform,² under the section on governance reforms. He was concerned that the proposed paragraph might delay implementation of that decision.

Dr SILBERSCHMIDT (Switzerland) agreed that the Programme, Budget and Administration Committee should meet in December 2012 to discuss arrangements for the financing dialogue and issues concerning the draft twelfth general programme of work. He suggested that the Board Members should specify what information they required from the Secretariat after informal consultations.

Dr DAULAIRE (United States of America) associated himself with those remarks.

Dr LARSEN (Norway), welcoming the agreement on holding a meeting in December 2012 that was open to all Member States, recalled the Director-General’s comments regarding the inflexibility of the budget. The Executive Board must find budgetary solutions to meet the priorities set by the Health Assembly.

The DIRECTOR-GENERAL asked the Board to decide on the venue, the date, the participants, the agenda, the chairman and the documents required for the extraordinary meeting in December. A mission briefing could be organized in advance of the meeting.

In response to a query from the CHAIRMAN, Dr SILBERSCHMIDT (Switzerland) said that the debate should focus on how the financing dialogue was to be conducted, rather than on financing itself. Similarly, only issues arising from the draft twelfth general programme of work and the proposed programme budget should be discussed and not those draft documents themselves. In order to limit the workload of the Secretariat, he suggested that converging and diverging issues emerging from the six regional committee meetings be documented, for review by the participants at the extraordinary meeting in December.

Mrs HANJAM DA COSTA SOARES (Timor-Leste) said that the meeting in December would allow Member States to reflect on critical issues before the Board met in January 2013.

In response to a request for guidance from Professor NICKNAM (Islamic Republic of Iran), the DIRECTOR-GENERAL recalled the Health Assembly’s decision on WHO reform,² which requested her to “further develop proposals to increase the transparency, predictability and flexibility of WHO’s financing”. She would therefore prepare proposals, not for the Board meeting in January 2013, but for

¹ WHO reform: meeting of Member States on programmes and priority setting. Geneva, 27–28 February 2012.

² Decision WHA65(9).

the extraordinary meeting in December 2012. To avoid confusion, the draft twelfth general programme of work and the draft proposed programme budget 2014–2015 would not be revised; rather, two documents would be submitted to Board members before the December meeting: the first would outline the proposed options for financing as decided by the Health Assembly, and the second would present the consolidated views of the six regional committees on the draft general programme of work and the proposed programme budget 2014–2015.

The CHAIRMAN commented that the Officers of the Executive Board should function at all the regional committee meetings in a strategic manner.

In response to a query from Dr LARSEN (Norway), the DIRECTOR-GENERAL said that the draft twelfth general programme of work and the draft proposed programme budget 2014–2015 would be submitted to the six regional committees, but the paper on financing options would not be ready in time for their consideration. Board members and the regional offices would receive that document before the extraordinary meeting in December. Regional groupings could nevertheless hold informal discussions, and the resulting ideas could be presented to the December meeting.

Mr McIFF (United States of America) said that many of the practical arrangements for the extraordinary meeting in December were already addressed in the proposed draft decision. He proposed that the third paragraph be amended to read: “The Executive Board further requests the Director-General to provide a paper identifying and assessing specific options and elements as set out in decision WHA65(9) on WHO’s internal governance, including alignment between headquarters, regional and country offices, and on WHO’s role on global health governance and methodologies of work of the Governing Bodies, and to provide this for consideration to the Executive Board at its 132nd session.”

Dr REN Minghui (China) asked whether the Secretariat could draft a third document for consideration at the December meeting, summarizing the views of the six regional committees on various financing options.

The DIRECTOR-GENERAL reiterated that the document on financing options would not be available in all six official languages in time for all the regional committee meetings; however, regional groups could hold informal discussions and submit their views to the Secretariat. Financing might not be on the agendas of all the regional committees and could therefore not be discussed formally.

Expressions of support for the amendments to the draft decision proposed by the member for the United States were made by Mr MEIŽIS (Lithuania), speaking on behalf of the European Union and its Member States, Dr AMMAR (Lebanon), Dr LARSEN (Norway), Mr DEANE (Barbados), Dr AGUILAR (Ecuador), Dr MORA (Panama) and Professor NICKNAM (Islamic Republic of Iran).

Ms PATTERSON (Australia) said that by its reference to decision WHA65(9), the amendment proposed by the member for the United States to the third paragraph of the draft decision made it clear what kind of information Member States expected from the paper that the Director-General would be submitting to the Board.

Dr SILBERSCHMIDT (Switzerland) suggested that the second sentence of the first paragraph of the draft decision be amended to conclude: “and review of the issues raised by discussions in regional committees concerning the draft general programme of work and programme budget.”

Mr KÜMMEL (Germany)¹ said that he supported the draft decision and welcomed the emphasis on financing mechanisms and corporate alignment. He hoped that all the regional committees would discuss financing issues with a view to furthering deliberations at the extraordinary meeting in December.

In support of the comments by the member for Switzerland, he said that it was his understanding that the meeting in December would focus on options for the financing mechanism, providing input for the session of the Board in January 2013. He doubted that it would be practical to review the comments of the regional committees on the draft general programme of work and the proposed programme budget at the same time.

The DIRECTOR-GENERAL said that the draft general programme of work and the proposed programme budget should be discussed in conjunction with future financing mechanisms. Views expressed on those matters in the regional committees would be presented in a consolidated paper at the December meeting, after which the Secretariat would update the two drafts prior to the Board's session in January 2013. The documents would be revised again before the Sixty-sixth World Health Assembly.

Dr SILBERSCHMIDT (Switzerland) reiterated that the December meeting should focus on reconciling the views of the regional committees. He asked whether the meeting would last for two or for three days.

Mr McIFF (United States of America) agreed that discussions of the general programme of work, the programme budget and future financing mechanisms should be closely linked. He welcomed the detailed information on the documents that would be presented to the extraordinary meeting in December. He supported the amendment proposed by the member for Switzerland to the draft decision. In his view, a two-day meeting, from 6 to 7 December 2012, should be sufficient.

Mr MEIŽIS (Lithuania), speaking on behalf of the European Union, agreed with the proposal for a two-day meeting in December.

The DIRECTOR-GENERAL said that, if the extraordinary meeting was to begin on 6 December, the Secretariat would organize a mission briefing in the afternoon of 5 December. The Secretariat would attempt to provide Member States with the relevant documents by mid-November.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)¹ pointed out that the second paragraph of the proposed draft decision referred to "documentation provided at least ten days ahead of time" and asked whether that applied only to the session of the Executive Board in January 2013. He also asked for clarification of what "all aspects of reform implementation" referred to in the same paragraph.

The DIRECTOR-GENERAL said that the documentation for the December meeting would be provided at least ten days in advance and preferably by mid-November. The documentation for the session of the Board would be provided in early January. The Secretariat would update the draft decision with appropriate language to that effect.

Professor SHIRALIYEV (Azerbaijan) said that the Director-General had fully clarified the issues at hand.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Mr VIEGAS (Brazil)¹ wished to know, in view of the many amendments proposed to the draft decision, exactly what text the Board was to adopt. The draft decision made no reference to the dates of the Sixty-sixth World Health Assembly.

Ms ROSE-ODUYEMI (Office of Governing Bodies) said that the Board was being asked to adopt two draft decisions: that proposed by the United States, which should be entitled “Future sessions of the Executive Board”, and the draft decision contained in document EB131/9, which would be entitled “Date and place of the Sixty-sixth World Health Assembly”.

Dr SILBERSCHMIDT (Switzerland) said that the first draft decision did not state the dates of the next session of the Executive Board. He proposed that a consolidated decision be prepared, with the dates of the 132nd session of the Executive Board and the Sixty-sixth World Health Assembly, followed by the three paragraphs of the draft decision proposed by the United States, as amended, and that the Board wished to adopt the draft decision as amended.

The DIRECTOR-GENERAL said that the Secretariat would prepare a consolidated text containing the draft decisions as discussed and amended at the present meeting.

Mr McIFF (United States of America) welcomed the Director-General’s solution and confirmed that his country was not proposing any changes to the draft decision contained in document EB131/9.

The CHAIRMAN said that, if she heard no objection, she would take it that the Board wished the Secretariat to prepare a consolidated text containing the draft decisions as discussed and amended, and that the Board wished to adopt the draft decision as amended.

It was so decided and the decision was adopted.²

4. CLOSURE OF THE SESSION: Item 11 of the Agenda

The DIRECTOR-GENERAL thanked the Board members for the successful session, which had given rise to many useful ideas for making the Health Assembly more efficient, productive and less damaging to the health of delegates. WHO would be a truly democratic institution only when the needs of all countries were heard and ways found to meet them. She welcomed the support for a culture of evaluation at WHO, which would improve performance. Having complimented the Chairman on her gracious, cordial management of the session, she thanked the member for Australia for reminding the Board of the key issue of the conflict between donors’ priorities and the democratic principle.

After the customary exchange of courtesies, the CHAIRMAN declared the 131st session of the Executive Board closed.

The meeting rose at 11:10.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² Decision EB131(10).

LIST OF MEMBERS AND OTHER PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

BARBADOS

Dr J. ST. JOHN, Chief Medical Officer, Ministry of Health, Bridgetown (**Chairman**)

Alternates

Mr D. INNIS, Minister of Health, Bridgetown

Dr M. WILLIAMS, Permanent Representative, Geneva

Advisers

Mr H. ALLMAN, Deputy Permanent Representative, Geneva

Mr S. DEANE, Chief Health Planner, Ministry of Health, Bridgetown

ARMENIA

Professor A. BABLOYAN, Chairman, Standing Committee on Health Care, Maternal and Child Health, National Assembly, Yerevan

Alternates

Mrs S. ABGARIAN, Deputy Permanent Representative, Geneva

Mr G. KOCHARIAN, Counsellor, Permanent Mission, Geneva

AUSTRALIA

Professor J. HALTON, Secretary, Department of Health and Ageing, Canberra

Alternates

Ms C. PATTERSON, Minister Counsellor (Health), Permanent Mission, Geneva

Mr C. BEDFORD, Director, International Health Policy Section, Department of Health and Ageing, Canberra

Ms S. SANDHU, Counsellor (AusAID), Permanent Mission, Geneva

Ms A. CERNOVS, Program Officer, Global Health Programs, AusAID, Canberra

Dr T. POLETTI, Health Adviser (AusAID), Permanent Mission, Geneva

Mr P. HIGGINS, First Secretary, Permanent Mission, Geneva

AZERBAIJAN

Professor O. SHIRALIYEV, Minister of Health, Baku

Alternates

Dr M.N. NAJAFBAYLI, Ambassador, Permanent Representative, Geneva

Mr S. ABDULLAYEV, Head, Division of International Relations, Ministry of Health, Baku

Ms G. GURBANOVA, Senior Advisor, Division of International Relations, Ministry of Health, Baku

Mr I. ALAKBAROV, First Secretary, Permanent Mission, Geneva

Mr E. TEYMUROV, Attaché, Permanent Mission, Geneva

BELGIUM

Dr D. CUYPERS, Président du Comité de Direction, SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement, Bruxelles

Alternates

M. H. BRAUWERS, Chargé d'affaires a.i., Mission permanente, Genève

Dr P. CARTIER, Ministre Conseiller, Mission permanente, Genève

Mme M. DENEFFE, Conseillère, Mission permanente, Genève

M. M. SWALENS, Conseiller, Mission permanente, Genève

Dr I. RONSE, Expert Santé publique, Représentant du SPF Affaires Etrangères, Service Multilatéral et Programmes Européens, Bruxelles

Mme S. LANGEROCK, Attaché Relations Internationales, SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement, Bruxelles

M. L. DE RAEDT, Attaché, Relations Internationales, SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement, Bruxelles

Mme J. BYNENS, Conseillère, Délégué du Gouvernement de la Flandre auprès des Organisations multilatérales, Genève

M. M. CLAIRBOIS, Conseiller, Délégué de la Communauté française de la Belgique et de la Région wallonne, Genève

Mme A. MONCAREY, Délégation de la Communauté française de Belgique et de la Région wallonne, Genève

Mme M. LISMONT, Stagiaire, Mission permanente, Genève

Mme K. VAN ASSCHE, Stagiaire, Mission permanente, Genève

CAMEROON

Dr M. BAYE Lukong, Conseiller technique, Ministère de la Santé publique, Yaoundé

CHAD

Dr Y.P. MATCHOK-MAHOURI, Conseiller du Ministre de la Santé publique, N'Djamena

Alternate

Dr A.M. MOUSSA, Secrétaire Exécutif du CNLS, N'Djamena

CHINA

Dr REN Minghui, Director-General, Department of International Cooperation, Ministry of Health, Beijing (**Vice-Chairman**)

Alternates

Dr LIU Peilong, Senior Adviser, Department of International Cooperation, Ministry of Health, Beijing

Ms LIU Hua, Counsellor, Permanent Mission, Geneva

Mr CHEN Hongbing, Counsellor, Permanent Mission, Geneva

Ms HAN Jixiu, Programme Officer, Department of International Cooperation, Ministry of Health, Beijing

Mr TENG Fei, Attaché, Permanent Mission, Geneva

CROATIA

Professor R. OSTOJIC, Minister of Health, Zagreb

Alternates

Ms V. VUKOVIC, Ambassador, Permanent Representative, Geneva

Ms Z. PENIC IVANKO, First Secretary, Permanent Mission, Geneva

Mrs D. ZUNEC BRANDT, First Secretary, Permanent Mission, Geneva

CUBA

Dr A. GONZÁLEZ FERNÁNDEZ, Head, Department of International Organizations, Ministry of Public Health, Havana (**alternate to Dr R. Morales Ojeda**)

Alternates

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