

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

**WHO headquarters, Geneva
Wednesday, 29 May 2013, scheduled at 14:30**

**Chairman: Dr Joy ST. JOHN (Barbados)
later: Professor Jane HALTON (Australia)**

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SECOND MEETING

Wednesday, 29 May 2013, at 14:40

Chairman: Dr J. ST. JOHN (Barbados)

later: Professor J. HALTON (Australia)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB133/1 and EB133/1(annotated))(continued)

The CHAIRMAN said that she understood that informal discussions had taken place following the previous meeting and that an agreement had been reached regarding item 6.3 of the provisional agenda.

Mr BURCI (Legal Counsel) said that, although no specific language had been agreed, a course of action had been proposed, namely: first, to delete item 6.3 from the provisional agenda; secondly, to request the Director-General to hold informal consultations with all regions with a view to reaching consensus on the title and content of the item; and, thirdly, to include an item on the draft provisional agenda of the 134th session of the Executive Board with the provisional title “Item 6.3 of the provisional agenda of the 133rd session of the Executive Board”. The final title and content would reflect the outcome of the informal consultations to be convened by the Director-General. The Board might wish to adopt a decision to that effect.

In response to a request for clarification from Dr HAMED (Egypt), he explained that the proposed formulation would merely constitute a “placeholder” on the provisional agenda until such time as a firm title was decided on. Although somewhat unwieldy in nature, its function was to indicate the content of the provisional agenda item. The “placeholder” title would eventually be replaced by one that reflected the outcome of the consultations to be conducted by the Director-General. The Secretariat would also present a report reflecting the outcome of those consultations. The item would then appear on the draft provisional agenda, and the Board would, at its 134th session, deal with it as it saw fit.

Dr HAMED (Egypt), seeking further clarification, said that, as he understood it, although the title of the agenda item would be removed from the agenda, the item itself would remain the same.

Mr BURCI (Legal Counsel) explained that the provisional agenda of the 134th session of the Executive Board would contain an item with a different title. The title and the proposed content of the item would reflect the outcome of the Director-General’s consultations. As it was unlikely that those consultations could be completed by the deadline for issuance of a draft provisional agenda, it would be necessary to include a “placeholder” title, which need not necessarily be worded as he had suggested.

Mr BAGHERPOUR (Islamic Republic of Iran) suggested that, in the interests of avoiding another lengthy discussion of the matter in January 2014, instead of the proposed “placeholder” solution the draft provisional agenda might contain a blank item, with a footnote referencing the decision taken by the Board during the current session and indicating that the title and content of the item would reflect the outcome of the consultations to be conducted by the Director-General.

Mr BURCI (Legal Counsel) suggested that, as proposed by the member for the Islamic Republic of Iran, the Board might wish to adopt a decision to delete item 6.3 from the provisional agenda for the

current session, to request the Director-General to hold informal consultations with Member States in all regions with a view to reaching consensus on the title and content of the item, and to adopt a decision to include an item on the draft provisional agenda of the 134th session of the Executive Board with no title and a footnote referring to the decision adopted and indicating that the title and content of the item would reflect the outcome of the informal consultations by the Director-General.

The CHAIRMAN said that, as she saw no objection, she would take it that the Board wished to proceed as just outlined by the Legal Counsel.

It was so decided.¹

The agenda, as amended, was adopted.²

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, said that he regretted that the item would not be discussed during the current session, but could accept the solution that had just been agreed. He recognized the sensitive nature of the subject, but expressed regret at the discriminatory language that had been used in the earlier discussion and the hope that it would not be repeated in any future deliberations on the item. He reiterated that discrimination on the grounds of sexual orientation was prohibited under the Treaty on the Functioning of the European Union and the Charter of Fundamental Rights of the European Union. Harmful behaviours, lack of access to prevention and health care services and inadequate treatment were frequently a consequence of stigmatization and discrimination, and often resulted in health inequalities for lesbian, gay, bisexual, transgender and intersex people. All discriminatory legislation, policies and practices against such persons must be abolished, including inadequate health service provision, denial of care, compulsory treatment and violation of privacy rules. Access to care for vulnerable groups and national health outcomes would thus be improved.

Dr HAMED (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region, reaffirmed the right to health for all without discrimination and the right of all citizens to receive health care. The Member States of the Region also reaffirmed their commitment to all United Nations human rights instruments and to the Constitution of the World Health Organization, which referred to the right of all to the enjoyment of the highest attainable standard of health.

2. ELECTION OF CHAIRMAN, VICE-CHAIRMEN 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.

Mr JEON Man-bok (Republic of Korea) nominated Professor Jane Halton (Australia), the nomination being seconded by Dr Noor Hisham ABDULLAH (Malaysia).

¹ Decision EB133(1).

² Document EB133/1 Rev.1.

The CHAIRMAN said that, pursuant to Rule 48 of the Rules of Procedure of the Executive Board, the Board could decide to proceed without taking a ballot on an agreed candidate.

Professor Jane Halton (Australia) was elected Chairman.

Dr ST. JOHN (Barbados), congratulating Professor Halton on her election, said that it had been both an honour and an enriching experience to serve as Chairman of the Executive Board. She thanked the Director-General and her team for their unstinting support, as well as her fellow Officers of the Board, whom she had found to be stimulating colleagues. At the outset she had hoped to be able to make a difference and, looking back on what had been accomplished under her chairmanship, she believed that some important goals had been achieved.

Professor Halton took the Chair.

The CHAIRMAN, having expressed appreciation to the outgoing Chairman, said that she was honoured to be elected Chairman of the Executive Board. She welcomed the new Board members and said that it was gratifying that many more women were represented on the Board than in the past.

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

Dr BAYE LUKONG (Cameroon) nominated Ms Precious Matsoso (South Africa).

Dr AMMAR (Lebanon) nominated Professor Mohammad Hossein Nicknam (Islamic Republic of Iran).

Dr CUYPERS (Belgium) nominated Professor Ogtay Shiraliyev (Azerbaijan).

Mr KIM Myong Hyok (Democratic People's Republic of Korea) nominated Professor Pe Thet Khin (Myanmar).

Ms Precious Matsoso (South Africa), Professor Mohammad Hossein Nicknam (Islamic Republic of Iran), Professor Ogtay Shiraliyev (Azerbaijan) and Professor Pe Thet Khin (Myanmar) were elected Vice-Chairmen.

The CHAIRMAN said 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: Professor Shiraliyev (Azerbaijan), Professor Nicknam (Islamic Republic of Iran), Professor Pe Thet Khin (Myanmar) and Ms Matsoso (South Africa).

The CHAIRMAN invited nominations for the office of Rapporteur.

Ms DÁVILA CHÁVEZ (Mexico) nominated Dr Zelibeth Valverde (Panama).

Dr Zelibeth Valverde was elected Rapporteur.

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

Mr WOOLCOTT (Australia) said that a remarkable level of agreement had been reached, during the Sixty-sixth World Health Assembly, on WHO reform, on the Programme budget 2014–2015 and the Twelfth General Programme of Work, and on key action plans relating to noncommunicable diseases, mental health and avoidable blindness. Gratifying progress had been made towards the eradication of poliomyelitis. However, several countries, including his own, had expressed grave concern over the attacks on health workers distributing polio vaccines, and a further recent incident interrupting WHO's vital immunization work was also to be deeply regretted.

He was pleased to announce that the Government of Australia had agreed to provide 80 million Australian dollars over a four-year period to support final steps in eradicating poliomyelitis, in addition to its existing commitment of 50 million Australian dollars.

The attention paid to antimicrobial resistance during the Health Assembly had been heartening, and Australia had joined other Member States in asking for the subject to be placed on the provisional agenda of the 134th session of the Executive Board and for the preparation of a Secretariat report. He hoped that the Board would accede to that request.

Dr CUYPERS (Belgium) commended the efficient organization of the Health Assembly's work and expressed satisfaction that the first transitional programme budget had been adopted as it would provide an opportunity for the Organization as a whole to strive for excellence. The adoption of the Twelfth General Programme of Work should also strengthen decision-making within the governing bodies. He noted the constructive spirit that had prevailed in the drafting groups and welcomed the improvements in the "traffic-light" system applied to national statements. Nevertheless, the late availability of some important documents was to be regretted, as was the late introduction of some draft resolutions. The preparation of a single progress report by category might enhance the internal coherence of the Organization's work and be more in line with an integrated approach.

Professor NICKNAM (Islamic Republic of Iran) welcomed, in particular, the adoption of three important action plans, on noncommunicable diseases, avoidable blindness and mental health. However, he regretted the undue length of the deliberations of some drafting groups, which was counterproductive and violated participatory principles, inasmuch as some delegations were precluded from attending and valuable contributions to the discussions were thus lost.

Mr LOUME (Senegal), speaking on behalf of the Member States of the African Region, commended the efficient organization of the Health Assembly's work, which had been completed one day earlier than scheduled.

Speaking as the member for Senegal, he commended the harmonized position achieved by the Member States of the African Region in relation to item 15 of the Health Assembly agenda on preparedness, surveillance and response.

Dr USHIO (Japan) highlighted two major achievements: the recognition of universal health coverage as a key concept for the future and the adoption of the entire Programme budget for the first time in the history of the Organization. The pervading atmosphere had been less political than in the past, and the focus on technical issues had been a reflection of increased trust between Member States and the Secretariat as well as the excellent preparation by the Secretariat.

Dr CESARIK (Croatia) said that the Sixty-sixth World Health Assembly had adopted several high-quality documents that would contribute to improving public health worldwide, in particular the global monitoring framework and targets for the prevention and control of noncommunicable diseases, the action plan for the prevention and control of noncommunicable diseases 2013–2020, and the resolution on universal health coverage. The emergence of avian influenza A(H7N9) and novel

coronavirus highlighted the importance of the work on strengthening implementation of the International Health Regulations (2005). He commended the progress being made on the reform agenda. The adoption of a transitional budget represented a step in the direction of transparent and predictable WHO financing.

Dr VALVERDE (Panama) said that the Sixty-sixth World Health Assembly had done a great deal of valuable work on noncommunicable diseases, health systems, the Millennium Development Goals and WHO reform.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland),¹ supporting the comments made by the member for Australia, recalled the proposal made during the Health Assembly for a substantive item on antimicrobial resistance to be placed on the agenda of the Board's 134th session. Resolution WHA58.27 on improving the containment of antimicrobial resistance had been adopted in 2005 and the last report thereon to a governing body had been submitted in 2007. In the intervening six years the situation had deteriorated. He therefore called on the Board to endorse the proposal so that a substantive discussion on the subject could be held at the Board's 134th session, on the basis of a Secretariat report.

The CHAIRMAN said that, in the absence of any further comments, she took it that the Board agreed to request the Secretariat to prepare a report on the subject of antimicrobial resistance, to be considered at the 134th session of the Executive Board.

It was so agreed.

The DIRECTOR-GENERAL said that, despite a heavy agenda, which had included both the Programme budget 2014–2015, and the Twelfth General Programme of Work that would guide the work of the Organization over the next six years, the engagement of Member States, as well as efficient preparations, had made it possible to conclude the Health Assembly one day earlier than scheduled. The Secretariat would play its part in ensuring that future governing body meetings were conducted with similar efficiency.

4. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the Agenda (Document EB133/2)

Dr CUYPERS (Belgium), speaking in his capacity as Vice-Chairman of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the report of the Committee's eighteenth meeting. He summarized the Committee's deliberations on the items covered in the report that were not on the Board's agenda, namely: the general management update, the administration and management cost study, the annual report of the Independent Expert Oversight Advisory Committee, and progress on the implementation of external and internal audit recommendations.

Mrs BAMIDELE (Nigeria), speaking on behalf of the Member States of the African Region, welcomed the information in the general management update that the largest share of voluntary contributions was allocated to the region with the greatest needs. She supported the principle of full

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

cost recovery for programmes funded by voluntary contributions. She looked forward to the proposals of the Director-General on future financing, which should bear in mind the need to find ways to provide incentives to increase flexible funding and to consider the financing of administration and management as part of the overall financing of the Organization.

Acknowledging the work of the Global Network on Evaluation, she called on the Secretariat to ensure that the task forces already constituted were fully functional. Commending the report of the Independent Expert Oversight Advisory Committee, she emphasized the need to focus on outcomes rather than processes in the context of the implementation plan for WHO reform. The changes to the Financial Regulations of WHO and the introduction of the International Public Sector Accounting Standards (IPSAS) should ensure greater transparency and accountability. She commended the efforts of the Secretariat to respond to the recommendations of the Internal and External Auditors and urged that those efforts be continued in order to improve outcomes.

Dr AMMAR (Lebanon) commended the Director-General for ensuring proper follow up of the report of the Joint Inspection Unit of the United Nations system, and for facilitating the work of the Independent Expert Oversight Advisory Committee and the external consultant on the costs of administration and management. Those efforts would lead to the rationalization of administration costs and enhance WHO's efficiency. As a result of the reform endeavour, the Secretariat could expect State and non-State donors to have greater confidence in WHO, which should lead to less earmarking and more flexibility in financing. He supported full cost recovery for programmes funded by voluntary contributions, including the administrative costs; the current process of "cross subsidization" drew resources from the regular budget and deprived essential WHO programmes of sufficient financing. The external consultant had proposed that programme support charges should be increased from 13% to 21% in order to eliminate cross-subsidization. Similar measures should be taken in respect of the administrative costs of partnerships hosted by WHO. He asked the Secretariat to propose concrete mechanisms for expediting implementation of option D as set out in the consultant's report (document EBPBAC18/3, Annex), should agreement on that option be reached.

Ms MATSOSO (South Africa), requesting clarification of paragraph 21 of the Committee's report, asked whether time would be set aside for a more thorough review of the Financial Rules and Financial Regulations as suggested by the Independent Expert Oversight Advisory Committee.

Mr KOCAK (Turkey)¹ said that the issues covered by the report of the Programme, Budget and Administration Committee were of the utmost importance for the effective and efficient functioning of the Organization. Regarding the administration and management cost study, he said that the cross-subsidization of costs required for voluntary programmes and projects had been an area of common concern. He supported the principle that all costs should be fully recovered from all voluntary funded programmes and hosted partnerships, a process that would also contribute to the financial sustainability and accountability of the Organization. In order to implement full cost recovery, it would be necessary to introduce a separation of administrative and management costs from other costs as a first step. Service-level agreements between WHO and donors that set out the roles and responsibilities of both parties would also improve the transparency and accountability of the Organization and its partners. He noted the preference expressed by the Committee for option D of the administration and management financing options set out in the external consultant's report. He requested the Secretariat to propose a clear definition of and selection criteria for core management activities in its report to the Board at its 134th session in January 2014.

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

Administrative and managerial effectiveness and efficiency could be improved and costs reduced by eliminating complex and duplicating processes. Since half of the budget was allocated to staff costs, adjustments in human resource policy and recruitment procedures were also necessary. He requested the Secretariat to provide information on such cost-control measures in its future reporting.

Concerning the annual report on evaluation, he welcomed the steps already taken to implement the evaluation policy and strongly encouraged the Secretariat to further its efforts to foster an evaluation culture within the Organization. He requested the Secretariat to provide regular information on implementation and achievements in that area.

Mr JEFFREYS (Comptroller), responding to the question posed by the member for South Africa, said that the Independent Expert Oversight Advisory Committee had indicated that a further review might be required of the implications of and links between the financing dialogue and the reform of the budget process, taking into account the introduction of IPSAS, and the possible need for further changes to the Financial Regulations.

The Board noted the report.

5. WHO REFORM: Item 5 of the Agenda (Documents EB133/3 and EB133/16)

The CHAIRMAN suggested that, given the extensive deliberations on WHO reform at the eighteenth meeting of the Programme, Budget and Administration Committee of the Executive Board and the Sixty-sixth Health Assembly, the Board should focus on the reports on governance aspects of the reform process (documents EB133/3 and EB133/16), postponing further consideration of the implementation of reform to its 134th session in January 2014.

It was so agreed.

Governance: options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board (document EB133/3)

Dr AMMAR (Lebanon) said that the efficiency of the Executive Board could be increased by limiting the number of agenda items. However, the combination of the three criteria for inclusion of agenda items, as set out in resolution EB121.R1, with the five criteria for priority-setting defined in decision WHA65(9), could prove to be a complicated and impractical exercise, leading to the rejection of important proposals. He suggested that consideration could be given to amending option 2 for criteria for improved management of the provisional agenda, so as to stipulate that at least two of the three criteria for inclusion must be satisfied.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, said that the European Union was committed to WHO reform in order to ensure that the Organization was fit for purpose in the context of global health in the twenty-first century, to enhance its credibility and independence, and to preserve its health leadership role. It was a matter of concern that the number of the Board's agenda items had increased in recent years; a transparent and efficient process for inclusion or exclusion of items was therefore clearly necessary. The European Union preferred option 2, since a one-step approach would be more streamlined and easier to apply. The proposals concerning the inclusion of supporting evidence that responded to the criteria in the explanatory memorandum required for agenda item proposals and the establishment of guidelines for the supporting statements that must accompany proposals of an urgent nature were also welcome.

The European Union and its Member States would support all measures to improve the management of agenda items and draft resolutions, and believed that substantial progress must be made in that regard at governing body sessions in 2014.

Dr MOSTAFA (Egypt) expressed support for the establishment of clear and transparent rules for the inclusion, exclusion or deferral of items on the Board's provisional agenda. He favoured option 2, although he could also accept option 1. In any event, the final decision to delete, add or defer agenda items lay with Member States. Proposals should first be presented to the Board, together with an explanatory memorandum that would assist Member States in their consideration of and consultation on such proposals. The Officers of the Board should also present the outcome of their deliberations and explain their recommendations concerning agenda items at a meeting of the Board before any such items were approved.

Ms DÁVILA CHÁVEZ (Mexico) supported option 2 as it contained simple and clear definitions; moreover, it was based on criteria set out in the Twelfth General Programme of Work and was consistent with the WHO reform process. Mexico agreed that a successful proposal must satisfy all three of the criteria in resolution EB121.R1 and that a new subject should be defined as one that had not been considered within the previous six years. The proposed changes would allow the Board to focus on strategic global health questions.

Mr LOUME (Senegal), speaking on behalf of the Member States of the African Region, underlined their commitment to the reform process and their satisfaction with the results already achieved. He favoured the streamlined set of criteria provided for in option 2, together with the proposal that supporting evidence that responded to the criteria should be incorporated in the explanatory memorandum. He also supported the development of guidelines for the supporting statements that must accompany proposals for items of an urgent nature.

Ms PENEVEYRE (Switzerland) favoured option 2, as the criteria used in the current process had proved difficult to apply. The adoption of practical criteria and clear priorities should be viewed in the context of wider WHO reform and, in particular, the recently approved Twelfth General Programme of Work and Programme budget 2014–2015. The inclusion of supplementary agenda items had financial consequences that could not be ignored. The desired goal of strengthening governance went hand in hand with increased responsibilities in terms of setting priorities and avoiding the dispersal of activities; hence a simple and structured approach should be taken to identifying potential agenda items. Exceptions would inevitably arise, but the rule should be that items placed on the Board's agenda met predefined criteria.

Mr PIPPO (Argentina) welcomed the report and asked whether the criteria for the submission of additional items would apply to all parties mentioned under Rule 9 of the Rules of Procedure of the Executive Board, including the Director-General and specialized agencies with which the Organization had entered into effective relations, or only to Member States. With respect to option 1, he requested more information on what was meant in criterion (4) in decision WHA65(9) by "the existence of evidence-based cost-effective interventions". If not properly applied, that criterion could lead to the exclusion of items on diseases with a low incidence and high cost. He considered that compliance with all five criteria established by the Health Assembly would be restrictive and make evaluation difficult. Referring to option 2, he said that compliance with all three listed criteria could exclude items on health problems that, despite affecting all countries, had a low prevalence and high cost. With regard to amendments to Rule 10 of the Rules of Procedure of the Executive Board, he agreed that the guidelines for supporting statements to accompany proposals for the inclusion of urgent items on the Board's agenda should conform with those for the explanatory memorandum under Rule 9 and should include an explanation of the nature of the urgency.

Mr JEON Man-bok (Republic of Korea) said that the purpose of reform was to improve and streamline the excellent work already being done by WHO. Priority-setting should allow the Organization to exclude items of minor importance, a process that would be assisted by the adoption of a single set of new criteria as set out in option 2 of the report.

Dr USHIO (Japan) said that streamlining of the process for the selection of agenda items was urgently required in order to improve the efficiency and effectiveness of Board discussions. However, option 1 in the report might not lead to a reduction in agenda items as it was possible that most items would meet the criteria outlined in the first step, while application of the criteria to be applied in the second step was not entirely clear.

Option 2 seemed too strict since it might lead to the exclusion of important items: for instance, localized or emerging diseases might not represent a significant public health burden yet might still require attention and action on the part of WHO.

He recognized the importance of the objective selection methods set out in the report, but also wished to emphasize the value of consultations between Member States and the Secretariat.

Ms BENNETT (Australia) welcomed the proposal to streamline the process for evaluation of agenda items with the adoption of clear and transparent criteria. She supported option 2 with the addition of a fourth criterion, which would read “consistency with the comparative advantage of WHO as an institution”, so as to make it clear that the items on the agenda must involve work that was within the mandate of WHO.

Dr CUYPERS (Belgium), emphasizing his preference for option 2, said that streamlining the work of the governing bodies and full implementation of reform would require the Secretariat and Member States to adapt to new ways of working. In that regard, the recently adopted Twelfth General Programme of Work and Programme budget 2014–2015 should be their guiding tools. The discussion related to the selection of agenda items was of the utmost importance for the decision-making processes of the governing bodies: resolutions and decisions should remain coherent in terms of human and financial resources and the strategic activities approved within the Programme budget or General Programme of Work, and possible budgetary implications should be documented. He suggested that the annex used to set out the financial and administrative implications of a resolution should contain information on the impact of the planned activities within the category of work concerned. The impact beyond the current programme budget should also be analysed and there should be further discussions on the issue by the Board at its next session.

Mr KLEIMAN (Brazil) acknowledged the merits of the report, but underlined the need to maintain a democratic space for dialogue and the building of consensus among Member States. In that connection, he had no difficulty with the current method of selecting agenda items. As the Organization considered both political and technical issues, option 1 in the report appeared to be more accessible, whereas option 2 might prove excessively restrictive. Consideration might also be given to extending the time frame for presentation of proposals.

Dr MOHAMED (Maldives) agreed that there was a need for better guidance on the criteria for the selection of items for the provisional agenda but considered that it might not be easy to agree on criteria that satisfied all Member States. Given that the two-step approach provided for in option 1 was complex and would be difficult to apply objectively, his preference was for option 2, bearing in mind the demands for the inclusion of ever-more items on the Board’s provisional agenda. Recalling the confusion over procedural matters brought to light during the Board’s discussion at the previous meeting, he suggested that guidance concerning the procedure for the conduct of business be provided, in particular to new Board members. Indeed, the procedure for the exclusion of items from the Board’s

provisional agenda had not been clearly understood even by the Officers of the Board, participating in the teleconference held to discuss the provisional agenda for the current session.

Mr ROMERO PUENTES (Cuba) said that he understood the importance of streamlining the analysis of proposed agenda items and avoiding unnecessary costs, but some flexibility should be maintained in the process so that the ability of Member States to propose items for inclusion was not undermined. He favoured a version of option 2 that would not require all three criteria to be satisfied as that requirement might lead to the exclusion of important subjects from consideration. He was also in favour of the establishment of guidelines along the lines suggested in the report for supporting statements to accompany proposals for additional items of an urgent nature, provided that no political debates were allowed on matters that had no scientific basis in the field of health. Such guidelines could be discussed at future intergovernmental meetings.

Dr BEJTJA (Albania) said that requiring the satisfaction of all three criteria as suggested in option 2 posed the risk that important issues might be excluded from the agenda. The Board would have to adopt a balanced approach that was not so strict as to exclude essential items and not so lax that less relevant issues were included. On balance, option 2 appeared to be the more feasible of the two options, provided that there were clear definitions of all the terms used in the chosen criteria.

Dr DAULAIRE (United States of America)¹ said that it was incumbent on Member States to consider the practices that had contributed to the marked increase in the volume of documentation managed by the Secretariat in recent years. A strong case could be made for the adoption of option 2 in the report, as the single set of three criteria built on existing practice were clear and proven and could be taken as a package for assessing the merits of new proposals. He supported the definition of a “new subject” as being one that had not been considered by the Health Assembly or the Board within the previous six years, and the proposal that any guidelines for “supporting statements” accompanying proposals for addition to the provisional agenda of items of an urgent nature for the explanatory memorandum under Rule 10 of the Rules of Procedure should be analogous to those for the “explanatory memorandum” under Rule 9.

Mr NABEEL (Pakistan)¹ said that, although option 2 would be more likely than option 1 to improve efficiency and enhance the transparency of the selection process, it should be modified in line with the suggestion by the member for Lebanon that a successful proposal must satisfy two of the three existing criteria. That amendment would allow Board members greater flexibility in deciding upon the selection of agenda items.

He proposed that the time frame for the introduction of a new subject should be reduced from six to three or four years. He acknowledged that the Officers of the Board and the Secretariat should examine the explanatory memorandums to be provided under Rule 9 of the Rules of Procedure and the supporting statements to be provided under Rule 10, but, for the sake of transparency, those materials should also be made available to all Member States.

Mr LI Mingzhu (China)¹ said that the Board should be guided by the Twelfth General Programme of Work and the Programme budget 2014–2015 when selecting agenda items. He recalled that both of those documents had been drafted in accordance with the five criteria established by the Health Assembly in 2012, and therefore those criteria were the only appropriate means by which agenda items should be assessed. The two-step process referred to in option 1 could be merged into one, because the five criteria established under decision WHA65(9) encompassed the three criteria

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

mentioned in resolution EB121.R1. That simplified approach would serve to link items closely to the priority areas in the general programme of work and the programme budget. The guidelines for the explanatory memorandums to be provided under Rule 9 of the Rules of Procedure should be adapted to reflect that aim. The criteria proposed in option 2 were not appropriate.

Ms WISEMAN (Canada)¹ agreed with other speakers that a streamlined set of criteria as proposed in option 2 would best serve the aim of maximizing the efficiency of governing body meetings. However, the criteria in question should be further elaborated to ensure that proposed items related to matters that warranted multilateral action; that were in alignment with the general programme of work; that were timely, in the sense of requiring immediate action or of having the potential, as emerging issues, to have an impact on global public health, and that were appropriate for attention by WHO, in line with its comparative advantage.

Ms KOCHLEF (Tunisia)¹ favoured option 2. The three criteria were objective, transparent and in harmony with the purpose and functions of WHO, but should be accompanied by a clear definition of the concept of “new subject”.

Mr BURCI (Legal Counsel), responding to the question by the member for Argentina, said that the criteria for submission of agenda items were meant to apply to the authorities listed in the Rules of Procedure that could propose additional agenda items, namely Member States, the United Nations, other specialized agencies or the Director-General; however, most such proposals in fact came from Member States or the Director-General.

Turning to the submission of urgent items for inclusion in the agenda, he said that the Secretariat wished to introduce criteria that would help the Board determine whether items were genuinely urgent.

Under the current system, the Officers of the Board considered the proposed items and then made a recommendation to the Board, which, in turn, decided whether to include the items in the provisional agenda. Should specific criteria be applied to submissions in the future, the process of analysis would naturally be more elaborate. The guidelines suggested by the Secretariat were intended to help Board members decide whether proposals for agenda items met the relevant criteria.

The CHAIRMAN stressed that it was the Board’s prerogative to decide on the substance of an agenda, and even items provisionally included could be deleted following discussion at Board meetings.

The proposals by the Secretariat were designed as guidance and to provide objective criteria on the merits of new items. She invited members to consider whether they wished all three criteria under option 2 to be met or whether there could be a degree of flexibility.

Mr NABEEL (Pakistan)¹ asked whether there had been any opposition to the idea that two rather than three of the established criteria should be met.

The CHAIRMAN said that the Board appeared to be moving in the direction of option 2, replacing the eight agreed criteria with a more streamlined set. It was perhaps not necessary to decide immediately how many criteria would be required, as the Secretariat could at a later date provide more documents to help the Board to make a more informed decision.

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

Mr PIPPO (Argentina) said that there appeared to be separate but parallel proposals. On the one hand, there was the proposal of the member for Brazil to extend the time frame and therefore have more time to assess submissions. On the other, there were the proposals concerning criteria. It would be useful to have further clarification on the proposal made by the member for Lebanon concerning a reduction in the six years suggested as the criterion for determining whether a subject was “new”, as well as on the definition of a “significant public-health burden” as the term “significant” was ambiguous and open to various interpretations. Although it was important to make the Organization more efficient, it was equally important not to exclude matters that might deserve to be discussed by the Board in the future.

The CHAIRMAN agreed that decisions were needed in relation to the time frame for assessing submissions; the precise definition of the various criteria; the length of time between submissions of the same item; and the number of criteria to be met. She suggested that, in order to facilitate discussions at the Board’s session in January 2014, the Secretariat should produce a document reflecting the comments made in the current debate and providing a more detailed version of option 2, including an outline of the main decision points.

The DIRECTOR-GENERAL, thanking speakers for sharing their views, acknowledged the complexity of the issue under discussion, and noted a convergence towards agreement on option 2. The Secretariat would submit a document to the Board in January 2014, but because of its implications for the Health Assembly’s criteria, it would also have to be submitted to the next Health Assembly after consideration by the Board.

As to whether four or six years should elapse before an item could be resubmitted, she explained that, although the Secretariat could accommodate any period requested, odd numbers of years would be more difficult because of the two-year cycle of the programme budget.

One important consideration, which had a bearing on the success of WHO reform, concerned whether new agenda items were consistent with the general programme of work and the programme budget. An item that was not already accommodated in the programme budget would have additional financial implications, so that the budget limit might have to be increased. A great deal of time had already been invested in discussions of those areas, and Member States had agreed with the Independent Expert Oversight Advisory Committee and other bodies responsible for independent external evaluation that the programme budget should be set within an accountability framework and that emphasis should be placed on priority-setting.

She reminded the Board that because of WHO’s decentralized structure, agenda items could be referred back to the regions. Member States should consider using that option to make debates more efficient.

Responding to a comment by the member for Maldives, she agreed that guidance notes for new Board members would be useful. Countries themselves could also contribute by ensuring that their delegations had read the guidance notes before arrival.

The CHAIRMAN took it that the Board wished to conclude its discussion of document EB133/3. The Board’s comments would be reflected in a new report on the subject to be prepared by the Secretariat for consideration at the Board’s 134th session with a view to making recommendations to the Health Assembly at that session.

It was so agreed.

WHO governance reform (document EB133/16)

The CHAIRMAN said that document EB133/16 on governance reform included two sections, the first on WHO’s engagement with non-State actors, the second on WHO’s role in global health

governance, and a draft decision on engagement with non-State actors. She took it that, in the absence of any objection, the Board wished to endorse the second section, which was provided for information.

It was so agreed.

The CHAIRMAN invited comments on the first section, on WHO's engagement with non-State actors.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States and recognizing the importance of WHO's coordinating and leadership role in global health for harnessing the capacities of a wide range of actors, said that the discussions on noncommunicable diseases by the Sixty-sixth World Health Assembly had highlighted the need for greater clarity on the Organization's engagement with non-State actors. All non-State actors should be covered by a single framework, although different types of actors and relationships might require different approaches. Moreover, any type of risk to the Organization must be managed appropriately, including real, perceived or potential conflicts of interest. With regard to the overarching principles set out in paragraph 19 of the report, he suggested that the fourth principle should situate conflicts of interest within an overall reference to organizational risk. In developing the framework, existing models for enhancing transparency, mitigating risk and managing conflict of interest should be examined.

Once the operational procedures and policies regarding WHO's engagement with nongovernmental organizations had been finalized, staff at all three levels of the Organization should receive full training in all aspects of the framework for engagement. Under the new framework, the rule that requests to speak on an agenda item should, in principle, be submitted at least 24 hours before the opening of the meeting at which the agenda item was expected to be discussed should be lifted for nongovernmental organizations in official relations with WHO.

The setting of WHO's priorities, policies, norms and standards must be protected from commercial influence and decision-making must remain the prerogative of the governing bodies. He welcomed the re-launch of the International Health Partnership as an important step towards improving coordination between health actors at all levels, and recommended full implementation of the relevant provisions of the Quadrennial Comprehensive Policy Review of the United Nations General Assembly.

Dr AMMAR (Lebanon) agreed with the report's proposition that WHO could benefit from engagement with non-State actors, including commercial entities, such as pharmaceutical companies, without compromising its integrity, and that conflicts of interest could be properly managed through transparency and appropriate safeguards. Nevertheless, to guard against both conflicts of interest and reputational damage, it would be wise to begin by limiting engagement to businesses outside the normal scope of WHO activities. There were many such businesses, and missed opportunities could be compensated for by engagement with other suitable non-State actors. A highly selective approach should be taken to funding from non-State donors, and a balance should be maintained between State and non-State contributions.

With reference to the inclusion of financing as a type of interaction between non-State actors and WHO, he stressed that Member States would only retain primacy in setting the Organization's priorities if the financing dialogue succeeded in bridging gaps and ensuring complete alignment with programme budget priorities. Otherwise, programmes selected by donors might receive voluntary contributions, while other activities under the programme budget were neglected.

Mr LOUME (Senegal), speaking on behalf of the Member States of the African Region, supported the overarching principles and typology suggested in the report, as well as the approach to managing conflicts of interests and ensuring compliance, reporting and oversight. However, specific rules of engagement should be established for each actor. He also supported the proposed management

of conflicts of interest, compliance, reporting and oversight. The system adopted by the Board should be rigorous, transparent and applicable across all levels of the Organization.

Ms PENEVEYRE (Switzerland), noting that it was difficult to establish clear-cut categories as non-State actors took many different forms, said that the report provided a helpful description of the different views on engagement. She supported the framework for engagement and the overarching principles thereunder, including in particular the use of a typology of interaction with non-State actors rather than a set of categories, and welcomed the emphasis on transparency. WHO should be able to hold discussions with all stakeholders and be open to new forms of public–private partnership wherever they benefited the cause of health. The management of conflicts of interest was a matter of vital concern for a decentralized organization like WHO. She supported the draft decision.

Ms MATSOSO (South Africa) recognized that in the new global landscape it was important for interaction with stakeholders, in particular non-State actors, to be governed by a set of overarching principles, and for the Organization’s integrity to be protected by transparency and adequate safeguards. Regarding conflicts of interest, proposals arising from previous discussions on noncommunicable diseases could be incorporated in the proposals, as could language relating to risk factors, including definitions.

Mr PIPPO (Argentina) stressed the need for WHO’s reputation to be protected adequately and vigorously. Noting that, in decision EB132(11), the Director-General had been requested to develop a draft policy on engagement with nongovernmental organizations, and to harmonize that policy with the draft policy on WHO’s relations with private commercial entities, proposed that the two draft policies, together with the report currently under discussion, with which they were closely related, should be submitted for consideration at the Board’s 134th session in January 2014.

The framework for engagement should include a typology for the classification of non-State actors that distinguished between nongovernmental organizations and private commercial entities and indicated how non-State actors in official relations with WHO were funded. Moreover, the overarching principles under the framework should be supplemented by the principle contained in decision WHA65(9) of 2012, namely that any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective. With regard to transparency and conflicts of interests, he suggested that the proposals should include the establishment of a standing ethics committee comprising Member States, which would be responsible for analysing and managing such conflicts.

Should the additional principle that he had proposed be added to the proposals contained in the report, he would be willing to support the draft decision as it stood, pending further discussion of other proposals at the Board’s next session.

Ms BENNETT (Australia) supported the four overarching principles, but suggested adding a fifth principle on the clear benefit for public health of non-State actor engagement. Alternatively, some of the four existing principles might be refined to reflect that concept. She also supported the proposed typology of interaction, but suggested adding WHO advocacy with non-State actors as a seventh type of interaction, as it was not the same as WHO consultation with non-State actors. She looked forward to the submission of a refined version of the document, addressing members’ concerns, to the Board’s next session.

Mr KLEIMAN (Brazil) supported the proposals made by the members for Argentina and Australia. The document under consideration should perhaps have taken into account decision WHA65(9) of 2012, which had established a distinction between nongovernmental organizations and private entities in terms of their interaction with WHO. The separate policy papers on those two types

of non-State actors should be taken into account in the revised version of the report to be submitted to the Board in January 2014.

WHO should not be influenced by donors' commercial interests, and the conflict of interest mechanism should thus be given eliminatory rather than merely declaratory effect. The typology of interaction could also be improved, as Argentina had suggested, by the inclusion of a classification of actors. The Secretariat should prepare a document mapping out WHO's relations with non-State actors, and including information on the sources of their funding, which would serve to enhance transparency.

Dr AL-MARRI (Qatar), expressing support for the four overarching principles, said that non-State actors played a vital role and that it was essential for WHO to continue engaging with them. He proposed drawing up a list of categories of non-State actors according to the type of work they performed and to include information on how long WHO had been working with them.

Dr USHIO (Japan), welcoming the overall approach of the report, including the overarching principles and typology of interaction, supported the draft decision. All WHO's activities should comply with the overarching principles. He therefore requested that, at the next session of the Executive Board in January 2014, more detailed information should be provided on policies and procedures for WHO's engagement with non-State actors.

Dr DAULAIRE (United States of America),¹ supporting the overarching principles and typology of interaction, recommended adoption of the draft decision. The framework for engagement, however, required further work ahead of the next session of the Board in January 2014, and he strongly recommended that the Director-General should hold a joint meeting or meetings with representatives of academia, civil society, the private sector and governments, in order to maximize transparency and encourage debate in that critical area of WHO activity. As had been shown during the recent negotiations on the global action plan for the prevention and control of noncommunicable diseases, developing a framework for engagement was an essential element of WHO reform, as it would help to ensure that the Organization was forward-looking, science-based, responsive to the needs of its Member States, well informed in all possible areas of action and properly resourced. The forthcoming financing dialogue was a prime example of a situation where the new framework was needed as it could maximize resource mobilization and ensure protection from conflicts of interest.

The need for a multisectoral approach had been illustrated in recent debates on noncommunicable diseases and the social determinants of health. Policies protecting WHO from undue influence and conflicts of interest were critical, and the Secretariat should support Member States in drawing up national policies in that area.

He agreed that it was difficult to differentiate between solely public-interest nongovernmental organizations and those that represented business interests, let alone organizations that claimed to work in the public interest but were in fact closely aligned with vested business or State interests. As WHO moved into new areas of work, it would need to engage with organizations with which it had no official relations but whose expertise it required. Rules of engagement were therefore essential to ensure inclusive cooperation with non-State actors.

Mr LUTNÆS (Norway)¹ said that, in view of the variety of types of interaction, an approach anchored in principle was essential. Preserving WHO's normative integrity and technical authority should be the most important principle, and safeguards were needed in matters of finance and collaboration to prevent that principle from being undermined. Transparency and management of

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

conflicts of interest were not only principles but tools. Only through transparency and scrutiny by others could WHO claim normative integrity.

He supported the establishment of a single framework, to be submitted in one document for consideration at the Board's 134th session, for all interactions with non-State actors. He pointed out that public and business interests could not be separated, so that it was important to determine the context in which engagement with a particular actor was appropriate.

He noted that the underlying purpose of the report was to protect WHO from vested interests, while facilitating its constructive collaboration with non-State actors in order to achieve improved health outcomes. He proposed adding a principle to the effect that non-State actors were a valuable resource for WHO.

Ms TAKAENZANA (Zimbabwe)¹ requested clarification as to why the report was not entirely in accordance with decisions EB132(11) and WHA65(9) insofar as it made no distinction between nongovernmental organizations and private commercial entities, whereas the decisions in question called for the development of two separate yet harmonized policies on relations with such bodies. She could not agree that vested interests could be equated with commercial interests: as a norm-setting organization, WHO should be free from any form of commercial interest, whereas commercial entities had a direct economic interest in the outcomes of negotiations. She also wished to know how private for-profit and not-for-profit philanthropic organizations fitted into the definitions provided. At its 130th session, the Board had noted that further work was required in relation to the development of comprehensive policy frameworks to guide interaction with such organizations.

She suggested the addition of a further important principle underpinning interaction with non-State actors, namely to uphold WHO's primary objective of the attainment by all peoples of the highest possible level of health.

Ms WISEMAN (Canada)¹ said that only by engaging with all actors could WHO fulfil its convening and leadership role: the Organization must harness the support, knowledge and expertise of those actors to achieve its goals. She strongly favoured the development of harmonized rules and procedures for engagement that reflected the varying types of interaction while ensuring transparent, fair and equitable treatment of all non-State actors.

She expressed support for the four overarching principles set out in the report, adding that a fifth principle related to openness and inclusiveness could also be considered. With regard to the typology of interaction, she emphasized that it was important that both WHO and non-State actors understood clearly what they expected from their interaction with one another. She agreed that existing guidelines and mechanisms relating to conflicts of interest needed to be strengthened and applied equally across all levels of the Organization.

Mr KOCAK (Turkey)¹ said that, since the beginning of the reform process, emphasis had been placed on the principle that WHO was an intergovernmental organization where Member States had the exclusive right of decision-making through the governing bodies. Provided that non-State actors were not given a status that could jeopardize that fundamental principle, WHO would be able to cooperate with non-State actors effectively in order to fulfil its role in global health governance. At the same time, all interactions with non-State actors must be transparent and conflicts of interest must be managed appropriately. Compliance and oversight were of crucial importance, and there must be clear and adequate reporting to ensure transparency and accountability.

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Dr VALVERDE (Panama) recommended that WHO should define clear criteria to distinguish non-State actors that worked in the public interest from those that represented commercial interests, as that distinction was becoming increasingly blurred. She supported the proposal for the compilation of a list of those non-State actors that would be excluded from all relations with WHO, and suggested that a further list could be compiled of those that were partners or potential partners.

Dr MOSTAFA (Egypt) said that WHO was a supranational organization that implemented programmes globally, for instance in relation to epidemics. At the same time, it coordinated activities undertaken by different countries and provided technical support for programmes within individual countries. It was crucial for the Organization to pursue its work in total freedom, unhampered by pressure from donors that might influence its activities in relation to setting priority and norms. Its financial independence, not least with respect to supranational programmes, was also crucial to its remaining detached from political and media influence. Fund-raising should not be a WHO activity. The Organization should continue to implement its own programmes under arrangements that were free from any conflict of interest. The classification of nongovernmental organizations must be based on the diversity of their objectives, the aim being to avoid any conflict of interest and to promote transparency.

6. ORGANIZATION OF WORK

The CHAIRMAN suggested that, at its next meeting, the Board should complete its discussion of agenda item 5 and then take up item 7.2 on committees of the Executive Board: filling of vacancies, to enable those selected to have time for meaningful discussions with the Secretariat before the end of the session. The Committee would then take up the remaining items on its agenda.

It was so agreed.

The meeting rose at 18:15.

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