

**PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING**

**WHO headquarters, Geneva  
Tuesday, 26 January 2016, scheduled at 09:00**

**Chairman: Ms M.P. MATSOSO (South Africa)**

**CONTENTS**

	<b>Page</b>
<b>1. Communicable diseases (continued)</b>	
<b>2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)) (continued).</b>	
• <b>Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised (continued)</b>	
• <b>Options for strengthening information-sharing on diagnostic, preventive and therapeutic products for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers</b>	
<b>Preparedness, surveillance and response (continued)</b>	
<b>WHO response in severe, large-scale emergencies (continued).....</b>	<b>2</b>
<b>2. Report of the Programme, Budget and Administration Committee of the Executive Board.....</b>	<b>11</b>
<b>3. WHO reform</b>	
<b>Overview of reform implementation.....</b>	<b>12</b>

### THIRD MEETING

Tuesday, 26 January 2016, at 09:05

Chairman: Ms M.P. MATSOSO (South Africa)

1. **COMMUNICABLE DISEASES:** Item 9 of the Agenda (continued)

**2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)):** Item 9.1 of the Agenda (continued)

- **Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised** (Documents EB138/27 and EB138/55) (continued)
- **Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers** (Document EB138/28)

**PREPAREDNESS, SURVEILLANCE AND RESPONSE:** Item 8 of the Agenda (continued)

**WHO response in severe, large-scale emergencies:** Item 8.4 of the Agenda (continued) (Document EB138/23)

The CHAIRMAN invited the Executive Board to continue its discussion on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised and the report on WHO response in severe, large-scale emergencies.

The representative of the RUSSIAN FEDERATION said that it was important to strengthen WHO's capacity to respond to public health emergencies. Taking into account that the Organization had an important role to play in humanitarian response, he supported merging sectors related to emergencies and health security. WHO should not overcomplicate the management of public health emergencies by creating new response structures within the Organization, but coordinate the use of Member States' resources in emergencies. He supported the idea of establishing a global database to exchange information on scientific developments and facilitate access to diagnostic and therapeutic products. The Russian Federation had registered two vector-based vaccines against the Ebola virus disease in December 2015.

The representative of ERITREA said that WHO, as the leading global health agency, should remain the main coordinator of any health-related emergency response. Before a unified WHO programme for outbreaks and emergencies could be launched, detailed guidelines on the roles and responsibilities of each of the three levels of WHO must be developed. WHO should build capacities at the country level through health systems strengthening.

The representative of ALBANIA said that WHO had to live up to its constitutional mandate. Flexibility, accountability and competence were crucial. The Road Map for Action referred to in

document EB138/27 clearly showed WHO's readiness to continually adapt to new situations, and meet future challenges. Member States must support those efforts.

The representative of ARGENTINA concurred with others that there was a need for a unified programme for outbreaks and emergencies, and for the establishment of a global health workforce. However, the proposed role of Member States and WHO governing bodies must be clarified within the new programme and the Road Map for Action.

The representative of NEW ZEALAND said that change was required to maximize countries' protection of their populations in emergency situations, with WHO support. All recommendations made by the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences should be implemented without delay. Independent expert advice and performance review were two essential elements of any future operational structure. The proposed new system should be applied to Grade 2 and 3 emergencies, and its operational efficiency should be reviewed after five years. In order to be successful, change had to be radical, bold, and fully-tested. The proposal did not seek to centralize response within WHO, but to build regional and local response capacities.

The representative of SWITZERLAND<sup>1</sup> said that WHO's mandate should include responses to all health and humanitarian emergencies and other emergency situations with health implications. The reports and recommendations of the Advisory Group provided a strong basis for a future unified programme. The Secretariat had to better understand the importance of emergency response activities to ensure the Organization remained relevant. Such activities should be provided through a single programme, with a single budget and a single line of authority. Clear lines of authority were required, but regional directors and country offices should remain fully involved. She noted that the report on the 2014 Ebola virus disease outbreak contained in document EB138/55 made little reference to the role of WHO as leader of the health cluster of the Inter-Agency Standing Committee (IASC); nor did it contain any deadlines for implementation. Finally, she emphasized that risk evaluation and monitoring had to be independent.

The representative of GERMANY<sup>1</sup> said that major structural change was required to ensure WHO was ready for future health emergencies, and he strongly supported the immediate implementation of the Advisory Group's recommendations. WHO needed a unified programme with clear lines of authority, predictable and pre-determined responsibilities, and a mandate for independent risk-assessment. Periodic assessment of core capacities under the International Health Regulations (2005) was important, and the Secretariat should provide technical support where required. The proposed emergency response programme should be financed from within assessed contributions. Member States had a responsibility to create the necessary capacities, command and control structures to ensure WHO was fit for purpose.

The representative of NORWAY<sup>1</sup> said that multiple evaluations had demonstrated a way forward for WHO's emergency response activities. A clear single line of authority to the Director-General was required, while building regional- and country-level capacity in response and preparedness. Reform should not be regarded as a competition between WHO headquarters and regional and national authorities. While supporting the majority of the recommendations of the Advisory Group, he objected to the proposal that the responsibility for Grade 2 emergencies should be decided on a case-by-case basis in consultation with the Global Policy Group, as that would make the

---

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

response slow and unpredictable, blur responsibilities and potentially undermine the credibility of the Organization.

The representative of the DOMINICAN REPUBLIC reflected on trends in climate change, urbanization, population growth, migration and state fragility, as referred to in document EB138/55 and how they affected health. WHO had to decide how to act, and whether its role was to simply extinguish the fire of health emergencies, or to transform WHO into an operational agency with capacity to intervene at regional and country levels. Technical and financial support was needed to enhance regional and local response capacities; otherwise, WHO efforts might be hampered by capacity gaps in developing countries. WHO could still intervene at the request of Member States, while playing a more supervisory role.

The representative of INDONESIA<sup>1</sup> supported WHO's essential role in outbreak preparedness and response and the crucial reforms, which would clarify the roles of headquarters, regional offices and country offices, and strengthen national preparedness and response capacities.

The representative of MOROCCO,<sup>1</sup> speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, in the light of the experiences and practices of the countries in his Region, he had reservations concerning a number of the recommendations made by the Advisory Group, which were incompatible with intergovernmental multilateralism and the system of full cooperation among all Member States practised within WHO. The constitutionality of certain recommendations, in particular those relating to the decentralization of work at the three WHO levels, was therefore questionable.

The representative of INDIA<sup>1</sup> said that technical and financial resources must be located to close funding gaps, especially at the local level, in order to boost countries' capacities to respond to public health emergencies. He asked for clarification of the meaning of national capacities being "overwhelmed" and "drawing heavily on WHO's political assets" in paragraph 5 of document EB138/55, and how the proposed emergency response programme would work with national governments. WHO could supplement, but not supplant national efforts. Rather than creating an elite health workforce, it would be cheaper to train existing health care personnel to deliver services during public health emergencies, which would reduce the risk of duplication. Lines of authority, in particular the relationship between regional directors and the Executive Director of the new programme, must be clearly defined. The proposed independent oversight body should be appointed by Member States, and further information was required regarding its terms of reference. Realistic financial planning for the roll-out of the programme, as well as funding for research and development, was crucial to its success.

The representative of BELGIUM<sup>1</sup> recalled that, in its evaluation of the Ebola outbreak response, the Institute of Medicine (IOM) had explicitly pointed to the need for resilient health systems as a first line of defence against pandemic emergencies. Health systems, core capacities under the International Health Regulation (2005) and emergency preparedness and response needed to be integrated in all countries. Those needs should also be taken into account when preparing the next Programme budget.

---

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

The representative of BANGLADESH,<sup>1</sup> commending the Road Map for Action, cautioned against concentrating resources on one health issue alone. The main goal had to be health systems strengthening, to ensure effective responses. The achievement of the health-related Sustainable Development Goals, especially universal health coverage, was vital and must be funded adequately.

The representative of ZIMBABWE<sup>1</sup> called for a detailed and fully costed plan for the implementation of the proposed unified emergency response programme, including clarification on timelines, human resource requirements, lines of accountability and responsibility, and the specific roles of the regional offices. Additionally, more information was needed on which components of work would be rolled out in February 2016, and on the transition process, including arrangements for addressing ongoing outbreaks and emergencies. The programme should be funded from within mandatory contributions. Lastly, he stressed the importance of geographical representation in the membership of the proposed oversight group, while taking into account technical expertise.

The representative of ESTONIA<sup>1</sup> said that WHO's responses to major outbreaks in recent years had been judged and found wanting; the Organization could not afford to fail again. Although progress had been made, WHO could not be complacent and needed to address its shortcomings, particularly in light of the current outbreak of Zika virus disease. It was hoped that lessons learned from the Ebola virus disease outbreak would be put into practice, with particular regard to timely research, fair evaluation, budgeting and communication. Nevertheless, the responsibility was not the Organization's alone; political will without ulterior motives was crucial. Moreover, mere pledges of financial support were insufficient and had to be followed up by actual donations. It was a time for actions, not words.

The representative of AUSTRALIA<sup>1</sup> expressed concern at the lack of a clear, costed and scheduled plan for implementing the emergency response programme. He strongly supported the recommendations of the Advisory Group and said that it was essential to ensure that those recommendations were implemented. National health systems should be the first responders to outbreaks and emergencies with regional and country offices playing a role, together with other partners, when additional assistance was needed. However, accountability and a single line of authority were essential and the primary responsibility for Grade 2 emergencies should lie with the Director-General. WHO could not afford to fail to meet expectations as such a failure would likely result in calls for a new agency or for the emergency function to be placed elsewhere. To manage expectations, a detailed and transparent plan that included costs and timelines for implementation should be prepared for the Sixty-ninth World Health Assembly.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, welcomed the efforts to bring the Ebola outbreak to an end, while noting that work should continue to create a health structure capable of responding to future threats. The high death toll from Ebola virus disease among health workers, and nurses in particular, highlighted the importance of strengthening safety policies and providing adequate protective equipment and training. The outbreak had had devastating effects on health systems, depleting a much needed workforce and creating distrust, and long-term workforce and training plans were required. Finally, she called on WHO and Member States to address the social consequences of the outbreak in the recovery process.

---

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

The representative of MEDICUS MUNDI INTERNATIONAL, speaking at the invitation of the CHAIRMAN, observed that the majority of the flaws in WHO's response to the Ebola crisis had been due to internal financial problems, and ongoing financial limitations meant that WHO and global health would remain vulnerable to similar failures. Although the crisis had highlighted the importance of strong and resilient health systems and core capacities under the International Health Regulations (2005), due priority and resources had not been given to strengthening those areas. The crisis had also revealed a failure to drive innovation for global health rather than corporate profit, and he called for a binding treaty to mobilize funding for research and development, in response to identified needs. He expressed concern regarding Member States that had imposed restrictive measures beyond those mandated by the International Health Regulations Emergency Committee regarding Ebola, and urged Member States to request a report to the World Health Assembly in that regard. He emphasized that contributions to the global emergency workforce should be guaranteed.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIRMAN, noted that local health care and emergency response systems were often overwhelmed by the scale of disasters, and recognized WHO's role in developing national preparedness strategies. He welcomed WHO's efforts to collect data on attacks on health workers in emergency settings. All countries should have a standard set of competencies for the training of health care workers and WHO should work with local governments to establish or update regional databases on health system assets, capacities and logistics. In terms of medical ethics during emergencies, concepts such as triage, acceptance of qualified foreign physicians, and increased public communication were all vital.

The SPECIAL ENVOY OF THE UNITED NATIONS SECRETARY-GENERAL ON EBOLA, speaking in his capacity as Chair of the Advisory Group, welcomed Member States' support for the recommendations of the Advisory Group. The key challenge would be to implement those recommendations in order to get the best out of WHO and enable it to handle emergency situations, support Member States so that they were better prepared and able to respond, and ensure that Member States received assistance that reflected their needs. Recognizing the challenges and criticisms of past efforts, it was up to Member States to agree on a way forward. The first option would be to have a unified, organization-wide programme, with one workforce, a single line of authority, and benchmarks. The second would be to provide more resources to countries and strengthen the regional offices, to enable increased decentralization and fundamental action at the regional level, with headquarters providing support when requested. Regardless of the approach chosen, he stressed the importance of developing a programme that was strong enough to garner the necessary political will and support from relevant experts. Without such support, the amount of funding received would be limited. The programme had to be seen as best practice in disaster and outbreak preparedness and response and humanitarian protection. He encouraged Member States to empower the Director-General to take action as quickly as possible.

Given the floor by the CHAIRMAN in response to a request by the representative of GAMBIA, the representative of ALGERIA<sup>1</sup> stressed that WHO needed to be strong at all levels and able take charge of health issues. It should also seek to reform its activities to capitalize on existing capacities and address its weaknesses, and increase its efforts to strengthen national emergency response capacities.

---

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

The DIRECTOR-GENERAL explained that the most recent report of the Advisory Group had been received only a few days prior to the Board's current session, meaning that document EB138/55 had been produced within a short time frame. It would be updated as soon as possible, in line with comments received. As Member States delegated management of the Organization to the Director-General, a single line of authority and accountability would end with her. She welcomed the recommendations of the Advisory Group and emphasized that WHO stood ready to implement them. Although different views had been expressed, there was already some degree of alignment in the wishes of Member States, all of which wanted a strong WHO that was able to provide support to Member States both during emergency situations and for health system strengthening. Implementation of the International Health Regulations (2005) was an integral part of a strong and resilient health system, and some Member States required technical support in that regard. She recognized the importance of an integrated approach, the emphasis placed by Member States on research and development, and the importance of learning lessons from the evaluation of core capacities under the International Health Regulations (2005), both externally and through self-assessment.

She welcomed calls for transparency, accountability, timely sharing of information and independent, evidence-based risk assessment. She expressed appreciation for the support for a unified emergency response programme and the "one WHO" approach. With regard to the proposed programme, she acknowledged the requests for clarity on roles and responsibilities at all levels of the Organization, for clear lines of authority and accountability, and for common benchmarks and structures. Although it could not do everything itself, WHO could work with partners and Member States to ensure that expectations were met. It was important to ensure that WHO was a predictable and dependable partner.

There was a need for a single cadre of experienced and competent personnel to deal with emergencies, and the Secretariat intended to provide training to current staff and had already held discussions with other agencies that had such training in place. She agreed that the Secretariat needed to better explain the Organization's income and financial allocations, and the degree of transparency provided during the financing dialogue would be reflected in the new programme. An independent oversight group that reported to the Executive Board could be set up; and such a group could follow the model of the Independent Expert Oversight Advisory Committee. The upcoming final report of the United Nations Secretary-General's High-Level Panel on the Global Response to Health Crises may provide alternative options for an oversight group. The Secretariat was committed to transforming WHO into an organization that was fit for purpose, and the proposed Road Map for Action would provide a timeline for steps to be taken. However, Member States also needed to play their part, through political support and the provision of funding.

The CHAIRMAN invited the Executive Board to discuss the options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers.

The representative of CANADA said that the proposed approach to increase information-sharing on diagnostic, preventive, and therapeutic products was realistic. The few promising candidate vaccines and treatments in existence at the start of the Ebola virus disease outbreak had required a considerable investment of time and effort before they had reached the point where they could be of use. Had it not been for earlier government involvement and funding, the international community would not have had any candidate medical countermeasures to combat Ebola, and the international community had to consider how to better position itself in future crises. The proposal to prioritize urgent research and development on certain pathogens should facilitate collaboration and help avoid future outbreaks. It implied greater international cooperation on research and development, information-sharing, and the resolution of sensitive licensing issues in order to permit the rapid, collective and collaborative development of medical countermeasures. He endorsed the idea of an

open-access database to enable the sharing of research and development data, encouraged WHO to adopt standards on how information was summarized in the database, and expressed particular support for the development of best-practice guidelines for the establishment of legal agreements, the timely sharing of data and analyses, and the ethical sharing of biological samples.

The representative of THAILAND emphasized that the Global Observatory on Health Research and Development should strengthen capacity at the regional and national levels in the governance of health research and development and innovation for improved access, to ensure that it did not only benefit high-income countries. The fight against Ebola required not only biomedical interventions but should also take into account social, behavioural and anthropological factors. It was important to understand unsafe burial practices and how to manage diseases in a way that was culturally and religiously acceptable to the communities affected.

The representative of CHINA urged the international community to apply the lessons it had learned from the Ebola outbreak. The Global Observatory could help WHO fulfil its mandate regarding information-sharing on diagnostic, preventive and therapeutic products. Existing databases should be consolidated into one new database, to strengthen information-sharing and thereby make more effective use of resources. WHO should consider expanding the reach of the Global Observatory to developing countries with a certain capability, in order to improve their research and development capacities. A mechanism should be established to evaluate phase 1 of the Observatory's operations. She supported the development of a blueprint for research and development preparedness and rapid research response during future public health emergencies. She hoped that WHO would strengthen communication and cooperation on global research and development and provide developing countries with more capacity-building in that field.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said the Ebola crisis had clearly demonstrated what happened when epidemiological and other data were not shared early; open data and transparency were vital during a health emergency. The WHO consultation on sharing data and results in public health emergencies had revealed wide agreement with those key principles. Further action was required regarding the interpretation of the International Health Regulations (2005) to ensure that health data was shared beyond WHO, with key crisis responders and others who would obtain a public health benefit from access to the data.

The representative of the UNITED STATES OF AMERICA observed that, while the Global Observatory had the potential to help inventory efforts and foster innovation, it should not take on agenda-setting functions. While the routine evaluation of the effectiveness of diagnostic, preventive and therapeutic products was important, the Observatory should not have a directive or regulatory role. The Secretariat should conduct a pilot phase in 2016 to assemble a database of products registered for the prevention, diagnosis and treatment of haemorrhagic fever diseases, as called for in resolution EBSS3.R1.

He hoped that the five work streams identified to develop a blueprint for research and development preparedness would contribute to more coordinated global research and development efforts and help enhance research capacity, particularly in countries threatened by disease outbreaks. The blueprint should not, however, be implemented in a way that would thwart scientific collaboration. He requested the Secretariat to submit the products of the five work streams in draft form for review and comment at each stage of the blueprint's development.

The representative of PAKISTAN considered information-sharing on diagnostic, preventive and therapeutic products to be key to preventing, detecting and responding to public health events of international concern, and therefore endorsed the proposal to establish a global database. Such a database would review, collect and analyse information from various sources; it should have a uniform

and user-friendly format, and capacity-building should be an integral component. The access policy should be agreed by the Member States. The database could be linked to other international initiatives in order to enhance cross-border coordination and preparedness, and facilitate a timely response to events of public health concern. It was particularly important to include other sectors in the global database, for wider collection of data. Member States might also consider developing their own databases of diseases identified at national level, and linking them to the global database.

The representative of SAUDI ARABIA observed that the Ebola epidemic had revealed the need for a multifaceted plan in order to be able to respond quickly and efficiently to future outbreaks. The blueprint had used the Middle East respiratory syndrome coronavirus as a case study. Although global coordination had resulted in the maturation of the pre-clinical pipeline for novel interventions to combat the coronavirus, if the incidence of the disease rose sharply, products would have to be developed faster than usual, with multiple agencies investing more heavily in development, manufacturing, and testing. Lessons learned from the most recent outbreak should be included in a strategy for targeted investments in emerging pathogen research. The consultations held in December 2015 by WHO had opened a global dialogue between public health agencies, scientists, product developers and funders on joint planning of research and development activities in respect of the Middle East respiratory syndrome coronavirus, which was a step in the right direction.

The representative of ARGENTINA noted that the review of existing WHO databases had pointed to the value of the Global Observatory in fulfilling the objectives set out in the document. It was hoped that the Observatory would have the capacity to store all research and development data in one place. New, good-quality evidence bases should be identified, and the Observatory should manage and promote the use of information for the generation of new data, taking into account the problems identified and possible alternative solutions.

WHO had a role to play in facilitating access to diagnostic and therapeutic tools. While the Ebola outbreak had shown that research and development efforts could be accelerated during an epidemic, epidemics should not be the driving force behind such activities on neglected diseases. Instead, the limited incentives to conduct research and development on such diseases had to be expanded, so that more rapid and effective action could be taken in the future. However, an emergency should not be used to justify violations of patients' rights during trials, and a health system disrupted by an emergency was not the best place to monitor a controlled clinical trial. The research and development system had to be strengthened, by reaffirming the relevance of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and implementing the recommendations of the Consultative Expert Working Group on Research and Development: Financing and Coordination. Finally, innovative solutions were needed to ensure sustainable funding options.

The representative of COLOMBIA<sup>1</sup> endorsed the establishment of the Global Observatory, which should initially prioritize haemorrhagic fevers. The Observatory should start by drawing up a list of illnesses that could seriously affect populations and were liable to spread more easily; prioritizing illnesses of that kind currently affecting the Region of the Americas, such as the Zika and Chikungunya virus diseases. A global information-sharing platform would be particularly useful for strengthening country activities to detect, prevent and control disease. The Observatory should disseminate and facilitate access to diagnostic, preventive and therapeutic products and thus help bolster global and national research and development capacities. The work of the Observatory should be linked to the implementation of the recommendations of the Consultative Expert Working Group,

---

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

and should constitute the initial phase of a strategy to correct the current research and development model for diagnostic and therapeutic products. It should promote synergies between research groups and the development of new products for haemorrhagic fevers, and may facilitate access to cost-effective products for large population groups, especially in less developed countries. Resources should be pooled in order to ensure the greatest possible impact for the population and avoid fragmented research processes. Transparency and accountability had to be guaranteed at all levels, and the research priorities and criteria for the investment of available resources should be determined by Member States.

The representative of MEXICO<sup>1</sup> recognized the importance of technological resources in the early diagnosis and control of infectious diseases. She endorsed the proposed research database, which would enable the international community to prioritize and direct research and avoid duplication. The Institute of Epidemiological Diagnostics and Reference of Mexico would contribute to the database with the development of efficient and effective diagnostic tests and human resource training.

The representative of NORWAY<sup>1</sup> applauded the work done by WHO to develop the blueprint, which should continue. WHO played a critical role in setting standards and spearheading the effort for concerted global action to address research and development gaps in the prevention and control of infections with epidemic potential. The Global Observatory would be a key platform in that regard.

The representative of SUDAN<sup>1</sup> said that her country was affected by conflicts and health emergencies. As a result, research and development were limited, from proposal and design to finance and execution. WHO should work hard to build capacity in countries like hers, where the results of research and development could contribute to a globally-beneficial database.

The representative of INDIA<sup>1</sup> said that WHO had clearly demonstrated that it had the capability and convening power to accelerate research and development efforts. The five work streams of the blueprint related directly to the discussions of the Consultative Expert Working Group. The principles of that Group on open access, de-linkage, affordability and equity should be fully integrated into the blueprint. WHO should look at how the provisions of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity, would help ensure that the benefits of research and development efforts were shared equitably. The Secretariat should consider those linkages when it submitted the report requested under item 8.1 of the Agenda. He noted that the distribution and financing plan on Ebola drugs and vaccines requested under resolution EBSS3.R1 was still outstanding. Open data and transparency were important; and those principles should apply to the cycle of innovation and development and include a clear access policy.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, endorsed the proposed blueprint, which had the potential to accelerate the development of effective, affordable and appropriate tools against emerging biomedical threats. Research and development efforts and access strategies had to be coordinated by a multilateral organization that was accountable to all Member States, a role that should be filled by WHO. The blueprint should be aligned with other initiatives on emerging infectious diseases and had to be adequately funded. Member States contributions should be pooled, for prompt and flexible financing of research projects. The norms and financing mechanisms recommended by the Consultative Expert Working Group could spur innovation and ensure that resulting products were widely available and affordable. Subsequent

---

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

projects could be integrated and financed within the mandate of that Group's pooled fund, hosted by the WHO Special Programme for Research and Training in Tropical Diseases.

The ASSISTANT DIRECTOR-GENERAL FOR HEALTH SYSTEMS AND INNOVATION reassured the representative of the United States of America that the Global Observatory was strictly intended to be a data and information dissemination platform; it had no agenda-setting or directive functions. She agreed that the diseases being considered by the Consultative Expert Working Group and the emerging infectious diseases likely to cause epidemics had many points in common, but recognized the striking differences in terms of the urgency of conducting research. At the request of Member States, research and development of products for both groups of diseases, and of products to combat antimicrobial resistance, would be discussed at the open-ended meeting of Member States in March 2016.

**The Board noted the reports contained in documents EB138/27, EB138/55, EB138/28 and EB138/23.**

**2. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD:** Item 3 of the Agenda (Document EB138/3)

The CHAIRMAN OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD introduced the three items discussed by the Committee that were not included on the agenda of the Executive Board. The Committee had noted the Secretariat's update on WHO's Internship Programme, requesting further information in future reports on the national origins of interns and the location of internships, and encouraging the Secretariat to ensure adequate internship opportunities at regional and country level. Additionally, it had acknowledged the budgetary challenge of providing financial support to interns.

The Committee had noted the interim report of the Independent Expert Oversight Advisory Committee (IEOAC) and the overall reduction in the number of open recommendations. It looked forward to proposals on strategic approaches to address the risks identified in the bottom-up approach, noting that three of the five risks related to the financing of WHO operations, especially in regions where funding for polio would cease in a few years. It had stressed that the risk register should be used to develop mitigation measures and reconcile the risks identified through the bottom-up approach with the top-down strategic vision. Regarding the WHO response to the outbreak of the Ebola virus disease, the Committee had pressed for a prompt shift from diagnosis to implementation and recommended that priority should be given to developing a preliminary structure for emergencies and outbreaks. It welcomed the updates from Regional Directors on measures undertaken in the respective regions, urging them to continue reporting in the future.

Having considered the annual report on compliance, risk management and ethics, the Committee had requested the Secretariat to report regularly through a dashboard on progress made in implementing the risk management policy. It welcomed the implementation of the policy on whistleblowing and protection against retaliation, which was important in fostering a culture in which staff members felt comfortable reporting alleged wrongdoing.

**3. WHO REFORM:** Item 5 of the Agenda

**Overview of the reform implementation:** Item 5.1 of the Agenda (Document EB138/5)

The CHAIRMAN OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD said that the Committee welcomed the shift in the Secretariat's reporting from the reform process to the results of the reform. It was important to apply the same reporting procedures to the Organization's enhanced contribution to improved health outcomes, as the ultimate objective of WHO reform. While recognizing the importance of reforming the Organization's emergency response activities, development of a new emergency response programme should not divert the Organization's focus from the ongoing reform process or its core activities. The Committee called for deepened, strengthened and accelerated implementation of reform and recommended that the Board note the report by the Secretariat on overview of reform implementation.

The representative of SAUDI ARABIA observed that greatest progress had been achieved in the area of programmatic reform, notably with respect to the bottom-up planning of the programme budget, and that key administrative reforms had also advanced substantially, as in the case of the new geographical mobility policy and human resources planning. Progress was still limited in reducing the under-representation of various Member States among internationally recruited staff, however, and was slowest in the case of governance reforms. Efforts towards finalizing the framework of engagement with non-State actors were promising, although some of its main functions would require strengthening at the implementation stage. Lastly, the recommendations relating to consultation processes would have a direct bearing on the roles and responsibilities of regional committees, which must therefore be given time to consider and discuss those recommendations.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, recognized improvements in the area of programmatic reform, noting that progress had been slower in the work streams of governance and management. He said that the Ebola virus disease epidemic had highlighted the areas of weakness in the Organization's emergency response capacity. Emergency response should therefore be seen as a fourth work stream of the reform process. The Transformation Agenda of the World Health Organization Secretariat in the African Region was being implemented to improve governance, management and priority-setting. Moreover, staff profiles and structures were being aligned with programmatic priorities. In 2016, focus would be placed on strengthening human resources in country offices, having also taken measures to increase accountability, transparency, and internal monitoring, and to empower country offices. The Regional Director for Africa had established a new emergency response structure but many countries had not updated their WHO Country Cooperation Strategies to reflect reforms. Additionally, many country offices did not have sufficient resources to implement or monitor essential reform elements, resulting in their omission when funding workplans. WHO should strengthen its human resources capacity to be able to provide Member States with adequate support towards implementation of reforms. Any progress in that regard was ultimately dependent on the availability of sufficient, flexible and secure funding, aligned with relevant priorities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, although much emphasis had been placed on reforming WHO's outbreak and health emergency response functions, for the Organization to play its full leadership role in global health, overall reform continued to be vital. He urged WHO to accelerate the pace of overall reform, in particular in the key areas of emergency response, results and evaluation, and governance. The Organization should strengthen the current results framework, with a move towards measuring outcomes as well as activities, and develop its evaluation function to benefit from lessons learnt.

Furthermore, it was important to monitor value for money, particularly in the light of wide-ranging financial demands under the Sustainable Development Goals across the United Nations System. Transparency, accountability and risk management needed to be strengthened at all three levels of the Organization. He welcomed the decision to make the Organization compliant with the International Aid Transparency Initiative (IATI) by the end of 2016, and requested information about the progress made thus far. However, WHO should go beyond IATI compliance to establish a comprehensive culture of accountability and transparency.

The representative of THAILAND expressed concern regarding the omission of weaknesses in the Organization's financial structure, increasing bureaucratic inertia, the gradual loss of global leadership on health, and weakened trust among Member States from the reform process. Welcoming efforts to reduce the number of agenda items in governing body meetings, he said it was important to ensure that developing countries still had equal opportunities to raise their concerns in the global health agenda, thus avoiding a breakdown in solidarity, engagement and effectiveness. The Member States consultative process on governance reform had struggled to reach consensus on a number of points, and he welcomed the recommendation to hold further discussions on controversial issues. Reform should be considered as a continuous process.

The representative of CHINA requested a more in-depth analysis of the cost and operational elements of the new geographical mobility policy. Initiatives were required to improve gender equity and geographical representation, particularly in developing countries. The role of country offices was important, and she therefore hoped WHO would make considerable efforts to strengthen them as part of its governance reforms. She welcomed the Organization's decision to become IATI compliant, which would promote transparency and accountability. Best practices in reform implementation should be shared between regions and countries. Finally, she noted that the figures for some of the performance metrics contained in the Annex to document EB138/5 fell short of the given baselines; and requested information on follow-up action to redress those shortfalls.

The representative of KUWAIT highlighted the challenges of ensuring that WHO had adequate resources to deal with severe public health risks, which also implied the best possible use of those resources. In the event of any failure in payment of the voluntary and assessed contributions on which it was fundamentally dependent, the Organization would find itself in a difficult financial position. Its independence and indeed the continuity of health programmes would also be affected, thereby reducing the importance of its role in the area of public health. It should perhaps therefore either truly surpass itself or, in keeping with its rules, invest its revenues so as to guarantee a fixed annual return and eliminate the heavy reliance on voluntary contributions.

The slow progress in governance reform would diminish the performance of WHO governing bodies. Member States must be fully consulted on the matter, as must the Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, which had identified the obstacles to progress and made recommendations accordingly. Further progress would not be achieved, however, unless the regional committees were given a greater role.

The representative of BRAZIL, supporting the principles of transparency, accountability and inclusivity, said that the performance metrics were a useful tool for measuring achievements and weaknesses and boosting the transparency and confidence of Member States. The bottom-up priority-setting and planning process would guarantee more strategic allocation of resources. Reforming human resources was a priority as a way of ensuring that staffing in the Organization matched needs across all three levels.

The representative of the UNITED STATES OF AMERICA appreciated that the performance metrics would strengthen the monitoring framework and welcomed the progress made on financing reforms and the repositioning of the Programme budget as the primary tool for accountability, transparency and financing reforms. Key management reforms, however, lagged behind at every level, and reforms at regional and country level needed to focus on programming and operational planning, financial management, strengthening of technical performance and human resource management. Human resources reform would be instrumental to WHO's success, since the Organization's credibility and effectiveness depended on the absence of barriers to technical excellence and the avoidance of conflicts of interest, or even the appearance thereof, when selecting and promoting staff. A strong culture of accountability was also vital to fostering high ethical standards throughout WHO.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed satisfaction with the active participation of the South-East Asia Region in the overall reform process. The bottom-up priority-setting and planning process was an effective way for country offices to identify needs and priorities, and to strengthen relations with the national government. The Ebola crisis had shown that the new reform work stream of response to outbreaks and health emergencies should focus on strengthening management processes, particularly at the country level, where the need was greatest.

The representative of the RUSSIAN FEDERATION said that performance metrics would accelerate the WHO reform process. She appreciated the programmatic reform in emergency response, the bottom-up approach in planning, and improving financing through flexible resources and greater predictability resulting from the financing dialogue. She noted efforts to harmonize recruitment processes, and improve gender equity and geographical diversity; and she acknowledged the new geographical mobility policy. She hoped that Member States would soon be able to analyse the results of the introduction of risk registers; a new corporate risk management policy; steps to ensure adherence to core ethical values and accountability in country offices; and the new information disclosure policy.

The representative of PAKISTAN welcomed the monitoring framework, but said that it was too early to reflect on its impact. He welcomed the adoption of a geographical mobility policy, but regretted that its impact might be slow since it was voluntary and numbers were limited. Efforts to reform human resources were vital, especially at the country level, but the process needed to be accelerated and dedicated working groups and regional committees should be assigned to consider the task. He expressed concern that, despite reforms to the predictability of financing, some key programme areas remained underfunded. The bottom-up priority-setting and planning process was also an important element of reform but topics proposed for discussion at the Health Assembly should first be considered at regional committee meetings. Country offices would require additional resources if they were to have the capacity to respond to changing national requirements.

The representative of the PHILIPPINES stressed the importance of achieving more progress in governance reforms. She agreed it was important to ensure that country needs and circumstances were properly reflected in the bottom-up priority-setting and planning process, supported by appropriate human resources planning. By increasing the involvement of country offices and holding additional consultations with the Member States concerned, WHO could greatly improve its contribution to health outcomes.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that epidemic outbreaks of treatable diseases recurred every year but often failed to trigger an appropriate international response. In 2016, WHO had a unique opportunity to facilitate international responses by providing technical expertise to health ministries and entering into partnerships which could facilitate responses to health emergencies. It was the responsibility of Member States and other stakeholders to provide the Organization with the political and financial support required. Finally, WHO reform had to go behind national interests, with particular regard to responses to outbreaks and health emergencies.

The EXECUTIVE DIRECTOR, OFFICE OF THE DIRECTOR-GENERAL, acknowledged calls to deepen and accelerate the pace of reform, remain results-oriented, and concentrate on improving the flexibility and responsiveness of national offices. In response to the request for information by the member for the United Kingdom of Great Britain and Northern Ireland, he said that WHO had completed an analysis of the requirements for compliance with IATI. It was currently working on adapting its information disclosure policy and would provide a progress update at the meeting of the Programme, Budget and Administration Committee in May 2016.

**The Board noted the report contained in document EB138/5.**

**The meeting rose at 12:25.**

= = =