



**World Health
Organization**

**EXECUTIVE BOARD
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Provisional agenda item 5.2**

**EB138/6
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Member State consultative process on governance reform

The Director-General has the honour to transmit to the Executive Board at its 138th session the Chairperson's report on the Second Open Member States Meeting on Governance Reform (see Annex).

ANNEX

CHAIRPERSON'S REPORT ON THE SECOND OPEN MEMBER STATES MEETING ON GOVERNANCE REFORM

This report on the Second Open Member States Meeting on Governance Reform, held in Geneva on 10 and 11 December 2015, is issued at the sole responsibility of its Chairperson, Ambassador Jorge Lomónaco, Permanent Representative of Mexico to the Office of the United Nations and other International Organizations in Geneva.

BACKGROUND

1. In 2012 the World Health Organization (WHO/Organization) started the most recent set of formal discussions to promote changes on the three components set for the reform (programmatic, managerial and governance reforms), following up on the outcomes of the Executive Board special session “WHO reforms for a healthy future” (Decisions EBSS2(1), EBSS2(2) and EBSS2(3) (2011).
2. In January 2015 the Independent Expert Oversight Advisory Committee (IEOAC) stressed the slow pace of the governance reform and the risk to “impair the effectiveness of the governing bodies” and “impede the implementation of the overall WHO reform agenda” because of that. The IEOAC also expressed its “concern about the lack of alignment in priorities of the three levels of the Organization” (Document EBPBAC21/2). Based on this report, Member States started a collective reflection on the need to accelerate WHO governance reform.
3. As a result, on 3 February 2015 the Executive Board established the Inclusive Member States Consultative Process on the WHO Governance Reform by the decision “Overview of reform implementation”, consisting of a Working Group and two Meetings open to all Member States “to complete its work by the Sixty-ninth World Health Assembly, providing recommendations through the Executive Board on how to improve WHO governance efficiency, with the mandate to address: (i) working methods of the governing bodies, including relevant proposals by the Secretariat and the WHO Reform stage 2 evaluation, as well as agenda-setting, including the significant growth in the number of agenda items, resolutions and decisions and its impact on governance, and the functioning of the Executive Board Bureau and officials of the World Health Assembly; (ii) concrete ways to improve the alignment of the governance of all three levels of the Organization, so as to improve accountability and effectiveness” (Decision EB136(16) (2015)).

Process

4. In compliance with the decision EB136(16), under the facilitation of the six Regional Coordinators in Geneva the Working Group on Governance Reform (Working Group) was established and was composed of two representatives of each of the six WHO Regions: Mozambique and South Africa (African region); Mexico and United States of America (Americas region); Iran (Islamic Republic of) and Morocco and Pakistan – one substituted the other as per regional agreement – (Eastern Mediterranean region); Estonia and Russian Federation (European region); India and Thailand (South East Asian region); Australia and China (Western Pacific region).

5. To fulfil its mandate the Working Group examined the universe of items and sub-items that were pending of agreement by Member States in the two areas of the mandate of the process. To this extent, the Working Group held two face-to-face meetings (26–27 March and 21–24 September), as well as continuous consultations.
6. As per decision EB136(16), the process was complemented by two meetings open to all Member States, with the aim to further examine and decide on the findings provided by the Working Group. The First Open Member States Meeting on Governance Reform was held in Geneva on 13 May 2015, and the Second Open Member States Meeting on Governance Reform was held in Geneva on 10–11 December 2015. It is noted that the time allocated to the Second Open Member States Meeting on Governance Reform was shortened by one full day.
7. The six Regional Coordinators in Geneva acted as observers of the Working Group’s meetings, activities and exchanges, under their capacity of facilitators, to ensure inclusiveness and transparency of the process, in line with EB136(16) decision.
8. The first meeting of the Working Group (26–27 March 2015) was helpful in determining an initial list of topics, which served as a guide for discussions during the First Open Member States Meeting on Governance Reform.
9. Between May and September 2015 the Working Group worked on the basis of two specialized subgroups – in line with the two areas of its mandate – to draft reports with recommendations on specific topics. Members of the Working Group from Australia, Estonia, United States and Thailand volunteered to serve as facilitators.
10. During its second face-to-face meeting (21–24 September 2015), the Working Group reviewed the draft reports developed by the facilitators and decided on the contents of its final report. Until 23 November 2015, the members of the Working Group established dozens of informal exchanges almost daily to agree on the final version of the report that was submitted to the Second Open Member States Meeting on Governance Reform.
11. The Working Group agreed on 38 recommendations, as contained in document EB/OMSMGR/2/2 (Appendix I), both on working methods of governing bodies and the alignment of the governance of all three levels of the Organization. To this end, the Working Group took into account the inputs and positions provided by all Member States. Similarly, the members of the Working Group made substantial research on each issue, based on available technical documents and the relevant reports of the Joint Inspection Unit (JIU) and the *WHO Reform Stage 2 Evaluation Report (2013)*. They also took into account a number of good practices and experiences of reforms that have taken place in the regions.

Recommendations

12. The Second Open Member States Meeting on Governance Reform discussed all the 38 recommendations agreed by the Working Group. Different views were expressed and a number of proposals were made. It is worth noting that some delegations that participated in the Working Group on Governance Reform offered different views with respect to their earlier positions in regard to certain recommendations.

13. Taking into consideration the discussions and proposals made during the first part of the Second Open Member States Meeting on Governance Reform, the Chairperson issued a revised version of the recommendations that was circulated among all participants.

14. The revised version contained 22 recommendations. It streamlined, compacted and amended the recommendations agreed by the Working Group on Governance Reform. The revised recommendations were grouped according to the instance that they were directed to.

15. The revised recommendations were thoroughly discussed and a number of proposals were made during the last seating of the Second Open Member States Meeting on Governance Reform (11 December 2015). Notwithstanding the efforts made, the Second Open Member States Meeting on Governance Reform was unable to agree on the recommendations due to several factors including lack of time (see Appendix II).

16. The Chairperson hereby submits a second revised version of the recommendations. This second revised version is drawn under the Chairperson's sole responsibility and is based on the discussions and proposals made during the last seating of the Second Open Member States Meeting on Governance Reform. The second revised version of recommendations constitutes the Chairperson's best attempt to offer a possible compromise.

17. Since some recommendations were important to certain delegations and some other to different delegations, it is the view of the Chairperson that subtracting or adding individual recommendations may lead to losing the necessary balance. The Chairperson believes that the second review contained below maintains the necessary balance. Furthermore, the Chairperson wishes to note that the recommendations contained below do not necessarily reflect his government's position.

Way forward

18. The exercise carried out between January and December 2015 to accelerate WHO governance reform was clearly more complex than was expected by the Member States.

19. Based on the evident lack of time and the impossibility to agree on the recommendations presented by the Working Group, during the Second Open Member States Meeting on Governance Reform some delegations proposed the extension of the mandate of the Working Group, while some others proposed further work to be conducted by the WHO Programme, Budget and Administrative Committee (PBAC). No agreement was reached on how to proceed.

20. While some delegations requested that all the recommendations be consulted with the Regional Committees, other delegations requested that only those relevant ones be consulted with the Regional Committees. Some other delegations saw no need to consult Regional Committees.

21. In the opinion of the Chairperson, any decision to allow for continuity to this process has to ensure that discussions take place with the highest possible degree of inclusivity, such as in the form of an Open-Ended Working Group, in order to guarantee ownership of the process among all Member States.

22. During the exchanges in the Second Open Member States Meeting on Governance Reform, the Chairperson noted that at least two issues were not discussed enough during the process and, as a consequence, may be included in future substantive discussions: (i) concrete ways to improve transparency and accountability for best performance of WHO headquarters' roles and responsibilities

and (ii) the recommendations on human resources, as contained in the background and analysis' section of the Final Report of the Working Group (Document EB/OMSMGR/2/2, Appendix 1).

23. When discussing the recommendations, the Executive Board may wish to identify those recommendations that may be ready for adoption by the Sixty-ninth World Health Assembly and those that should be further elaborated for consideration by the Seventieth World Health Assembly.

Second revised version of the recommendations

On Methods of work of the governing bodies:

Recommended the Executive Board to:

- (1) Agree to a forward-looking planning schedule of the provisional agenda as a working method (1.1);
- (2) Review the number of items of the Executive Board in order to improve the level of correspondence between the length of the sessions and the number of items on the provisional agenda of each session (1.7);
- (3) Develop criteria for cross-regional co-sponsorship of proposed agenda items, without prejudice to the status of any such criteria (1.6);
- (4) Further develop the Draft Guidelines of Best Practices on Governance Reform (Contained in Appendix III) (1.9);
- (5) Review the criteria¹ currently applied in considering items for inclusion on provisional agenda, with a view to making recommendations on the application of the criteria and the need for any additional criteria (1.2);

Recommended the Health Assembly to request the Director-General to:

- (6) Develop a (4)–(6) year forward looking planning schedule of expected agenda items for the Executive Board and the Health Assembly based on reporting requirements, standing items, previous decisions and resolutions and those required by the Constitution, regulations and rules of the Organization, and in line with the General Programme of Work (1.1,1.3);
- (7) Submit, as an information document, the first forward looking planning schedule of expected agenda items for the Executive Board and the Health Assembly to the Executive Board at its 140th session, and to update the schedule annually (1.3);
- (8) Prepare an analysis of the current Rules of Procedure of the Board and Health Assembly in order to identify interpretational ambiguities in the process for additional, supplementary and urgent agenda items for further improvement of the process (1.5);

¹ See resolution EB121.R1 and decision WHA65(9).

(9) Continue using information technology tools to improve access to governing body meetings and documentation by, inter alia, making them more friendly, creating specific access for Member States postings, developing post-session documentation pages related to relevant summary records and decisions/resolutions taken, as well as allowing access to the webcast post-session of public meetings, in consultation with Member States (1.8);

On Improving the alignment of governance at all three levels of the WHO:

Recommended the Executive Board recommend the Health Assembly to:

(10) Endorse as a permanent feature within the Secretariat a mechanism – such as the Global Policy Group – for discussion, integration and coordination between the Director-General and the Regional Directors to support the effective operation as “One” WHO (2.6);

Recommend the Health Assembly to invite the Regional Committees to:

(11) Work towards a harmonized approach to overseeing the work of regional and country offices, including through identifying best practices and establishing minimum standards on the reporting of regional and country office management and financial information to Regional Committees (2.12, 2.13);

(12) Provide reports to the Executive Board using the standardized template provided by the Director-General (2.14);

(13) Invite Heads of WHO Country Offices to regularly report on their work (2.27, 2.28);

Recommend the Health Assembly to request the Director-General to:

(14) Consult the Regional Directors to develop and implement a formal accountability compact between the Regional Directors and the Director-General, drawing together already existing mechanisms (2.1);

(15) Strengthen performance management and assessment clauses in future employment contracts for Regional Directors (2.2);

(16) Initiate a dialogue with the Regional Committees to identify several and different measures to ensure coherence at the three levels, including by the improvement of the process of nomination of Regional Director by, inter alia, advertising and raising the profile of the position, attracting a broader field of candidates, assessing candidates against a selection criteria and allowing the contribution of the Director-General in the process (2.3);

(17) Advertise the Assistant Director-General positions (2.4);

(18) Institutionalize planning mechanisms across the three level of the Organization – such as the category networks – with formal terms of reference and aligned operating procedures (2.7);

(19) Initiate a review on the current operation of Regional Committees, including their Standing Committees and Subcommittees, with a view to develop best practices to strengthen their oversight functions, in consultation with Regional Committees (2.8, 2.9, 2.10, 2.11);

(20) Initiate a review on the current communications and collaboration between the governing bodies at all levels with the aim to identify best practices for the improvement of governance coherence (2.15, 2.16, 2.17, 2.18, 2.19, 2.20);

(21) Provide as an information document to the Executive Board and the Health Assembly the biennial WHO country presence reports, as a basis for a general discussion in the governing bodies on WHO's country presence under the agenda item on WHO Reform (2.21);

(22) Work with the Regional Directors, in consultation with Member States, to explore criteria for a country presence appropriate to context, with a view to improving the performance of WHO at country level, taking into account, inter alia, the review of typologies of country offices, cooperation strategies, capabilities and selection criteria for WHO Representatives and country office performance assessments (2.22, 2.23, 2.24, 2.25, 2.26, 2.27, 2.28).

Additional note on the second revised version of the recommendations 10 to 22: At the Second Open Member States Meeting on Governance Reform many delegations recognized that a number of activities and processes are already being implemented, partly as a result of previous governance reform recommendations. However, the importance of the reaffirmation of the ongoing good practices was noted, and included inter alia:

1. The publication of country cooperation strategies on the WHO website;
2. The public adverts for WHO Representatives vacancies and conducting merit based selection processes;
3. WHO country office report being made public.

Appendix I



**SECOND OPEN MEMBER STATES MEETING ON
GOVERNANCE REFORM**

**EB/OMSMGR/2/2
30 November 2015**

Provisional agenda item 3

Working Group on Governance Reform

Final report

This report has been prepared by the Working Group on Governance Reform (Working Group) in collaboration with the WHO Secretariat to inform the Second Open Member States Meeting on Governance Reform, to be held on 10–11 December 2015, on viable recommendations for consideration, in line with the Working Group's mandate, and in accordance with decision EB136(16), adopted on 3 February 2015. The report is the result of the deliberations of the Working Group during two face-to-face meetings, held in March and September 2015, as well as a relevant number of exchanges between its members on other occasions where needed.

The report presents, in the first part, a list of recommendations to the Second Open Member States Meeting on Governance Reform, for the consideration of the Executive Board at its 138th session, to be adopted by the Sixty-ninth World Health Assembly. In the second part, the report presents, in a concise and non-exhaustive way, the background and analysis that the Working Group elaborated on each agenda item under its mandate, which were useful for the development of the recommendations.

RECOMMENDATIONS

1. Working methods of governing bodies

Long-term planning of the agenda

- (1) To adopt a forward-looking long-term planning agenda as a working method.
- (2) To review the criteria and develop new criteria, as appropriate, for prioritizing agenda items and referring specific items to the regional committees.

(3) To request the Secretariat to develop a visualized, synchronized and up-to-date report on agenda item management covering the Board, Health Assembly and regional committees, different meeting formats (Programme, Budget and Administration Committee, Board and Health Assembly), different formats of items (for example, reporting requirements, sunseting and action or information items) and different discussion formats (for example, full agenda items, side-events, technical briefings and ministerial discussions) with differentiation of budget and non-budget years, for consideration by the Health Assembly in 2016.

(4) To request the Secretariat to develop proposed amendments to the rules of procedure, where necessary, in order to implement the above recommendations, for consideration by the Sixty-ninth World Health Assembly in May 2016.

Handling of additional, supplementary or urgent items

(5) To request the Secretariat and Office of the Legal Counsel to revise the current Rules of Procedure of the Board and Health Assembly in order to eliminate interpretational ambiguities.

(6) To adopt criteria for cross-regional cosponsorship for proposing an agenda item and for avoiding resolutions on items which are outcome documents of an international conference.

Scheduling of the governing body meetings

(7) To decide that the January session of the Board will last for eight days. Currently, sessions of the Board last for eight days during budget years and six days during non-budget years.

Use of information technology tools

(8) To request the Secretariat:

(a) To continue using the Institutional Repository for Information Sharing (IRIS) technology and make it more user friendly.

(b) To create a link on the governing body documentation page for posting those national health experiences that Member States wish to share.

(c) To include hyperlinks in governing body documentation to past discussions and resolutions/decisions related to the agenda item.

(d) To create a post-session documentation page, with links under each agenda item to the relevant summary records and any decisions/resolutions taken, so that the history and documentation of the agenda item is reserved in one place.

(e) To continue the use of quick response codes and other tools to facilitate downloading reports at Health Assembly meetings.

(f) To continue webcasting public meetings, and to make arrangements for access to the webcast post session.

Guidelines of Best Practices on Governance

(9) To endorse the *Guidelines of Best Practices on Governance*, contained in the Appendix to this report,¹ for Member State delegations to WHO governing body meetings.

2. Improving the alignment of governance at all three levels of WHO

Formalizing the “accountability compact”

(1) To introduce a formal accountability compact between the regional directors and the Director-General, drawing together already existing mechanisms by including in the Board resolution appointing each regional director a statement to the effect that the regional director shall comply with the requirements of the accountability compact with the Director-General.

(2) To strengthen performance management and assessment clauses in future employment contracts for regional directors.

Standardizing the nomination process of regional directors across regions

(3) To recommend that regional committees work towards standardizing the process of nomination of regional directors, such that:

- the position would be publicly advertised. This would raise the profile of the position and the Organization and potentially attract a broader field of candidates. It would not remove the requirement for any candidate’s home Member State to support the candidacy. This could be addressed by requiring candidates to seek the support of their health ministries as part of the application process, or by the Director-General providing an opportunity for the home Member States of each applicant to comment on/object to the candidacy;
- candidates would be assessed against the selection criteria and shortlisted by the Director-General in consultation with the relevant regional committee; and
- the regional committees would continue to interview shortlisted candidates and propose a single candidate to the Board for appointment.

(4) In parallel, to introduce public advertising of Assistant Director-General positions.

(5) To complement the approach to the nomination of the regional directors with the introduction of stronger accountability mechanisms as provided for by an institutionalized Global Policy Group.

Institutionalizing the Global Policy Group

(6) To institutionalize the Global Policy Group into WHO’s internal governance structure, through the adoption of a resolution or decision at the Sixty-ninth World Health Assembly

¹ See Attachment below.

welcoming the work of the Global Policy Group and requesting future Directors-General to continue it as a forum for discussion, integration and coordination across the Organization, and, subject to the Director-General's authority as chief technical and administrative officer of the Organization, for decision-making to support its effective operation as "One" WHO.

(7) To institutionalize the category networks with formal terms of reference and standard operating procedures.

Transparency and accountability of regional offices

Regional governance

(8) To initiate a comprehensive review of governance processes at regional level to identify concrete proposals to improve the functioning of regional committees and subcommittees.¹ The review should include a stock-take of the implementation of the rules of procedure revisited across regions to address the Joint Inspection Unit's 2012 recommendation,¹ as noted in the Stage 2 Evaluation.²

(9) To review all possible ways to increase the role of regional committees in directing the work of the regional offices, as provided for in Article 50(b) of the WHO Constitution.

Role of the standing committees of regional committees

(10) To strengthen the role of standing committees to support regional committees in performing their supervisory function, as provided for under the Constitution, the following processes could be undertaken:

(a) conduct a desktop review across regions of the role of standing committees, including rules of procedure, and identify best practices to strengthen their oversight functions; and

(b) with reference to the results of this review, develop a harmonized practice, in consultation with the regional committees.

(11) All regions to implement best practice models to harmonize the work of standing committees and their rules of procedure.

Standardizing the approach to transparency and accountability of regional and country office budgets

(12) Regional Directors should be more forthcoming and transparent in the reporting and tabling of financial and management reports for the consideration of Member States in their region, and Member States could better exercise their governance role by requesting regional directors to submit management reports for their consideration.¹

¹ https://www.unjiu.org/en/reports-notes/JIU%20Products/JIU_REP_2012_7_English.pdf (accessed 25 November 2015).

² http://www.who.int/about/who_reform/whoreform-stage2evaluation-pwc-2013.pdf (accessed 23 November 2015).

(13) Regional committees should work towards a harmonized best practice approach to overseeing the work of regional and country offices through:

Option 1: To establish a desktop review to identify best practices in management and financial reporting on regional and country office and country activities and budgets to regional committees.

Option 2: Regional committees to request more detailed information on regional office, and, in particular, country office budgets, including: for offices with budgets over a certain size (for example, US\$ 1 million per annum) resource allocation against WHO's categories of work and country cooperation strategies, audit findings, professional to general staff ratios, other human resource indicators, including gender ratios and nationality of staff, cooperation with other United Nations agencies, and cooperation with other development partners.

Option 3: To expand the role of standing committees, if appropriate, to include financial oversight of regional and country office budgets.

Option 4: To request information about the resources used to achieve the results through progress reports provided by regional and country offices.

Focusing on vertical coordination between regional and global governing bodies

Reporting from the regional committees to the Executive Board

(14) To introduce a more structured authority and reporting relationship between the regional committees and the Board, with the aim of revitalizing the Board's management oversight authority as provided for in WHO's Constitution.

Option 1: To develop a standardized template for regional committee reports through a desktop examination of best practices and gaps in current reporting.

Option 2: Regional committees or their standing committees to be more closely involved in the development of reports to the Board.

(15) To develop a formal process to ensure regular communication between the chairs of the Board, Programme, Budget and Administration Committee, and regional committees prior to and after governing body meetings, as recommended by the Stage 2 Evaluation.

(16) Officers of the Board should attend their respective regional committees.

Regional committees proposing agenda items for the Board

(17) To investigate the benefits of regional committees undertaking a strengthened role in the work of the Board, including reporting regional positions on specific items, raising new issues and drawing the Board's attention to the regional implications of items on its agenda.

Health Assembly proposing items for the regional committees

(18) To decide the reference to the regional committees of the items on global strategies, policies and legal instruments, such as conventions, regulations and codes, as provided for in

decision WHA65(9) (2006), and regional directors to include such items on the agendas of the committees.

(19) To decide that the Board and the Health Assembly will refer items as required to the regional committees before further deliberations or a final decision in order to benefit from diverse regional perspectives.

(20) To establish a systematic mechanism to integrate global resolutions into the regional committees' agenda setting to support their being consistently translated at regional and country level.

Role of country offices

(21) To decide the existence of an agenda item dedicated at EB/WHA discussion of the WHO country presence report to allow Member States to provide guidance on how to strengthen WHO's performance in countries. The Director-General and regional directors, in consultation with Member States, should explore criteria for a minimum and robust country presence. Criteria and procedures should be developed to open and close suboffices subject to changing needs.

(22) To publish country cooperation strategies on the WHO website.

(23) To review the typologies of country offices and use country cooperation strategies to more strategically tailor the roles and functions of each office.

(24) To develop standard capabilities and selection criteria for WHO Representatives (Heads of WHO Country Offices), which may be tailored to particular country office contexts/functions and published on the WHO website.

(25) To publicly advertise WHO Representative (Head of WHO Country Office) vacancies and conduct merit-based selection with regional directors to make recommendations to the Director-General on appointments.

(26) To develop a framework for country office performance assessment, building on existing reviews, assessments and evaluations and report performance assessments to regional committees (see also section 1(2) above).

(27) To invite WHO Representatives (Heads of WHO Country Offices) to report to regional committee meetings on their work, with each WHO Representative (Head of WHO Country Office) to report at least once in each six-year cycle.

(28) To include information on country office resourcing and performance in reporting to regional committees and by regional committees to the Board and Health Assembly.

(29) To develop a comprehensive framework, including the above elements where relevant, for strengthening WHO's performance in countries.

II. BACKGROUND AND ANALYSIS

1. Working methods of governing bodies

1.1 Long-term planning of the agenda

The Working Group has identified and studied the so-called “rolling agenda” introduced in the European Region (EURO)¹ in 2010. The rationale behind that method was similar to what, according to some Member States, is currently lacking in agenda setting in other WHO governing bodies: transparency and predictability, inadequate high-level political relevance and fluctuating strategic approach. The long-term agenda-planning model could be replicated for the Health Assembly, Board and other regional committees for more strategic management of agendas.

In this approach, the Secretariat is requested to provide a comprehensive overview of, inter alia, resolutions, technical agenda items and reporting time frames, for a forward-looking period, in order to map recurring agenda items and put forward proposals looking at the long-term perspective. The first mapping exercise requires more effort, but thereafter the time-line will only need updating.

Long-term planning should be linked to the programme and budget discussions, as well as specific resolutions and action plans. The current approach in the EUR looks four years ahead. The Working Group has discussed the possibility of a six-year forward-looking agenda to ensure governing bodies take account of each six-year General Programme of Work. The forward agenda is composed of the so-called “backbone” items (items appearing each year or every second year). In addition, the long-term agenda focuses on new resolutions, which arise on the basis of specific needs. Such a “timelined” approach:

- *can* improve the distribution of issues across years and in different discussion formats, enabling extra attention to be paid to items of higher priority. To help prevent overloading governing body agendas, this approach permits the consideration of preparatory discussions and brainstorming events and in other formats (ministerial lunches, dinners or side-events) before they become formal agenda items;
- *addresses* the sunseting of items. With a six-year forward-looking agenda, it may be possible to set a sunset year for reporting when an agenda item is first discussed. This method will help ensure that the number of agenda items becomes more manageable, and may make it more feasible to add new items to future agendas without overloading; and
- *improves* the environment for conducting governing body sessions. It will allow Member States to foresee which items will be discussed at which session, and to bring items forward or delay them. It will provide more predictability about which items need more time for discussion, or where Member States are more likely to reach consensus or to adopt contradictory positions.

¹ For the purposes of this report, the regions and regional offices will be referred to by their acronyms: Regional Office for Africa (AFRO); Regional Office for the Americas (AMRO)/Pan American Regional Office (PAHO); Regional Office for South-East Asia (SEARO), Regional Office for the Eastern Mediterranean (EMRO), Regional Office for Europe (EURO); and Regional Office for the Western Pacific (WPRO).

1.2 Management of resolutions and decisions

The Working Group has identified the need to better manage the submission and amendment of governing body resolutions and decisions in order to support informed discussion and decision-making by Member States in the context of an increasing number of agenda items at governing body sessions.

When studying this item and different initiatives for such purposes, the Working Group has tried to balance, on the one hand, the sovereign right of Member States to advance their priorities through draft resolutions against, on the other, the potential for overcrowding governing body agendas and the disruption which late proposals may create. The following ideas should be considered as part of a package of reforms together with other recommendations in this report.

Revising deadlines for proposals and sunseting of agenda items. In terms of deadlines for proposals and “sunseting” of agenda items, the following procedures are useful to support Member States in the management of resolutions, as well as in promoting transparency:

- (1) encourage outreach by individual Member States or groups of States on specific technical agenda items, decisions and resolutions they have proposed and to do so early, including through use of informal Geneva-based intersessional processes;
- (2) all draft resolutions should be submitted by the opening of each governing body session and issued as early as possible as a conference paper if inclusion of the agenda item has not yet been agreed;
- (3) reviews of past resolutions to identify their useful life span and potential for being sunsetted should be conducted as part of long-term agenda setting; and
- (4) a table summarizing all existing and active resolutions to be updated annually after each session and made available through a web portal. Member States can thereby take guidance on whether or not such new proposals would overlap or duplicate already existing work.

Reporting requirements. Reporting requirements need to remain flexible (reporting cycles and sunseting by case-by-case decision¹) and relevant to the actions endorsed. It is important that reforms do not reduce the transparency and accountability of the work of the governing bodies and the Secretariat. As far as country reporting is concerned, a web-based platform should be established for countries to submit their reports as and when there is a specific requirement for national reports on the resolution.

Financial implications of resolutions and decisions. There has been some progress towards a governing body agenda that covers the full programme budget. Too often the problematic element is Member States’ knowledge of the implications of their decisions, both financially and in personnel related aspects. Therefore, the decision-making process in the governing bodies must be strengthened while Member States should be provided with relevant technical information and the financial implications of their decisions by the Secretariat. The same applies to progress reports where there is

¹ Some resolutions and decisions may require the Secretariat to report back to the governing bodies within one year, for example, work related to immediate global health threats, while others may only require a report after two or three years, for example evaluation of strategies or plans of action.

also a need to include information about the resources used to achieve the results and funding gaps that are hampering effective implementation.

There is a template for the financial and administrative implications of resolutions that is routinely used at sessions of the Board and Health Assembly, but Member States need more clarity concerning how new resolutions will link up with the General Programme of Work, the Programme budget, related strategies/action plans and previous Board, Health Assembly and regional committee resolutions.

Ensuring that informal discussions take place as early as possible. Early discussion of draft resolutions would be welcome. If sufficient consultation occurs before discussion at the governing body meetings, Member States will be supported to make timely decisions and this will reduce the need for further intersessional meetings. Governing bodies need to be cognizant of the increased burden on Geneva-based missions and the potential for Member States without permanent representation in Geneva to feel excluded.

There needs to be emphasis on capacity building for governing body chairs to manage meetings. Agreeing a manageable agenda is only one factor in supporting an effective meeting, whereas the chairs should be appropriately supported, including through training, and, where appropriate, meetings with technical staff on major agenda items, to ensure they are able to drive the agreed agenda and foster constructive debate. Regarding documentation, the Secretariat needs to be given authority to provide advance English publication of working documents as soon as they are available, ideally one month prior to the meeting in question, with other languages to follow as soon as possible.

Role of Geneva-based regional coordinators. Geneva-based regional coordinators play a critical facilitation role, notably with respect to informal discussions between the stakeholders. The regional coordinator's role could be enhanced and strengthened, especially regarding intersessional periods. The regional coordinator's relationship with the Bureau of the Executive Board could be further strengthened and care must be taken to ensure that Member States without missions in Geneva are included as much as possible in discussions.

1.3 Handling of additional, supplementary or urgent items

There is a significant increase in the number of agenda items discussed at the governing body meetings of WHO.¹ For instance, the number of agenda items to be reviewed by the Board significantly increased from 45 in 2003 to 63 in 2014.² For meetings in 2016, the number of items is already predicted to exceed 70. Proposals containing draft resolutions and decisions are also on the rise, some introduced at very short notice with limited time for Member States to review the contents and assess the financial implications. This poses a challenge in terms of quality and in estimating the budget implications of such resolutions.^{3,1}

¹ Document EB136/6.

² WHO Reform Stage 2 Evaluation Report (2013).

³ See discussion under "Management of resolutions and decisions", in particular "Financial implications of resolutions and decisions".

In addition to the situation described above, it is important to note that additional, supplementary and urgent agenda items need different handling and, furthermore, that the current rules of procedure leave some ambiguity over how Member States can add an agenda item.

The Working Group exchanged views on the benefits of all agenda items and resolutions being first reviewed by the Board before being considered by the Health Assembly, unless they are urgent and unavoidable. In that case they should be limited to health emergencies. The Working Group noticed the relevance and benefits of having *WHO response in emergencies* as a new standing item on Board and Health Assembly agendas, under administrative matters relating to the management of the Organization for which urgent action is required.

Limiting the number of agenda items and resolutions. With the aim of limiting the number of agenda items and resolutions, it was suggested that the Board and Health Assembly adopt a “criteria approach” and the concept of “a maximum of optimal numbers” of agenda items.¹ These notions attracted extensive discussion, but no conclusion or agreement was reached.

The Sixty-eighth World Health Assembly endorsed a change in the rules and procedures on submission of resolutions and decisions focused on providing Member States sufficient flexibility to submit draft resolutions and decisions by close of business on the first day of a given session. Additional agenda items can also be submitted for review before the opening of the Health Assembly, based on the criteria stated in resolution EB121.R1 (2007).² The Working Group considered that the Board might wish to further amend the rules to once again allow decisions to be developed later in a given session, beyond the first day, to allow for more organic development of agenda items and facilitate specific needed actions. Resolutions should still be limited to the first day of a given session as is current practice.

If the recommendation for long-term planning of the agenda is agreed, it may be possible to aim for a target optimal number of agenda items per session, rather than to apply a formal limit.

Criteria for additional agenda items and draft resolutions. Another possibility in limiting the number of draft resolutions is to set concrete criteria to ensure that proposed draft resolutions are of urgent global public health concern and need global collective efforts to manage.³ It is also critical to ensure that resolutions which are endorsed are feasible for implementation, and include a clear policy trajectory, including progress reports, and sunseting. In that respect, the decision-making process needs to utilize the criteria contained in resolution EB121.R1,⁴ especially with regard to “a realistic time limit for validity” and “reporting requirements and timelines”⁵ of the resolutions. This will ensure that resolutions regarded as no longer valid can be sunsetted or exempted from submitting progress reports.

¹ Document EB134/6.

² “Proposals that address a global public-health concern, or involve a new subject within the scope of WHO, or an issue that represents a significant public-health burden.”

³ EB137/CONF.1.

⁴ “... a realistic time limit for validity, an appropriate provision for review, follow up and reporting on implementation, that they are concise, focused and action oriented, and that policy, programmatic and financial implications are taken into account, including reference to the Medium-term strategic plan.”

⁵ Decision EBSS2(2) (2011) Governance.

In addition, the Working Group observed that the outcome documents of various global conferences have been proposed for draft resolutions, with at least one resolution per Health Assembly. It is valid to question whether it is necessary for such documents to be submitted in the format of a “Health Assembly resolution” as they have already been endorsed by their respective Member States through the global conference or international meeting itself. If these kinds of proposals for draft resolutions were removed, it would reduce the Health Assembly’s work of re-drafting resolutions of endorsed outcome documents and, in addition, reduce financial implications.

Early discussion of draft resolutions. In recent years, early discussion of draft resolutions, typically through informal Geneva-led processes has been welcomed by most Member States, but the conduct of such discussions has not been agreed upon and they are not always conducted in a way that promotes the core values of transparency and inclusiveness. It has been observed that a number of draft resolutions have already involved early discussion via email communication or focal points in Member State missions. However, it would be helpful to indicate specific timelines and the communication channels to be used (for example, WHO web-based platform) so that Member States can all participate and prepare for the discussion. The Working Group recommends that the Secretariat be empowered to facilitate informal intersessional work on resolutions and decisions that is led by Member States, recognizing that the workload involved needs to be carefully considered.

One option is to start discussing draft resolutions at least 30 days before the commencement of the session, either via WHO web-based or email communication, as with the timeline for submission of additional agenda items and – when appropriate – draft resolutions required by FAO and WIPO. Another option, as previously proposed by the Secretariat, is to start discussions seven days before the opening of the governing body meeting.¹ The draft resolutions proposed after this timeline should be deferred for review at the next meeting.

1.4 Management of the session

Management of governing body sessions goes hand in hand with the preparations for the sessions, that is, agenda management (related to the long-term agenda), conduct of Member States and other parties at the sessions (related to *Guidelines of Best Practices on Governance*) and follow-up to the session (implementation of decisions and resolutions).

Data management is an additional element of agenda and session management that was taken up by the Working Group. Enhancement of a legislative database that could be browsed by year and theme is needed owing to the fact that the governing body documentation has doubled over the past five years and continues to be made available to Member States in an untimely manner. Statistically, the number of pages of documentation has risen from 347 pages at the 122nd session of the Board in 2008 to 775 at the 132nd session in 2013. Combined with the increase in documentation, more efficient data search capabilities need to be introduced. In order to ensure better participation by Member States, an enhanced search database with the full history of WHO agenda items needs to be developed.

By introducing the long-term agenda, and, assuming that the *Guidelines of Best Practices on Governance* are implemented, it should become easier over time to balance topics for technical briefings and side events; taking a “One WHO” approach could allow for the workload to be managed jointly at regional and global level.

¹ Document EB136/6.

Side-events. Side events are a vital part of the Health Assembly and have greatly enriched it as a forum for debate and exchange. The Health Assembly is the premier annual global health meeting and events held on its margins raise international awareness of important public-health issues. Side events should complement and enhance the Health Assembly, while being managed more systematically, taking into account that the interest in them has steadily increased over the past few years.

Given the various constraints,¹ the different proposals for solving different concerns have to take into consideration the merits of studying in advance the number of expected meetings and determine the optimal number of side events, to be used as a guide. At the same time, it is necessary to strengthen the collaboration and engagement of Member States around their organization. The Working Group has identified two main objectives when proposing changes to the current method of organizing side events: the process should begin much earlier, providing more time for planning, coordination and engagement for all Member States, be more transparent, and allow more opportunity for dialogue around the preparation of the events.

Information technology tools. By December 2015, WHO's Institutional Repository for Information Sharing (IRIS) system² will include more than 150 000 items in the official languages, comprising WHO publications, technical documents, guidelines, journal articles and governing body documentation from headquarters and regional offices (and some country offices in AMR and SEAR). In particular, it will include all Health Assembly and Board documentation between 1948–2014, corresponding to the First through Sixty-seventh World Health Assemblies and the First through 135th sessions of the Executive Board in the six official languages. The Working Group encouraged continued development of the IRIS system and pointed out the need to make it user-friendly.

In order to support the preparation of Member States, as well as the management of the agenda and sessions, the Secretariat should provide hyperlinks to previous discussions and resolutions in governing body documentation. Also, the Secretariat is encouraged to continue and to strengthen the practice of holding information sessions on substantive agenda items and, where necessary, at the request of Member States.

Making available national health experiences outside governing body meetings would allow for in-depth strategic debates amongst Member States on the key topics at stake. A link to the governing body documentation page could be created to post those country health experiences that Member States wished to share, thereby avoiding their being discussed in governing body interventions, whenever convenient.

WHO website. Efforts are under way to harmonize the websites of WHO headquarters and the six regional offices, so as to ensure that information about governance is easily accessible on all the websites.

¹ Some challenges have emerged related to the impossibility of some delegations engaging with them, limitations on resources (for example, regardless of the request made by the Secretariat, no additional meeting rooms can be made available to WHO at the *Palais des Nations*) and concentrated demand for side events during the first three days of the Health Assembly. Additionally, the current financing model is not sustainable in the longer run. The Working Group explored the possibility of passing on some of the costs of organizing side events to the organizers, while taking into consideration that cost should not be a barrier to delegations that are unable to cover them. In this regard, the Secretariat is working on costing.

² Access IRIS: <http://apps.who.int/iris> (accessed 23 November 2015).

Official records. As proposed by the Working Group, WHO has started adding hyperlinks to the Official Records of governing body meetings, making it possible to access reports, resolutions, decisions and summary records relating to each agenda item in a single place. In addition, the Working Group has identified as important making the webcasts of formal meetings available for viewing after the meetings themselves are over.

1.5 Methods of work and roles of the Bureau of the Executive Board and the General Committee of the Health Assembly

Based on the proposed changes stemming from the introduction of the long-term agenda and amending the handling of additional, supplementary and urgent agenda items, the method of work, role and powers of the Bureau of the Executive Board and the General Committee of the Health Assembly need revision. This has been discussed on several occasions within past and ongoing processes of governance reform,¹ especially with regard to the management of the provisional agenda of the Board.

The main functions of the Bureau concern the preparation of the provisional agenda of the Board.² The Bureau³ may also play a useful role during sessions of the Board, in particular by reviewing the programme of work on a daily basis and facilitating consultations with regional groups on controversial issues. The Bureau has started playing this role only very recently on the initiative of particular chairpersons.

The General Committee⁴ does not play a substantive role in the preparation of the provisional agenda of the Health Assembly, which is approved by the Board at its January session. Its main function is to provide recommendations to the plenary meetings on additional items proposed directly for the Health Assembly agenda, which have been very infrequent in the recent past. Its role, in general, has been described as somewhat perfunctory and mechanical, and the question has been raised as to whether it could become more substantive. The elected Officers of the Assembly, especially the Chairmen of the main Committees, are in a better position to play a consultative or facilitating role to try to solve difficulties that would otherwise spill over in the meetings and use the limited time available. This could be particularly effective with regard to draft resolutions introduced directly in the Health Assembly, for example.

The Working Group has explored possible measures and modalities to increase the effectiveness of the governance role of the Bureau and the Officers of the General Committee, set out in the *Guidelines of Best Practices on Governance*.

¹ See, for example, the following reports contained in documents EB134/6, EB136/6, EB133/3, EB132/5 Add.3, A65/5 and EBSS/2/2.

² Rules 8 to 11 of the Rules of Procedure of the Executive Board. In particular, the Director-General consults with the Bureau after the expiry of the deadline for proposing new agenda items. Both agree on a provisional agenda on the basis of the draft circulated by the Secretariat and any proposal for new items, using the criteria approved by the Board and those used for priority setting in the Twelfth General Programme of Work (decision WHA65(9)).

³ The Bureau is composed of the Chairman, four Vice-Chairmen and Rapporteur. The Officers are elected at the Board session immediately following the Health Assembly for a term of one year. The Chairman is not eligible for re-election until two years have elapsed since he or she ceased to hold office. The Chairman and the Vice-Chairmen while chairing serve in their personal capacity and not as representatives of their country.

⁴ The functions of the General Committee are spelled out in Rule 31 of the Rules of Procedure of the World Health Assembly and its composition in Rules 29–31.

1.6 Scheduling of governing body meetings

The scheduling of governing body meetings has been a topic of discussion in the context of governance reform since 2011. In May 2012, following consideration of document A65/5,¹ which included several options for the scheduling of governing body meetings, the Health Assembly decided, in decision WHA65(9), to maintain the current schedule and return to the topic at the 132nd session of the Board. Further discussions at the Board did not result in any changes to the schedule.

In the context of the current Member States Consultative Process, the Working Group has renewed its discussions on the calendar of governing body meetings as a potential way to improve working methods of the governing bodies, in particular of the Board, so as to better manage the large number of items proposed for consideration by the Board each year, as well as to encourage more strategic discussion among the Member States.

In collaboration with the Secretariat, the Working Group found potential benefits when exploring the proposals related to extending the governing body meetings to the same length in non-budget years as in budget years, as a minimal change that could provide Member States with additional time to consider proposals and the breadth of the agenda, while reducing the need for night sessions and other extreme measures to accomplish its work. The scheduling of an additional session of the Board, for example, later in the calendar year, could also have implications for the preparations and work of the regional committees, which normally convene towards the end of August or early in September and would of course entail substantial additional costs (travel and per diem costs for Board Members, webcasting, interpretation costs and other conference-related costs).

The Working Group discussed some scenarios to modify the calendar for governing body meetings without reaching consensus. Scenarios discussed included, for example, shortening the May session of the Board to a half day, or briefly convening a session of the Board immediately upon closure of the Health Assembly, solely for the purpose of electing the Officers of the Board and members of the Programme, Budget and Administration Committee and other subsidiary committees. A third session of the Board (for example, between three and five days) could be convened in the June–July timeframe for addressing more substantive agenda items.

Another possibility re-examined was to create an interval between the sessions of the Board and the Programme, Budget and Administration Committee, which would involve moving the latter's January session to December. The Board session could also be moved to early February. Benefits of this proposal could include the Board having more time to consider the report and recommendations of the Programme, Budget and Administration Committee, and the Secretariat having more time to respond to requests from the Committee. Moreover, with this proposal, the timing for submitting reports to the Board would allow the Secretariat to produce more complete management reports for the

¹ In that document, the Secretariat outlined the following four options: 1. Maintain the current schedule of meetings. 2. Move the Programme, Budget and Administration Committee and Board together to early February. 3. Create an interval between the Board and Programme, Budget and Administration Committee (with the latter meeting in early December). 4. Link the regional committee meetings with the global governing body meetings in a single sequence over the course of a calendar year.

preceding year;¹ although doing so would reduce the amount of time it had to prepare for the Health Assembly in May.

1.7 Guidelines of Best Practices on Governance

From year to year the management of WHO governing bodies and the Member States' ability to effectively govern becomes more complicated due to: increasing number of agenda items while there is continued ambiguity around the agenda composition process; potential loopholes in the rules of procedure related to agenda setting and development of resolutions creates divisions between Member States and leads to suboptimal policy-making and governance, and the role of regional coordinators and national counterparts has not been enhanced and broadened to the maximum extent by all delegations, with special attention to the intersessional periods between governing body meetings.

However, there are also informal conventions and practices that have arisen and evolved over time that can have a significant impact on the effective working of a given meeting and, since 2010, a number of decisions have been taken that demonstrate the potential value of covering this issue more comprehensively.² With that in mind, the Working Group has explored the development of a concise and non-binding compendium of best practices we have termed *Guidelines of Best Practices on Governance* for Member State delegations to WHO governing body meetings (see Appendix to this report).³

The main objective is to provide direction and offer best practices – through a limited set of formal and informal procedures – in promoting more efficient and effective governing body meetings, and to deliver more effective governance and oversight to WHO. The Guidelines are conceived as an opportunity to instil collective discipline, reduce the Secretariat workload, and engender a more strategic performance and common understanding, while respecting key principles, such as national sovereignty and the leading role of Member States in WHO governance.

Taking into account that many procedures and rules for Member State participation in WHO governing body processes, both at global and regional levels, are guided by the formal rules of procedure whether for the Board or the Health Assembly, the proposed Guidelines are focused on the global level, but will also link to regional level processes as a way to increase coherence and effective running at each level of the Organization. There are currently no Guidelines in EURO, but the Steering Committee uses strong checks and balances for itself. In AFRO, there are some internal rules and procedures in place. In WPRO there are also recommended practices in place.

It is important to underline that the Guidelines would not be legally binding on Member States, who retain full sovereignty and the right to act as laid down in the WHO Constitution and formal rules of procedure for given governing body meetings. The Guidelines are based on Member States'

¹ Currently, the reports reflect the situation up to the month of September of the preceding year, as the deadline for submitting documents to the Board is in early October.

² For example, the traffic light system has provided the discipline needed for managing packed Board and Health Assembly agendas, enabled successful inclusion of more technical items, and forced delegates to prioritize key messages. More recently, both the Board and the Health Assembly have agreed to require that all resolutions and decision points be submitted by the close of the first day of a given session. While this change is a very strong move that enables more effective Member State deliberation, it may be proving to be too restrictive for decision points, which may need informal development over the course of a meeting in order to address specific issues and provide the needed follow up.

³ See Attachment below.

prerogatives at the meetings and there must be an assurance that they do not conflict with the rules of procedure, but rather complement them by giving specific advice on how to practice them. Further, they would not change the informal nature of the intersessional processes, but would rather seek to elaborate and clarify the work, so that all could more readily engage.

2. Improving the alignment of governance at all three levels of WHO

2.1 Relationship and accountability lines between the Director-General and Regional Directors

The WHO Constitution provides that Regional Directors have dual lines of accountability: to the Director-General and to Member States through the Board, the Health Assembly and the regional committees.¹ The Joint Inspection Unit has on a number of occasions reviewed the operations of WHO with reference to its decentralized nature, including the lines of accountability between headquarters and regional offices.² In 2012, a Joint Inspection Unit report identified that the authority of the Regional Directors in relation to the Director-General, given the dual accountability structures provided under the WHO Constitution and the legitimacy of the Regional Directors as elected officials, has been a source of tension in their relationship in the past and represents a challenge for coherence at global level.³

In WHO's joint statement on the Ebola emergency, the Director-General and Regional Directors recognized that emergency situations demand a command and control approach and there must be seamless collaboration between headquarters, regional offices, and country offices.⁴ Further, the Ebola Interim Assessment Panel noted that responsibilities and accountabilities need to be made clear and explicit, including at the highest levels of WHO.⁵

At the Open Member State Meeting on Governance Reform in May 2015, four areas where governance reform may be needed to improve the relationship and accountability lines between the Director-General and Regional Directors were noted as needing further priority consideration as follows:

Formalizing and giving specific follow up to the "accountability compact" already in place between the Director-General and Assistant Directors-General. The Joint Inspection Unit has examined the dual authority issue and its implications and the accountability situation in the United Nations system in its 1993, 2001, 2011 and 2012 reports and has indicated, among other relevant aspects, the following:

¹ Articles 31, 51 and 52 provide that the Director-General, subject to the authority of the Board, shall be the chief technical and administrative officer of the Organization; and that the regional office shall be the administrative organ of the regional committee. It shall, in addition carry out within the region the decisions of the Health Assembly and of the Board, headed by the Regional Director, appointed by the Board in agreement with the regional committee.

² Joint Inspection Unit reports from 1993, 2001, 2011 and 2012.

³ JIU/REP/2012/7 page iii.

⁴ <http://www.who.int/csr/disease/ebola/joint-statement-ebola/en/> (accessed 24 November 2015).

⁵ Report of the Ebola Interim Assessment Panel, paragraph 45 (accessed 24 November 2015).

(1) The Regional Directors are not subject to formal performance assessment and better-defined monitoring and accountability mechanisms are required to monitor the implementation of the authority delegated to them and assess their performance;¹

(2) The United Nations senior management compact and the UNDP balanced scorecard are good practices and should be taken into account in developing accountability frameworks.² These frameworks have been compared to the current accountability compact already in place between the Director-General and the Assistant Directors-General. The accountability compact includes key deliverables, management objectives, expected accomplishments, and competencies and behaviours.

Collecting best practices from the regions as regards the nomination process of Regional Directors. Under Article 52 of the Constitution, the Board, in agreement with regional committees, appoints Regional Directors, and each region has rules of procedure governing the election. In practice, Regional Directors are elected by secret ballot by the respective regional committee and endorsed by the Board, and there is inconsistency across the regions in how the regional committees consider nominations and select a candidate for endorsement by the Board.

However, there is a growing convergence towards the use of selection criteria for evaluating applicants, the regional committee interviewing shortlisted applicants, and other elements of the codes of conduct for the election of the Director-General and the WPRO Regional Director, which aim to put candidates on an equal footing in order to compete on merit, and prevent candidates who can commit more resources to campaigning from gaining an unfair advantage.

Standardizing the nomination process for Regional Directors across regions. The Joint Inspection Unit has emphasized that the selection process should be confidential, with no open competition for the Regional Director position. However, during Board deliberations, a confidential election process was seen as lacking in transparency and accountability, and the proposal was not agreed.

The 2012 Joint Inspection Unit report proposed institutionalizing the role of the Global Policy Group and strengthening the accountability of senior management as alternative means of improving the chain of command and allowing the Director-General to exercise their prerogative as chief technical and administrative officer without changing their role in the selection process.

In 2009, in its report on the Selection and Conditions of Service of Executive Heads in the United Nations System Organizations, the Joint Inspection Unit recommended that the governing bodies of United Nations system organizations should condemn and prohibit unethical practices, such as promises, favours, invitations, gifts, provided by candidates for the post of executive head or their supporting governments during the selection/election campaign, in return for favourable votes for certain candidates.³ In line with this recommendation, resolution WHA65.15 provides a code of conduct for the election of the Director-General to achieve fairness, transparency and openness in the appointment.

¹ JIU/REP/2012/7 paragraph 73.

² JIU/REP/2012/7.

³ JIU/REP/2009/8, page 19.

In 2012, the Western Pacific Region adopted a Code of Conduct for the Nomination of the Regional Director of the Western Pacific Region and following the adoption of resolution WHA65.15; the European Region adopted a similar code of conduct in 2013.^{1,2}

Possible further enhancements to the Regional Director election process. The Working Group considered the following options for improvements to or standardization of the process of election of Regional Directors:

Option 1: revisit the 1993 Joint Inspection Unit recommendation for the Director-General to select and nominate Regional Directors for confirmation by the Board, following consultations, and in agreement with, the regional committees concerned.

Option 2: provide for broad advertising of the position of Regional Director, rather than an invitation to Member States to submit nominations. This would not eliminate the need for home Member State support for each candidate, but could generate a broader field of technically qualified candidates.

Option 3: allow the Director-General to have a greater role in the selection process of Regional Directors. For example, the Director-General could, in consultation with regional subgroups as appropriate (see option 4), review nominations and shortlist candidates for consideration by regional committees. Candidates should be shortlisted on the basis of standardized criteria, in line with those for the election of the Director-General as provided for in paragraph (f) of resolution WHA65.15. The introduction of this process would not require a change to the Constitution.

Option 4: standardize regional rules of procedure to introduce a regional subgroup in order to shortlist candidates for consideration by the regional committee in consultation with the Director-General. A similar process is currently in place in the European Region, where a Regional Evaluation Group assists the Regional Committee in the selection of the Regional Director through shortlisting candidates for selection, and, in so doing, may consult with the Director-General.³

Option 5: strengthen the Board's role in the selection process by requiring regional committees to submit a shortlist of candidates for selection by the Board. Following the deliberations of the regional committee on the candidates, at least two, and up to three, candidates would be put forward for the Board's selection. The introduction of this process would also not require a change to the Constitution.

Option 6: standardize codes of conduct for election processes across regions to further harmonize the nomination process for Regional Directors and provide a clear and transparent process for all phases of the election.

The Working Group discussed these options and was attracted to options 2, 3 and 4.

¹ Resolution WPR/RC63.R7.

² Resolution EUR/RC63/R7.

³ EURO Rules of Procedure, Rule 47.

Institutionalizing the Global Policy Group (GPG). The Global Policy Group, established by the current Director-General, is the highest level of internal governance within WHO and its mandate is to set internal policies, ensure organizational cohesiveness and address issues of strategic priority for WHO. The Director-General chairs the Global Policy Group which meets four times a year and is composed of the six Regional Directors, the Director-General and the Deputy Director-General. As an important and valuable innovation for improving management coherence and unity in the Organization, Member States and regional directors have welcomed the Global Policy Group.

Joint Inspection Unit reports and the Stage 2 Evaluation have recognized the role that the Global Policy Group plays in driving collaboration, “proving instrumental in aligning regional and headquarters leadership”.¹ The Joint Inspection Unit also noted that the Global Policy Group has produced concrete results and helped the Organization to deliver as “One”. At its 22nd session, the Programme, Budget and Administration Committee recognized the “importance of the Global Policy Group as an advisory body to the Director-General for corporate organizational performance”.²

However, the Joint Inspection Unit has recognized that the cooperative arrangement may be at risk in the future, given that it is not based on a legal and institutional set-up, but rather on a personal conviction and the efforts of the present Director-General supported by members of the Global Policy Group.³ The Joint Inspection Unit contends that the institutional framework of the Global Policy Group should be strengthened in order to make it less vulnerable and suggests that this can be done without a constitutional change, through a formal resolution to be submitted for adoption by Member States to institutionalize its existence.³

In considering institutionalization of the Global Policy Group, care needs to be taken in defining its role: it will be important to continue to recognize the Director-General’s primacy as the chief technical and administrative officer of the Organization.

Additional option: formalization of category networks. Category networks are an internal mechanism established to plan, coordinate and monitor the work of WHO between headquarters and regional offices within each of the six categories of work. A taskforce established by the Global Policy Group with the aim of improving clarity on the roles and functions specific to each of the three levels of WHO also highlighted the importance of institutionalizing the category networks with terms of reference and standard operating procedures.⁴ Costs and risks to regional flexibility would need to be considered as part of this option.

2.2 Transparency and accountability of regional offices and coordination between regional and global governing bodies

WHO’s Constitution firmly embeds the concept of decentralization within the Organization with six regional organizations being established between 1949 and 1952, each having its own office

¹ Stage 2 Evaluation, page 81.

² A68/52 paragraph 6.

³ JIU/REP/2012/6, paragraph 25.

⁴ Document A66/4, paragraph 14.

and committee serving the specific needs of the region.^{1,2} The decentralized structure was deemed an essential element of a fully functioning global health agency, capable of delivering on its primary objective of attaining the highest level of health for all people.

The Joint Inspection Unit, in its 2012 report, noted that while regional offices are an integral part of the Organization, they operate with a high degree of autonomy by virtue of the WHO Constitution and the different rules of procedure adopted by each regional committee. That is, while all regional committees have the same functions, as provided for under Article 50 of the Constitution, their rules of procedure differ in terms of membership and attendance, convening of sessions, agenda items, officers of the committee, establishment of subcommittees and nomination of Regional Directors.³

Strengthening linkages between governing bodies at the regional and global level may assist in supporting greater Organizational coherence. Improving vertical coordination and alignment between governing bodies through the Board, Health Assembly and regional committees needs to continue to be explored to ensure that the voices of the regions and countries are better heard at the global level through regional level discussions. At the Sixty-eighth World Health Assembly, it was noted that there is still important governance reform work to be carried out, which must be undertaken to strengthen the accountability and transparency of regional offices. Moving forward, the Health Assembly noted the importance of ensuring the complete institutionalization and integration of reform into the routine business practices of the Organization at all levels (headquarters, regional offices and country offices).⁴

At the Open Member State Meeting on Governance Reform in May 2015, two key areas concerning the regional offices were noted as needing further priority consideration: transparency and accountability of regional offices, and vertical coordination between regional and global governing bodies.

Transparency and accountability of regional offices. In its 2012 review, the Joint Inspection Unit found that, overall, the intersessional work of the regional governing bodies is poor, their oversight of the work of regional offices is weak, and the linkages with the global governing bodies need substantial improvement.³ The Joint Inspection Unit further noted that the multitude of committees and subcommittees makes the governance machinery complex, and recommended that the Board complete a comprehensive review of the governance process at regional level and put forward concrete proposals to improve the functioning of regional committees and subcommittees and finalize the harmonization of their rules of procedure for consideration by the regional committees.³

The WHO Reform Stage 2 Independent Evaluation identifies that the Joint Inspection Unit's recommendations have been completed with regard to rules of procedures relating to the nomination process for Regional Directors, the participation of observers at regional committees, review of

¹ WHO Constitution, Article 44.

² http://www.who.int/global_health_histories/who-3rd10years.pdf (accessed 24 November 2015).

³ https://www.unjiu.org/en/reports-notes/JIU%20Products/JIU_REP_2012_7_English.pdf (accessed 24 November 2015).

⁴ http://apps.who.int/gb/ebwaha/pdf_files/WHA68/A68_4-en.pdf (accessed 24 November 2015).

credentials of delegates revisited in all regions, and some structural changes conducive to increasing linkages and harmonization of working practices between regions and headquarters.¹

However, noting the current context of governance reform, it could be beneficial for the Board to revisit the first part of the Joint Inspection Unit's recommendations, focusing on mechanisms to improve the functioning, transparency and accountability of regional committees. Furthermore, a review could explore options for improving regional committees' oversight of the work of regional offices, as provided for in the Constitution. Member States should better exercise their governance role in their regional sphere by requesting management reports and proposing specific directions and guidance on management in relevant resolutions and decisions.^{2,3}

Role of standing committees. All regions except WPR have subcommittees (standing committees), which may act as a subsidiary body of the regional committee or have an advisory role to the regional director. The number, role and functions of these subcommittees varies across regions.⁴ The Stage 2 Evaluation indicated that some regional committees are moving towards increasing the transparency and efficiency of their governance processes, noting that EURO has strengthened its Standing Committee and increased the role of Member States in agenda setting and preparing regional committee meetings, and that AFRO has expanded its scope to include oversight functions.

To support the regional committee's key governance function in supervising the activities of the regional office, the role of standing committees could be strengthened and harmonized across regions. The Stage 2 Evaluation noted that in moving towards increasing transparency and efficiency of regional committee governance processes, the next step would be harmonizing these practices and applying lessons learnt across WHO. In order to facilitate a better understanding of the nature of standing committees across all regions, a review of practices could be undertaken. Particular consideration could be given to appropriate oversight functions. Given recent revisions to the EURO Standing Committee, considerations of lessons learnt from this model may be an appropriate starting point.

Standardizing the approach to transparency and accountability in the budgets of regional and country. The Stage 2 Evaluation highlights the importance of strengthening the oversight function of WHO governing bodies at global and regional levels, including enhancing strategic oversight of the financial aspects of the Organization. The revised terms of reference of the Programme Budget and Administration Committee, as endorsed by the Board in May 2012, give the Committee greater oversight responsibilities. It is essential that the changes designed to strengthen the Committee are monitored and evaluated in order to determine whether they have improved the transparency and accountability of regional offices.

In its 2012 report, the Joint Inspection Unit noted that Regional Directors should be more forthcoming and transparent in the reporting and tabling of financial and management reports for the

¹ http://www.who.int/about/who_reform/whoreform-stage2evaluation-pwc-2013.pdf (accessed 24 November 2015).

² JIU/REP/2012/7.

³ https://www.unjiu.org/en/reports-notes/JIU%20Products/JIU_REP_2012_7_English.pdf.

⁴ As noted by the Joint Inspection Unit, subcommittees consider programme and thematic matters in AFRO, AMRO/PAHO and SEARO, while EMRO has two expert committees to advise on programme and budget issues, as well as health research. The EURO Standing Committee has the most comprehensive functions, dealing with programme and budget issues, exercising supervisory functions, and preparing decisions for regional committee meetings.

consideration of Member States in their region. It may also be appropriate for regional committees to have better visibility of regional office and country office budgets to complement their responsibility in performing their supervisory role, as provided for under the Constitution. Member States could also take a more active role in the monitoring and evaluation of financial implementation.

Focusing on vertical coordination between regional and global governing bodies. The Evaluation Report of Stage 1 of the Reform Proposals of WHO contained a recommendation that interlinkages among governing bodies at headquarters and regional offices be carefully created to support coherence and provide the Organization with a strategic focus.¹ These interlinkages have recently been strengthened with the Stage 2 Evaluation noting structural changes to the terms of reference of the Programme, Budget and Administration Committee and reporting mechanisms between regional and global governing bodies as tangible evidence of a more coordinated approach to how the Organization works.

Reporting by the regional committees to the Board. The submission of regional progress reports to the Board, as provided for in decision WHA65(9), has laid the foundations for greater transparency and increased communication between global and regional levels. The Stage 2 Evaluation noted that this process demonstrates a willingness to increase transparency and two-way communication between the global and regional level, and contribute to the Board's ability to exercise greater oversight of the work of regional committees.²

The content of reporting, however, is inconsistent across the regions, and may not reflect the depth of the discussions on specific topics, such as WHO reform.² There may be some benefit in the Board revitalizing its management oversight authority as provided for in the Constitution through the adoption of a more structured authority and reporting relationship between the regional committees and the Board.

The Director-General's report on WHO reform to the Sixty-fifth World Health Assembly also recommended that the Officers of the Board should attend their respective regional committees in order to enhance the connection between regional committees and the Board, and assist in bringing a regional perspective into discussions on the Board's agenda, as well as enable a review of regional proposals for agenda items.³

Regional committees proposing agenda items for the Board. While regional committees have a dedicated item on the Health Assembly agenda, they do not generally seek to include separate items on the agendas of the Health Assembly and Board meetings. There may be some benefit in considering whether a separate formal mechanism is required to support regional committees to play a stronger role in the work of the Board, including reporting regional positions on specific items, raising new issues and drawing the Board's attention to the regional implications of items on its agenda.

The Health Assembly proposing items for the regional committees. The 2012 Joint Inspection Unit report noted that the voice of the regions is not well articulated at the global level and insufficient space is created for first discussing issues at the regional level and then tabling them at the global

¹ http://www.who.int/dg/reform/evaluation_report_stage1_reform_proposals.pdf (accessed 24 November 2015).

² http://www.who.int/about/who_reform/whoreform-stage2evaluation-pwc-2013.pdf.

³ http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_5-en.pdf (accessed 24 November 2014).

level.¹ Decision WHA65(9) endorsed the Health Assembly referring specific items (including global strategies, policies and legal instruments, such as conventions, regulations and codes, in addition to the General Programme of Work and the Programme budget) to the regional committees for consideration in order to benefit from diverse regional perspectives.

Regional committees could play a greater role in guiding how regional offices implement the actions described in decision WHA65(9) and in strengthening the alignment of Health Assembly items in the agendas of regional committee meetings.

Additional option: improving communication between chairs of global and regional committees. Improving the communication flows between global governance bodies (particularly the Board and the Programme, Budget and Administration Committee) and regional committees may further ensure the delineation of focus, clarity of expectations and modalities of required information flows between the committees, and also support coordination of regional and governing body agenda setting and alignment. The Stage 2 Evaluation recommendation to develop a formal process to ensure regular communication between the chairs of the Board, Programme, Budget and Administration Committee and regional committees – prior to and after governing body meetings – could be further considered.

Role of country offices. The 1997 report entitled, Cooperation for health development: WHO support to programmes at country level, found that there was no correlation between a country's needs and the scale of WHO's efforts in that country. The report recommended that WHO tailor its role in countries based on a thorough analysis of a country's current needs and capacities; that its presence in that country be time limited and bound by a contract which defines its role and responsibilities in relation to the government and other actors/donors; and that any arrangement be reviewed with a view to increasing a country's own responsibilities as its capacity increased.²

The 2001 and 2012 reports of the Joint Inspection Unit further highlighted the need for the development of criteria and procedures for the opening and subsequent closing of country offices. Its 2012 report notes that criteria for a minimum country presence should be defined and maintained only where there is a critical volume of programmes, as well as capacity in the number and qualifications of staff, to be effective.

Some international commentators recommended that WHO should provide strategic technical assistance to countries in support of its mission as a provider of global public goods. It should not seek to undertake activities that could or should be done better by others – by the host government, with or without support from other agencies. The report also recommended that a comprehensive and independent review is overdue to examine how the staffing of country offices should be matched to the needs of host countries, in particular, with a view to translating WHO recommendations into practice.³

¹ https://www.unjui.org/en/reports-notes/JIU%20Products/JIU_REP_2012_7_English.pdf.

² [http://whqlibdoc.who.int/publications/0N02657577_V1_\(ch1-ch2\).pdf](http://whqlibdoc.who.int/publications/0N02657577_V1_(ch1-ch2).pdf).

³ <http://www.chathamhouse.org/publication/what%E2%80%99s-world-health-organization> (accessed 24 November 2015).

2.3 Human resources

The issue of human resources attracted the attention of several members of the Working Group who focused on the governance component of WHO reform and the importance of Member States exercising due diligence and oversight, rather than with a managerial approach. In this regard, the Working Group fully supports the work that the Secretariat has done so far in addressing the management pillar within WHO reform.

Balanced geographical representation in WHO human resources is the specific subject on which members of the Working Group focused their attention. During preliminary discussions, the importance of recruiting staff on as wide a geographical basis as possible – according to Article 101, paragraph 3, of the Charter of the United Nations – was the most important concern of several members. The Working Group also expressed the view that the principle of geographical representation should not become the catalyst for a brain drain, especially in developing countries.

According to the Secretariat in information provided to the Chair of the Working Group, a total of 32% of Member States continue to be either unrepresented or underrepresented in the international professional staff category (in which positions are counted for geographical representation). While the target in the Programme budget 2016–2017 is to reduce this number (32%) to 28%, as at 31 July 2015, only 18% of the international professional staff come from underrepresented countries.

The Working Group, through the mandate given to the Chair to revise information together with the Secretariat, identified unequal geographical representation among the WHO workforce, particularly in senior management posts, and the need to ensure a wider pool during the recruitment process. Furthermore, the Organization needs to boost the number of employees from developing countries, as well as improve transparency during the recruitment process.

Taking into account the situation described, the following recommendations were elaborated by the Chair, but not discussed or agreed by the Working Group. They take into account the efforts already made by WHO and the findings of the Joint Inspection Unit¹ in this field and are presented to Member States in line with the mandate received by the Working Group during the First Open Member States Meeting on Governance Reform (May 2015).

1. To request the Secretariat to provide more information about the mechanisms or systems already established to ensure minimum and maximum quotas of human resources by Member State, with the aim of fulfilling the principle of equality in geographical representation, but without prejudicing the criteria related to merit, knowledge and other professional skills, according to vacancy profiles.
2. To institutionalize the weekly email listing of all vacancies for international positions across WHO, which is currently sent to permanent missions in Geneva, and to include in the listing, progressively, all the “understaffed situations” – including temporary appointments and non-staff contracts – in the Organization, so they may be filled with the collaboration of Member States and/or non-State actors.

¹ JIU/NOTE/2012/3 p.9-10. https://www.unjiu.org/en/reports-notes/JIU%20Products/JIU_NOTE_2012_3_English.pdf (accessed 24 November 2015).

3. To request the Secretariat to make available comprehensive information on unrepresented, underrepresented and overrepresented countries to hiring managers making a selection decision, so that managers can take into account that information in the decision-making process.
4. To decide that candidates from unrepresented and underrepresented countries are given priority during the recruitment and appointment process, particularly for senior positions.
5. To request the Secretariat to devise a methodology for ensuring that candidates have a representation status related to their country of origin, and, in order to be able to hire candidates from overrepresented countries, the requirement for an exception.
6. To request the Secretariat to increase recruitment from unrepresented and underrepresented countries by undertaking measures to attract more applicants from those countries, especially for senior positions, including, but not limited to, special recruitment missions and workshops, participation in job fairs, conventions and scientific conferences, communication with national focal points through the permanent missions of Member States to facilitate collaboration, meetings with representatives of underrepresented States, and publication of vacancy announcements in local professional media, specialized websites and social media, as well as their dissemination among professional networks in relevant countries and among Member States in collaboration with national focal points.

Attachment

Guidelines of Best Practices on Governance

These Guidelines are voluntary and without prejudice to the rules of procedure of the governing bodies.

(a) Governing body agenda items and proposals

1. When planning the development of a new proposal, Member States should bear in mind that not every agenda item warrants a resolution and not every resolution warrants a global strategy or plan of action. Due regard should be paid to alternative means of awareness raising, such as ministerial lunches and dinners on selected high-level issues not requiring resolutions, thus contributing to easing the pressure on regular governing body agendas.
2. In principle, Member States should avoid introducing agenda items relating to single disease issues, unless there have been recent scientific or operational developments, or if doing so would complement broader global initiatives already under way.
3. In the case of urgent or unexpected issues of general concern, while having abolished the 24/48 hours' time criteria for additional and supplementary items, Member States are encouraged to use the agenda item, *WHO response in emergencies*, for specific discussions on urgent matters where possible.
4. When planning a proposal (additional agenda item, draft resolution or decision or any other format) to be added to the provisional agenda for the Board, delegates should inform their regional coordinators as soon as possible (latest by September or 1 February or at least 30 days before the opening of the governing body session). Early communication can enable combining similar proposals before submission to the Bureau, which could greatly facilitate the work and reduce pressure on the agenda.
5. When presenting a new proposal, Member States should consider administrative and financial implications, as well as the priorities of the General Programme of Work, in close consultation with the Secretariat. Proponent delegations should take decisions on their initial proposals with a view to contributing to the financial discipline and efficiency of the Organization. Member States should address concrete criteria that may be in place for consideration of additional agenda items, resolutions and decisions, while taking into account administrative and financial implications.
6. To assist Member States in their planning, the Secretariat shall endeavor to provide early information on the technical briefings planned during the Health Assembly. The proposal would be to provide the information before the end of November each year.
7. Member States are invited to consult with the Secretariat as to pre-existing instruments and substantial background on a particular issue, as well as on the potential desirability of presenting a resolution or a decision.
8. For most resolutions, reporting requirements should be limited to a maximum of three biennial reports over a period of six years, with an expectation that after that time, active reporting on the resolution would be sunsetted, although policy recommendation elements of the resolution may remain in effect.

9. Following previous Health Assembly and Board decisions (see part 1.2 of this report), Member States should consider employing decisions rather than resolutions where appropriate, in order to focus governing body debates on substantive matters of WHO governance and programmes.

10. Following the principles of transparency and inclusivity, when developing resolutions, Member States should inform their peers and the Secretariat as early as possible of their plans. This will enable planning and inputs to be as substantive as possible.

11. Member States should consider becoming the lead facilitator for the items they propose, or actively seek such a facilitator among the Members of the Board Bureau and General Committee of the Health Assembly. Where possible and appropriate, facilitators should form core groups that include representation from as many WHO regions as possible to increase the broad sense of ownership on agenda items.

12. Member States are invited to upload their concept notes on side events on the WHO website between the period 15 November to 15 January. In cases where applications exceed the available slots for side events, the regional coordinators shall be invited to consult with the Secretariat to assist in side event selection and schedule placement.

13. The Secretariat should contribute to ensuring the efficient planning of side events by providing Member States with information on the technical briefings planned during the Health Assembly, opening the application period much earlier, such as before the end of the previous year, holding an open informal session at lunch time during the Board in January where Member States will have the opportunity to present and discuss their concept notes, and soon thereafter, inviting regional coordinators to meet with the Secretariat to select the side events and place them on the schedule.

14. Non-State actors may continue to organize events off site during governing body meetings and current practice on non-State actor involvement in side events will be maintained. Member States should not be prevented from organizing joint events with non-State actors, including within the Palais des Nations, and, in such cases the events shall be subject to a standard review.

(b) Intersessional processes

1. Informal negotiations, formation of core groups and other intersessional processes shall be organized according to the principles of transparency and inclusion. Where possible, all six WHO regions shall be represented in core groups to increase buy-in and promote consensus.

2. Member States should make maximum use of the Geneva-based regional coordinator system. This system is an important informal intersessional process composed of one delegation from each WHO regional group designated as a regional coordinator for a given calendar year. Although each regional group has the prerogative to establish its own selection process, it is common practice for the regional coordinator to be designated by rotation in alphabetical order.

3. Member States with a mission presence in Geneva should participate in the Geneva-based regional coordinator system, taking into account the following non-exhaustive list of tasks often performed by regional coordinators: liaising with the Secretariat, other coordinators and chairs of intergovernmental negotiating processes, to set agendas, de-conflict process questions, provide informal advice to negotiating process chairs, and help select chairs and co-chairs for processes as needed; communicating new discussion proposals; coordinating with Member States to secure their

cooperation in organizing side events both in content and covering costs; organizing informal negotiations, and, in general, building consensus on challenging issues.

4. Member States should recognize that regional coordinators perform their functions on top of their day-to-day mission responsibilities and perform a number of useful tasks for the good of the region, for a more functional WHO and for maximizing the effectiveness of intersessional work.

5. Member States are urged to consult with their regional coordinators early on any matter that may be of general interest.

6. Member States should actively promote understanding between relevant regional governing body and intersessional processes, which are often capital-based, and Geneva-based health attachés, to promote policy coherence.

7. Member States are encouraged to take the lead in organizing informal consultations, coordinating groups of friends, and involving regional coordinators where possible.

8. The Secretariat will circulate draft resolutions via email communication and through the WHO web-based platform to Member States for review and consideration and for consultation at least 30 days before the opening of the governing body meeting. To meet this target timeframe, Member States will need to submit draft resolutions in time to enable translation and other services to be completed.

9. For urgent issues, the Secretariat will circulate draft resolutions or relevant information on the designated website at least seven days before the opening of the governing body meeting.

10. If there is no consensus on a resolution during the Board session then, wherever possible, informal consultations (face-to-face meetings and/or use of online tools) should be used to arrive at a consensus instead of waiting until the Health Assembly. The consultation should be organized at WHO headquarters in Geneva to enable broad participation, and cosponsoring Member States are invited to use information and communications technology tools to ensure participation by capitals, if needed.

(c) Coherence at all levels of governance

1. These Guidelines promote active cross-participation/observer-ship at regional committee meetings. Member States can facilitate this in a variety of ways, including the presentation of a list of requests for participation in regional committees to the Secretariat, through regional coordinators, who would then pass on the requests to the relevant regional offices.

2. Regional committees can be test beds or incubators for new ideas that may ultimately have applicability across regions or globally, so this aspect of WHO's unique Organizational structure should be preserved and encouraged.

3. Member States should see regional committee resolutions or decisions as solid starting points for global level debates, while recognizing that adaptation and compromise will almost always be essential for consensus at global level on an initiative that began with primarily regional considerations in mind.

(d) Participation in governing body meetings

1. Member States are encouraged to remain within the assigned three minutes for each national statement and five minutes for regional statements. Such statements should minimize national reports at the Board and Health Assembly while recognizing and encouraging their usefulness at the regional level, unless they are clearly related to the substance of the item, and instead be focused on the action or agreement needed within governing body processes. Member States should prioritize interventions with points that support, reject or request modification of decisions and resolutions of the Board and Health Assembly.
2. Member States should generally defer to regional statements when there is a common position, unless national positions include additional relevant positions or contain specific comments or requests not encompassed in the regional remarks.
3. Member States are encouraged to strategically select and engage, where appropriate, the elected Officers (Bureau and General Committee chairs and vice-chairs) in consultations on controversial issues or proposals.
4. Elected Officers of the Board and Health Assembly are expected to proactively reach out to their regional constituents and to consult with Geneva-based regional coordinators, as appropriate, in order to ensure a strong element of representation in their participation and to contribute to good governance within the Organization.
5. As described above, Member States should give as much notice as possible before formal submission of resolutions or decisions for consideration, ideally more than 30 days before the opening of the relevant session. Member States should, to the extent possible, circulate, in writing, any proposed amendments to resolutions or decision points in advance of their discussion during formal governing body sessions.
6. While conducting meetings in WHO, with special attention to governing body meetings, the use of annotated agendas is strongly advised in order to better focus discussion.
7. In order to achieve greater transparency and participation, as well as cost savings by avoiding the need for long-distance and short-term travel, the web-casting of public meetings and their later review availability shall be a rule and be fully implemented – progressively and as soon as possible – for governing body meetings, and is strongly recommended for other formal Member State negotiations.

(e) Methods of work and roles of the Executive Board Bureau and General Committee of the Health Assembly

1. The Bureau, in consultation with the Director-General, should vigorously use the criteria agreed by the Board and Health Assembly in recommending inclusion of new items in the provisional agenda of the Board, and, if necessary, in prioritizing the inclusion of items which may exceed the time permitted for discussion. While selecting or rejecting agenda items, the Bureau should apply the criteria in a transparent manner and provide reasons for its decisions. The recommendations of the Bureau, appearing at the end of the provisional annotated agenda, should describe explicitly the agreed criteria in addition to the notes for the records that the Bureau shares with Member States.

2. Additional items proposed directly for the agenda of the Health Assembly should first be considered by the Bureau, which will provide its recommendations to the General Committee in the light of the existing provisional agenda and the agreed criteria for inclusion of new items.
3. The practice of regular daily meetings of the Bureau to review the Board's programme of work and discuss ways of facilitating consultations and defusing tensions should be institutionalized. The Bureau should play a more active role in the management of the session with the support of the Secretariat.
4. The Officers of the Board should regularly attend their respective regional committees and also act on behalf of the Board as a whole, for example, by clarifying previous Board discussions and the status of the provisional agenda for the next session.
5. The names of candidates for elected officers should be communicated as soon as possible, so as to facilitate their preparation of the Board's agenda, with the support of the Secretariat. Insofar as possible, Member States should commit themselves to not changing their candidates at the last moment.
6. The Officers of the Health Assembly and the Chairmen of the main committees shall play an active and strategic role in managing the main issues during the Health Assembly. In executing this role, the officers should advance informal consultations with the delegations concerned and with the regional coordinators in order to clarify the level of support enjoyed by different proposals and the ways in which possible difficulties arising during the session can be handled.
7. The role of the General Committee could be left informal but at the same time receive the necessary recognition through daily meetings between the President and the Chairmen of the main Committees and/or between the latter and the regional coordinators as necessary.
8. Member States should, as far as possible, commit to having Officers of the Health Assembly elected from within their delegations serve for the entire session of the Health Assembly, and to not replacing them close to the opening of the session.
9. An early identification of the candidates for elected officers (in particular, the President and the Chairmen of the main Health Assembly Committees) would facilitate contacts and a more thorough preparation and briefing on the agenda and possible controversial issues.
10. In the interests of good governance in the meetings, the role of the Bureau and General Committee in assessing and deciding on the items shall be increased. To implement it properly, enhanced collaboration and synchronization between the Programme, Budget and Administration Committee, the Board and the Health Assembly should be encouraged, especially interaction between the Bureau in guiding the development of the Health Assembly agenda and the General Committee in managing the business of the Health Assembly.
11. Member States are encouraged to nominate candidates for the Bureau and General Committee and to appoint Chairs taking into account adequate criteria related to experience, skills and attitudes needed to encourage good governance, as well as to cope with intensive work not just during the meetings themselves but also during intersessional periods.
12. A formal process of induction for Health Assembly Committee chairs to also be used to assess their training needs should be established. Where needed, this should take the form of peer coaching from former or retired chairs. The support provided by the Secretariat to the Officers should be tailored to the experience and backing available to them in their home countries.

Appendix II

ONSCREEN TEXT AS OF 11 DECEMBER 2015 AT 17:18**On Methods of work of the governing bodies**

Recommended that the Executive Board:

- (1) Agree to a forward-looking [planning] schedule of the provisional agenda as a working method (1.1); [such as a 6 year rolling agenda]
- (2) Review the [duration of sessions]/[number of items] of the Executive Board in order to improve the level of correspondence between the length of the sessions and the number of items on the provisional agenda of each session (1.7); [move to after no.5]
- (3) Develop criteria for cross-regional co-sponsorship of proposed agenda items, without prejudice to the status of any such criteria (1.6); [move to 5(bis), for consideration by EB Bureau]
- (4) [Further]/[Establish a process to] develop the *Guidelines of Best Practices on Governance Reform* [for submission to the 69th World Health Assembly] (1.9); [link with para 8][guidelines attached at annex]¹

Request the [Bureau of the] Executive Board to:

- (5) [Review the criteria² currently applied in considering items for inclusion on provisional agenda, with a view to making recommendations on the application of the criteria and the need for any additional criteria (1.2);[for submission to the Board]]

Recommend to the Health Assembly to request the Director-General to:

- (6) Develop a (4)–(6) year forward looking [planning] schedule of expected agenda items for the Executive Board and the Health Assembly based on reporting requirements, standing items [previous decisions and resolutions] and those required by the Constitution, regulations and rules of the Organization, and in line with the General Programme of Work (1.1–1.3);
- (7) Submit, as an information document, the first forward looking [planning] schedule of expected agenda items for the Executive Board and the Health Assembly to the Executive Board at its 140th session, and to update the schedule annually (1.3);
- (8) Prepare an analysis of the current Rules of Procedure of the Board and Health Assembly in order to identify [interpretational ambiguities]/[loopholes] in the process for additional, supplementary and urgent agenda items for further improvement of the process (1.5); [link with para 4]

¹ See Appendix III.

² See resolution EB121.R1 and decision WHA65(9).

(9) Continue using information technology tools to improve access to governing body meetings and documentation [by making more friendly the Institutional Repository for Information Sharing (IRIS), creating a link on the governing body documentation page for posting those national health experiences that Member States wish to share; creating a post-session documentation page with hyperlinks under each agenda item to the relevant summary records and decisions/resolutions taken [and making arrangements for access to the webcast post session of public meetings]] (1.8);

On Improving the alignment of governance at all three levels of the WHO

Recommended that the Executive Board

Recommend to the Health Assembly to:

(10) Endorse as a permanent feature within the Secretariat a mechanism – such as the Global Policy Group [as an advisory body to the DG for corporate organizational performance][- for discussion, integration and coordination between the Director-General and the Regional Directors [and, subject to the Director-General’s authority as chief technical and administrative officer of the Organization, for decision-making to support its effective operation as “One” WHO]] (2.6);

Recommend to the Health Assembly to [recommend]/[invite] to the Regional Committees to:

(11) [Work towards a harmonized approach to overseeing the work of regional and country offices, including through identifying best practices and establishing minimum standards on the reporting of regional and country office management and financial information to regional committees] (2.12, 2.13);

[add text from para 13 option 2]

(12) Provide Regional Committee reports to the Executive Board using the standardized template provided by the Director-General (2.14);

(13) [[Invite] Heads of WHO Country Offices [to regularly report][should provide regular reports] on their work [to the Regional Director]](2.27, 2.28);

Request the Director-General to:

(14) [to consult the Regional Directors to]Develop and implement a formal accountability compact between the Regional Directors and the Director-General, drawing together already existing mechanisms [by including in the Board resolution appointing each regional director a statement to the effect that the regional director shall comply with the requirements of the accountability compact with the Director-General] (2.1);

(15) Strengthen performance management and assessment clauses in future employment contracts for regional directors (2.2);

(16) [Initiate a dialogue with the Regional Committees to identify measures [that], [recognizing the existence of regional procedures to] [without infringing the autonomy of Regional Offices], ensure coherence at the three levels by the improvement of the process of

nomination of Regional Director, including, inter alia, by [advertising and] raising the profile of the position, attracting a broader field of candidates, [assessing candidates against a selection criteria [and allowing the contribution of the Director General in the process]][such as that candidates would be assessed against the selection criteria and shortlisted by the DG in agreement with the relevant regional committee]] (2.3);]

(17) [Advertise the Assistant Director-General positions [when appropriate] (2.4);]

(18) Institutionalize planning mechanisms across the three level of the Organization – such as the category networks – with formal terms of reference and standard operating procedures (2.7);

(19) [Initiate a review on the current operation of Regional Committees, including their Standing Committees and Subcommittees, with a view to develop best practices to strengthen their oversight functions, in consultation with Regional Committees (2.8, 2.9, 2.10, 2.11);]

(20) [Initiate a review on the current communications and collaboration between the governing bodies at all levels with the aim to identify best practices for the improvement of governance coherence (2.15, 2.16, 2.17, 2.18, 2.19, 2.20);]

(21) [Provide as an information document to the Executive Board and the Health Assembly the biennial WHO country presence reports, as a basis for a general discussion in the governing bodies on WHO's country presence [under the agenda item on WHO Reform]] (2.21);

(22) [Work with the Regional Directors, in consultation with Member States, to explore criteria for a [robust] country presence [appropriate to context], with a view to improving the performance of WHO at country level, taking into account, inter alia, the review of typologies of country offices, strategic cooperation strategies, capabilities and selection criteria for WHO Representatives and country office performance assessments [Member States to have opportunity to provide feedback]] (2.22, 2.23, 2.24, 2.25, 2.26, 2.27, 2.28).

Appendix III

Draft Guidelines of Best Practices on Governance Reform

These Guidelines are voluntary and without prejudice to the rules of procedure of the governing bodies.

(a) Governing body agenda items and proposals

1. When planning the development of a new proposal, Member States should bear in mind that not every agenda item warrants a resolution and not every resolution warrants a global strategy or plan of action. Due regard should be paid to alternative means of awareness raising, such as ministerial lunches and dinners on selected high-level issues not requiring resolutions, thus contributing to easing the pressure on regular governing body agendas.
2. In principle, Member States should avoid introducing agenda items relating to single disease issues, unless there have been recent scientific or operational developments, or if doing so would complement broader global initiatives already under way.
3. In the case of urgent or unexpected issues of general concern, while having abolished the 24/48 hours' time criteria for additional and supplementary items, Member States are encouraged to use the agenda item, *WHO response in emergencies*, for specific discussions on urgent matters where possible.
4. When planning a proposal (additional agenda item, draft resolution or decision or any other format) to be added to the provisional agenda for the Board, delegates should inform their regional coordinators as soon as possible (latest by September or 1 February' or at least 30 days before the opening of the governing body session). Early communication can enable combining similar proposals before submission to the Bureau, which could greatly facilitate the work and reduce pressure on the agenda.
5. When presenting a new proposal, Member States should consider administrative and financial implications, as well as the priorities of the General Programme of Work, in close consultation with the Secretariat. Proponent delegations should take decisions on their initial proposals with a view to contributing to the financial discipline and efficiency of the Organization. Member States should address concrete criteria that may be in place for consideration of additional agenda items, resolutions and decisions, while taking into account administrative and financial implications.
6. To assist Member States in their planning, the Secretariat shall endeavor to provide early information on the technical briefings planned during the Health Assembly. The proposal would be to provide the information before the end of November each year.
7. Member States are invited to consult with the Secretariat as to pre-existing instruments and substantial background on a particular issue, as well as on the potential desirability of presenting a resolution or a decision.
8. For most resolutions, reporting requirements should be limited to a maximum of three biennial reports over a period of six years, with an expectation that after that time, active

reporting on the resolution would be sunsetted, although policy recommendation elements of the resolution may remain in effect.

9. Following previous Health Assembly and Board decisions (see part 1.2 of this report), Member States should consider employing decisions rather than resolutions where appropriate, in order to focus governing body debates on substantive matters of WHO governance and programmes.

10. Following the principles of transparency and inclusivity, when developing resolutions, Member States should inform their peers and the Secretariat as early as possible of their plans. This will enable planning and inputs to be as substantive as possible.

11. Member States should consider becoming the lead facilitator for the items they propose, or actively seek such a facilitator among the Members of the Board Bureau and General Committee of the Health Assembly. Where possible and appropriate, facilitators should form core groups that include representation from as many WHO regions as possible to increase the broad sense of ownership on agenda items.

12. Member States are invited to upload their concept notes on side events on the WHO website between the period 15 November to 15 January. In cases where applications exceed the available slots for side events, the regional coordinators shall be invited to consult with the Secretariat to assist in side event selection and schedule placement.

13. The Secretariat should contribute to ensuring the efficient planning of side events by providing Member States with information on the technical briefings planned during the Health Assembly, opening the application period much earlier, such as before the end of the previous year, holding an open informal session at lunch time during the Board in January where Member States will have the opportunity to present and discuss their concept notes, and soon thereafter, inviting regional coordinators to meet with the Secretariat to select the side events and place them on the schedule.

14. Non-State actors may continue to organize events off site during governing body meetings and current practice on non-State actor involvement in side events will be maintained. Member States should not be prevented from organizing joint events with non-State actors, including within the Palais des Nations, and, in such cases the events shall be subject to a standard review.

(b) Intersessional processes

1. Informal negotiations, formation of core groups and other intersessional processes shall be organized according to the principles of transparency and inclusion. Where possible, all six WHO regions shall be represented in core groups to increase buy-in and promote consensus.

2. Member States should make maximum use of the Geneva-based regional coordinator system. This system is an important informal intersessional process composed of one delegation from each WHO regional group designated as a regional coordinator for a given calendar year. Although each regional group has the prerogative to establish its own selection process, it is common practice for the regional coordinator to be designated by rotation in alphabetical order.

3. Member States with a mission presence in Geneva should participate in the Geneva-based regional coordinator system, taking into account the following non-exhaustive list of tasks often performed by regional coordinators: liaising with the Secretariat, other coordinators and chairs of intergovernmental negotiating processes, to set agendas, de-conflict process questions, provide informal advice to negotiating process chairs, and help select chairs and co-chairs for processes as needed; communicating new discussion proposals; coordinating with Member States to secure their cooperation in organizing side events both in content and covering costs; organizing informal negotiations, and, in general, building consensus on challenging issues.

4. Member States should recognize that regional coordinators perform their functions on top of their day-to-day mission responsibilities and perform a number of useful tasks for the good of the region, for a more functional WHO and for maximizing the effectiveness of intersessional work.

5. Member States are urged to consult with their regional coordinators early on any matter that may be of general interest.

6. Member States should actively promote understanding between relevant regional governing body and intersessional processes, which are often capital-based, and Geneva-based health attachés, to promote policy coherence.

7. Member States are encouraged to take the lead in organizing informal consultations, coordinating groups of friends, and involving regional coordinators where possible.

8. The Secretariat will circulate draft resolutions via email communication and through the WHO web-based platform to Member States for review and consideration and for consultation at least 30 days before the opening of the governing body meeting. To meet this target timeframe, Member States will need to submit draft resolutions in time to enable translation and other services to be completed.

9. For urgent issues, the Secretariat will circulate draft resolutions or relevant information on the designated website at least seven days before the opening of the governing body meeting.

10. If there is no consensus on a resolution during the Board session then, wherever possible, informal consultations (face-to-face meetings and/or use of online tools) should be used to arrive at a consensus instead of waiting until the Health Assembly. The consultation should be organized at WHO headquarters in Geneva to enable broad participation, and cosponsoring Member States are invited to use information and communications technology tools to ensure participation by capitals, if needed.

(c) Coherence at all levels of governance

1. These Guidelines promote active cross-participation/observer-ship at regional committee meetings. Member States can facilitate this in a variety of ways, including the presentation of a list of requests for participation in regional committees to the Secretariat, through regional coordinators, who would then pass on the requests to the relevant regional offices.

2. Regional committees can be test beds or incubators for new ideas that may ultimately have applicability across regions or globally, so this aspect of WHO's unique Organizational structure should be preserved and encouraged.

3. Member States should see regional committee resolutions or decisions as solid starting points for global level debates, while recognizing that adaptation and compromise will almost always be essential for consensus at global level on an initiative that began with primarily regional considerations in mind.

(d) Participation in governing body meetings

1. Member States are encouraged to remain within the assigned three minutes for each national statement and five minutes for regional statements. Such statements should minimize national reports at the Board and Health Assembly while recognizing and encouraging their usefulness at the regional level, unless they are clearly related to the substance of the item, and instead be focused on the action or agreement needed within governing body processes. Member States should prioritize interventions with points that support, reject or request modification of decisions and resolutions of the Board and Health Assembly.

2. Member States should generally defer to regional statements when there is a common position, unless national positions include additional relevant positions or contain specific comments or requests not encompassed in the regional remarks.

3. Member States are encouraged to strategically select and engage, where appropriate, the elected Officers (Bureau and General Committee chairs and vice-chairs) in consultations on controversial issues or proposals.

4. Elected Officers of the Board and Health Assembly are expected to proactively reach out to their regional constituents and to consult with Geneva-based regional coordinators, as appropriate, in order to ensure a strong element of representation in their participation and to contribute to good governance within the Organization.

5. As described above, Member States should give as much notice as possible before formal submission of resolutions or decisions for consideration, ideally more than 30 days before the opening of the relevant session. Member States should, to the extent possible, circulate, in writing, any proposed amendments to resolutions or decision points in advance of their discussion during formal governing body sessions.

6. While conducting meetings in WHO, with special attention to governing body meetings, the use of annotated agendas is strongly advised in order to better focus discussion.

7. In order to achieve greater transparency and participation, as well as cost savings by avoiding the need for long-distance and short-term travel, the web-casting of public meetings and their later review availability shall be a rule and be fully implemented – progressively and as soon as possible – for governing body meetings, and is strongly recommended for other formal Member State negotiations.

(e) Methods of work and roles of the Executive Board Bureau and General Committee of the Health Assembly

1. The Bureau, in consultation with the Director-General, should vigorously use the criteria agreed by the Board and Health Assembly in recommending inclusion of new items in the provisional agenda of the Board, and, if necessary, in prioritizing the inclusion of items which may exceed the time permitted for discussion. While selecting or rejecting agenda items, the Bureau

should apply the criteria in a transparent manner and provide reasons for its decisions. The recommendations of the Bureau, appearing at the end of the provisional annotated agenda, should describe explicitly the agreed criteria in addition to the notes for the records that the Bureau shares with Member States.

2. Additional items proposed directly for the agenda of the Health Assembly should first be considered by the Bureau, which will provide its recommendations to the General Committee in the light of the existing provisional agenda and the agreed criteria for inclusion of new items.

3. The practice of regular daily meetings of the Bureau to review the Board's programme of work and discuss ways of facilitating consultations and defusing tensions should be institutionalized. The Bureau should play a more active role in the management of the session with the support of the Secretariat.

4. The Officers of the Board should regularly attend their respective regional committees and also act on behalf of the Board as a whole, for example, by clarifying previous Board discussions and the status of the provisional agenda for the next session.

5. The names of candidates for elected officers should be communicated as soon as possible, so as to facilitate their preparation of the Board's agenda, with the support of the Secretariat. Insofar as possible, Member States should commit themselves to not changing their candidates at the last moment.

6. The Officers of the Health Assembly and the Chairmen of the main committees shall play an active and strategic role in managing the main issues during the Health Assembly. In executing this role, the officers should advance informal consultations with the delegations concerned and with the regional coordinators in order to clarify the level of support enjoyed by different proposals and the ways in which possible difficulties arising during the session can be handled.

7. The role of the General Committee could be left informal but at the same time receive the necessary recognition through daily meetings between the President and the Chairmen of the main Committees and/or between the latter and the regional coordinators as necessary.

8. Member States should, as far as possible, commit to having Officers of the Health Assembly elected from within their delegations serve for the entire session of the Health Assembly, and to not replacing them close to the opening of the session.

9. An early identification of the candidates for elected officers (in particular, the President and the Chairmen of the main Health Assembly Committees) would facilitate contacts and a more thorough preparation and briefing on the agenda and possible controversial issues.

10. In the interests of good governance in the meetings, the role of the Bureau and General Committee in assessing and deciding on the items shall be increased. To implement it properly, enhanced collaboration and synchronization between the Programme, Budget and Administration Committee, the Board and the Health Assembly should be encouraged, especially interaction between the Bureau in guiding the development of the Health Assembly agenda and the General Committee in managing the business of the Health Assembly.

11. Member States are encouraged to nominate candidates for the Bureau and General Committee and to appoint Chairs taking into account adequate criteria related to experience, skills

and attitudes needed to encourage good governance, as well as to cope with intensive work not just during the meetings themselves but also during intersessional periods.

12. A formal process of induction for Health Assembly Committee chairs to also be used to assess their training needs should be established. Where needed, this should take the form of peer coaching from former or retired chairs. The support provided by the Secretariat to the Officers should be tailored to the experience and backing available to them in their home countries.

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