

PROVISIONAL SUMMARY RECORD OF THE SIXTEENTH MEETING

**WHO headquarters, Geneva
Monday, 30 January 2017, scheduled at 18:00**

Chairman: Dr R. BUSUTTIL (Malta)

CONTENTS

	Page
1. Promoting health through the life course (continued)	
Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health (continued)	2
2. Management and governance matters	
Overview of WHO reform implementation.....	8
Governance reform: follow-up to decisions WHA69(8) (2016)	11

SIXTEENTH MEETING

Monday, 30 January 2017, at 18:00

Chairman: Dr R. BUSUTTIL (Malta)

1. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 11 of the agenda (continued)

Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health: Item 11.3 of the agenda (document EB140/34) (continued)

The representative of VIET NAM said that the report by the Secretariat did not sufficiently address the extent of the unfinished agenda on women's, children's and adolescents' health, in particular with respect to the disparities in health outcomes across regions and populations and the difficulties faced by Member States in reaching out to every mother and every child. She urged the Secretariat to include more information in that regard and called for that unfinished business and the related lessons to be placed at the heart of discussions during the meetings of the Executive Board and the Health Assembly. Noting that, similar to the strategies on communicable and noncommunicable diseases, the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) called for integrated, multisectoral actions to create enabling environments, he encouraged WHO to ensure alignment of the strategies across those areas.

The representative of the RUSSIAN FEDERATION, noting the importance of dealing with the health of adolescents at the Seventieth World Health Assembly, said that her country had undertaken a multifaceted approach to the issue, which included the promotion of a healthy lifestyle and diet.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, welcomed the development of indicators to help monitor the implementation of the Global Strategy, but expressed concern at the lack of guidance available on the WHO website on the implementation of accelerated actions in that regard. Moreover, for three of the 16 indicators, there were no definitions or sources identified for data collection. He requested guidance from the Secretariat on when the right to life began and encouraged Member States to endeavour to ensure that the necessary resources were available for the implementation of the Global Strategy. The Secretariat should play a leading role in that regard. Furthermore, WHO should work to strengthen the leadership role of Member States, encourage partners to align themselves with country priorities, and contribute to the implementation of strong coordination mechanisms.

The representative of the DOMINICAN REPUBLIC said that a multisectoral approach to adolescent health was needed, which included collaboration with the education sector. It was particularly important to improve civil registration systems and the collection of demographic and health data, and to adopt legislation guaranteeing that women had access to sexual and reproductive health education, care and information. The Global Strategy was a useful document that would help guide responses at the national level. Lastly, development during early childhood should be included on the agenda of a future session of the Executive Board, since it was an extremely important stage of life.

The representative of FIJI drew attention to the results of an analysis recently carried out in his country on the status of adolescents' health, which had highlighted a number of challenges in terms of communicable and noncommunicable diseases, nutrition and sexual and reproductive health. He welcomed the establishment of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, which provided an excellent opportunity to address gaps in the implementation of related activities. He looked forward to a presentation on the recommendations of that Group and a discussion on how to operationalize the recommendations in order to support Member States in achieving the targets laid out in the Global Strategy and the Sustainable Development Goals.

The representative of CANADA, emphasizing Canada's commitment to the Global Strategy and its implementation, commended the development by WHO and its partners of a monitoring framework for the Strategy that contained indicators that could be aligned with the indicators for the Sustainable Development Goals, thereby minimizing the reporting burden for Member States. Coordinated efforts to improve civil registration and health information systems through investment and collaboration with key partners remained a priority. Sound investment in the health of adolescents should provide the demographic dividend to enable all countries to energize their economies. Adolescents, including those living in fragile settings, should be fully engaged in all efforts that had an impact on their health and rights. She reiterated the call for a presentation on the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents at the Seventieth World Health Assembly. Such a presentation would spur further discussions on the national implementation of those recommendations with a view to attaining the targets set out in the Global Strategy and the Sustainable Development Goals.

The representative of MEXICO, drawing attention to the key aspects of her country's health-related programmes, said that guaranteeing adolescents' access to health was a significant challenge. Innovative measures were needed, in particular to remove barriers to sexual and reproductive health care, and legislation should be amended in that regard. Moreover, it was necessary to invest in civil registration systems and the collection of demographic and health data as the information provided from those activities was required for the development and prioritization of indicators and the harmonization of monitoring activities.

The representative of CHINA said that his country had undertaken a number of steps to improve the health of women, children and, in particular, adolescents, including sexual health-related education activities and improving access to contraception. He encouraged the Secretariat to continue to work with other agencies in the United Nations system and Member States to establish cooperative mechanisms on adolescent health issues in order to accelerate the pace of responses. The Organization should continue to provide Member States with guidelines and technical documentation on addressing the health of adolescents.

The representative of THAILAND echoed comments on the importance of robust data monitoring systems, particularly civil registration systems. Legislation had been introduced in Thailand to improve adolescents' access to sexual and reproductive health services and education. Recognizing a donor's changes in policy, which would affect funding for governments and nongovernmental organizations that supported women's rights and family planning, he expressed appreciation for the efforts of the Netherlands to minimize the impact of that policy shift through increased funding. In the light of the current situation, continued policy and financial support from WHO was vital.

The representative of the CONGO stressed the importance of starting efforts to prevent cervical cancer during adolescence. As such, he proposed that in paragraphs 6 and 16 of the report, reference should be made to the prevention of cervical cancer through vaccination against human papillomavirus.

The representative of URUGUAY said that, although progress had been made in addressing maternal and child mortality, it was important to continue work in that regard. The high levels of teenage pregnancy in her country made the issue of adolescents' health particularly relevant. It was important to have dedicated spaces for adolescents to access health care. Highlighting a number of steps taken by Uruguay in that regard and to address sexual and reproductive health issues, she said that rights-based health approaches were the most effective way to tackle health issues. Therefore, she welcomed the establishment of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents. She requested the Secretariat to continue to provide updates on the implementation of the Global Strategy.

The representative of SLOVAKIA,¹ underscoring the negative impact of the absence of fathers on children and adolescents and the importance of protecting the family and adolescents, said that men and fathers should not be neglected in the Global Strategy. The report should also provide guidance on the prevention of risky behaviour by adolescents, especially those from vulnerable groups, including through intersectoral policies focused on education and a healthy family environment as a means of promoting mental health. She noted that, although the age range used in the report for adolescent girls was 15–19 years old, in many countries 18 year olds were legally considered adults.

The representative of NORWAY¹ expressed support for the United Nations Secretary-General's Every Woman, Every Child strategy. He welcomed the report's focus on adolescents, since they would be key to achieving the Sustainable Development Goals. Young people should be included in health development as partners and leaders. Quality education for all and universal access to sexual and reproductive health care services and rights, including for adolescents, was essential. Emerging evidence indicated that a rights-based approach to health could improve health in an equitable manner. Special attention should be given to women, children and adolescents living in humanitarian and fragile settings.

The representative of JAPAN¹ said that a multisectoral approach encompassing the environmental and social determinants of health was needed to improve adolescents' health. He welcomed the broad indicators used in the monitoring framework, but expressed concern that the lack of civil registration and vital statistics systems in many countries prevented the effective tracking of progress. Political commitment beyond the health sector was needed to establish adequate registration and statistics systems at the country level. The Government of Japan had donated US\$ 84 million to the Global Financing Facility for projects to improve the health of women, children and adolescents.

The representative of BANGLADESH,¹ noting that the Global Strategy had brought the issue of adolescent health into focus, said that the Government of Bangladesh had developed a draft adolescent health strategy. WHO should provide technical leadership to promote maternal, newborn, child and adolescent health with a view to achieving universal health coverage.

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

The representative of KENYA¹ said that adolescents made up close to 50% of her country's population and were a key asset for the future. She welcomed the implementation of policies and programmes that promoted the health of young people and adolescents. A national adolescent and reproductive health policy was being developed. Efforts by WHO and partners to assist and accelerate countries' implementation of the Global Strategy were appreciated.

The representative of INDIA¹ said that the Global Strategy was broader and more ambitious than its predecessor and included a welcome focus on equity and on adolescents. Adolescents would be key to attaining the Sustainable Development Goals. Successful implementation of the Global Strategy would need to take into account the varied social and cultural sensitivities of developing countries; a one-size-fits-all approach would not yield the desired results. Sound investment in adolescent health in low- and middle-income countries would energize economies and lift standards of living.

The representative of INDONESIA¹ expressed her commitment to the Global Strategy as an implementation framework for the Sustainable Development Goals. In Indonesia, an integrated action plan on women's, children's and adolescents' health was being finalized. A focus on adolescence, as a life phase during which the patterns of adult health were established, was central to the success of public health interventions in areas such as maternal and child mortality, mental health and noncommunicable diseases. Health programmes for adolescents should prepare them for a healthy reproductive life in adulthood.

The representative of SWITZERLAND¹ said that she wished to align herself with the statement by the representative of Sweden. She underscored the need for ongoing and complementary sexual and reproductive health services like sex education, access to contraception and safe abortion services.

The representative of the UNITED NATIONS POPULATION FUND, speaking at the invitation of the CHAIRMAN, said that robust health systems should be strengthened to respond to the specific needs of adolescents. Data collection and analysis were crucial for countries to have a solid understanding of their progress. In addition to the 60 indicators for tracking progress in respect of the Global Strategy, insight into disparities within countries could be provided by taking into account in the indicator and monitoring framework for the Global Strategy for Women's Children's and Adolescents' Health (2016–2030), adolescents' social, economic and political environments. A discussion at the Seventieth World Health Assembly of the report of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents would offer critical guidance on multisectoral action and the integration of human rights and a gender and youth perspective into the work of WHO and development agencies.

The observer of the INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES said that he was pleased by efforts to involve adolescents in the creation of the indicator and monitoring framework for the Global Strategy, and requested the inclusion of youth participation as a key principle in Section 1 of the framework. References should be included in all other sections to ensure that young people were represented in consultations, that data reflecting the reality of young people's lives were available to governments, donors and youth groups, and that youth organizations had the resources needed to develop and implement programmes. The Federation called on governments and the international community to consider young people key stakeholders, agents of change and equal partners.

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

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to ensure the collection and disaggregation of data for 10–14 year olds, in addition to 15–19 year olds. The Federation looked forward to the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, in particular on how best to improve sexual and reproductive health and reproductive rights, and how those rights could be integrated into health programmes. Health outcomes for adolescents were not improving at the same rate as for other groups; multiple barriers, including a lack of comprehensive sexual education, were impairing the ability of adolescents to have healthy and safe sexual lives. The Secretariat, Member States and partners should work to remove those barriers and ensure that programmes reflected the needs of adolescents.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed disappointment that the Global Strategy did not reflect the Association's extensive submission on the palliative care needs of women, children and adolescents. Member States must fulfil their obligations to make palliative care available to women, children and adolescents, and recognize that only a fraction of those who needed such care received it. Member States should recognize that the majority of caregivers around the world were women and children, and develop programmes to support them in that role. The Association stood ready to assist Member States in that endeavour.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that health should be prioritized at all stages of life. Efforts should be focused on reducing maternal, neonatal and child mortality in areas affected by humanitarian crises or natural disasters. He called on Member States to implement the Global Strategy by ensuring access to family planning and health care services without discrimination, and by guaranteeing education for the health workforce on adolescents' health and on sexual and reproductive rights. The Federation was committed to working towards the implementation of the Global Strategy.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, supported the Secretariat's mandate to provide regular reporting on health. He commended the inclusion of still-births in the indicator and monitoring framework for the Global Strategy and on the selection of adolescent health as the current special theme. The guidance on implementing global accelerated action for the health of adolescents would inform reviews of national adolescent health plans. Efforts for universal health coverage should take into account adolescent health, which encompassed sexual, reproductive, maternal, newborn and child health. Adolescent health interventions should also ensure gender equality and address, inter alia, the transition through puberty and the needs of parenting adolescents.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that dealing with adolescent health entailed tackling rheumatic heart disease, a preventable disease which often began in childhood and was one of the causes of maternal mortality. She recommended that control programmes should be implemented for the secondary prevention of rheumatic fever and rheumatic heart disease, as identified in the updated Appendix 3 to the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020; that the diagnosis and management of rheumatic heart disease should be integrated into antenatal care; and that heart disease outcomes should be monitored through national registers with disaggregated data. The urgent issue of rheumatic heart disease required a global response; she welcomed its inclusion on the agenda of the 141st session of the Executive Board.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, welcomed the inclusion of noncommunicable diseases in the framework indicators for the Global Strategy, which were aligned with the Sustainable Development Goal indicators. The guidance on implementing global accelerated action for the health of adolescents, which the Union had been involved in preparing, should cover education for adolescents and the promotion of healthy behaviour, such as reducing alcohol and tobacco use. She encouraged the early diagnosis of noncommunicable diseases among adolescents and expressed support for the Global Strategy.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization had made a commitment to invest US\$ 3 billion between 2016 and 2020 to support the implementation of the Global Strategy. In order to achieve long-term change, it was essential to reach children everywhere, in particular those who were out of school, in conflict zones or fragile settings. It was also important to address the particular risks to which adolescents were exposed, especially violence towards girls, and the gender stereotypes that underpinned such violence, including by working with religious and community leaders. Adolescents' participation in decision-making that affected their lives should be guaranteed and platforms should therefore be established for their contributions at the Health Assembly.

The representative of INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, underlined the importance of ensuring girls' access to education on reproductive rights, in the light of the fact that complications in pregnancy and childbirth remained a leading cause of death among adolescent girls. It was crucial to guarantee social assistance and medical treatment that was not influenced by cultural attitudes. Psychosocial support for adolescents in crisis regions was needed in order to help young people regain quality of life. Investment in health systems was also necessary to address the mental health needs of adolescents who had been affected by conflict or natural disaster.

The DIRECTOR (Global Coordination) expressed his thanks to Member States for highlighting the importance of women's, children's and adolescents' health in their national health policies and plans, and in particular for highlighting the triple dividend of investing in adolescent health, which encompassed access to services for adolescents, the impact of noncommunicable diseases later in life, and the intergenerational effects of malnutrition and other risk factors. The report on progress of implementation of the Global Strategy, to be presented at the Seventieth World Health Assembly, would cover the monitoring of the 60 indicators that were part of the indicator and monitoring framework for the Global Strategy. Certain indicators required further development, however. The progress report would reflect the action areas of the Global Strategy itself, thus setting out chapters on inequities, multisectoral action and progress in humanitarian settings, and would present analyses of key recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents. The Working Group's final report would address the issue of palliative care. Lastly, the Global Accelerated Action for the Health of Adolescents implementation guidance would highlight cost-effective interventions, prioritization of interventions, and the establishment of youth-friendly services.

The Board noted the report.

2. MANAGEMENT AND GOVERNANCE MATTERS: Item 14 of the agenda

Overview of WHO reform implementation: Item 14.1 of the agenda (document EB140/38)

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed the bottom-up approach to prioritization when preparing the programme budget, but expressed concern about ongoing funding challenges. Addressing those challenges required a multidimensional approach, which should include increasing assessed contributions, broadening the donor base, improving efficiency at all levels of the Secretariat and increasing the flexibility of voluntary contributions. The latter point should be discussed in the context of the financing dialogue.

With regard to management reform, he expressed concern about the limited progress made towards achieving gender equity and improving geographical representation in professional and higher category posts. The Secretariat should ensure that country offices were equipped to meet the needs identified. In addition, the Organization continued to play an important role by providing technical support and identifying population needs. It was essential that WHO, as well as regional university institutes, continued to support health research in the African Region. Finally, he welcomed measures to report alleged misconduct and strengthen accountability and transparency.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement.

She said that further efforts should be taken to improve governance within WHO, and that many of the proposals made in that regard could be taken up directly by the Board. A tool for prioritizing proposed additional items to be included on the Board's agenda should be implemented immediately, if the Board agreed to it. She asked the Secretariat to clarify why there had been an increase in the number of resolutions being presented in Secretariat documents, which risked reducing efficiency and transparency.

Welcoming the information provided, she said there was a need to discuss the allocation of staff members and financial resources to WHO's country offices, and for WHO to approve guiding principles in that regard. Secondments to WHO from non-State actors must be fully aligned with the Framework of Engagement with Non-State Actors; and she sought reassurance that the Framework was being implemented in a harmonized manner across the Organization.

The representative of the RUSSIAN FEDERATION expressed support for the objectives of WHO reform; however, she said that the section of the report on programmatic reform should be supplemented by specific objectives in line with the 2030 Agenda for Sustainable Development and the WHO Health Emergencies Programme. The complex process of reform had not been evenly achieved at all three levels of the Organization. Although progress had been made on accountability and transparency, action was needed to reduce travel expenses, and greater accountability was required in the areas of missions and risk management policy. It had not yet been possible to reduce the number of items on the governing bodies' agendas or the volume of documentation produced, and documents continued to be submitted late. The Secretariat's efforts to improve the efficiency of information management were welcome. She hoped that the results of the assessment of WHO's information management capabilities and the creation of an inventory of information assets, which were expected by September 2017, would be accompanied by specific proposals.

The representative of FRANCE noted the progress made but regretted that the accountability compact between the Director-General and the regional directors had still not been concluded. She welcomed the harmonization of work across the three levels of the Organization. She asked what operational conclusions the Secretariat hoped to draw from the electronic consultations on governance

reform, and urged the Secretariat to provide a comprehensive document detailing specific proposals without delay. She commended the policy on whistle-blowing that had been in place for several months, and asked whether it had produced any results.

The representative of MEXICO noted the uneven progress made on WHO reform. Good progress had been made to align WHO's programme of work with defined priorities and financing, and to improve governing body procedures and working methods. Continued strengthening of accountability, and transparency within and between WHO headquarters and regional offices was required, in addition to improving the coordination across the three levels of the Organization. Given that 80% of the work force was approaching retirement, staff members should be recruited on the basis of skills, equality, transparency, gender equity and geographical representation. In addition, the human resources department should coordinate effectively with those programmes in need of staff. The reform process should never be considered finished and continuous assessment was required in order to identify areas of progress and those in need of more attention.

The representative of CHINA expressed appreciation for the Secretariat's work on improving transparency and accountability. However, the governing bodies' working methods should be more transparent, more efficient, and of higher quality. Further action should be taken to ensure that the capacities of country offices matched countries' needs, and coordination should be improved across all three levels of the Organization. She expressed support for efforts to improve gender equity and geographical representation. While reform in such a large Organization would undoubtedly take time, progress indicators should be used and continually analysed in order to identify priority areas.

The representative of THAILAND expressed concern that the slow pace of the reform process was preventing WHO from taking a leading role in achieving the health-related Sustainable Development Goals. The Secretariat should step up efforts to ensure the full implementation of the reform process in 2017. The independent evaluation of the impact of reform, to be reported to the Seventieth World Health Assembly in May 2017, should provide Member States with the guidance required to optimize the reform process.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, recalling that reform was not a one-off event, said that more work on reform was required to reach the ultimate goal of improved programme delivery at the country level. The amount of core voluntary contributions to be donated by his Government in the period up to 2020 would be contingent on progress made in achieving the key performance indicators set out in the Performance Agreement between WHO and the United Kingdom, many of which were also contained in the Organization's own results framework. He encouraged Member States and partners to consider that approach to WHO reform.

The representative of the UNITED STATES OF AMERICA, commending the progress achieved, said that she looked forward to seeing further progress on management and financing reforms, especially those that contributed to further cost-savings and efficiencies. She expressed support for the implementation of accountability compacts for senior management staff and noted the Secretariat's commitment to extend them to all staff in management positions. She appreciated the strong monitoring framework that had been established and expected it to produce good results.

The representative of CANADA said that while the Secretariat had an important role to play in implementing the reforms set out, the work of Member States was equally significant. She encouraged Member States to engage in productive dialogue with each other.

The representative of PANAMA,¹ while welcoming the programmatic reform achieved, urged WHO to redouble its efforts towards transparency and accountability at all levels and further develop the bottom-up approach. Country-level capacity could be strengthened with adequate human resources, which would facilitate further decentralization. Despite the creation of the financing dialogue, financial weaknesses persisted. Her Government would be prepared to consider an increase in voluntary contributions, provided that financial resources were used innovatively. The efficiency and effectiveness of governing body sessions should be improved, to ensure that public health priorities were addressed. With regard to emergency reform, country and country-office capacities should be further strengthened. Discussions should continue of governance-related aspects, including human resources and decentralization.

The representative of SPAIN¹ said that decisive action should be taken to reform the working methods of the governing bodies. Those bodies should be made more effective, while maintaining the leadership role of Member States. He encouraged the Secretariat to identify where further savings could be made in respect of reducing travel costs and transferring functions to the WHO Budapest Centre, in particular in view of the costs resulting from the mobility policy.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, noted the persistent and understated lack of Member State commitment to financing. WHO's donor dependence, created by the relatively small proportion of assessed contributions compared to earmarked voluntary contributions, had led to misalignments between the priorities identified by the Health Assembly and expenditures underwritten by donors. He urged Member States to invest in WHO as the leading independent institution for health, and to accept the 10% increase in assessed contributions.

The EXECUTIVE DIRECTOR (Office of the Director-General), in response to the comments made, said that reform was a process of continuous improvement, and as such would continue. Since the publication of the report, WHO had taken additional steps to promote transparency, including through the publication on the WHO website of the Organization's top-level risk register and its Strategic Communications Framework. Furthermore, to support its whistle-blower policy, WHO had established a dedicated telephone number, website and email address by which both staff and non-staff members, including Executive Board members, could communicate their concerns, anonymously if they preferred, to an independent, external service provider. That provider reviewed all concerns it received and submitted the relevant information to the Secretariat, which then conducted investigations or provided relevant information. A campaign to raise awareness of the whistle-blower policy had been conducted throughout WHO. The Director-General was committed to promoting a gender balance and equitable geographical diversity within WHO, which aimed to increase the proportion of its female staff at P4 level and above by 1.5% each year. The Secretariat would report on a regular basis to the governing bodies on progress achieved in that regard.

The Board noted the report.

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

Governance reform: follow-up to decision WHA69(8) (2016): Item 14.2 of the agenda (documents EB140/39, EB140/40, EB140/40 Add.1, EB140/INF./2 and EB140/INF./3)

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that Germany also aligned itself with her statement. She supported the suggestions made in paragraph 21 of document EB140/39 and said that the draft six-year forward-looking planning schedule of expected agenda items would facilitate the planning of governing body meetings. She welcomed the Secretariat's analysis of the rules of procedure of the Executive Board and the World Health Assembly with a view to making recommendations on further improvements to the processes for the inclusion of additional, supplementary and urgent agenda items. There was a need to limit the number of items on the agendas of the governing bodies, and she supported the planned system for prioritizing proposed provisional agenda items. A soft upper limit on the number of items was necessary and it was regrettable that the Secretariat had not made a concrete proposal in that regard. A two minute time limit for statements was undesirable, as that could negatively affect the quality of discussions. She welcomed the preparation of the 2017 WHO country presence report, which would help deepen knowledge of country office activities.

Finally, she noted that, in paragraph 7 of document EB140/39, WHO's Global Policy Group was referred to as a "collective decision-making" body. Recognizing the important advisory role of that Group, she emphasized that it was the Director-General who was directly accountable to the Health Assembly, and that that line of accountability was crucial for maintaining trust in WHO's use of resources and its delivery of outcomes. It was therefore extremely important to refer to the Global Policy Group's role in a manner that respected the Constitution of the Organization and was in line with previous governing body decisions. She trusted that future WHO documents would refer to the Group appropriately.

The representative of MEXICO noted the proposed criteria for the inclusion of items on the provisional agenda of the Executive Board. However, those criteria should also include the alignment of any item with WHO's programme of work and with regional priorities; any duplication of work should be avoided and items should be considered on the basis of whether they would have a national, regional or global impact. Member States should undertake to propose only priority regional or global health items for inclusion on the agenda, recognizing that national concerns could be addressed with support from regional or country offices. Noting that the distribution of expertise among regional and country offices was unequal, she said that staff allocation should be aligned with national and regional priorities as outlined in country cooperation strategies. Governance reform had produced some procedural and operational results; however, that reform should include efforts to consolidate WHO's global health leadership and coordination role, as well as steps to improve transparency and coordination across the three levels of the Organization.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that in order to improve governance at the three levels of the Organization, priority must be given to efficiency, quality and transparency. It was vital to avoid ambiguity when scoring any additional, supplementary or urgent items that could be added to the provisional agenda. He could not support any proposal that would infringe the rights of any country, and he underscored that the Health Assembly must remain the supreme decision-making body of WHO. Member States should strive for consensus in order to avoid votes that could favour political rather than scientific agenda items. Efficiency could be boosted by: improving alignment and coordination between the governing bodies; extending governing body meetings by one day if the agenda was longer than normal; and better allocating time to agenda items that required action to be taken. Finally, he did not support the proposal to reduce the time allowed for delegations to make statements.

The representative of NEW ZEALAND said that, as he understood it, the role of the Executive Board was in governance and policy review, not policy formulation, which was the remit of the Health Assembly, or implementation, which was the role of the Secretariat. On that basis, the number of agenda items should be reduced and WHO had to consider whether it had the capacity to add items to its general programme of work. It was also important to take into account the relevance of previously adopted decisions and resolutions and consider whether any historic agenda items could be retired. The processes for inclusion of items on the agendas of the Health Assembly and the Executive Board should be identical. To improve the efficiency of meetings, elements contained in the report of the Programme, Budget and Administration Committee should be discussed in tandem with the relevant agenda item of the Executive Board. Furthermore, in their statements at meetings of the Executive Board and the Programme, Budget and Administration Committee, speakers should comment only on the documents under consideration in order to provide input to the governing bodies, and the Secretariat should provide guidance in that regard.

Cooperation and communication between Member States and the Secretariat should be enhanced, through capitals and missions and by using information technology. He asked the Secretariat to provide further details on how the criteria for the inclusion of provisional agenda items had been defined and whether that process had been modelled on processes adopted by other international agencies. The criteria should be further divided with a view to determining the potential resource impact on WHO of each agenda item, and deciding whether any agenda item could be retired. He suggested that the Secretariat should form a working group comprising Board members, Member States and non-State actors to consider that new approach.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the ambition of WHO governance reform proposals was disappointing and urged the Secretariat to implement the proposals made in document EB140/39 and its Annex, including the draft six-year forward-looking planning schedule of expected agenda items, which would be a good first step towards efficiency and should be carefully evaluated. Given the scope and importance of WHO activities delivered by country offices, it was disappointing how little information was made available in that regard.

The representative of CHINA welcomed the draft six-year forward-looking planning schedule, and strongly supported the development of criteria for the inclusion of items on the provisional agenda of the Executive Board. Effective procedures were needed to limit the number of agenda items. Furthermore, in order to enhance the efficiency of the governing bodies, participants must work more closely together and make greater use of information technology, such as webcasts of governing body meetings. It was vital to enhance coherence across the three levels of the Organization. She asked for further information regarding the implementation of paragraph (4) of decision WHA65(9) (2012) on WHO reform, which provided for specific mechanisms to enhance alignment between the regional committees and the Executive Board.

The representative of the UNITED STATES OF AMERICA said that governance reform had been a challenging issue for the Organization and welcomed the steps outlined in document EB140/39. Expressing support for the statement made by the representative of Sweden, she endorsed the proposals made in the Annex to document EB140/39 and expressed appreciation to the Chairman for his efforts to improve governing body management. Member States should be mindful of time constraints when proposing additional items for discussion. The six-year forward-looking schedule made reporting requirements more obvious, and opportunities to replace recurring issues on the agenda with new topics should be considered. The report presented in document EB140/INF./2 was valuable; however, as it only covered the situation up to 2014, she sought clarification on how it would be updated.

The representative of THAILAND welcomed the proposals made to improve the efficiency of the governing bodies, in particular the suggestion that statements should be limited to two minutes and that discussion should be more focused. He also welcomed the proposed criteria for the inclusion of items on the Board's provisional agenda, in which respect Secretariat guidance would be useful. He expressed concern at the limited number of items to be included: such inflexibility would undermine participation by Member States and restrict their opportunities to raise concerns and outline public health priorities.

The representative of CANADA, acknowledging the challenges that the Secretariat faced in preparing documents for large numbers of agenda items, said that those challenges were transferred to Member States when meeting materials were distributed late. The quality of the Board's deliberations was affected as a result. Capping the number of agenda items to be considered each day and limiting the length of Member States' statements would help to make the situation more manageable, but discipline and commitment in adhering to the rules were equally necessary. Evening meetings should not be scheduled to deal with routine business: the working day should be limited to eight hours. He encouraged the Secretariat and Member States to review the proposed criteria for the inclusion of items on the provisional agenda, which were confusing.

The representative of EGYPT,¹ referring to paragraph 7 of the report contained in document EB140/39, said that recommendation 10 of the 2016 Open-ended Intergovernmental Meeting on Governance Reform had recognized the Global Policy Group as a mechanism to advise the Director-General. It was the Director-General's prerogative whether to make use of the Group in internal matters. Nothing in that recommendation made the Group part of the Organization's decision-making process or bestowed on it a "top-level leadership" role. The Director-General, as WHO's chief technical and administrative officer, retained sole responsibility for all technical or administrative decisions he or she took, even if they resulted from consultations within the Group. It would therefore be more consistent with the Organization's Constitution and the recommendations of the Open-ended Intergovernmental Meeting to issue reports of the Group in the name of the Director-General, not the Group itself. He urged the Secretariat to update WHO's webpage on the Group to reflect the aforementioned recommendation.

The representative of MONACO,¹ emphasizing the need for governance reform, expressed regret at the slow progress made in that regard. Overloaded agendas, evening meetings and voluminous documentation submitted late made it difficult to participate in meetings effectively, particularly for small delegations. The Secretariat's efforts pursuant to decision WHA69(8) and the introduction of the six-year forward-looking schedule of agenda items were welcome, however, as were the proposals set out in the Annex to document EB140/39 and the suggestions made by the Officers of the Board in document EB140/40 on the inclusion of items on the Board's provisional agenda. Efficient distribution of agenda items among the governing bodies was vital if the same debates were not to be repeated in the Executive Board and the Health Assembly. Echoing the comments made by the representative of Sweden concerning the Global Policy Group, she encouraged the Secretariat to pursue the governance reform process, which should remain a priority for the next Director-General.

The representative of SWITZERLAND¹ called on the Secretariat to redouble its efforts to reform the governance of the Organization, which was lagging behind reform in other areas. Heavy governing body agendas were particularly challenging for small delegations. The proposals made in

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

the Annex to document EB140/39 in that regard were positive, especially with regard to reducing the length of statements and making longer versions available on the Organization's website; maximizing the benefits of discussion in the Programme, Budget and Administration Committee; and encouraging an early exchange of views on agenda items. She congratulated the Chairman on his successful efforts to improve efficiency at the Board's current session.

The representative of AUSTRALIA¹ acknowledged the difficulty of governance reform and the improvements under way. Expressing support for the comments made by the representative of New Zealand concerning clarity of mandate, he welcomed efforts to increase the efficiency of governing body meetings, including the introduction of the six-year forward-looking schedule, the proposal to reduce the number of items on the agenda, the development of criteria to assist in the evaluation of proposed agenda items and the introduction of requirements for the inclusion of new items on the provisional agenda of the Health Assembly. The criteria for evaluating proposed agenda items should be trialled and refined over time, rather than waiting for changes to be suggested in advance. Reporting on country-level activities served to enhance the visibility of the Organization's work at all levels, in which regard he echoed the comments made by the representative of Malta during the discussion of agenda item 14.1, welcoming further discussion with Member States on the activities of country offices.

The representative of the OFFICE OF THE LEGAL COUNSEL expressed appreciation for the guidance received from Member States and the Officers of the Board. Explanatory memorandums, which were currently required only for items on the Board's agenda, could be introduced for items on the agenda of the Health Assembly. The proposal to develop a system for scoring proposed agenda items could also be pursued, taking due account of comments on the need for discretion to be maintained in deciding which agenda items to include. If the Board so agreed, the Secretariat would draft proposals to implement the above changes. The idea of capping the number of agenda items, as set out in document EB140/39, did not seem to enjoy wide support and would not be taken further, especially in the absence of consensus on suggestions to extend the length of sessions of the Board and Health Assembly; neither would fixed time limits on statements be established as a rule of procedure for either body.

The EXECUTIVE DIRECTOR (Office of the Director-General), responding to points raised, apologized for the confusing use of language in reference to the Global Policy Group, which would not be replicated in future reports covering the Group's work, and expressed appreciation for the comments made by the representative of Egypt concerning alterations to the Organization's website in that regard. An update to the WHO's country presence report contained in document EB140/INF./2, which would be based on a 2016 survey, would be available to the Seventieth World Health Assembly for information and discussed by the regional committees as a substantive item.

The CHAIRMAN explained that the proposed criteria for including items on the Board's provisional agenda had been developed on the basis of the existing criteria endorsed by the Health Assembly and analogous criteria used by another organization of the United Nations system. The report of the Working Group on Governance Reform and written submissions from Member States had also been taken into account. The scoring system proposed was merely a tool, not the final decision-making mechanism. The Officers of the Board would retain the right to decide whether to include an item on the Board's agenda, depending on political and other considerations. Experience within the European Region had already shown how the tool could be refined over time. It would be for the Officers of the Board to decide what cut-off score, if any, should be required for an item to be included on the agenda, and the number of items that should be included. He urged the Board to consider trialling the system. The six-year forward-looking planning schedule would give an indication of how many additional items could be considered.

The representative of FIJI sought clarification regarding the comments made by the representative of the Office of the Legal Counsel about restricting the length of time for which Member States could speak. There appeared to be some discrepancy between paragraphs 19 and 20 in the Annex to document EB140/39. He asked whether it was intended to leave the matter to the discretion of the Chairman.

The CHAIRMAN said that the proposal to limit the length of statements to two minutes had not garnered support and would not be pursued, but that the current agreed limit of three minutes would still apply. Returning to the issue of the criteria for inclusion of agenda items, he invited Member States to make further suggestions in writing for consideration by the Officers of the Board.

The representative of NEW ZEALAND said that developing a secure electronic system, along with well-defined criteria, would allow all members of the Board, rather than just its Officers, to participate in scoring. His delegation intended to submit suggestions on the criteria in writing.

There being no further comments, the CHAIRMAN took it that the Board was ready to note the report contained in document EB140/39 and announced that the Board had concluded its consideration of agenda item 14.2.

It was so agreed.

The meeting rose at 20:35.

= = =