

PROVISIONAL SUMMARY RECORD OF THE SEVENTEENTH MEETING

**WHO headquarters, Geneva
Tuesday, 31 January 2017, scheduled at 09:00**

Chairman: Dr R. BUSUTTIL (Malta)

CONTENTS

	Page
1. Health systems (continued)	
Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property (continued).....	2
Promoting the health of migrants.....	3
2. Management and governance matters (continued)	
Engagement with non-State actors (continued).....	12
3. Staffing matters (continued)	
Human resources: update (continued)	
• Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.....	12
Statement by the representative of the WHO staff associations.....	16
Amendments to the Staff Regulations and Staff Rules.....	17
Report of the International Civil Service Commission	20

SEVENTEENTH MEETING

Tuesday, 31 January 2017, at 09:05

Chairman: Dr R. BUSUTTIL (Malta)

1. HEALTH SYSTEMS: Item 8 of the agenda (continued)

Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property: Item 8.4 of the agenda (documents EB140/20 and EB140/20 Add.1) (continued from the twelfth meeting, section 2)

The CHAIRMAN drew attention to a revised version of the terms of reference of the overall programme review originally contained in Annex 2 to document EB140/20, which had been further amended to take account of proposals made during informal consultations. The draft resolution had been redrafted as a draft decision on the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property.

The draft decision and the terms of reference annexed to it now read:

The Executive Board decided to approve the terms of reference of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, set out in the Annex to this decision, and also to request the Secretariat to develop an indication of funding requirements and possible sources of the implementation costs of the recommendations of the programme review, and present these to the Seventy-first World Health Assembly in 2018 through the Executive Board at its 142nd session.

ANNEX

TERMS OF REFERENCE OF THE OVERALL PROGRAMME REVIEW

1. As directed in resolution WHA68.18 (2015), the overall programme review, as distinct from the evaluation, will be a more policy-oriented, forward-looking exercise. The expert review panel's conclusions should identify areas of convergence, in line with the 10 principles of the global strategy and plan of action on public health, innovation and intellectual property (contained in the annex to resolution WHA61.21 (2008)). Guided by the report of the comprehensive evaluation and, where appropriate, taking into account other evidence and involving relevant stakeholders, including public sector entities and all categories of non-State actors in line with FENSA involved in biomedical research and development, the programme review will:

- (a) assess the continued relevance of the aim and objectives and the eight elements of the global strategy and plan of action;
- (b) consider the evaluation of the implementation of the global strategy and plan of action so far and its key barriers;

- (c) review achievements, good practices, success factors, opportunities, gaps, weaknesses, unsuccessful efforts, remaining challenges, and value for money;
- (d) invite, over the course of the evaluation, appropriate input and comment from WIPO, WTO, and UNCTAD and other relevant intergovernmental organizations;
- (e) recommend a way forward, including details of what elements or actions should be added, enhanced or concluded in the next stage of implementation of the global strategy and plan of action on public health, innovation and intellectual property, until 2022;
- (f) submit a final report to the Health Assembly, including the assessment of the global strategy and plan of action and recommendations on the way forward.

2. The final report of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, focusing on its achievements, remaining challenges and recommendations on the way forward will be presented to the Seventy-first World Health Assembly in 2018 through the Executive Board at its 142nd session.

The decision and the terms of reference annexed thereto, as amended, were adopted.¹

Promoting the health of migrants: Item 8.7 of the agenda (document EB140/24)

The CHAIRMAN invited the Board to note the report contained in document EB140/24 and drew attention to a draft decision on promoting the health of refugees and migrants proposed by Argentina, Croatia, Ecuador, Greece, Haiti, Italy, Luxembourg, Mexico, Portugal, Switzerland, Thailand and Turkey, which read:

The Executive Board, taking note of the report on promoting the health of migrants,² recalling resolution WHA61.17 (2008) on the health of migrants, and reaffirming the New York Declaration for Refugees and Migrants, in particular its annexes on the global compact on refugees and on the global compact for safe, orderly and regular migration, decided to request the Director-General:

- (1) to [prepare]/[identify], in full consultation and cooperation with Member States,³ and in cooperation with the International Organization for Migration and UNHCR and other relevant stakeholders, [possible elements for] a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the Seventieth World Health Assembly;
- (2) to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the global compact on refugees and the global compact for safe, orderly and regular migration, in close collaboration with relevant international organizations, and to report thereon to the Seventy-first World Health Assembly;

¹ Decision EB140(8).

² Document EB140/24.

³ And, where applicable, regional economic integration organizations.

(3) to conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the [global framework]/[framework of priorities and guiding principles to promote the health of refugees and migrants] [and the action plan](DEL) on the health of refugees and migrants, and to report thereon to the Seventy-first World Health Assembly;

(4) [to develop, in full consultation and cooperation with Member States,¹ and in cooperation with other relevant stakeholders, such as the International Organization for Migration and UNHCR a draft global action plan on the health of refugees and migrants, to be considered for adoption by the [Seventy-first]/[Seventy-second] World Health Assembly, through the Executive Board at its [144th]/[142nd] session.]

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.

While the health needs of refugees and migrants were similar to those of the rest of the population, those groups required additional attention as a result of their experiences, and take into account the linguistic, administrative and informational barriers they faced when accessing health care. She supported the adoption of a global action plan in the same spirit as the strategy and action plan for refugee and migrant health in the WHO European Region, which had been adopted in 2016. A strategic response to the health needs of refugees and migrants would require sufficient resources, material and training for health professionals, in order to build health system preparedness and capacity. She urged the Director-General to actively participate in concluding the global compact on refugees and the global compact for safe, orderly and regular migration, alongside IOM and UNHCR, to ensure that the health needs of refugees and migrants were fully met.

The representative of the PHILIPPINES expressed support for an approach to migrant health that prioritized health systems strengthening and universal health coverage. WHO, in collaboration with IOM and UNHCR, should ensure that the health concerns of all persons, regardless of their legal status, were reflected in the global compacts on refugees and migration. Member States should also seek to emphasize the importance of public health in discussions on migration.

The representative of CANADA commended efforts to address the health of migrants and refugees through health systems strengthening and by promoting human rights. The draft decision should provide a realistic time frame for the planned work, empower the Secretariat to act without engaging in excessive negotiations with Member States, and provide for continued collaboration with IOM and UNHCR in order to avoid duplication of efforts.

The representative of MEXICO, speaking on behalf of the Member States of the Region of the Americas, said that migration was a human reality that affected countries of origin, transit and destination and posed various health challenges. Almost every country in the Region fell into one of those categories, leading to collaborative responses that prioritized the health of migrants and displaced populations. Regional efforts to develop targeted interventions and improve regulatory and legal frameworks were in line with global commitments to achieve universal health coverage. There was a need to strengthen coordination with regional and United Nations mechanisms, and facilitate bilateral exchanges of experiences. WHO should advocate for migrant health in United Nations

¹ And, where applicable, regional economic integration organizations.

discussions and provide support to its Member States in ensuring the highest attainable standard of health for all people, including migrants. She called on the Secretariat to improve the coordination of migrant health activities across all three levels of the Organization.

The representative of THAILAND, noting efforts in his country to address the health needs of migrant workers, supported the draft decision. However, he expressed concern regarding the limited time available for the Secretariat to prepare a draft framework of priorities and guiding principles to promote the health of refugees and migrants for the Seventieth World Health Assembly, in consultation with Member States and other stakeholders.

The representative of NEPAL said that internal and external migration had a large impact on migrant health, including increased risk of communicable diseases. Migrant workers may benefit from receiving additional information on health care delivery systems in host countries; targeted health care; and medical check-ups prior to migration. WHO should seek innovative solutions for the delivery of targeted health care as well as financing, such as a levy of US\$ 1 on every airline ticket purchased by migrant workers to support migrant health activities.

The representative of the CONGO said that WHO should avoid taking a political stance on the issue of migration and deal only with the health aspects of migration. Ensuring the rights and continued care of migrants would reduce the risk of epidemics. He called on the Secretariat to support Member States in strengthening collaboration with other States and with international organizations. He supported the draft decision.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that health services were often lacking for migrants or internally displaced persons arriving in communities with weak health systems. She was encouraged by the future priorities contained in paragraph 23 of document EB140/24 and called on the Secretariat to strengthen its capacities in health and migration; develop an inclusive health policy and legal framework for migrants and refugees; improve access to health services and financial protection for migrants, refugees and internally displaced persons; improve health monitoring and information systems; address the social determinants of health; promote community engagement; and enhance its coordination and partnerships.

The representative of SWEDEN welcomed the initiative taken by the sponsors of the draft decision. Noting growing consensus, he expressed support for the comments made by the representative of Canada on establishing a realistic time frame; striking a balance between Member State involvement and micro-management; and encouraging collaboration with UNHCR and IOM.

The representative of JORDAN said that additional resources should be mobilized for the Regional Office for the Eastern Mediterranean and country offices in that Region, as well as for countries hosting refugees, in order to mitigate the negative impacts on national health systems. Large-scale migration made attaining the Sustainable Development Goals more difficult, particularly for recipient countries. Promoting migrant and refugee health was a shared responsibility and none of the priorities identified in the report could be undertaken with international cooperation.

The representative of PAKISTAN stressed that the global compacts on refugees and migration should continue to be developed separately because the two groups had different needs, which were addressed under different frameworks. WHO should contribute to both global compacts and then fill any gaps with its own framework and global action plan on the health of refugees and migrants. WHO should continue to include IOM and UNHCR in future discussions.

The representative of MEXICO said that the future priorities contained in paragraph 23 of document EB140/24, in particular the proposed global migration and health strategy to address the health needs of migrants and refugees, would provide important input when developing the global compact for safe, orderly and regular migration. However, the report did not place enough emphasis on mental health, especially that of children. Additional training was needed for health care and social welfare professionals to help children and adults in cases of reintegration or family separation. Migrants' professional and educational integration into host countries also deserved closer consideration.

The representative of the UNITED STATES OF AMERICA emphasized the critical nature of WHO's advocacy role in ensuring that the needs of refugees and migrants were included in national and regional health plans. Access should be guaranteed to basic care; culturally appropriate mental health care services; and specialized care for vulnerable populations, including women and children, persons with disabilities, older persons, and lesbian, gay, bisexual, transgender and intersex migrants. He said that the report omitted the issue of environmentally-induced forced migration, for which governments and health care systems must be prepared.

He supported the future priorities that had been identified in paragraph 23 of document EB140/24, but requested additional information regarding: how those priorities would be translated into action; with which stakeholders WHO would collaborate; and the meaning of "financial protection" in point (iii) of that paragraph. Regarding the draft decision, he joined other Member States in stressing the need for cooperation with IOM and UNHCR to ensure that health issues were reflected in the global compacts on refugees and migration. The Secretariat should provide regular updates on its progress in that regard.

The representative of CHINA said that, at the end of 2015, the number of internal migrants within China had been similar to the number of international migrants. Working to achieve universal health coverage, her Government hoped to enhance its cooperation with the Secretariat on strengthening migrant health monitoring systems and looked to the Secretariat for guidance on promoting the health of internal migrants.

The representative of TURKEY, observing that no Member State seemed to be against adopting the draft decision, expressed concern regarding the limited time frame available for the planned work. He noted that the draft decision called for the preparation of a framework for the Seventy-first World Health Assembly and not the Seventieth, which would mean accepting that an action plan would not be ready until the Seventy-second World Health Assembly.

The representative of PANAMA¹ said that a global approach to migrant and refugee health was required to implement resolution WHA61.17 (2008) on the health of migrants. In that respect, she welcomed the draft decision. Emphasizing the need for shared responsibility, she said that WHO should play a leading role in managing cooperation on migrant health to ensure a swift and comprehensive response, taking into account the implementation of the International Health Regulations (2005). The Secretariat should hold meetings with donors and partners with a view to strengthening institutional capacities and achieving universal health coverage and the Sustainable Development Goals. Host countries must also be provided with the necessary resources to tackle irregular migration. WHO should collaborate with UNHCR and other agencies to fully address migration and migrant health.

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

The representative of GREECE¹ said that, in the midst of one of the largest migrant and refugee crises in recent history, his Government had demonstrated significant resolve and initiative, particularly in its implementation of large-scale programmes to address the health needs of migrants and refugees. Mass vaccination campaigns had been undertaken across the country, which included an influenza vaccination campaign for vulnerable groups. Furthermore, Greece was participating in the implementation of programmes under the European Commission's Asylum, Migration and Integration Fund, and had put in place an epidemiological electronic surveillance system. Legislation had also been enacted in his country to ensure free and equal access to health services for all refugees and migrants.

The representative of ECUADOR¹ expressed support for the Secretariat's approach to migrant health, which focused on health systems strengthening and universal health coverage, as well as on meeting humanitarian needs. Noting regional and national initiatives to ensure equal access to health care, she recalled the direct link between migrants' health and human rights. She expressed support for the Secretariat's future priorities and said that Member States that were in a position to do so should increase their flexible contributions to WHO, so that the Secretariat could provide adequate support to the Member States that needed it. She was grateful for the technical support already provided, which she hoped would continue under the global compacts on refugees and migration.

The representative of PORTUGAL¹ recognized the specific health needs of refugees and migrants and said that his Government was committed to achieving universal health coverage, including through the implementation of rights-based migrant-sensitive health policies. WHO should strengthen its role in ensuring refugee and migrant health and should adopt a framework and global action plan in that regard. While he would have favoured the adoption of a robust resolution on migrant health, he supported the draft decision.

The representative of SRI LANKA¹ said that she supported the inclusion of health aspects in the development of the global compact for safe, orderly and regular migration and endorsed the proposal that WHO should draw up a coherent and comprehensive global migration and health strategy. She drew attention to the upcoming Global Consultation on Migrant Health, to be held in Colombo, Sri Lanka, in February 2017, which would serve as a platform for practitioners and policy-makers to identify challenges and make political commitments to address those challenges. Regional and national measures had been adopted to address the health of migrants, and her Government stood ready to share its experience in that regard.

The representative of SWITZERLAND¹ emphasized that the health of refugees and migrants was a global issue. She expressed regret that a consensus had not been reached on a draft resolution, but supported the development of a global framework and action plan on refugee and migrant health. She reiterated that there could be no public health without migrant health, which required effective intersectoral efforts and the sharing of best practices at the highest levels.

The representative of LUXEMBOURG¹ said that particular attention had to be paid to the health needs of unaccompanied migrant children, as their physical and mental health was especially affected by inhumane living conditions and violence. Ensuring the provision of health care to refugees and migrants was fundamental and she encouraged WHO to adopt, without delay, a global action plan on refugee and migrant health, which took into account the specific circumstances of countries of origin,

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

transit and destination. WHO should continue to work with all partners, especially UNHCR and IOM, towards the adoption of the global compacts on refugees and on safe, orderly and regular migration.

The representative of BANGLADESH¹ proposed that, in recognition of the different needs of refugee and migrant populations, the title of the report should be amended to read “Promoting the health of refugees and migrants”. Refugee and migrant health represented a public health challenge, and the health and other rights of those groups had to be protected, regardless of their status, if the goals under the 2030 Sustainable Development Agenda were to be attained. He thanked the Secretariat for its support in developing a national strategic plan to address migration and health. He expressed the hope that the global compacts on refugees and migration would take into account the health needs of the relevant groups, and said that, at the global level, more attention must be given to the health needs of people displaced as a result of climate change.

The representative of NORWAY¹ said that while it would be useful for the Executive Board to provide the Secretariat with a strong message of support for its important contribution to the development of the global compacts on refugees and migration, it should be recalled that WHO had a clear constitutional mandate to engage in all relevant global health processes, and Member States’ guidance should not be considered as a prerequisite for action in that regard. Paragraph 2 of the draft decision could better reflect that mandate. He endorsed the call for a draft global action plan, to be considered by the Seventy-second World Health Assembly. WHO must be perceived as a predictable, objective and constructive participant in all global health processes. If Member State negotiations were driven by political aims or used to prejudice discussions, they would undermine the Organization and weaken the health aspects of the global compacts.

The observer of the HOLY SEE called for sensitivity to the personal circumstances and inalienable rights of refugees and migrants and drew attention to the particular needs of child migrants. In the report, more emphasis should be given to the key role of non-State actors, such as the Catholic Church and other religious organizations, which were engaged in humanitarian and integration activities, including health care, to benefit forcibly displaced persons. WHO and other relevant stakeholders should ensure that the global compacts on refugees and migrants included practical, accountable and sustainable activities through constructive cooperation, which upheld the dignity and centrality of all people.

The representative of UNHCR highlighted references in the New York Declaration for Refugees and Migrants, which related to addressing the needs of migrants through the provision of health care, including sexual and reproductive health care, psychological support and the delivery of health services through public health authorities. WHO should harness momentum to promote health standards, specifically by leveraging existing processes, and should avoid duplication and inconsistencies. She encouraged the Secretariat and Member States to participate in the development of the global compacts on refugees and migration.

The representative of IOM welcomed the collaboration between IOM and WHO, as indicated in the draft decision. She expressed support for the proposed framework and global action plan on refugee and migrant health, which would ensure that health was included in the global compacts on refugees and migrants and in activities to attain the Sustainable Development Goals. Although the international community had acknowledged the development potential of migration and the need for policies to promote safe and orderly migration, the health of migrants had not been widely addressed.

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

Despite the emphasis placed on universal health care, migrants' access to health was often governed by their legal status and immigration controls, which led to discriminatory practices. In addition, greater consideration should be given to the role of population mobility in preventing and responding to health threats. IOM would continue to work with WHO to ensure equitable access to health services and to develop a unified public health agenda reconciling acute large-scale displacement and long-term economic and disparity-driven structural migration. Multisectoral action was required to address the health-related challenges of migration.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES urged Member States to improve collaboration and strengthen cross-border services to migrants. The Secretariat should place greater emphasis on the significant psychosocial and mental health needs of migrants; ready access to culturally appropriate services were critical to help migrants cope with their extreme experiences and to adjust to different settings. Despite the recognized negative impact of migration, migrants could make a positive contribution to the transfer of resources, skills and knowledge, particularly in health services. He encouraged the development of mechanisms to recognize, verify and apply the qualifications and experience of migrant health workers.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, encouraged Member States to implement migrant-sensitive health policies and prioritize intersectoral and international collaboration. Health programmes should identify mental health as a priority and, given the high rates of maternal and child mortality and gender-based violence, WHO should provide a basic reproductive health services package to national health systems and humanitarian partners. Nurses played a significant role in addressing the unique health care needs of refugees and migrants, and she encouraged continued collaboration between WHO and nurses in the development of strategies for refugee and migrant health.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, underlined the importance of collaboration between Member States, non-State actors, and United Nations organizations in developing migrant health strategies and strengthening health systems. Health care professionals must be trained to meet the specific needs of migrants and provide culturally-sensitive care. Furthermore, Member States must take steps to minimize the detrimental effects on health caused by the detention of migrants, by implementing a legally binding maximum duration of detention and ensuring that detention conditions were of an appropriate standard.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, noted that the report contained no explicit commitments to integrate palliative care and access to controlled medicines for either children or adults. More than 50% of recipient countries removed controlled medicines, such as morphine, from WHO humanitarian aid packages, making it impossible to deliver palliative care to migrants or refugees in accordance with WHO guidelines, and in violation of the right to health and to be free from torture. That practice should be investigated by any host Member States in which it was taking place. There were currently few reports of palliative care being provided to migrants, and it was hoped that the report and the draft decision would constitute a first step towards remedying that gap. The Secretariat should include palliative care for refugees and migrants, children, adults, the elderly and disabled persons in any situation analysis and in the proposed global action plan on the health of refugees and migrants.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that the special needs of vulnerable people who had a serious mental illness before a regional crisis took place were often neglected when they became refugees or displaced persons. However, the proportion of people with mental health conditions among refugees and displaced persons must be on a par with that of the general population, and those numbers would only increase as a result of the displacement experience itself. Psychological first aid was increasingly being incorporated into staff training for humanitarian emergencies as a short-term solution. In the longer term, more attention should be paid to expanding the provision of mental health care, despite budget and other constraints, by professionals and trained lay health workers. Planning should take account of the special needs of women, children and the elderly, many of whom had experienced violence in crisis situations.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged Member States to adopt measures to identify, support and uphold the human rights of migrants, including the right to health, with particular regard to unaccompanied children. WHO should implement cash-based programming for health activities in emergency situations, which evidence had shown to be more effective at achieving better health outcomes. Member States should not tie their contributions to activities that not only failed to address the recipients' needs, but also ended up subsidizing transnational corporations. The Secretariat should develop strategies to address the issue of human trafficking as a cause of forced migration, a subject not covered in the report.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, noted the significant burden of noncommunicable diseases among migrants and said that insecure living conditions exposed migrants to additional cardiovascular risk factors, such as stress. The complexity of the current situation demanded a collective response. He recommended including fast-track migrant-sensitive policies within national health systems; investing in research into chronic conditions in migrant populations, specifically disease prevalence, programme effectiveness, health-seeking behaviour and access to care; and encouraging task-sharing and task-shifting across health systems, by training non-specialist health professionals and volunteers to diagnose and treat noncommunicable diseases.

The DIRECTOR (Service Delivery and Safety), commenting on the points raised, specifically noted the suggestions for improvements to the report, particularly relating to a more complete discussion of issues such as mental health. Regarding the timing of the work ahead, he assured Member States that the Secretariat would continue to collaborate closely with them, and with IOM and UNHCR, on the development of a framework and global action plan, and that the Secretariat recognized that it had to take efficient and effective action on such an important and pressing issue.

He agreed that WHO's work had to be considered in the context of current global processes, notably to negotiate the global compact on refugees and the global compact for safe, orderly and regular migration. The aim of the draft decision was to enable WHO to contribute as best it could to those processes and to provide the best possible support to the organizations leading them, namely IOM and UNHCR. The timing laid out in the decision would allow WHO to be a strong contributor to both processes and would make it possible to ensure that the global action plan would be aligned to the global compacts. The upcoming Global Consultation on Migrant Health, to be held in Colombo, Sri Lanka, in February 2017, would be a helpful contribution to the overall process as well. The comment relating to the need to strengthen the Secretariat's capacity to provide support to Member States was particularly welcome; WHO work to that end was based on the broad agendas of leaving no one behind, universal health coverage and building health-system capacity to provide people-centred health services to migrants and refugee populations.

The Board noted the report.

The CHAIRMAN invited the Board to consider the draft decision.

The representative of ARGENTINA,¹ invited to take the floor by the CHAIRMAN at the request of the representative of MEXICO, said that the draft decision was the outcome of several rounds of open and participative consultations, facilitated by Argentina and Italy, on a draft resolution drawn up in order to update resolution WHA61.17 (2008) on the health of migrants and containing a series of elements that, owing to their complexity and relevance, and in the view of the Member States concerned, required more in-depth discussion. It had therefore been decided that those elements should be considered at a later point in time, and the facilitators had been asked to draw up an action-oriented draft decision, together with the Secretariat.

Discussion of the draft decision had focused on the timeline for the preparation of a framework and global action plan, both of which had garnered broad support among the participating Member States, but were nonetheless still referred to in square brackets, at the request of one Member State. He regretted that the group had been unable to reach consensus, but trusted that the Board would make a final decision.

The CHAIRMAN, noting that the Board could not consider a draft decision that contained square brackets but that the members of the Board appeared to agree on the need for a decision, drew the Board's attention to a revised version of the draft decision, distributed during the meeting, in which all the square brackets and some elements of text had been deleted and which read:

The Executive Board, taking note of the report on promoting the health of migrants; recalling resolution WHA61.17 (2008) on the health of migrants; and reaffirming the New York Declaration for Refugees and Migrants, in particular its annexes on the global compact on refugees and on the global compact for safe, orderly and regular migration, decided to request the Director-General:

- (1) to ~~prepare/identify~~, in full consultation and cooperation with Member States, and in cooperation with the International Organization for Migration and UNHCR and other relevant stakeholders, ~~possible elements for~~ a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the Seventieth World Health Assembly;
- (2) to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the global compact on refugees and the global compact for safe, orderly and regular migration, in close collaboration with relevant international organizations; to report thereon to the 71st World Health Assembly;
- (3) to conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the ~~global framework~~/~~framework of priorities and guiding principles to promote the health of refugees and migrants~~ ~~and the action plan on the health of refugees and migrants~~, and to report back to the Seventy-first Assembly;
- (4) [to develop, in full consultation and cooperation with Member States, and in cooperation with other relevant stakeholders, such as the International Organization for Migration and UNHCR a draft global action plan on the health of refugees and migrants,

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

to be considered for adoption by the ~~{Seventy-first}~~{Seventy-second} World Health Assembly, through the Executive Board at its ~~{144th}~~{142nd} session.}

At the request of the CHAIRMAN, the DIRECTOR (Governing Bodies) read out the elements in square brackets to be deleted, paragraph by paragraph, for approval.

The Board approved the deletions.

The CHAIRMAN said that he took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

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

Engagement with non-State actors: Item 14.3 of the agenda (documents EB140/41 and EB140/42)

3. STAFFING MATTERS: Item 15 of the agenda (continued)

Human resources: update: Item 15.3 of the agenda (continued)

- **Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions** (document EB140/47)

The CHAIRMAN recalled that the element of item 15.3, Human resources: update, relating to criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, would be included in the discussion of item 14.3, Engagement with non-State actors. He drew the Board's attention to the discussion on engagement with non-State actors by the Programme, Budget and Administration Committee, which was reflected in paragraphs 53–61 of the report of that Committee (document EB140/5), and noted that the Committee had recommended that the Board should note the report in document EB140/41 and adopt the draft decision contained in document EB140/42.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, acknowledged the important role played by the Independent Expert Oversight Advisory Committee in respect of the Framework of Engagement with Non-State Actors. He asked the Secretariat to finalize and fully implement the WHO register of non-State actors and the electronic workflow for its roll-out. The Framework should be rapidly implemented, and a biennial evaluation plan drawn up with a view to promoting synergy in the reform process. The Secretariat should publish the guide for staff regarding non-State actors, with due regard to the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

¹ Decision EB140(9).

In that connection, he pointed out that the African continent was generally underrepresented, in terms of both the numbers and the quality of staff, including in country offices. The complete register of non-State actors should be made available during the current session of the Board, for validation prior to the Seventieth World Health Assembly. The revised criteria and principles for secondments presented by the Secretariat were cogent. The Framework's provisions should be implemented with due regard for the Staff Rules and after broad dissemination of the criteria and principles for secondment, including the conditions of application. Seconded staff members whose secondment had come to an end should be free to apply for positions with the Organization only after a certain period had passed. WHO should publish information on all recent posts on its website and take account of geographical balance and, where possible, parity when disseminating that information. Contracts with academics should, if possible, be limited in time, so as not to undermine national structures. A decision should be drafted for presentation to the next session of the Board.

The representative of the UNITED STATES OF AMERICA expressed support for the work being done to ensure the full implementation of the Framework of Engagement with Non-State Actors at all levels of the Organization, including the work to populate the register of non-State actors. Given that much of the due-diligence work was taking place within individual work areas and locations, staff training and orientation to ensure the Framework's consistent application was an important principle. She also expressed support for the draft decision.

Regarding the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, she noted that the discussion by the Programme, Budget and Administration Committee had clarified a number of policy issues. She agreed that the Secretariat should, as recommended, integrate the criteria and principles into WHO human resource policies and procedures, so that the specific technical expertise the Organization may need could be provided in accordance with that approach.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Framework of Engagement with Non-State Actors should be fully implemented across the three levels of the Organization. She had expected to receive more detailed information on the register of non-State actors, and asked the Secretariat to clarify what it planned to present at the Seventieth World Health Assembly. The Secretariat should give assurances that the information provided would be full enough to give Member States a proper idea of what the Framework would mean in practice. Progress in that respect was a key performance indicator under the recently published Performance Agreement between the World Health Organization and the United Kingdom of Great Britain and Northern Ireland. She acknowledged that the Independent Expert Oversight Advisory Committee had an important role to play in reviewing the Framework's implementation, and agreed with that Committee's view that the rules for risk identification and management had to be uniformly applied, and that it was key to balance benefits against risks.

She expressed broad support for the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

The representative of the RUSSIAN FEDERATION welcomed the implementation of the Framework of Engagement with Non-State Actors; the assessment of that Framework carried out by the Independent Expert Oversight Advisory Committee; and the Committee's recommendation that the Framework should be uniformly implemented across the Organization. He expressed support for the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, and said that a draft resolution should be submitted to the Health Assembly in that regard.

The representative of MEXICO welcomed the implementation of the Framework of Engagement with Non-State Actors. The Framework should be continually monitored, and she expressed support for the comments made by the Independent Expert Oversight Advisory Committee that benefits and risks, and protection and engagement, were not mutually exclusive. The online public register of non-State actors would strengthen transparency, and help to guide engagement in the future.

Regarding the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, she urged the Secretariat to include additional elements such as accountability and transparency, ethical principles, a balance of skills and technical capacity, and equitable geographical representation. She requested the Secretariat to hold consultations to finalize the proposal.

The representative of THAILAND said that WHO staff at all levels of the Organization should receive training on the principles and rules governing different types of interaction and engagement with non-State actors. He looked forward to receiving regular updates on the evaluation of the Framework's implementation, including information regarding the status of the register of non-State actors and the electronic workflow tool.

The representative of the NETHERLANDS said that the Framework of Engagement with Non-State Actors must be applied uniformly and in full across all levels of the Organization and looked forward to the launch of the register of non-State actors. He welcomed the elaboration of a guide for staff and handbook for non-State actors, and stressed their importance for the effective implementation of the Framework. He called for increased cooperation with non-State actors and fully supported the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

The representative of CHINA called for the consistent and uniform implementation of the Framework of Engagement with Non-State Actors across the three levels of the Organization. She welcomed the work of the Independent Expert Oversight Advisory Committee and welcomed efforts to establish an online public register and electronic workflow tool. She fully supported the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

The representative of INDIA¹ said that the report should be expanded to include more concrete information on engagement with non-State actors since the adoption of the Framework of Engagement with Non-State Actors, including number of engagements with each type of non-State actor, type of engagement, number of risk assessments conducted, number of denials of engagement following an unfavourable risk assessment, and steps taken to ensure documentation and management of risk. He expressed concern regarding the implementation structure and procedures, and asked the Secretariat to clarify the process of deciding whether a non-State actor was in official relations with WHO. There was also a lack of information about how the Secretariat addressed conflicts of interest, risk assessment and risk management. He called on the Secretariat to devise specific risk assessment guidelines and operational procedures on engagement with non-State actors and to make them available to the public. The online public register of non-State actors represented a positive step in improving transparency, but should also contain information on programmes of cooperation. He asked whether information and guidelines on pooled funding from the private sector would be made available, given its importance to the success of the Framework.

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

The representative of PANAMA¹ welcomed the introduction of the Framework of Engagement with Non-State Actors and the corresponding due diligence processes, including the online public register of non-State actors and the electronic workflow tool. The Framework would play an important role in guaranteeing transparency and upholding WHO's integrity and independence.

She supported the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, but urged WHO to conduct the necessary evaluation of their effectiveness.

The representative of SOUTH AFRICA¹ said that the Framework of Engagement with Non-State Actors represented an important step towards changing perceptions and safeguarding WHO's reputation as the leading independent public health body. She expressed appreciation for the report of the Independent Expert Oversight Advisory Committee and fully supported its role in monitoring implementation of the Framework. The Secretariat should make the guide for staff and the electronic workflow tool available at the earliest possible opportunity to ensure the uniform and consistent application of the Framework across all levels of the Organization. She expressed support for the draft decision.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that the Framework of Engagement with Non-State Actors would facilitate and clarify the working relationship of WHO and non-State actors. Nongovernmental organizations should be given the opportunity to comment on their experience of the Framework and should have the same access to the WHO due diligence and risk assessment findings as Member States, to enable them to address any issues or concerns affecting their own organizations in a timely manner.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that there was a lack of clear and transparent guidance on the implementation of the Framework of Engagement with Non-State Actors, and the due diligence and risk assessment procedures had so far failed to provide convincing results. He therefore called for the adoption of a comprehensive policy that would cover both individual and institutional conflicts of interest. The Secretariat should take all necessary steps to train its staff to avoid conflicts of interest, since they were required to strengthen relations with non-State actors, while simultaneously raising funds for the Organization.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed concern that the Framework of Engagement with Non-State Actors contained ill-defined terms and failed to set forth effective due diligence procedures. Noting the potential conflict of interest related to the proposed engagement with the Bill & Melinda Gates Foundation, she stressed that close attention should be paid to preventing conflicts of interest and upholding WHO's integrity and independence. Further definition of the term "stakeholder" was required, and an evaluation and review of the Framework's implementation should be conducted at the earliest opportunity.

The EXECUTIVE DIRECTOR (Office of the Director-General), emphasizing the Secretariat's commitment to the implementation of the Framework of Engagement with Non-State Actors, thanked participants for their comments and observations, including on improving monitoring and reporting processes. He noted that the number of due diligence assessments had increased by more than 50%

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

following the introduction of the Framework, rising from 600 in 2015 to 972 in 2016. He anticipated that the finalized handbook for non-State actors and the guide for staff would be made available before the Seventieth World Health Assembly, and the online public register of non-State actors would be fully operational as of April 2016. It would, however, take some time to populate the register with all prior non-State actor engagements. All new non-State actor engagements and workplans would be entered into the register in a timely manner.

The CHAIRMAN took it that the Board wished to note the reports contained in documents EB140/41 and EB140/42 and adopt the draft decision contained in document EB140/42.

The Board noted the reports and adopted the decision.¹

The CHAIRMAN took it that the Board also wished to note the report contained in document EB140/47.

The Board noted the report.

3. STAFFING MATTERS: Item 15 of the agenda (continued)

Statement by the representative of the WHO staff associations: Item 15.2 of the agenda (document EB140/INF./4)

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, IARC and UNAIDS, said that the introduction of the WHO gender equality in staffing policy and the establishment of the Organization-wide Implementation Advisory Group on Gender Equality in Staffing to carry out the recommendations of the WHO Think Tank on Gender Equity had been welcome advances. Other important developments had included the joint efforts of staff and management to build a safe and respectful workplace through the WHO Respectful Workplace Initiative, and the adoption of a comprehensive teleworking policy that would enable staff members to work from home, where appropriate, by the end of 2017.

Relations between staff and management over the previous year had remained open and constructive. Nevertheless, it was worth emphasizing that face-to-face dialogue was essential when handling important protective measures for staff, particularly in cases where recommendations made by the Global Staff Management Council had been rejected. To that end, staff associations for the African, Eastern Mediterranean, South-East Asia and Western Pacific Regions should be able to address Member States through the regional committees, and all WHO regional directors should reach agreement on memorandums of understanding with their respective staff association representatives in the coming months.

She called on the Director-General to combat ageism within the Organization and implement the extension of the mandatory age of separation to 65, as requested in United Nations General Assembly resolution 70/244, by 1 January 2018. Regarding the internal justice system, she stressed that psychological harassment remained a concern: immediate measures should be taken to ensure timely and effective redress for victims of such behaviours, ideally through the introduction of a specific harassment investigation procedure.

¹ Decision EB140(10).

She paid tribute to Dr Halfdan Mahler, the former WHO Director-General and visionary of global public health. Decades after Dr Mahler had relinquished his function as the head of the Organization, his achievements lived on. He would be remembered for his commitment to staff and his recognition of them as the main asset of the Organization.

The representative of the UNITED STATES OF AMERICA thanked the WHO staff associations for their hard work and dedication over the past year. She fully supported the call for all regional staff associations to have the opportunity to address their respective regional committees, which would serve as a useful means for staff to share information, as was currently the practice in the Region of the Americas.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed the healthy and constructive dialogue between WHO staff and management. He asked the Secretariat to make the document concerning staff grievances available to the Programme, Budget and Administration Committee in order for the Committee to review it and provide feedback to the 141st session of the Board.

The ASSISTANT DIRECTOR-GENERAL (General Management) thanked the staff associations for their constructive collaboration and welcomed the strong relations between staff and management in 2016. Management remained committed to improving gender equity, strengthening the internal justice system and implementing the Respectful Workplace Initiative. There would be zero tolerance for any kind of psychological or sexual harassment, physical assault or fraud in the Organization. Firm action would be taken to address any such unacceptable behaviour at all levels.

The Board took note of the report.

Amendments to the Staff Regulations and Staff Rules: Item 15.4 of the agenda (documents EB140/48 and EB140/48 Add.1)

The CHAIRMAN drew attention to document EB140/48, which contained three draft resolutions on amendments to the WHO Staff Regulations and Staff Rules. The financial implications of adopting those resolutions could be found in document EB140/48 Add.1. The draft resolutions had been reviewed by the Programme, Budget and Administration Committee of the Executive Board, which recommended that the Executive Board should adopt them.

The representative of the NETHERLANDS said that his Government promoted active ageing and the concept of longer working lives. Regarding draft resolution 2 on the extension of the mandatory age of separation to 65 for serving staff, he endorsed the implementation of the related amendments with effect from 1 January 2018.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that she fully supported the alignment of the WHO Staff Regulations and Staff Rules with the United Nations common system. She observed, however, that despite the amendment to Staff Rule 410.2, which set the upper age limit for recruitment at 65 years, other mechanisms existed that would enable WHO to continue using the expertise of individuals aged over 65 years, if necessary. Furthermore, raising the mandatory age of separation to 65 could have implications for WHO, including an adverse effect on the attainment of targets on gender parity and geographical representation, and a financial impact resulting from the abolition of posts in the Global Polio Eradication Initiative. Additional discussion and analysis were therefore required to determine the

legal repercussions of not implementing the amendments, compared with the benefits of delaying their application.

The DIRECTOR-GENERAL recalled that WHO had already implemented the amendments in relation to the extension of the mandatory age of separation to 65 for new staff recruited since 1 January 2014. The amendments currently under discussion by the Board applied to staff members recruited before 2014, who had the acquired right to retire at the age of 60 or 62 years. When the United Nations General Assembly had adopted resolution 70/244 (2015) to extend the mandatory age of separation to 65, it had stated that those acquired rights would not be compromised. Within the context of the WHO reform process, the natural attrition of staff who were due to retire could become an opportunity to better align WHO's staffing structure with the Organization's new priorities, particularly health emergencies at the country level, and with the new direction of WHO's work towards the attainment of the Sustainable Development Goals. It was also an opportunity to improve gender parity and geographical representation; however, raising the mandatory age of separation to 65 had unintended consequences on ensuring the implementation of those two policies.

Recognizing the repeated calls for the Organization to reduce costs, she pointed out that, if the Board decided to implement the amendments to the mandatory age of separation with effect from 1 January 2018, the additional cost to WHO for the biennium 2018–2019 would be approximately US\$ 10 million, of which US\$ 3–4 million would be used for Global Polio Eradication Initiative staff who chose to stay on, but whose posts were subsequently abolished. Before making a decision on the amendments, the Board should consider whether to give the next Director-General some flexibility to determine the future priorities of WHO, and the staffing structure and staff skills needed to implement them. The implications of applying the amendments varied among the organizations of the United Nations system; for example, ICAO had decided to postpone by one year the entry into force of the amendments, while IFAD had opted to delay implementation until its new President had taken office. The Secretariat had been encouraged to ensure that the change in retirement age was adopted at the most appropriate time. However, it was up to the Board to decide when that time should be.

The representative of the UNITED STATES OF AMERICA, noting that the United Nations common system represented a common approach to management and staffing issues across all organizations of the United Nations, recalled that General Assembly resolution 70/244 stated that the changes to the mandatory age of separation should be applied by 1 January 2018 at the latest. The implications of the amendments did indeed vary among bodies of the United Nations system; in that regard, the financial implications related to the Global Polio Eradication Initiative were unique to WHO. Noting that a delay in implementing the amendments could entail liability for the Organization, she sought clarification as to whether it would even be possible for the Board to defer its decision on implementation of the amendments.

The representative of CANADA said that it was important to remain in line with the United Nations common system, and therefore supported the implementation of the amendments with effect from 1 January 2018.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that the Board should consider the suggestion to defer implementation of the amendments in order to provide the next Director-General with an opportunity to identify the staffing needs of the Organization before a decision was taken.

The representative of SWEDEN, while noting the concerns raised over the implications of the amendments, expressed support for the uniform implementation of the International Civil Service Commission recommendations, including the new mandatory age of separation.

The representative of FRANCE, noting the importance of complying with General Assembly resolution 70/244 and ensuring coherence among the bodies of the United Nations system, endorsed the implementation of the amendments with effect from 1 January 2018.

The representative of the RUSSIAN FEDERATION expressed support for the draft resolution on the application of the changes to the mandatory age of separation with effect from 1 January 2018, and requested that the financial implications of the draft resolutions should be reflected in the draft proposed programme budget 2018–2019.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, while recognizing the implications of the amendments, agreed that they should be implemented with effect from 1 January 2018.

The representative of COLOMBIA expressed support for alignment with the United Nations common system. However, the financial implications of the amendments were a matter of concern, and further details should be provided in that regard, including information on the current salaries that would be affected, in order to enable the Board to make an informed decision. Although there was an emphasis on the need for alignment among the bodies of the United Nations common system, careful consideration should be given to the budgetary risks resulting from the implementation of such amendments.

The representative of NEW ZEALAND recalled that the budgetary risks of implementing the amendments had already been identified and considered by the Programme, Budget and Administration Committee of the Executive Board. It was important to weigh those risks against the potential loss of credibility that might arise from not applying the amendments or deferring them. He supported the implementation of the amendments with effect from 1 January 2018.

The DIRECTOR-GENERAL noted the lack of consensus among Member States on the matter and said that it was not in the tradition of WHO to vote on such issues. She therefore proposed that the Secretariat would continue to carry out its assessment of the implications of implementing the amendments and provide additional information in order to enable the Board to take a decision at its 141st session. The unintended implications of the amendments were not only financial in nature, but also concerned policy coherence, and should therefore be given careful consideration.

The representative of FRANCE wished to know how draft resolution 2 would be approved by the Health Assembly, if it was only adopted at the 141st session of the Executive Board, and how, therefore, it would be possible for the amendments to take effect on 1 January 2018.

The DIRECTOR (Human Resources Management) clarified that amendments to the Staff Rules were adopted by the Executive Board and did not need approval by the Health Assembly.

The representative of NEW ZEALAND asked whether the presentation of the draft proposed programme budget 2018–2019 to the Seventieth World Health Assembly would reflect the financial implications of the two different options – implementation of the amendments either with effect from 1 January 2018 or at a later date – and, if so, how that would be addressed.

The DIRECTOR-GENERAL said that the Secretariat would try to work within the existing budget envelope. However, if, at its 141st session, the Board decided to implement the amendments with effect from 1 January 2018, and that resulted in an additional financial burden on WHO, some of the Organization's priorities would have to change.

The CHAIRMAN took it that the Board wished to adopt draft resolutions 1 and 3 contained in document EB140/48, and defer consideration of the adoption of draft resolution 2 to the 141st session of the Executive Board.

It was so agreed, and resolutions 1 and 3 were adopted.¹

Report of the International Civil Service Commission: Item 15.5 of the agenda (document EB140/49)

The CHAIRMAN invited the Board to note the report contained in document EB140/49. A summary of the discussion on the item by the Programme, Budget and Administration Committee was contained in document EB140/5.

The Board noted the report.

The meeting rose at 12:30.

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¹ EB140.R8 and EB140.R9, respectively.