PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

WHO headquarters, Geneva
Tuesday 29 May 2018, scheduled at 09:00

Chairman: Ms M. N. FARANI AZEVÊDO (Brazil)

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THIRD MEETING
Tuesday, 29 January 2018, at 09:25
Chairman: Ms M. N. FARANI AZEVÊDO (Brazil)

1. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 4 of the provisional agenda (continued)

WHO reform: governance: Item 4.1 of the agenda (continued from the first meeting) (documents EB143/2, EB143/2 Add.1, EB143/3 and EB143/4)

The CHAIRMAN recalled the previous day’s discussions and drew attention to the revised list of proposals on governance reform, which read:

(1) During discussion in the morning session of 28 May 2018, the Chairperson identified the following items as “low hanging fruit” that would not require any changes to the Rules of Procedure:

   (a) Discretion to the Chairperson to ensure an effective and efficient discussion, including with respect to the time allotted for statements. Both Executive Board Members and non-Members should have the opportunity to speak. Member States need adequate and timely notice of allocation of time for interventions.

   (b) Officers of the Board may meet in person and as needed to carry out their mandate, with careful consideration to cost implications. Consistent with current practice, notes for the record of any such meetings would be made available on the WHO website.

   (c) WHO should track and share information on gender balance in relation to the officers and presiding officers of governing bodies meetings.

   (d) The Secretariat should provide in advance of each session a document listing each agenda item, outlining the corresponding action requested of the Board. The Secretariat should propose how each item will be handled. The Secretariat would also provide more detail in its reports regarding the action requested, such as by outlining specific questions or identifying the points on which guidance is requested.

(2) The Chairperson further identified the following items as “low hanging fruit” that would require changes to the Rules of Procedure:

   (a) Proposal to replace gender-specific language with gender-neutral language throughout the Rules of Procedure, as appropriate to each language version.

   (b) Proposal to allow for the possibility of electronic voting, where appropriate systems are available, on the understanding that provision for electronic voting should in no way be seen as compromising the consensus-based approach usually taken by WHO’s governing bodies.
(c) Proposal to amend the Rules of Procedure so as to establish a process for consideration of credentials that relies exclusively on the scanned copy of credentials uploaded onto the Secretariat’s online registration system instead of the hard copy originals of credentials.

(d) Proposal to amend the Rules of Procedure so as to clarify that only delegates and alternates may be designated to vote in plenary meetings of the Health Assembly, while any member of the delegation may be designated to vote in committee meetings.

(e) Proposal to make provision in the Rules of Procedure for a “motion to suspend the debate” on an item under discussion.

(f) Proposal to rename “open” meetings of the Board as “private”, to align the terminology with that of the Health Assembly.

(3) The Chairperson identified the following items as matters that, while not requiring any changes to the Rules of Procedure, do require further information or clarification for informed decisions in the future. (The Chairperson may suggest some immediate courses of action to deal with these items).

(a) Whether and how the Secretariat should develop a more robust methodology for determining the costing implications of proposed resolutions and decisions.

(b) Whether and how the Secretariat should propose end dates for resolutions and decisions with unspecified reporting requirements and streamline resolutions and decisions with multiple reporting requirements.

(c) Whether future governing body meetings will be paperless, unless documents are ordered in advance.

(4) The Chairperson identified the following items as matters that would require both changes to the Rules of Procedure and further information or clarification:

(a) Proposal to require that items proposed for direct inclusion on the provisional agenda of the Health Assembly under Rule 5 of its Rules of Procedure be accompanied by an explanatory memorandum, analogous to the procedure used to prepare the provisional agenda of the Board.

(b) Proposal to introduce stricter time-limits for the submission of draft resolutions and decisions.

(c) Proposal to align the terminology in the Rules of Procedure of the governing bodies with the terminology used in the Framework of Engagement with non-State actors.

(d) Consideration of possible further steps concerning the provision of written statements during governing body meetings.

(5) Way forward ...
The CHAIRMAN, regarding proposal 3(b) said that to allay the concerns expressed by some Member States, she would request the Secretariat to consider which resolutions and decisions could fall under that proposal, and to seek best practice from other organizations, including WHO regional committees. Concerning proposal 3(c), she would ask the Secretariat to consider the cost implications of accepting that proposal. The proposals under section 4 would require further consultation.

In addition, she drew attention to a revised version of the draft decision contained in document EB143/3 on proposed amendments to the Rules of Procedure of the Executive Board and the World Health Assembly, which read:

The Executive Board, having noted the report by the Director-General on governance reform,¹ decided:

(1) to request the Director-General to present the necessary amendments to replace or supplement gender-specific language in the Rules of Procedure of the governing bodies to indicate both feminine and masculine, to the Executive Board at its 144th session in January 2019 for its consideration and appropriate action;
(2) to amend the Rules of Procedure of the Executive Board as set out in Annex 1 to this decision, with effect from the closure of the 143rd session of the Executive Board in May 2018;
(3) to request the Director-General to renumber the Rules of Procedure of the Executive Board, at an appropriate time, taking into account the amendments adopted through this decision;
(4) to recommend to the Seventy-second World Health Assembly in 2019 the adoption of the following draft decision:

The Seventy-second World Health Assembly decided:

(1) to adopt the amendments to the Rules of Procedure of the World Health Assembly, as set out in the report of the Director-General to the Seventy-second World Health Assembly,² with effect from the closure of that session of the Health Assembly;
(2) to request the Director-General to renumber the Rules of Procedure of the World Health Assembly, at an appropriate time, taking into account the amendments adopted through this decision.

¹ Document EB143/3.
² The relevant document for consideration by the Seventy-second World Health Assembly in 2019 will reflect the amendments to the Rules of Procedure of the World Health Assembly contained in Annex 2 to this decision.
**ANNEX¹**

**AMENDMENTS TO THE RULES OF PROCEDURE OF THE EXECUTIVE BOARD**

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<tr>
<td>C.</td>
<td>45</td>
<td>The Board shall normally vote by show of hands, except that any member may request a roll-call which shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.</td>
<td>The Board shall normally vote by show of hands, except that any member may request a recorded vote roll call which shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot. Where an appropriate electronic system is available, the Board may decide to conduct any vote under this rule by electronic means.</td>
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<tr>
<td>C.</td>
<td>45 bis</td>
<td>NA</td>
<td>When the Executive Board conducts a recorded vote without using electronic means, the vote shall be conducted through a roll-call, which shall be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.</td>
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<tr>
<td>C.</td>
<td>46</td>
<td>The vote of each member participating in any roll-call shall be inserted in the records.</td>
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<tr>
<td>I.</td>
<td>33</td>
<td>During the discussion on any matter, a member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary cessation of the business of the meeting and “adjournment of the meeting” the termination of all business until another meeting is called.</td>
<td>During the discussion on any matter, a member may move the suspension or the adjournment of the meeting or the suspension of the debate. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary cessation of the business of the meeting, and “adjournment of the meeting” the termination of all business until another meeting is called, and “suspension of the debate” the postponement of further discussion on the matter under discussion until later in the same session.</td>
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¹ Deletions are shown with strikethrough; insertions are shown in bold.
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| J.                            | 7(b)        | Attendance at meetings of the Board shall, in addition to members of the Board, their alternates and their advisers, be as follows:  
|                               |             | …               | Attendance at meetings of the Board shall, in addition to members of the Board, their alternates and their advisers, be as follows:  
|                               |             | Open meetings: Member States not represented on the Board and Associate Members and the Secretariat | …  
|                               |             | **Open Private** meetings: Member States not represented on the Board and Associate Members and the Secretariat |

NA: not applicable.
ANNEX 2

AMENDMENTS TO THE RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY

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<tr>
<td>C.</td>
<td>72</td>
<td>The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot.</td>
<td>The Health Assembly shall normally vote by show of hands, except that any delegate may request a recorded vote roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot. Where an appropriate electronic system is available, the Health Assembly may decide to conduct any vote under this rule by electronic means.</td>
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<tr>
<td>C.</td>
<td>72 bis</td>
<td>NA</td>
<td>When the Health Assembly conducts a recorded vote without using electronic means, the vote shall be conducted by roll-call, which shall be taken in the English or French alphabetical order of the names of the Members. The name of the Member to vote first shall be determined by lot.</td>
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<tr>
<td>C.</td>
<td>73</td>
<td>The vote of each Member participating in any roll-call shall be inserted in the record of the meeting.</td>
<td>The vote of each Member participating in a recorded vote roll-call shall be inserted in the record of the meeting.</td>
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<td>D.</td>
<td>22</td>
<td>(a) Each Member, Associate Member and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives, including all alternates, advisers and secretaries.</td>
<td>Each Member, Associate Member, and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible not less than fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives. In the case of delegations of Members and Associate Members, such communications shall take the form of credentials, indicating the names of its delegates, alternates and advisers, and including all alternates, advisers and secretaries.</td>
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<td>(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less</td>
<td>(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before</td>
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1 Deletions are shown with strikethrough; insertions are shown in bold.
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<td>than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State or by the Minister for Foreign Affairs or by the Minister of Health or by any other appropriate authority.</td>
<td>the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State, the Head of Government, or by the Minister for Foreign Affairs, or by the Minister of Health or by any other appropriate authority. Such credentials may be sent electronically or hand-delivered to the Director-General.</td>
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D. 23  
A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision. The Bureau of the Committee shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly.

Meetings of the Committee on Credentials shall be held in private.

A Committee on Credentials consisting of representatives of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine whether the credentials of delegates of Members and of the representatives of Associate Members are in conformity with the requirements of the Rules of Procedure and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection pending a decision by the Health Assembly on their credentials, representatives of Members and Associate Members shall be seated provisionally with all the same rights as other delegates or representatives, until the Committee on Credentials has reported and pertaining to their participation in the Health Assembly has given its decision. The Bureau of the Committee President shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly received after the Committee on Credentials has met.

Meetings of the Committee on Credentials shall be held in private.
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<tr>
<td>G.</td>
<td>19</td>
<td>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization. In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point.</td>
<td>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization. In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point, but the latter shall not vote in the name of his delegation on any question.</td>
</tr>
<tr>
<td>I.</td>
<td>59</td>
<td>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary postponement of the business of the meeting and “adjournment of the meeting” the termination of all business until another meeting is called.</td>
<td>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting or the suspension of the debate. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary postponement of the business of the meeting, and “adjournment of the meeting” the termination of all business until another meeting is called, and “suspension of the debate” the postponement of further discussion on the matter under discussion until later in the same session.</td>
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NA: not applicable.

The representative of the UNITED REPUBLIC OF TANZANIA said that the second sentence of proposal 1(d) should be amended to include the idea that the Secretariat should propose how each item would be handled, “in consultation with the Officers of the Board”. He would accept the proposal if it could be reformulated to that effect. Proposal 2(c) on providing scanned copies of credentials
should be amended to remove the word “exclusively” to allow for the use of hard copies in some circumstances, as it may not be possible for all Member States to upload scanned copies within the timeframe if technology failed.

The representative of the NETHERLANDS said that he accepted the proposals under sections 1 and 2. However, he expressed his disappointment as, in his opinion, most of the proposals under sections 3 and 4 could also have been implemented without delay.

The representative of ISRAEL expressed support for the majority of the proposals. Regarding proposal 3(a), which proposed refining the costing implications of proposed resolutions and decisions, he suggested introducing a mechanism such as the regulatory impact assessment process, as used in many other countries, whereby positive effects were calculated and presented against any possible or estimated costs. Regarding proposal 3(b), he said that the Secretariat should consult the Member State that had originally submitted each resolution or decision when deciding upon possible end dates for reporting. Concerning proposal 1(d), he suggested that a time limit of two weeks prior to meetings should be applied. Finally, he said that the list of proposals did not cover all of the points requiring a decision. For example, there was no clear proposal on the provision of written statements, as referred to in section B of document EB143/3; and his Government would not be in favour of such a proposal.

The representative of JAPAN said that it would be useful to reflect the Chairman’s explanation of the proposals in the record of the meeting for the benefit of those who had not been present. He agreed with the representative of the Netherlands that more steps could be taken, but it was time to take action and the current list of proposals was an excellent starting point. He encouraged the Chairman to facilitate discussion on section 5 on the way forward, which should include an assessment of the impact of the proposals in sections 1 and 2.

The representative of the UNITED STATES OF AMERICA said that, in general, he supported the categorization of the proposals and the next steps to be taken. He asked for clarification on whether the proposals in section 2 would require changes to both the Rules of Procedure of the Executive Board and the Rules of Procedure of the World Health Assembly, or just to one of the bodies, with particular regard to proposal item 2(e). While he would have preferred to have been closer to a decision on proposals 3(a) and 3(b), especially as it was possible to draw on the sunsetting practices used in WHO regions and other organizations, he understood the need to ensure that everyone was in agreement. He noted the need for clarity and consistency in determining the costing implications of proposed resolutions and decisions across the Organization, as, in practice, different departments used different approaches. He therefore suggested that proposal 3(a) be amended by adding the word “accurately” before the words “determining the costing implications”. He was ready to engage in further discussions, which he hoped would have an impact on the preparations for the next session of the Executive Board in January 2019.

The representative of GERMANY said that, as the Board had previously been risk-averse in its attitude towards governance reform, he welcomed the shift towards taking action and expressed support for the proposals in sections 1 and 2. He said that no Member State disagreed with the need to develop a more robust methodology for determining cost implications as referred to in proposal 3(a) and thus suggested deleting the words “Whether and how” at the start of the sentence so that it would begin “The Secretariat should develop…”. In addition, the words “costing implications” should be replaced with “resource implications” in order to include human resources. Similarly, he suggested amending the start of proposal 3(b) so that it would begin “The Secretariat should propose…”. He recalled that a sound had been played during the World Health Assembly to indicate that a representative had exceeded the time limit for their intervention. He considered that to be good practice, but it had not been included in the list of proposals. He asked whether it was covered by the
management of the session by the Chairman, set out in section H of document EB143/2. He asked the Secretariat to provide proposals on how non-State actors contributed to the Health Assembly and the Executive Board as soon as possible, as the current procedure was insufficient and it was important that those contributions were not lost.

The CHAIRMAN agreed that some form of visual or aural cue should be used to indicate to representatives that their time was running out. She suggested adding a new proposal in section 4 on the participation of non-State actors.

The representative of MEXICO supported the list of proposals, which was a good starting point. He welcomed continued intergovernmental discussion on the items presented.

The representative of ROMANIA said that more time to reflect on the proposals would be welcome, as there were several points that still required further clarification, including the participation of non-State actors in governing body meetings. The proposals under discussion affected all Member States, not just members of the Board, and non-members should therefore be permitted to express their positions.

The CHAIRMAN confirmed that non-members of the Board would have an opportunity to speak.

The representative of AUSTRALIA expressed support for the swift implementation of the proposals in sections 1 and 2, as amended. In addition, the Secretariat should immediately develop a robust methodology for accurately determining costing implications, and should provide an update on the progress made towards replacing paper documents with appropriate technical arrangements. However, the list of proposals lacked a strategic view of the efficiency and effectiveness of WHO’s governing bodies, and to that end she proposed establishing an expert group on governance, with clear terms of reference and an appropriate composition, to create a set of proposals for consideration by Member States. The group should work quickly to ensure that reforms could be aligned with the start of the Thirteenth General Programme of Work in 2019. The group’s findings should therefore be ready for consideration at the 144th session of the Executive Board.

The representative of FINLAND echoed support for the immediate implementation of the proposals in sections 1 and 2. Concerning proposal 1(d), she agreed with the time limit proposed by the representative of Israel, and with the proposed amendment to include “in consultation with the Officers of the Board”. She suggested amending the text of proposal 2(b) by adding the words “secure and” before “available”, so that electronic voting would only be used where appropriate systems were secure and available. She agreed with the suggested amendments to proposals 3(a) and 3(b). The WHO European Region employed best practices in terms of setting end dates for reporting on resolutions and decisions. She agreed with the Chairman that the financial implications of paperless governing body meetings, referred to in proposal 3(c) should be examined, and said that the Secretariat should also explore how to improve procedures for drafting documents during meetings and for sharing the results of drafting meetings with Member States. She agreed that a proposal regarding the role of non-State actors in governing body meetings was also needed. There should be further discussion on whether an expert group should be created to continue discussions.

The representative of ESWATINI supported moving forward with the proposals in sections 1 and 2, as amended. Proposal 3(c) could also be implemented immediately. The timeline for addressing the items that still required clarification in sections 3 and 4 should not be left open-ended. Most
importantly, all reform measures must be focused on making the governing bodies as efficient and effective as possible in carrying out their mandates.

The CHAIRMAN suggested that, in light of the comments made, proposals 3(a) and 3(c), as amended, should be moved to section 1 and considered for immediate implementation.

The representative of BRAZIL expressed support for moving forward with some of the proposals as the reform process had been under way for several years. It appeared that incremental gains could also be made on the proposals in section 3. Although he had reservations about only determining “how” costing methodology would be developed and not “whether” it should be done, he agreed that proposal 3(a) could be moved to section 1, as long as it was understood that public health gains must always prevail over questions of cost. On the suggested amendment to proposal 3(b), he said that clarification was still required as to whether the Secretariat should propose end dates for resolutions and decisions, as sometimes no end dates were provided intentionally.

The representative of IRAQ said that the three proposals contained in section 3 indicated that there were weaknesses in the current planning process in terms of cost, time and methodology, respectively. Improvements in that respect should therefore be made a priority.

The representative of BAHRAIN said that members of the Board should use digital platforms to work together in between meetings. Effective agenda management was essential for Member States to be able to participate actively in the Board. She reiterated her support for focusing on issues of strategic priority.

The representative of BURUNDI, referring to proposal 1(b), said that the possibility of using new or existing communication technologies for meetings of the Officers of the Board should be left open.

The representative of VIET NAM agreed that swift action should be taken on the proposals contained in sections 1 and 2, and on proposals 3(a) and 3(c), as amended. She agreed that all measures taken must have a meaningful impact on governance.

The representative of the UNITED STATES OF AMERICA, responding to the concern expressed by the representative of Brazil, said that there would still be opportunities for consultation on the methodology for determining costing implications, even if the Executive Board made a decision on proposal 3(a) at the current meeting. He agreed with speakers who had called for immediate implementation of proposal 3(c) on paperless meetings, but requested that conference papers containing draft resolutions and decisions that were still under discussion should still be distributed in hard copy. Reform was indeed an urgent issue, and it would be helpful if the issues under discussion were resolved before the January 2019 meeting of the Board.

The representative of TURKEY agreed that proposals 3(a) and 3(c) could be implemented without further discussion. A timeline should be decided upon for the proposals in sections 3 and 4, as suggested by the representative of Eswatini. She asked the Secretariat to prepare a document containing the cost implications of switching to electronic voting.

The CHAIRMAN said that there were two conference rooms at the Palais des Nations that were already equipped for electronic voting and that the Secretariat proposed that WHO governing body meetings would be held in those rooms whenever possible.
The representative of DJIBOUTI expressed regret that the list of proposals under discussion had only been made available in English, which prevented him from appreciating certain nuances in meaning. He acknowledged the time constraints involved, but requested that all such proposals should be made available in French in future.

The representative of CHILE strongly supported all the proposals. The proposals in section 3 were the most relevant as they would advance modernization of the Board. The addition of the word “accurately” to proposal 3(a) was welcome, and advancing proposal 3(c) would help to make the Board’s work quicker and more efficient.

The representative of ALGERIA, referring to proposal 1(b), asked the Legal Counsel what was expected of the Officers of the Board, that additional meetings may be required. Although he welcomed the clarification that records of any such meetings would be made available, it was more important for the items for discussion to be published beforehand to ensure that Officers could receive instruction from Member States and appropriately represent their regions. That was why the African Region had proposed that regional coordinators, who were seldom based in Geneva and thus disconnected from issues discussed at headquarters, should be involved in Officers’ meetings. He asked whether proposal 2(b) would also apply to future elections of the Director-General, and if so, expressed concerns about the security of electronic voting systems. He also asked whether a security risk analysis had been conducted regarding the use of scanned copies of credentials referred to in proposal 2(c). On proposal 4(b), he asked whether deadlines for the submission of draft resolutions and decisions would be fixed, or whether there would be an exception for emergency situations. Members of the African Region had long supported a move towards paperless meetings, as referred to in proposal 3(c), and he recommended that recycled paper should be used if documents must be printed. The volume of Secretariat reports should also be reduced. Proposal 4(d) required further discussion.

The CHAIRMAN, responding to the questions asked by the representative of Algeria, said that the aim of the meetings referred to in proposal 1(b) was for the Officers of the Board to get to know one another better in order to work more effectively and deliver on their mandate, not to expand that mandate. Proposal 2(b) on electronic voting would not apply to the election of the Director-General. She recognized the security concerns related to proposal 2(c), noted the suggestion to use recycled paper, and agreed that there was a need for further discussion on written statements.

The LEGAL COUNSEL, referring to proposal 2(b), said that the draft decision would allow votes to be conducted electronically instead of voting by show of hands or roll-call. Electronic voting would not replace votes by secret ballot, including the election of the Director-General, owing to security issues. He recalled that electronic voting in the context of the nomination and appointment of the Director-General would be duly considered by the evaluation of the process for electing the Director-General, which was ongoing. Regarding proposal 2(c), the planned mechanism would require the designated focal point for each delegation to upload a scanned copy of the credentials to the Secretariat’s meeting registration website, to which the Committee on Credentials would have access. That process was used in other organizations and the risks were minimal.

The representative of MONACO\(^1\) expressed support for the statements delivered by the representatives of the Netherlands, Germany and the United States of America, and welcomed the revised draft decision on the amendments to the Rules of Procedure of the governing bodies. The

\(^{1}\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
meetings of the Officers of the Board in proposal 1(b) should consider only items related to their mandate and could involve individuals based in Geneva, as the Officers were not regional representatives as had been implied earlier. Regarding proposal 1(d), she advised the Secretariat to consider the example of UNAIDS, where the cover pages of documents included a summary and the action to be taken by its Programme Coordinating Board. She expressed support for electronic voting, particularly given the cost of having to extend meetings with a vote, in particular the cost of interpretation. Proposals 3(a) and 3(c) could be implemented immediately. Proposal 3(b) on setting end dates for reporting had already been effectively implemented in the WHO European Region. She asked whether it would be possible to trial the stricter time limits in proposal 4(b) on an informal basis. Concerning section 5, she said that further discussions should be held in an informal setting.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the proposals in sections 1 and 2. She would also support proposals 3(a) and 3(c), provided that the Board was in agreement. She welcomed the confirmation from the Chairman that proposal 1(b) for the Officers of the Board to hold meetings in person was not intended to expand the Officers’ mandate. There was a need to discuss the next steps for the governance reform issues that had not been addressed at that meeting.

The representative of the ISLAMIC REPUBLIC OF IRAN said that his understanding was that a revised version of the list of proposals under discussion would be produced to reflect the proposals and amendments made, which he would then send to his Government. The proposals that would not require any changes to the Rules of Procedure could be pursued so that the Board’s work could be carried out more efficiently and effectively. He asked the Legal Counsel to provide further clarification on the process for amendments to the Rules of Procedure, including whether the Executive Board was able to amend its own Rules of Procedure or whether the approval of all Member States would be required.

The LEGAL COUNSEL said that the procedure for amending the Rules of Procedure of the Executive Board was contained in Rule 54, which read: “Subject to the provisions of the Constitution, the Board may amend or supplement these rules”. He recalled that the Chairman had introduced a revised version of the draft decision contained in document EB143/3, through which the Board could make any agreed changes to its Rules of Procedure.

Proposed changes to the Rules of Procedure of the Health Assembly would need to be considered by a Committee of the Health Assembly and then adopted in plenary, in accordance with Rule 119 of the Rules of Procedure of the World Health Assembly. The revised draft decision contained a provision for any such amendments to be adopted during the Seventy-second World Health Assembly in 2019.

The representative of NEW ZEALAND expressed support for the proposals in sections 1, 2 and 3, and the interventions made by the representatives of the United Kingdom of Great Britain and Northern Ireland and Australia on the meetings of Officers of the Board referred to in proposal 1(b). There was a need to discuss the role and mandate of the Officers, as part of a wider strategic debate on the functions of the governing bodies. He expressed support for the creation of an expert group, which should report to the Executive Board by its meeting in January 2019. Proposal 3(b) on setting end dates for reporting could also be moved to section 1 or 2, provided that the Secretariat developed a clear process for how it may be implemented.

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of CANADA\(^1\) agreed with the proposals contained in section 1 and welcomed the suggestion to move proposal 3(c) to that section. She agreed with the proposed amendments to proposals 3(a) and 3(b). It was important to consider the costing implications of resolutions, in particular for resolutions that expanded the mandate of WHO, but factors other than cost may also need to be considered in order to achieve health equity. She requested that the Secretariat provide additional information regarding proposals 3(a) and 3(b) in time for discussion at the 144th session of the Executive Board. Proposals 4(c) and 4(d) could be included in section 2. It was logical that the Rules of Procedure of the Executive Board and the World Health Assembly should reflect the language of the Framework of Engagement with non-State actors, which had already been adopted. She shared the concerns expressed by other Member States regarding expanding the mandate of the Officers of the Board, as referred to in proposal 1(b).

The DIRECTOR-GENERAL said that the Secretariat’s proposals had highlighted the need for significant changes. In the long-term, a wider discussion on the structure of WHO and the nature of the Executive Board would be required. In the meantime, it was important to clarify the different roles and the division of work between the World Health Assembly, the Executive Board and the Officers of the Board in order for the governing bodies to be more effective. He acknowledged that there were still significant differences and concerns, including on the purpose of the meetings of the Officers of the Board referred to in proposal 1(b), and called for continue dialogue. He noted the amendments to the proposals in section 3, including the transition to paperless meetings. It was time for the Board to move forward. Many procedures had been established because they were fit for purpose at the time; however, it was important to question why changes were not made to those pre-established procedures, in particular if better technology made it possible to improve them. He emphasized the need to examine and modernize the Organization’s governance structure.

The CHAIRMAN said that she took it that the Board wished to approve the proposals in section 1, with the following amendments: moving proposals 3(a) and 3(c) to section one; amending proposal 3(a) to read “The Secretariat should develop a more robust methodology for accurately determining the resource implications of proposed resolutions and decisions”; adding the words “in consultation with the Officers of the Board” to the end of the second sentence in proposal 1(d); and amending proposal 1(d) to take into account the comment made by the representative of Israel on the need for a deadline.

It was so agreed.

The CHAIRMAN said that she took it that the Board wished to approve the proposals in section 2, with one amendment: the word “exclusively” would be deleted from proposal 2(c).

It was so agreed.

The CHAIRMAN recalled that the Executive Board had before it a revised draft decision on the implementation of the agreed amendments to the Rules of Procedure.

The LEGAL COUNSEL explained that the two annexes to that revised draft decision contained the revised proposed amendments to the Rules of Procedure of the Executive Board and the World Health Assembly. He said that the annexes retained the proposed amendments relating to electronic voting, credentials, gender-neutral language, entitlement to vote, a motion to suspend debate, and

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\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
renaming open meetings. However, the proposed amendments relating to the Board’s consideration of the Health Assembly agenda, time limits for draft resolutions and decisions, summary and verbatim records and aligning terminology relating to the Framework of Engagement with Non-State Actors had been crossed out since the Board was not ready to make a decision on those amendments.

The CHAIRMAN said that she took it that the Board wished to adopt the revised draft decision.

The decision, as amended, was adopted.¹

The CHAIRMAN said that proposal 3(b) would be renamed as proposal 3(a). She proposed that a paragraph should be added to that proposal to clarify that the Board was requesting that the Secretariat should explore the possibility of introducing end dates for resolutions and decisions with unspecified reporting requirements and examine the best practices of other bodies such as PAHO, to allow the Board to reach an informed decision.

The CHAIRMAN took it that the Board wished to approve the proposals in section 3.

It was so agreed.

The CHAIRMAN said that the only change in section 4 would be the inclusion of a new proposal 4(e), with reference to non-State actors. With regard to section 5 on the way forward, she said that the reform process should not be open-ended. She noted that some members supported the creation of an expert group, whereas others preferred other forms of intergovernmental dialogue. As a compromise, she suggested holding informal consultations, led by the Secretariat in Geneva, to discuss proposal 3(a) on setting end dates for reporting requirements and the five proposals contained in section 4. The outcomes of those informal consultations should be ready for presentation to the 144th session of the Executive Board in January 2019.

The SECRETARY suggested that the new proposal 4(e) on non-State actors could read: “Consideration of possible changes to the way non-State actors participate in the World Health Assembly”.

The representative of ALGERIA reiterated his request for clarification regarding the strict adherence to deadlines for the submission of draft resolutions and decisions in emergency situations referred to in proposal 4(b).

The CHAIRMAN said that the Board was not required to make a decision on that proposal at the current meeting, and agreed that the Secretariat would take emergency situations into account.

The representative of MONACO² welcomed the inclusion of a new proposal 4(e) on non-State actors, but recalled that the main objective of that proposal had been to facilitate the participation of non-State actors at the Executive Board and not the World Health Assembly. As such, the Secretariat’s proposal should be amended by replacing the words “participate in the World Health Assembly” with “participate in the Executive Board and the World Health Assembly”.

¹ Decision EB143(7).
² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of FINLAND, supported by the representative of JAPAN, asked the Chairman of the Board whether she could chair the informal consultations, as the process should be Member State driven.

The representative of the UNITED STATES OF AMERICA, expressing support for the proposed way forward, asked whether the outcomes of the informal consultations could be applied to the 144th session of the Executive Board, with particular regard to the methodology for determining resource implications. It was important to be able to implement any results quickly, even on a trial basis.

The LEGAL COUNSEL said that the proposals in section 4 would require amendments to the Rules of Procedure in order to be implemented formally, although some proposals could be implemented on a trial basis.

The representative of MEXICO asked whether the Secretariat could provide tentative dates for the informal consultations and clarify which proposals would be discussed.

The representative of NEW ZEALAND expressed that discussions to date had focused solely on section 4, and not on the bigger, more strategic discussions raised by several members of the Board and by the Director-General. He asked whether the new round of informal consultations would include that strategic element.

The CHAIRMAN said that the mandate for the informal consultations would be to discuss the proposals contained in section 4, as well as proposal 3(b) when the Secretariat had completed its initial work.

She took it that the Board wished to approve the proposals in section 4 and the proposed way forward, as amended.

It was so agreed.

The CHAIRMAN invited the Board to consider the draft decision on the prioritization of proposals for additional items on the provisional agenda of the Executive Board, contained in the Annex to document EB143/4. She said that, following the adoption of the draft decision, the proposed prioritization tool would be applied by the Executive Board on a trial basis.

The representative of BRAZIL expressed his support for the draft decision, and the implementation of the prioritization tool on a trial basis. While he recognized that the Officers of the Board would be in a better position to assess and judge the new prioritization criteria and tool, he expressed the concern that too much emphasis was placed on costings and resources. It was true that costings were important. However, the Board should be mindful of how others perceived its work in dealing with health issues. It should not give the impression that WHO was a pay-to-play organization, as approximately 85% of funds for the programme budget came from voluntary resources, which were then allocated to essential programmes.

The representative of JAPAN proposed replacing the word “Yes” by “Agree”, and “No” by “Disagree”, in the column headings of the essential criteria marking sheet contained in Appendix 2 to document EB143/4, as some negative concepts were difficult to translate into Japanese. Turning to the

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
fourth essential criteria listed in the marking sheet, he asked how Member States should determine whether WHO had a comparative advantage with regard to a particular issue. WHO’s mandate should be an important factor, but he asked whether the answer to that question could preclude the item being included on the provisional agenda.

The representative of FINLAND suggested that the Officers of the Board should first decide on the provisional agenda for its next session. The prioritization tool should then be retroactively applied to the agenda items selected, and the outcome compared with the planned provisional agenda. That would highlight whether any changes should be made to the proposed agenda.

The CHAIRMAN agreed that the suggestion made by the representative of Finland was in line with the spirit of the draft decision, which proposed implementing the tool on a trial basis and reporting back to the 144th session of the Executive Board.

The representative of ZAMBIA supported the application of the tool on a trial basis, because he had concerns regarding the tool itself and the challenges that would arise when using the proposed scoring system. He asked how an Officer of the Board would objectively decide between “yes”, “partially agree”, and “no” in the essential criteria marking sheet in Appendix 2. He expressed the hope that applying the tool on a trial basis would answer those questions.

The representative of GERMANY said that he was in favour of applying the tool on a trial basis as the Board did not currently have any criteria for prioritization. Once the criteria and the tool were being applied, improvements could be made if necessary.

The CHAIRMAN said that if the Board was unable to adopt the draft decision, the issue would have to be added to the agenda for its 144th session.

The representative of the NETHERLANDS, expressing his support for the proposed approach, said that it was important to move forward.

The CHAIRMAN took it that the Executive Board was ready to adopt the draft decision contained in document EB143/4.

The decision was adopted.¹

Future sessions of the Executive Board and the Health Assembly: Item 4.7 of the agenda (document EB143/10) (continued)

The CHAIRMAN, drawing attention to the informal consultations that had been held on the date for the 144th session of the Executive Board, said that a consensus had been reached for the session to begin on Monday 28 January and to finish no later than Tuesday 5 February 2019 at WHO headquarters in Geneva. She thanked the representatives of Viet Nam and Japan for their understanding in reaching that decision.

The representative of CHINA said that he was not aware that an agreement had been reached. He expressed concern that the proposed dates coincided with Spring Festival, which was a very important festival in China that was usually spent with family.

¹ Decision EB143(6)
The representative of INDONESIA, supported by the representatives of TURKEY and IRAQ, said that the proposed dates for the World Health Assembly in 2020 not only coincided with Ramadan, but also Eid al-Fitr. He proposed postponing the start of the World Health Assembly in 2020 by one week, and asked the Secretariat to make adjustments accordingly.

The CHAIRMAN noted the request, but said that no decision would be made during the current meeting regarding the World Health Assembly in 2020.

The representative of GERMANY expressed concern regarding the availability of meeting rooms in Geneva. He assumed that the Secretariat had proposed dates when meeting rooms at the Palais des Nations would be available.

The DIRECTOR (Governing Bodies), taking note of the issues raised, said that finding dates for governing body meetings that did not clash with at least one holiday or religious observance was difficult. Furthermore, he explained that the meeting rooms at the Palais des Nations would not be available in 2020 and other options were being considered.

The representative of JAPAN expressed concern that the annual meeting of the World Economic Forum may clash with the proposed dates for the 144th session of the Executive Board, which would place additional demands on the time of the Director-General.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the flexibility shown with regard to the dates for the 144th session of the Board and recognized that missing holidays and festivals was a sacrifice made by delegates and staff in international organizations. Recalling that discussions in the governing body meetings in 2019 would include the next programme budget, he said that it was important to schedule the meeting to ensure that the Secretariat had sufficient time to prepare the relevant documents in a timely manner, and that Member States had time to prepare for the discussions. Finally, he recognized the need to maximize the impact of the time spent by the Director-General at Executive Board meetings and other meetings.

The representative of CHINA agreed to be flexible, and said that the Secretariat should take into account the observance of festivals, the timing of the World Economic Forum annual meeting, and the need to prepare the documents for the meeting in a timely manner.

The CHAIRMAN, appreciating the flexibility demonstrated by Member States, proposed postponing the adoption of the draft decision to allow for further consultations.

It was so agreed.

2. MATTERS FOR INFORMATION: Item 5 of the agenda

Report on meetings of expert committees and study groups: Item 5.1 of the agenda (document EB143/12)

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, expressed his satisfaction with the methodology used during meetings of expert committees and study groups to reach evidence-based outcomes that informed the decisions made by the Director-General.
The representative of COLOMBIA, referring to the Sixty-eighth report of the Expert Committee on Biological Standardization, said that the biological qualifier scheme for biological and biotechnological medicines should be re-evaluated and potentially discontinued, as it led to an artificial segmentation of the market and distorted the role and usefulness of the international nonproprietary naming of medicines. The scheme may also compromise access to biological medicines and the financial sustainability of health systems. He said that it was important to continue implementing resolution WHA67.21 (2014). The Guidelines on evaluation of similar biotherapeutic products (2009) should be updated, and aligned with the Guidelines on procedures and data requirements for changes to approved biotherapeutic products (2017), with particular reference to the indication that a comparability exercise including clinical studies was not always necessary. Similar updated references already appeared in the draft WHO Questions and Answers: similar biotherapeutic products.

The representative of MEXICO noted the main recommendations resulting from each expert committee meeting; highlighting in particular the work undertaken in the quality assurance of medicines; residues of veterinary drugs in foods; the risks associated with psychoactive substances; and developments in the use of biological substances in human medicine. The advice provided by the expert committees facilitated the adoption of decisions and recommendations which guaranteed the quality, safety and efficacy of medicines.

The representative of the UNITED STATES OF AMERICA recognized the growing demand worldwide for the work of WHO’s expert committees. He expressed strong support for the Joint FAO/WHO Expert Committee on Food Additives and called upon WHO and others to ensure that sufficient funds were devoted to the joint FAO/WHO food standards programme. Similarly, he appreciated the normative role played by the Expert Committee on Drug Dependence and noted that its recommendations made an important contribution to the control of dangerous substances. He encouraged the Secretariat to increase support for that Committee. The roster of experts used to constitute expert committees and study groups should be regularly updated with experts from diverse backgrounds and areas of expertise.

The representative of IRAQ said that that the work of the expert committees would make a significant contribution to work on standardization, quality assurance and combating antimicrobial resistance.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that WHO had decided to wait until more evidence was available before implementing the biological qualifier scheme, to ensure that it did not hamper access to new technologies. That decision had been communicated to the WHO International Nonproprietary Name Expert Group. Finally, she said that the Guidelines on evaluation of similar biotherapeutic products (2009) were being revised, and would take into account the comments made by the representative of Colombia.

The Board noted the report.

International classification of diseases: Item 5.2 of the provisional agenda (document EB143/13)

The CHAIRMAN drew the Board’s attention to document EB143/13 and the additional information provided regarding the process of adoption and entry into force of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (International
Classification of Diseases), and the components to be adopted by the World Health Assembly, which read:

INTERNATIONAL CLASSIFICATION OF DISEASES, ELEVENTH REVISION (ICD – 11) PROCEDURE AND COMPONENTS FOR ADOPTION

This document complements the document EB143/13 and provides additional information about the process towards adoption and coming into effect of ICD-11. It also includes a list of what specifically is adopted by the Health Assembly.

- The procedures for ICD-11 are the same as for past revisions of ICD. The procedures were last applied for ICD-10.
  1. ICD is revised based on
     a. Experience with the previous version
     b. Scientific progress
     c. Needs of users
  2. ICD draft is reviewed, commented and tested
     a. A revision conference is held
     b. Member State comments are taken into account
     c. Testing and reviews inform the revision
  3. ICD version for implementation is the basis for the report submitted to the EB
  4. Executive Board recommends action to WHA
  5. Health Assembly adopts
  6. In January of the 3rd year after adoption, ICD comes into effect.

- ICD-11 would be presented for adoption in May 2019, following discussion at the EB in January 2019, and come into effect on 1 January 2022. From that date, the Secretariat would report its data with ICD-11.

- Member States are encouraged to report their data with ICD-11 as soon as the new version comes into effect.

  ICD-10 was adopted in 1990 and came into effect 1 January 1993. In 1997, 50% of the reporting countries reported their causes of death with ICD-10.
  The Volume 1 of ICD-10 (Tabular list), was published in 1992
  The Volume 2 (Rules, instruction manual) was published in 1993.
  The Volume 3 (coding index) was published 1994

- ICD-11 is being published with rules, categories and coding components, all at the same time.

- Given all the supporting electronic tools that have been developed, ICD 11 will be maintained by WHO, continue to have the engagement of all stakeholders, overseen by technical experts and supported by WHO for incorporating in the health information systems of member states.

- ICD-11 will be subject to updates, as was ICD-10, as per the following suggested time intervals:
  o changes to the rules => 10 years (high statistical impact)
  o changes to the categories => 5 years (possible statistical impact)
clarifications and improvements to user guidance => 1 year (no statistical impact)

- Input for improvements of ICD-11 would come from implementation, use and related preparations. This is also true for the version planned for release in June 2018.

- Preparations for implementation include national transition studies and testing of and in structures that need to be updated with the move to ICD 11.

WHAT WOULD BE ADOPTED BY THE HEALTH ASSEMBLY¹

(1) the detailed list of four-character categories and optional five and six-character subcategories with the Short Tabulation Lists for Mortality and Morbidity;

(2) the definitions, standards and reporting requirements related to general, maternal, fetal, perinatal, neonatal and infant mortality;

(3) the rules and instructions for underlying cause coding for mortality and main condition coding for morbidity;

(4) the updating process within the ten-year revision cycle;

(5) the concept of the ICD-11 foundation (technical structure) and the derived family of the disease and health related classifications, with the International Statistical Classification of Diseases and Related Health Problems as the core classification surrounded by a number of related and supplementary classifications, extension lists and terminologies.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, and Georgia aligned themselves with the statement. He welcomed the eleventh revision of the International Classification of Diseases, and the fact that it would primarily be published and used electronically, which would facilitate its integration into national eHealth solutions. However, he stressed that alterations to country-specific secondary classifications and reporting requirements may require considerable, costly work by Member States to amend systems and legislation.

He expressed concern that the period between the launch of the version for implementation in June 2018 and the World Health Assembly in 2019 may be too short to collect and analyse the experience of the Member States that were implementing it. He expressed particular interest in the application of the eleventh revision to mortality data. An analysis of initial experiences must be completed prior to the 144th session of the Executive Board and he therefore suggested that the Secretariat should organize an interactive briefing for Member States on implementing and evaluating the eleventh revision before the end of 2018. He said that all necessary tools and supporting materials must be ready for use, in particular to facilitate their translation into different languages. Given its

¹(1), (4) and (5) adapted from previous revisions to match the new structure of ICD-11, and experiences with updating of ICD-10.
complexity, the timeline for the implementation of the eleventh revision would be very important, and he welcomed the additional information provided by the Secretariat in that regard.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, noted that the completion of the eleventh revision of the International Classification of Diseases had been significantly delayed due to the complexity of the work and the scarcity of necessary resources. He thanked all of the organizations that had supported the review financially and in other ways. Noting the additional information provided on the process for adoption by the Health Assembly, he expressed the hope that those timelines would be respected. He encouraged Member States to use the time between the launch of the version for implementation in June 2018 and the expected adoption of the eleventh revision in May 2019 to make appropriate preparations and share their experiences with the Secretariat.

The representative of IRAQ stressed the importance of ensuring that the eleventh revision of the International Classification of Diseases improved upon the gaps in the previous revision, specifically the problems with classification of cancers. With a view to balancing the practical and the scientific, the eleventh revision should be aligned with primary health care concepts. It should also be integrated into the Thirteenth General Programme of Work, 2019–2023, so as to enhance health information systems and make progress towards electronic governance.

The representative of JAPAN welcomed the fact that the eleventh revision would reflect developments in science and technology and would include elements of traditional Chinese, Japanese and Korean medicine, but expressed regret that the work had been delayed. It was disappointing that the additional information provided by the Secretariat seemed to slow the implementation process, despite the vast amount of work done by Member States and experts to develop and field test the eleventh revision.

The representative of the UNITED STATES OF AMERICA recognized the complexity of completing the eleventh revision. Nevertheless, he expressed significant concern at the inclusion of gaming disorder. Experts from his country had recently concluded that there was insufficient evidence to categorize excessive gaming as a unique disorder, rather than a symptom of other disorders. He cautioned WHO against reaching premature conclusions, which could jeopardize its reputation as an objective decision-making body. He requested that gaming disorder be removed from the eleventh revision until sufficient evidence became available to warrant its classification.

The representative of FINLAND welcomed the eleventh revision of the International Classification of Diseases, which formed the basis of global disease monitoring. While Finnish experts had participated in the development of the eleventh revision, it had not been field tested in her country. The implementation of the eleventh revision would be a major endeavour for all Member States, regardless of the extent to which their health systems had been digitized. She looked forward to hearing the experiences of Member States, following the launch of the version for implementation in June 2018. She called on the Secretariat to share information regarding the new features of the eleventh revision with national experts in an effective manner, so as to facilitate fruitful discussions on the International Classification of Diseases at the 144th session of the Executive Board.

The representative of COLOMBIA said that preparations had already begun to implement the eleventh revision of the International Classification of Diseases. During a regional meeting to discuss the transition to the eleventh revision, Member States had been informed that the implementation of the eleventh revision could be postponed due to delays in testing and translation. Thus, he supported adopting the eleventh revision at the World Health Assembly in 2019, and making a version for implementation available in June 2018 to facilitate the transition to the new revision.
The representative of AUSTRALIA welcomed the focus on implementation support tools to assist Member States with the transition to the eleventh revision. Those tools should be developed by WHO in collaboration with experts, without interference from industry, advocacy groups or other external sources.

The representative of MEXICO emphasized the importance of continually updating the International Classification of Diseases. He looked forward to receiving the version for implementation in June 2018, and the final review at the Seventy-second World Health Assembly in May 2019.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that WHO, with experts from many countries, had been working on the eleventh revision of the International Classification of Diseases for ten years, and a version for implementation would be made available in June 2018, prior to the adoption of the eleventh revision at the World Health Assembly in 2019. The eleventh revision was a substantial improvement on the previous version, and included more diseases, causes of death and morbidity, and risk factors; and contained common language for recording, reporting and monitoring health problems. The eleventh revision would be available online and offline, and would provide for consistent and standardized data sharing across all types of health care facilities. It would also be available in multiple languages.

With regard to implementation, she said that an implementation support package would be provided, as had been requested by Member States, and that the Secretariat was planning to hold regional training sessions and would provide additional assistance if required. She said that the eleventh revision would be easier to implement than the tenth revision, particularly in those countries that did not have very advanced computer systems, where algorithms would not need to be updated. It was envisioned that the eleventh revision would come into effect three years after its adoption at the World Health Assembly.

With regard to the inclusion of gaming disorder, she said that it had been included after careful consideration by experts, who believed that while gaming disorder could be a symptom of other psychiatric disorders, it was also a disorder in its own right. The relevant evidence was being collated and would be published online. She reiterated the Organization’s openness to receiving new evidence, particularly in emerging areas of medicine.

The representative of THAILAND \(^1\) said that the International Classification of Diseases was one of the most important tools for implementing universal health coverage and therefore urged WHO to invest in capacity-building at the country level to facilitate its implementation.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND \(^1\) said that, in spite of recent progress, many elements of the eleventh revision still needed to be clarified and tested before it would be ready to use. Statistical continuity had to be successfully assessed in 2018, and further tests conducted relating to mortality and morbidity statistics. A realistic timeline was required for implementation, one that reflected the need for technical development and system changes, which could take up to 10 years in many countries.

The Board noted the report.

\(^{1}\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
3. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 4 of the agenda (resumed)

Future session of the Executive Board and the Health Assembly: Item 4.7 of the agenda (document EB143/10) (resumed)

The representative of CHINA, reiterating his flexibility, supported the proposal made earlier to change the date of the 144th session of the Executive Board. He appreciated the efforts made by the Secretariat to respect cultural diversity and requested that future governing body meetings be scheduled taking into consideration the most important festivals in each Member State.

The representative of VIET NAM also expressed appreciation for the effort to respect cultural diversity and proposed that the 144th session of the Executive Board should be held from 24 January to 1 February 2019, two working days ahead of the dates proposed in document EB143/10.

The meeting rose at 12:10.