



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
SPECIAL SESSION ON THE
DRAFT THIRTEENTH GENERAL
PROGRAMME OF WORK

GENEVA, 22–23 NOVEMBER 2017

SUMMARY RECORDS

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ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

A special session of the Executive Board on the draft thirteenth general programme of work was held at WHO headquarters, Geneva, on 22–23 November 2017. The present volume contains the summary records of the Board's discussions. The list of members and other participants is contained in document EBSS/4/DIV./1 Rev.1.

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AGENDA¹

1. Opening of the session
 2. Adoption of the agenda and method of work
 3. Draft thirteenth general programme of work 2019–2023
 4. Closure of the session
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¹ As adopted by the Executive Board at the first meeting (22 January 2017) of its fourth special session.

LIST OF DOCUMENTS

EBSS/4/1	Provisional agenda ¹
EBSS/4/1 (annotated)	Provisional agenda (annotated)
EBSS/4/2	Draft thirteenth general programme of work 2019–2023
Diverse documents	
EBSS/4/DIV./1 Rev.1	List of members and other participants
EBSS/4/DIV./2	Programme of work
EBSS/4/DIV./3	List of documents

¹ See page vii for the agenda adopted by the Board.

SUMMARY RECORDS

FIRST MEETING

Wednesday, 22 November 2017, at 09:35

Chairman: Dr A. HAFEEZ (Pakistan)

1. OPENING OF THE SESSION: Item 1 of the provisional agenda

The CHAIRMAN declared open the special session of the Executive Board and welcomed all participants, in particular the new Director-General and the new Board members, Professor Mohamed L'Hadj (Algeria) and Professor Gualtiero Ricciardi (Italy).

2. TRIBUTE TO THE MEMORY OF DR MAHMOUD FIKRI

The CHAIRMAN invited the Board to observe one minute of silence in memory of Dr Mahmoud Fikri, Regional Director for the Eastern Mediterranean Region, who had passed away in office on 17 October 2017.

The Board stood in silence for one minute.

The CHAIRMAN welcomed Dr Jaouad Mahjour, the Regional Director ad interim for the Eastern Mediterranean Region.

3. ADOPTION OF THE AGENDA AND METHOD OF WORK: Item 2 of the provisional agenda (documents EBSS/4/1, EBSS/4/1 (annotated) and EBSS/4/DIV./2)

The CHAIRMAN recalled that the objective of the special session was to consider the draft thirteenth general programme of work, and to solicit comments from the Executive Board for the preparation of a revised draft for consideration at its 142nd session. He invited the Board to consider the provisional agenda, bearing in mind that discussion would be limited to the items listed therein, in accordance with Rule 6 of the Rules of Procedure of the Executive Board. The proceedings of the session were being webcast.

The agenda was adopted and the programme of work agreed.¹

¹ Documents EBSS4/1 Rev.1 and EBSS4/1/DIV./2.

4. DRAFT THIRTEENTH GENERAL PROGRAMME OF WORK: Item 3 of the agenda (Document EBSS/4/2)

• **Current context and challenges**

The DIRECTOR-GENERAL said that the Organization was at a turning point in its history, having been challenged to prove its relevance. In the weeks since he had assumed office, emergency response had continued to be strengthened at all three levels of the Organization. The most diverse senior leadership team in WHO's history had been appointed and the Organization had stepped up its political engagement in areas such as universal health coverage and noncommunicable disease control. In recognition of the fact that cooperation, not competition, was essential to the success of the Organization, strategic partnerships had been intensified. However, despite the progress made, many challenges remained.

The draft thirteenth general programme of work was ambitious by necessity: increasingly complex and interconnected scenarios called for a radical change of approach. The programme of work must be focused on impact and outcomes, not processes and inputs, and its results must be measured in meaningful improvements to health. The "triple billion" target of providing 1 billion more people with health coverage, making 1 billion people safer and improving 1 billion lives were, therefore, far from arbitrary. WHO must be more vocal as a global leader, advocating for health at the highest levels. As no health system was perfect, WHO must become more active and relevant in every country.

Although some worried that making the Organization more operational would diminish its normative work, in reality normative functions would be strengthened as they became more focused on impact. Finally, the programme of work should spring from an uninhibited vision and ambition of what the world needed and how it could be delivered.

The representative of MEXICO, welcoming the initiative to hold a special session of the Board to discuss the draft thirteenth general programme of work, said that it was fundamental that WHO should reclaim its leadership role as the coordinating authority for international action on health. She supported the focus on people and alignment with the 2030 Agenda for Sustainable Development, but questioned how future programme budgets would be drawn up under the new programme of work, and how accountability and transparency within, and coordination between, the three levels of the Organization would be ensured. She called on the Secretariat and Member States to continue having open and transparent discussions, which could include departures from the established formats for governing body meetings.

The representative of the DOMINICAN REPUBLIC said that success in risk management in the context of health emergencies, which was rightly identified as a priority in the draft programme of work, would be directly proportional to Member States' progress in developing the core capacities required under the International Health Regulations (2005). The added value of the draft programme lay in its ambitiousness, and in the fact that it attached high-level targets to the three strategic priorities defined. Her Government was committed to a more dynamic and flexible WHO with improved resources and management.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the targets for the three strategic priorities should be more clearly aligned with Sustainable Development Goal indicators so as to facilitate convergence. The focus on health security, health priorities, and on the three pillars of universal health coverage was welcome, but it would not be financially sustainable unless the essential public health functions of health protection, health promotion and disease prevention were in place. A clearer view of WHO's anticipated interaction with other global organizations at all levels would therefore be helpful. WHO's comparative advantage

should be clearly articulated; the Secretariat should also provide Member States with country-level case studies clearly indicating where its role ended and the roles of governments and other organizations began. She welcomed the consideration given to human rights and gender aspects, and supported a continuing emphasis on WHO's normative functions. Although a more operational WHO, as a provider of last resort, was needed in specific circumstances, the Organization should not over extend itself in emergency settings and should instead focus on coordination and preparedness. Emergency response should include reporting outbreaks even when individual governments were reluctant to do so. Actions to tackle antimicrobial resistance should be in line with the One Health concept.

The representative of CANADA requested clarification on the rationale for the fourth flagship initiative, in particular, the narrow focus on early child and adolescent brain development. As WHO's normative capacity was one of its unique advantages, the causal links between normative activities and better health outcomes should be outlined in the draft general programme of work. In order for the accompanying draft impact framework to convey WHO's beneficial contribution, additional indicators were needed to track outputs and activities. In addition, the draft general programme of work should indicate how progress might be made under the many global action plans and strategies scheduled to conclude between 2019 and 2023; integrate gender equality, equity and human rights throughout; and show how the needs of subpopulations would be taken into account, for instance through a stronger focus on the life course approach. The revised draft programme of work to be submitted to the Board for consideration at its 142nd session should contain more details about financing needs and the reallocation of resources, in order to facilitate its alignment with the approved Programme budget 2018–2019.

The representative of the NETHERLANDS agreed with the mission set out, the inclusion of antimicrobial resistance as a flagship initiative, and the strong emphasis placed on WHO's role in high-impact emergencies. However, the draft general programme of work was less clear on sexual and reproductive health rights. Population dynamics, such as ageing, also merited greater attention. Although there was a clear need to drive impact in every country, the notion of “inverting the pyramid” was questionable. He advocated a more balanced approach to aligning the three levels of the Organization. The connection between future investment and the programme budget was also unclear; relevant proposals should be included in the next draft version of the document to be considered by the Board at its 142nd session.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, expressed support for the overall vision and the proposed strategic and organizational shifts. However, the document needed a format more akin to a road map with clear periodic goals. Lessons learned from the Twelfth General Programme of Work should also be taken into account. The strategic priorities on health coverage and health emergencies needed targets and indicators, and specific target figures for regions and countries should be included in technical documents on the “triple billion”¹ target. Sections of the draft related to governance, the Framework of Engagement with Non-State Actors, the research and development strategy and sustainable financing would also benefit from more detailed explanation. A clearer allocation of roles to Officers of the Executive Board, the Global Policy Group and regional offices was also required. Gender parity and broader geographical representation at the highest levels of management should be more rigorously pursued, including through reforms in both the internship and geographical mobility schemes aimed at enhancing opportunities for people from developing countries.

¹ 1 billion more people with health coverage; 1 billion more people made safer; 1 billion lives improved.

The representative of BRAZIL called for South–South cooperation to be fully integrated into the general programme of work, and for WHO’s presence in the field to focus on the normative aspects of its work. The Organization should also ensure that the perspectives of national governments were fully integrated into strategic planning, capacity building and responsibility sharing. He welcomed the linking of emergency preparedness and response with strengthening of national health systems. He also pointed out the benefits of placing root causes and social determinants of health at the core of emergency preparedness, that the provision of technical cooperation should be unconditional, and the need for neutrality and impartiality to underpin WHO’s emergency response. With regard to monitoring and evaluation, the politicization of scorecards, with countries being negatively singled out, should be avoided at all costs. Brazil was fully committed to realizing the vision of a stronger, more effective WHO.

The representative of the PHILIPPINES, acknowledging that the convening of the special session demonstrated the Secretariat’s commitment to a participatory process, pointed out that the operationalization of the major shifts outlined in the draft general programme of work would be clarified in future versions. She supported the flagship initiatives and hoped that by 2023, the global community would be closer to attaining the Sustainable Development Goals as a result of WHO’s strong leadership.

The representative of GEORGIA aligned himself with the statement made by Malta on behalf of the European Union. When advocating at the highest political level, WHO should stress that spending money on health care was not a matter of good will, but a direct economic investment. Expenditure on medicines was a major cause of financial hardship in many countries, including his own, and Member States were often hostage to high pharmaceutical prices. He therefore urged WHO to devise policies that would make medicines more accessible.

The representative of COLOMBIA commended the draft thirteenth general programme of work on its clarity and structure, which would facilitate focused debates in governing body meetings. He praised its focus on impact and results as that should lead to a more cost-effective implementation of policies and programmes. He urged the Secretariat to take account of the lessons learned by regional offices when implementing WHO reform. However, the draft document tended to concentrate on low-income countries and would benefit from a broader focus that included middle- and upper-middle-income countries, which faced particular challenges. He recommended making the indicators more inclusive, and requested more technical background information on the three 1 billion goals and the three sub-goals, as well as on the transposition of targets to the regional level.

The representative of THAILAND, speaking on behalf of the Foreign Policy and Global Health Initiative, comprising Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, welcomed, in particular, the strategic priority given to universal health coverage and placed emphasis on the importance of strengthening national health systems. The Initiative’s members looked forward to playing a constructive part in the concrete implementation of the strategic shifts proposed in the draft document. The resolution on Global Health and Foreign Policy considered annually by the United Nations General Assembly was an important instrument for advancing the global health development agenda. The 2017 resolution¹ focused on addressing the health of the most vulnerable for an inclusive society and was therefore well aligned with the draft general programme of work.

¹ United Nations General Assembly resolution 72/139.

The representative of JAMAICA commended the emphasis placed on multisectoral action in the draft general programme of work. However, it needed to take account of the different situations in Member States and pay greater attention to countries undergoing structural and other adjustments that limited their capacity to make the changes recommended. The next draft should therefore contain a sharper focus on health promotion, disease prevention and the achievement of well-being, primarily through ensuring coherence with existing resolutions and strategies and creating linkages with previously agreed targets. As it would be essential to build effective working relationships with partners for the attainment of common goals, the Framework of Engagement with Non-State Actors would be useful in implementing the general programme of work. He asked for further details on how the success of the programme would be measured.

The representative of JAPAN expressed support for the proposed timeline for adoption of the draft general programme of work by the Seventy-first World Health Assembly in 2018 as it would allow the new programme of work to serve as the basis for the preparation of the programme budget 2020–2021. He welcomed the inclusion of universal health coverage, health emergencies, and unfinished business, such as HIV/AIDS, tuberculosis and malaria, in addition to the other priorities outlined, and its alignment with the Sustainable Development Goals. The draft thirteenth general programme of work was more political than its predecessor and he wondered whether the Board might seek to bridge the gap between pragmatism and politicization. He also requested more information on the financial, human resources and organizational implications of the proposed programme of work, and called for a sustained effort to produce a text that would achieve consensus at the 142nd session of the Board.

The representative of BURUNDI, speaking on behalf of the African Group, requested clarification on how the major shifts listed on page 5 of the draft document would be implemented. She underscored the importance of equitable representation, good governance, resource mobilization mechanisms and partnerships with other organizations in the United Nations system and welcomed the inclusion of universal health coverage and the health effects of climate change as priority issues. The African Group supported the draft general programme of work and undertook to contribute to its implementation.

The representative of the CONGO requested more details on how the general programme of work would be financed. Its implementation needed to be coordinated at all three levels of the Organization, and the transformations that had taken place in the Regional Office for Africa since 2015 should be taken into account. No disease must be ignored, especially diseases with large-scale impacts on public health, as failure to address them could hinder attainment of the Sustainable Development Goals. More information was needed on how the programme of work would be monitored and evaluated, and on the role of Member States in its implementation.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries, Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that WHO's six core functions as defined in the Twelfth General Programme of Work remained fully valid and should be included in the new draft programme. She welcomed the emphasis on enhancing WHO's leadership in global health and called for an improved definition of its leading role in advancing the multisectoral response to antimicrobial resistance. Universal access to sexual and reproductive health and the associated rights were essential components in functioning health systems, and gender equality should no longer be considered an issue that only affected women. She expressed support for the emphasis placed on impact at country level, and underlined the need to continue the WHO reform process. The increased earmarking of contributions was a cause for concern; the general programme of work needed to highlight the value of flexible support and explain how the Secretariat planned to make the provision of such support more appealing to donors.

The representative of VIET NAM expressed support for the three strategic priorities and the four priority areas. As a high-level document rather than a costed plan, the draft general programme of work would have to be translated into the biennial programme budgets. She asked how the Director-General planned to mobilize resources to strengthen universal health coverage in countries and implement the flagship initiatives. WHO would require more political and financial support from countries and other international organizations in order to fulfil its essential role of protecting health.

The representative of KAZAKHSTAN expressed support for the three strategic priorities and the full alignment of the draft general programme of work with the Sustainable Development Goals. It was encouraging that WHO was focusing on people's lives rather than outputs and processes as it would be good for public relations and also clearly indicate the direction to be taken by WHO. The draft document provided a good strategic overview, but more details were needed on the respective roles of the Secretariat and Member States in achieving the "triple billion"¹ target. The new general programme of work would also need to be reflected in the Programme budget 2020–2021.

The representative of BAHRAIN, acknowledging the ambitious targets set out in the draft programme of work, pointed out that countries would need support from the Secretariat in order to make progress in achieving the health-related Sustainable Development Goals in the four priority areas. She expressed support for the focus on road traffic injuries and the health effects of climate change and recognized that the strategic shifts proposed were needed to strengthen WHO's role and impact. Country offices would play a major role in implementation, and the need to build the capacity of Member States would increase. It would be essential to systematically measure the progress made towards attaining the goals set out in the draft programme of work.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, commended the consultation process, which should ensure that the general programme of work was implemented smoothly, and the desired results achieved. Furthermore, the priorities set out in the draft document were aligned with regional and national priorities. Attaining the targets of the health-related Sustainable Development Goals posed a major challenge, both globally and in the Region, and WHO's efforts to strengthen health systems were therefore appreciated. Adequate resources must be made available at all levels of the Organization to allow a rapid and effective response to national and international health emergencies. He suggested including a monitoring and evaluation framework in the draft general programme of work in order to ensure that the desired results were achieved.

The representative of NEW ZEALAND welcomed the proposal to put people and countries at the centre of WHO's work, and to move towards developing and delivering projects at the regional and country level rather than centrally. Although the proposed data initiatives might increase cost-effectiveness, they were potentially expensive and would need to be aligned with the information systems of other United Nations agencies and the OECD. Member States' understanding of the draft general programme of work would be enhanced by more clarity and detail, in particular, additional information on how the proposed shifts would be implemented and on the financial risks associated with winding down the Global Polio Eradication Initiative. Universal health coverage should be given the highest priority, but within the context of affordable access, equitable health outcomes, and the monitoring of those outcomes.

¹ 1 billion more people with health coverage; 1 billion more people made safer; 1 billion lives improved.

The representative of FIJI, while expressing overall support for the draft document, called for more details to be provided on activities due to be sunsetted or reduced in scope, and for political, economic, technological and social factors likely to impact WHO's work to be taken into account. The revised draft should include a realistic analysis of risks that could prevent the Organization from meeting its objectives and outline how those risks might be managed or mitigated.

The representative of FRANCE, recalling that the Board was a WHO decision-making body, warned that the purely advisory nature of the current special session should not set a precedent. He praised the draft programme's alignment with the Sustainable Development Goals and its intersectoral vision, but expressed uncertainty about whether the ambitious goals set out in the draft document could be achieved in a climate of budgetary constraint. Member States must continue to be consulted, especially on setting priorities, targets and indicators. Any extension or redefinition of WHO's role should not be at the expense of its six core functions as agreed by Member States in the Eleventh and Twelfth General Programmes of Work.

The representative of TURKEY praised the inclusiveness of the consultation process, the convening of the special session and the operational focus of the draft programme of work. However, he was concerned about the ambitiousness of the draft, which was more political than technical. He would welcome a more detailed implementation plan and clarification on WHO's new path in the next programme budget. Despite the lack of detail, he supported the intentions and aspirations behind the draft text.

The representative of LIBYA expressed support for the draft general programme of work. Its implementation would require continued coordination and consultation with Member States, as would the creation of effective and efficient partnerships and the generation of funding and resource-mobilization mechanisms involving individuals and civil society. Enhanced cooperation with other organizations in order to avoid duplication of efforts and an increased focus on operations would also be needed. It would take creative solutions to reach the world's most vulnerable people, particularly migrants and displaced people. Because many current health problems were avoidable, a prevention-based approach could help to reduce costs. Low-income countries in particular would need support in building capacity and moving towards universal health coverage. Effective and systematic monitoring and evaluation mechanisms would also be required, and the Organization should be ready to adjust or change those mechanisms as required.

The representative of SRI LANKA said that the flagship initiative on climate change should cover not only small island States, but the most vulnerable countries as well. Clarification was needed on the "triple billion"¹ target, in particular, on how the figures had been calculated and how progress would be measured. He wondered, for example, whether country-level figures would be based on population or performance. Achieving the targets of the Sustainable Development Goals would require continuous improvement in the quality of care and patient safety, and issues related to population ageing also needed to be addressed. In the case of universal health coverage, linguistic accessibility as well as geographical and financial accessibility, needed to be considered in countries with multiple ethnicities. Although he supported the overall vision and mission set out in the draft document, resource mobilization and health financing had to be addressed from the outset, and that would require costing plans.

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The representative of the DOMINICAN REPUBLIC, conceding that the draft general programme of work outlined some necessary strategic and institutional changes, drew attention to the following shortcomings: more emphasis placed on WHO's participation in policy debates than on solving health problems; insufficient attention paid to Member States' commitments to developing core capacities under the International Health Regulations (2005); and failure to address important aspects of climate change, such as its effects on health and tourism. Furthermore, there seemed to be little intention to provide direct support to small countries or to initiate agreements whereby larger countries assisted smaller ones. The concept of social determinants of health was far narrower than in the past, and less emphasis was placed on promoting equity and reducing poverty, possibly indicating an ideological shift. The focus on universal coverage rather than on universal health risked commercializing health and restricting access to care for poor and vulnerable populations. Despite frequent references to the need for health promotion, many of the targets focused solely on diseases. Lastly, while the document called for intersectoral action, the proposed activities were limited to the health sector.

The representative of AUSTRALIA¹ expressed support for the direction of the draft general programme of work and appreciation for the consultation process that had generated the draft, welcoming its mission, "triple billion"² target and grounding in the 2030 Agenda for Sustainable Development. She emphasized the importance of ensuring that no one is left behind, noting that more focus might be needed on ageing populations and people with disabilities. With regard to the "major shifts", there were a number of questions and comments her country would like to see addressed in the revised draft. The increased focus on outcomes and impact was very positive, but the revised document should clearly show how the specific health priority targets had been chosen and how they aligned with existing targets and indicators. Her country welcomed the areas singled out as "flagships", but would appreciate a clearer explanation of the flagship model and what it would mean for WHO's way of working; she also sought clarification on what was meant by "fewer and better normative products that are more focused on country needs", emphasizing that normative work was WHO's core business. Efforts to step up leadership in political forums should be based on WHO's added value and comparative advantage, complementing and not duplicating or complicating existing work. She supported the articulation of how the Organization would drive impact in every country, but considered that the shift to a stronger country focus should involve the three levels of the Organization and not simply "invert the pyramid" towards country offices; becoming "more operational" might not be the best way to frame that shift. Before the draft programme of work went forward to the Health Assembly, the Board would need to understand the implementation process in the context of the Programme budget 2018–2019 and how it would drive resource mobilization for the bienniums ahead; more information would be needed on costing.

The representative of EGYPT¹ expressed support for the way in which the draft general programme of work aligned with the 2030 Agenda for Sustainable Development and its focus on Member States. Although his country attached great importance to the WHO Health Emergencies Programme, WHO remained a normative organization, and a balance would therefore need to be struck between its operational work and its role in setting norms and standards. Building countries' core capacities under the International Health Regulations (2005), and providing them with the technical and financial support needed to attain universal health coverage were also key activities that must not be neglected. WHO should remain the leading authority on global public health, and any new partnerships should not undermine that role.

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

² 1 billion more people with health coverage; 1 billion more people made safer; 1 billion lives improved.

The representative of SOUTH AFRICA¹ said that the draft general programme of work set an ambitious but clear direction for WHO, with priorities that were essential for attaining the Sustainable Development Goals. She commended the targets for HIV/AIDS, tuberculosis, access to medicines, antimicrobial resistance and human resources, and urged the Director-General to focus on strengthening health systems through improved access and affordability. The country-level focus was also welcome. She looked forward to receiving, at the next session of the Board, more details on the priorities that had been set, including technical documents explaining the 1 billion target for each strategic priority. Future meetings on resource mobilization should focus on ensuring that the new general programme of work was supported by well aligned, flexible and predictable funding.

The representative of ECUADOR¹ called for a sharper focus on the promotion of healthy lifestyles and the prevention and early detection of diseases. More information was needed on the practical implications of certain proposals, such as delivering services in a limited number of “fragile States”. The new programme of work must not weaken WHO’s normative role as set out in Article 2 of the Constitution, particularly in the development of international norms on food, pharmaceutical products and other matters. The Organization should not lose sight of its comparative advantage as a generator of knowledge. He called for greater detail regarding WHO’s work with other organizations in the United Nations system, particularly at country level, and expressed support for improving the collection and use of health data. Engagement with the private sector would require the stringent application of the Framework of Engagement with Non-State Actors.

The representative of PERU¹ welcomed the draft programme’s alignment with the Sustainable Development Goals and supported the strategic priorities identified. His Government shared the Director-General’s determination to tackle global health challenges as outlined in the draft document. In order to meet the targets, health systems had to be strengthened, and more emphasis on technical support was therefore needed, including for training of health care workers at all levels. The health needs of the world’s most vulnerable populations and disease prevention also merited more attention, particularly in connection with controlling noncommunicable diseases.

The representative of KENYA¹ placed emphasis on the need to take note of lessons learned from the Twelfth General Programme of Work and of the challenges facing individual countries. WHO should continue to provide global health leadership, while increasing its collaboration with stakeholders always in strict compliance with the Framework of Engagement with Non-State Actors. She appreciated the commitment shown to putting countries at the centre of WHO’s work and called for increased resources for country offices to enable them to support Member States. Universal health coverage required support in areas other than awareness raising and advocacy for domestic financing, such as the development and implementation of health financing and resource mobilization strategies. There was a need for clear indicators to measure the progress made towards attaining the targets contained in the draft document.

The representative of the UNITED STATES OF AMERICA¹ expressed the hope that the new general programme of work would allow WHO to evolve into a data-driven, results-based organization with a renewed focus on its core functions. He welcomed the draft programme’s emphasis on measurable goals, outcomes and impact. WHO’s core mission was to be a normative and standard-setting organization with a focus on infectious diseases, health emergencies and global health security; extending its work too far beyond that mandate would distract from key reforms. While multisectoral coordination on the Sustainable Development Goals might be useful, the health-related

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

goals and targets must remain at the centre of WHO's Goal-related work. Progress in attaining the Goals would depend on partnerships and collaboration with civil society and the private sector.

The representative of ANGOLA¹ expressed support for the proposed strategic and organizational shifts and the focus on country offices, but pointed out the vital role of the regional offices. Ongoing technical support would be an essential component in strengthening countries' health systems and building their capacity; without such support, many African countries would be unable to achieve Sustainable Development Goal 3 by 2030. Regarding the assertion that United Nations reform should enable WHO to work more effectively with non-health sectors, she asked how the Director-General planned to achieve that in the light of the Organization's functions as defined under Article 2 of the Constitution and its status as a specialized health agency under Article 57 of the Charter of the United Nations.

The representative of SWITZERLAND¹ expressed support for the draft thirteenth general programme of work, in particular, its alignment with the Sustainable Development Goals. She recalled that her Government had previously proposed shortening its duration to three years (2019–2021) in order to align WHO's programming with the United Nations planning cycle starting in 2022. Such harmonization of planning would improve coordination among the specialized agencies, strengthen WHO's impact in countries, and allow for better coordination of resources among agencies. It would also send a strong message in support of shared commitment to health.

The representative of CUBA¹ said that the draft programme of work would facilitate a Health in All Policies approach and expressed support for the priorities identified therein. He called for more information on the differentiated approach to developing and strengthening capacities to prepare for and respond to health emergencies. The revised draft document should emphasize the importance of promoting evidence-based work, ensuring policy coherence and protecting the integrity, autonomy and reputation of WHO. The proposal to make WHO more operational was welcome, but care should be taken to ensure that its normative and standard-setting functions were not weakened as a result. Further intergovernmental discussion on the proposed shifts in the functions of the Executive Board and its Officers was needed.

The representative of BANGLADESH¹ commended the timeliness of the draft general programme of work. He joined the representative of Sri Lanka in calling for the flagship initiative on climate change to include particularly vulnerable countries in addition to small island States, and proposed that the title of the initiative should be changed to "Climate change in small island States and most vulnerable countries". Regarding WHO's mission of "serving the vulnerable", he enquired how the Secretariat planned to ensure the health and well-being of the displaced Rohingya people from Myanmar under the new general programme of work.

The representative of INDIA¹ expressed broad support for the approach adopted in the draft general programme of work. Access to medicines and health research and development were priority issues for his Government, which would like to see a clearer research and development road map. Integrating traditional and complementary medicines and mainstreaming digital health technologies should also be strategic priorities. However, all priorities needed to align with the Organization's core mandate as set out in Article 2 of the Constitution. Setting strategic priorities was not in itself enough; the Secretariat must ensure that it had the means and resources to achieve them.

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

The representative of BELARUS¹ expressed support for the strategic orientation of the draft programme of work. However, the interests of middle-income countries and WHO's plans for engagement with them should be clearly reflected. The consultation process so far had been welcome, and the next step should be to hold intergovernmental discussions in which Member States negotiated revisions to the draft document before it was submitted to the Seventy-first World Health Assembly.

The representative of TOGO¹ said that the strategic vision set out in the text was relevant and in line with WHO's mandate. Although he agreed with the mission, strategic priorities and proposed strategic and organizational shifts, he suggested some changes to the language in the French version, in particular that the phrase "*préserver la sécurité mondiale*" (keep the world safe) in the mission statement should be changed to "*préserver la sécurité sanitaire mondiale*" (protect global health security) to avoid ambiguity.

The representative of MOROCCO¹ said that monitoring and evaluation tools would be needed to measure progress under the new programme of work and to identify emerging strategic priorities. He agreed on the importance of better linguistic and geographical representation within WHO and expressed the hope that more staff from developing countries would benefit from the mobility policy. Access to medicines was a priority issue, on which possible ways forward included improving South–South cooperation, taking advantage of the flexibilities built into intellectual property accords and increasing information-sharing among developing countries. Overall, the proposed programme of work was pertinent and would help countries to strengthen their health systems.

The representative of ARGENTINA¹ praised the participatory approach that had led to the current draft. Noting the aspirational nature of the draft programme of work, he emphasized the need to address the future financing of the work involved in achieving the targets over the 2020–2021 and 2022–2023 bienniums. He supported the ambitious strategic priorities and pledged his country's support in achieving the proposed goals. Further information was needed on the methods used to develop the draft WHO impact framework and on the quantitative methods to be employed to measure impact. He welcomed the inclusion of migrants' health as part of universal health coverage. The revised draft should provide more details on the commitment of WHO's new leadership to engagement with non-State actors, and on the Organization's role in promoting South–South cooperation. He also requested more information on how the Secretariat planned to monitor and evaluate progress under the new programme of work.

The representative of SLOVENIA¹ expressed support for the alignment of the draft general programme of work with the Sustainable Development Goals, its focus on universal health coverage and the inclusion of noncommunicable diseases, mental health, substance abuse and road traffic injuries as priority issues. She encouraged WHO to develop a more coherent approach to cross-cutting risk factors, such as harmful use of alcohol, and pointed out the need to enhance engagement with nongovernmental organizations, strengthen the capacity of civil society and develop new tools to facilitate partnerships.

The meeting rose at 12:30.

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

SECOND MEETING

Wednesday, 22 November 2017, at 14:35

Chairman: Dr A. HAFEEZ (Pakistan)

DRAFT THIRTEENTH GENERAL PROGRAMME OF WORK: Item 3 of the agenda (document EBSS/4/2) (continued)

- **Current context and challenges** (continued)

The representative of CHINA¹ welcomed the draft thirteenth general programme of work and its focus on universal health coverage, health emergencies and health priorities. Investment in those areas would be essential for achieving the Sustainable Development Goals and improving the health and well-being of all. He suggested adding the following wording to the paragraph on WHO's vision and mission: "Broad and sustained efforts are needed to build a community of shared future for all human beings to better respond to health challenges". He also suggested adding to the paragraph on universal health coverage on page 8 of the English version: "WHO, together with Member States and partners, is willing to promote local production of health products and related technology transfer through regional development initiatives such as the Belt and Road Initiative". Lastly, he suggested including in the draft text a brief analysis of the current global health situation and a review of the implementation of the Twelfth General Programme of Work in order to facilitate understanding of the priorities proposed under the new programme of work.

The representative of the REPUBLIC OF KOREA¹ supported the draft general programme of work. Success in achieving the targets set out in the ambitious draft WHO impact framework should be measured using reliable data, which would mean that monitoring and evaluation and strengthening data collection systems were of paramount importance. He welcomed the emphasis on that aspect in the draft document and suggested including an accountability system in the draft WHO impact framework. The Secretariat should report annually to the Health Assembly on progress made in implementing the thirteenth general programme of work.

The representative of CHILE¹ commended the fast-track approach preparing the draft thirteenth general programme of work and welcomed the inclusive consultation process. The document was an excellent starting point for deciding WHO's priorities in the future. Universal health coverage was the key priority that underpinned all others. The draft general programme of work should highlight the type of support the Secretariat could provide to countries beyond capacity-building, such as technical and financial support, advice on using the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and promotion of research and development to strengthen access to safe, high-quality medicines. The draft general programme of work might also highlight possible synergies with existing regional initiatives aimed at strengthening countries' early warning and risk reduction and management capacities. She appreciated the establishment of specific targets aligned with the Sustainable Development Goals, but expressed concern at the potential for duplication of measuring instruments. Aligning the targets with existing regional indicators also needed addressing in

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

the revised version of the document. She welcomed the proposed strategic shifts and underlined the importance of enhancing WHO's global leadership and capacity to speak out against practices that were harmful to health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ welcomed the Director-General's commitment to preparing the thirteenth general programme of work in a timely fashion. He strongly supported the prioritization of WHO's work according to global health needs and its comparative advantage and recommended that the final document should state explicitly what WHO would not do. He welcomed the new draft impact framework but noted the importance of output and process indicators in monitoring progress towards outcomes. A clear causal chain would improve understanding of WHO's role in achieving the desired impacts. The impact framework should also measure the Organization's progress in fulfilling its transformation agenda. The relevance of the Health Emergencies Programme to all WHO's work needed to be more clearly articulated. Although the Programme had a role to play as a provider of last resort in certain situations, further operationalization should be avoided. The proposed general programme of work would require significant funding commitments. He therefore looked forward to seeing the investment case and further details of the budget, otherwise it would be difficult for Member States to approve the proposal. Lastly, the draft general programme of work should provide convincing examples of successes achieved and clearly set out priorities for organizational improvement. He would encourage the Secretariat to focus on improving performance management and ensuring value for money.

The representative of SENEGAL¹ commended the inclusive consultation process, the alignment of the draft general programme of work with the Sustainable Development Goals, its focus on human rights and universal health coverage, and the emphasis placed on results and impact. Complex public health challenges required a comprehensive, innovative, people-focused approach aimed at improving health and well-being. Urgent, targeted action was needed to reduce mortality and morbidity, and while WHO's normative functions were vital, it should develop operational mechanisms and actions to respond effectively to urgent health needs and concerns. The priorities envisaged should clearly reflect the three key pillars of resilient health systems: accessibility and adequate infrastructure, qualified personnel and uninterrupted availability of quality medicines.

The representative of the RUSSIAN FEDERATION¹ thanked the Secretariat for the timely development of the draft thirteenth general programme of work and noted with satisfaction that the proposed priorities fully aligned with the Sustainable Development Goals. He welcomed the innovative measures to improve the Organization's efficiency and effectiveness and to ensure concrete results. A balance had to be maintained between financial, technical and other aspects of the programme of work and between new priorities and existing ones. The sustainability of the results achieved had to be ensured and gains already made had to be safeguarded. Overall performance indicators would be important in guiding WHO's work and making necessary mid-course corrections.

The representative of ROMANIA¹ congratulated the Secretariat on the development of the draft general programme of work, in particular the alignment of its central objectives with the Sustainable Development Goals and its recognition of the impact of health on all human activities. Setting and accomplishing strategic priorities for the next five years was crucial; improving health coverage would be the key to success in that regard. Many countries and regions faced critical challenges in maintaining sufficient numbers of trained health workers and ensuring that people could access health services and essential medicines without incurring financial hardship, which would only be possible

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through health system strengthening and the prioritization of health by national governments. Countries should see health as an investment area and strive to achieve the sustainability of health systems through cost-effective solutions, such as preventive measures, early detection of diseases, action on health determinants and health promotion.

The representative of GERMANY,¹ commending the transparent, inclusive consultation process, expressed support for the spirit of the draft general programme of work, in particular the strategic vision for the new era and the Director-General's ambitious approach to global health challenges. He praised the focus on impact and the framing of WHO's actions within the Sustainable Development Goals and called for the Organization to play a more proactive leadership role in the implementation of health-related Sustainable Development Goals. It was crucial to concentrate on a select number of priorities and to focus on specific interventions while avoiding too broad an approach. The general programme of work should be based on a thorough analysis of what could realistically be expected of the Secretariat in the coming five years. The next version of the document should include information on the challenges and risks faced by the Secretariat, such as in the area of polio transition planning; a stronger focus on accountability and on the Organization's core functions and comparative advantage; and a section on the preconditions, including financial resources, required for the Secretariat to deliver on Member States' expectations.

The representative of PANAMA¹ stressed that continued broad consultation at all levels of the Organization was needed to ensure that the new general programme of work truly reflected priorities from the bottom up. The revised draft document should specify the methods used to define priorities and key strategies, and should place greater emphasis on health promotion and disease prevention and on a health determinants approach. Internal management issues should be addressed in a separate action plan within the framework of WHO reform. She welcomed the focus on impact, but noted that process indicators would still be needed for monitoring purposes. She applauded the inclusion of the Framework of Engagement with Non-State Actors and the focus on strengthening WHO's normative and leadership functions. Although alignment with the Sustainable Development Goals was important, organizational challenges, such as WHO reform and governance, must also be addressed in the new general programme of work.

The representative of BELGIUM¹ welcomed the draft programme of work, which was an improvement on the draft concept note distributed previously and showed progress in relation to previous general programmes of work. He welcomed the Director-General's ambition to enhance WHO's global profile and impact. The commitment to universal health coverage and to emergency preparedness and response was evidence of a welcome shift away from a disease-specific approach. He welcomed the emphasis on impact at the country level and the strategic shift towards a more demand-driven WHO, so long as the shift did not weaken the Organization's normative role. WHO should remain a multilaterally governed, global organization, setting standards and directions for Member States rather than simply carrying out their wishes. WHO's work on the ground during the initial phases of health emergencies should be time-limited; its main role should be to provide support and strengthen affected health systems. The proposed governance improvements would help the governing bodies to develop more strategic agendas and establish a clear division of responsibilities between the Executive Board and the Health Assembly and between the Secretariat and Member States. Fundraising, in particular the mobilization of flexible funding, would be essential in order to ensure the programme's feasibility.

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

The representative of BARBADOS¹ expressed support for the alignment of the goals and objectives of the new general programme of work with the Sustainable Development Goals, noting that differences and disparities among and within regions should be taken into account. In many countries there was a need to build capacity and empower States to play a greater role in their own health development. He supported the document's focus on antimicrobial resistance, noncommunicable diseases, communicable diseases and universal health coverage. He particularly welcomed the attention paid to the effects of climate change, which posed a serious threat to health and to health infrastructures in countries such as Barbados. He also supported the proposed collaborative, intersectoral approach to health promotion. Wherever possible, positive aspects of previous general programmes of work should be taken into consideration when finalizing the new programme of work.

The representative of SINGAPORE¹ applauded the Director-General's vision as set out in the draft programme of work and commended the broad consultation process. He fully supported the alignment of the draft programme with the Sustainable Development Goals and welcomed the strategic priorities, in particular, the emphasis on universal health coverage and noncommunicable diseases. The document rightly acknowledged the vulnerability of all countries' health systems to epidemics and emergencies in a globalized world. He welcomed WHO's commitment to increasing health emergency risk management capacities across all phases of emergency preparedness and response. WHO should continue to provide timely and balanced risk assessments to guide public health interventions in emergency situations.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ commended the Secretariat on developing the "triple billion"² target in consultation with Member States. Achieving such ambitious targets would require meticulous and harmonized strategies, the effective use of human and financial resources, and a rigorous monitoring and evaluation framework. A focus on humanitarian issues, particularly in conflict areas, was needed. In order to realize the proposed strategic shifts, it would be necessary to strengthen country and regional offices, as well as the Secretariat, by recruiting effective, well-trained staff and finding more efficient ways of working towards objectives such as universal health coverage. In order to harmonize activities across organizations in the United Nations system, consideration should be given to shortening the period covered by the new programme of work, as suggested by other speakers. He appreciated the changes already made within the Secretariat by the Director-General and looked forward to seeing those changes reflected in country offices.

The representative of the SYRIAN ARAB REPUBLIC¹ congratulated the Secretariat on the development of the ambitious draft thirteenth general programme of work. However, its objectivity was undermined by the specific references to particular countries and its failure to mention certain particularly vulnerable situations, such as the situation in the occupied Palestinian territories and the occupied Syrian Golan. He called on WHO to provide technical assistance for strengthening health systems in vulnerable areas.

The representative of INDONESIA¹ said that reaching the ambitious targets in the draft programme would require a significant effort and continuous support from all levels of WHO, Member States, other United Nations organizations and non-State actors. The draft document covered many crucial issues, but other areas that had not been adequately addressed, such as ageing and health and social determinants of health, should not be disregarded. It was appropriate to identify universal health coverage as one of the top priorities in the new general programme of work, and she

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² 1 billion more people with health coverage; 1 billion more people made safer; 1 billion lives improved.

commended the focus on emergency preparedness and response. However, the revised draft should provide more information on resource mobilization for the three strategic priorities, as well as on other country-specific issues that had been omitted from the current version. Her delegation stood ready to work with the Secretariat on identifying those issues.

The representative of QATAR¹ pointed out the value of having an electronic monitoring framework to measure progress towards Sustainable Development Goal 3 and other relevant health-related indicators. The draft document should also contain tailored goals for developed countries that had already achieved many of the Sustainable Development Goal targets.

The representative of PAKISTAN, welcoming the ambitious draft programme of work, said that the approach to universal health coverage must encompass access as well as coverage. After highlighting the importance of achieving a balance between serving the most vulnerable and ensuring that no one was left behind, she asked for further details on the share of responsibilities individual countries and regions might expect in the three “1 billion” targets; the baselines for the targets for universal health coverage, health emergencies and health-related Sustainable Development Goals; and the strategic pathway for implementation. In order to achieve the proposed organizational shifts, WHO would need to begin preparations for the reallocation of responsibilities among country and regional offices and headquarters.

The representative of the UNITED NATIONS DEVELOPMENT PROGRAMME thanked the Director-General for highlighting the importance of collaboration among the organizations of the United Nations system, an aspect that could perhaps be further elaborated in the draft general programme of work. United Nations partners should work together so that they could leverage each other’s mandates, expertise and capacities. His own Organization would support the implementation of the new general programme of work as follows: by backing WHO’s leadership in promoting universal health coverage, building capacity to strengthen national health systems, ensuring sustainable financing and fostering multisectoral engagement in efforts to achieve Sustainable Development Goal 3; by scaling up collaboration to meet the health challenges caused by climate change and environmental threats and promoting renewable energy for the health sector; and by acting decisively to provide intersectoral responses to health emergencies and build health service resilience to crises and conflicts.

The representative of the UNITED NATIONS POPULATION FUND welcomed the draft general programme of work, which was different from previous programmes of work, and, in particular, the focus on health coverage, emergencies and priorities. However, it contained no reference to key issues, such as sexual and reproductive health and rights, health of young people and the life course approach. She welcomed the focus on stronger collaboration with, and among, actors at the country level. WHO’s normative, technical and convening capacities were respected and needed in both emergency and non-emergency situations, but the best return on investment for countries would be achieved if all partners respected their specific roles while building on each other’s strengths and comparative advantages, avoiding overlap and acknowledging the capacities and mandates of all country partners.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, applauded the draft programme of work, in particular its focus on noncommunicable diseases. The final document should be explicit about the scope and deliverables of the WHO Independent High-level Commission on Noncommunicable Diseases and state that countries should strive to reduce mortality from all noncommunicable diseases in order to avoid a

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disproportionate focus on those diseases with more easily reducible mortality rates. She called for improved access to cancer treatment, palliative medicines and radiation therapy.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, welcomed the focus in the draft programme of work on universal health coverage, alleviating financial hardship associated with accessing health care, and the need for visionary, ethical, and disciplined leadership and technical expertise. As universal health coverage included palliative care, she suggested that an indicator for access to such care should be included in the draft WHO impact framework.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed concern that the draft general programme of work in its current form contained proposals that could undermine WHO's capacity to fulfil its constitutional mandate and core functions with independence and integrity, noting in particular the need to protect public health planning from undue influence linked to voluntary contributions. She urged the Board to discuss full funding for WHO in order to free it from dependency on such resources. Increasing the Organization's operational functions could threaten its capacity to direct and coordinate international health work and initiate conventions and other health instruments, including those aimed at tackling corporate strategies that harmed health. The Framework of Engagement with Non-State Actors should not be used to enable partnerships, but to manage them and safeguard WHO.

The representative of the INTERNATIONAL FEDERATION ON AGEING, speaking at the invitation of the CHAIRMAN, expressed concern that the draft thirteenth general programme of work did not mention older persons in its strategic directions and overlooked the gap between life expectancy and healthy life expectancy. She hoped the final document would remedy those shortcomings and place greater emphasis on a life course approach. Excluding older persons would jeopardize their health and well-being and generate consequences for people of all ages.

The representative of the INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH, speaking at the invitation of the CHAIRMAN, applauded the draft programme's focus on the Sustainable Development Goals and called for increased intersectoral work between ILO and WHO on health and labour, and between health and labour ministries, in order to achieve Sustainable Development Goals 3 and 8. The new Framework of Engagement with Non-State Actors could increase collaboration between WHO and workers' and employers' organizations in order to promote the adoption and implementation of norms and standards for workers' health.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS FEDERATION, speaking at the invitation of the CHAIRMAN, noted the value of the outcome-based approach in the draft thirteenth general programme of work. Pharmacists had a major role to play in achieving the targets for reducing the number of cases of noncommunicable diseases. The desired impacts would only be achieved with a motivated and empowered health workforce. Shortages of health personnel in some countries could be alleviated if health workers, including students, were involved in policy-making processes.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, supported the general principles highlighted in the draft programme of work, but suggested that concrete details on priority activities, deliverables and timelines should be included. She was concerned that tackling noncommunicable diseases as a flagship initiative rather than as a strategic priority might distract attention away from addressing the growing burden of such diseases, creating a risk that kidney and other diseases could be neglected. The general programme of work should take a more integrated approach to noncommunicable diseases, which incorporated improved surveillance and provision of care, as well as preventive measures.

The representative of the INTERNATIONAL SOLID WASTE ASSOCIATION, speaking at the invitation of the CHAIRMAN, called on the global community to recognize sustainable waste and resource management as a social and economic necessity, to formulate and implement waste management plans with a view to protecting human health, and to strengthen national waste management capacities and activities. The closure of inadequate waste dump sites should be an urgent international health priority.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, welcomed the focus on the Sustainable Development Goals in the draft programme of work and expressed support for its mission, strategic priorities, country focus and reference to cooperation with civil society. Commending the attention paid to noncommunicable diseases, she suggested further strengthening the draft document by including a reference to the global monitoring framework on noncommunicable diseases and agreed mortality targets, as well as a target to measure the capacity of health systems to manage noncommunicable diseases. She encouraged the Secretariat to explore integrated approaches to the delivery of different flagship initiatives.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that universal health coverage could not be achieved without delinking research and development costs from the price of medicines. The general programme of work needed to address the matter and acknowledge the barriers to access to medicines arising from intellectual property rules. He called on Member States to give WHO a mandate to explore norms and mechanisms for enhancing the transparency of research and development costs, and to lead negotiations on a global agreement to provide norms for funding research and development as a public good.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the forward-looking character of the draft programme of work and the renewed effort to achieve health for all. Although the document mentioned in general terms the need to strengthen WHO's resource mobilization, it was largely silent on the problems associated with excessive reliance on voluntary contributions, including the ability of funders to influence WHO's priorities. She was concerned that collaboration with private sector partners could jeopardize WHO's independence and integrity, and she urged the Organization to develop policies and instruments on conflicts of interest that would complement the Framework of Engagement with Non-State Actors. WHO needed to strengthen its legitimacy by promoting and protecting health rights.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft thirteenth general programme of work and expressed support for WHO's policies aimed at improving access to generic medicines. It was disappointing that the negative impact of intellectual property protection measures on access to medical technologies had not been mentioned in the document. He encouraged WHO to expand its technical support for intellectual property management tools, such as flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and suggested that clinical trial data and pharmaceutical price information should be included in the open data initiatives to be promoted.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, commended the draft general programme of work and suggested that a palliative care indicator should be included in the draft impact framework.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, supported the goal of extending health care coverage to a further

1 billion people. Although the designation of noncommunicable diseases as a flagship initiative was commendable, the restrictive focus on prevention measures was concerning. WHO should also support governments in ensuring early detection and diagnosis and access to treatment and care, including palliative care. She welcomed the inclusion of an indicator on human papillomavirus vaccine coverage in the draft impact framework and urged the Secretariat to include other vaccine coverage targets aligned with the Global Vaccine Action Plan.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the prioritization of health system strengthening in order to achieve universal health coverage. He noted that different monitoring frameworks focused on different noncommunicable disease indicators and suggested that the Secretariat should provide more information on how the targets in the draft programme of work and impact framework had been selected. He also suggested adding a target of 80% coverage of essential medicines and technologies for noncommunicable diseases and focusing the related flagship initiative on access to essential medicines and technologies for noncommunicable diseases. The general programme of work should outline plans for fast-tracking implementation of the Framework of Engagement with Non-State Actors in order to promote new stakeholder partnerships to help to address health determinants.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, suggested that the draft general programme of work should include a call for increased investment in nutrition. It should also include a target for combating violence against children, highlight the importance of early childhood development, and acknowledge the need to ensure universal access to health inputs, encompassing essential medicines. She urged WHO to provide assistance for improving national capacity in drugs regulation and managing supply chains, and to continue prioritizing health workforce strengthening.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIRMAN, expressed concern that the draft programme of work did not explicitly mention rehabilitation. Since access to rehabilitation services was key to the achievement of several of the targets under Sustainable Development Goals 3 and 4, it should be included as a central component in the general programme of work, along with targets aimed at strengthening the provision of, and ensuring access to, rehabilitation services.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that partnerships with the private sector would be key to achieving many of the targets in the draft programme of work, particularly in the area of innovation; the Federation looked forward to continuing its collaboration with WHO in that area. Learning from, and building on, such partnerships would be vital to the success of the flagship initiatives. She welcomed the recognition that universal health coverage should include access to affordable, quality-assured medicines, vaccines and health products, and agreed that a broad range of policies was needed to overcome barriers to access, in particular, domestic investment in coverage schemes to reduce out-of-pocket expenses.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the focus on universal health coverage and said that actions to prevent, manage and treat obesity were vital in achieving the health-related Sustainable Development Goals and should be regarded as essential health services. She called on the Organization to support countries in managing and treating obesity, and requested that a target for adult obesity should be included under the priority area of noncommunicable diseases, as well as indicators for public health policies to address obesity and other noncommunicable diseases, such as policies on marketing restrictions, sugar taxes and promotion of physical activity.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, welcomed the focus on innovation in the draft programme of work. WHO had a major role to play in identifying innovation gaps and supporting incentive mechanisms. For example, tuberculosis was a major infectious disease urgently requiring innovation. He commended the emphasis placed on universal health coverage and access to affordable, quality-assured medicines, but drew attention to the need to highlight the concept of essential medicines, in keeping with target 3.8 of Sustainable Development Goal 3 in order to avoid delays in access to, and the availability of, essential medicines.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, commended the draft general programme of work and the prioritization of universal health coverage, which would be unattainable without expanded surgical services. To that end, the Federation had developed a training programme, carried out a capacity assessment, and conducted a global workforce survey. He called on the Board to prioritize surgery and anaesthesia services as a component of universal health coverage in accordance with resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia.

THE REGIONAL DIRECTOR FOR AFRICA said that she was encouraged by the positive feedback on the draft programme of work, including its mission, strategic priorities and strategic and organizational shifts. The focus on delivering results at the country level had been welcomed, although there was concern over whether it would be possible to achieve a balance between such an aim and the Organization's normative and knowledge management work. Comments on the ambitious nature of the programme, plan and vision had highlighted the need to identify and prioritize the resources needed to deliver results at country level. She drew attention to the close alignment of the proposed general programme of work with the Africa Health Transformation Programme, 2015–2020: a vision for universal health coverage. Several speakers had placed emphasis on accountability and the need for clear indicators to show the Organization's contribution to positive health outcomes and achievement of the Sustainable Development Goals. Others had highlighted the need for flexible, as well as additional, financing, in order to effectively implement the general programme of work.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that Member States of the Region were in overall agreement with the objectives set out in draft general programme of work and welcomed its focus on countries and commitment to making WHO more operational at country level, especially during emergencies. The general programme of work was easily adaptable to the needs of countries and in line with the Region's priorities. The role of WHO as a service delivery partner in the context of health emergencies was of particular relevance to the Region. With over half the countries in the Region affected by crises, WHO needed to be more operational on the ground in line with one of the organizational shifts described in the draft document.

The REGIONAL DIRECTOR FOR EUROPE said that the general programme of work contained an ambitious but realistic agenda for change. Although its priorities were closely aligned with those of the European Region, public health should receive a more foundational framing in the document to enhance WHO's leadership of the health component of the Sustainable Development Goals. There had been close collaboration over the development of the general programme of work and it was gratifying to see that many of the comments had been included. The European Region supported the fast-track approach. It was important to reiterate the key elements of WHO's approach to its constitutional role and six core functions, which remained a sound basis for its work. The Organization's normative work and coordinating role were crucial, but they needed to be accompanied by technical cooperation at country level and translated into national legislation, policy and action. WHO's aim to be more operational should be applied in countries where individual capacities and vulnerabilities would guide its work. As a joint venture, the general programme of work needed to be

explicit about WHO's contribution in areas where it had a comparative advantage, and about the contribution of Member States and other partners to achieving results. She encouraged Member States to continue to share ideas and take ownership of the general programme of work.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC welcomed the Director-General's enthusiasm and the strong and clear articulation of the Organization's mission and strategic priorities displayed in the draft general programme of work, in particular, its focus on results in countries. He fully supported the emphasis on driving impact in countries across the whole Organization, as well as the focus on organizational shifts, and hoped that the final text would bring renewed momentum.

The REPRESENTATIVE OF THE REGIONAL OFFICE FOR THE AMERICAS observed that the priorities identified in the draft general programme of work were closely aligned with those of the Member States of the Region of the Americas, in particular in the areas of universal access to health coverage, health emergencies, vulnerable populations and inequities in health. Maternal, child and adolescent health and communicable and neglected tropical diseases were also shared priority areas. The flagship initiatives, as well as access to medicines and vaccines and the health of migrants, were all important issues for Member States of the Region. In developing a global agenda for health, it was imperative that all countries whether large or small should be heard. The Region was committed to ensuring that all its Member States were given the opportunity to contribute to, and take ownership of, the general programme of work. The recently adopted Sustainable Health Agenda for the Americas 2018–2030 represented the health sector's response to the health-related Sustainable Development Goals and it could help to inform any further development of the draft general programme of work.

The REPRESENTATIVE OF THE REGIONAL OFFICE FOR SOUTH-EAST ASIA said that Member States of the Region had expressed broad approval of the draft general programme of work. They had also underlined the need to strike a balance between supporting the most vulnerable populations and populations in general, as well as for the scope of the flagship initiative on climate change to be widened to include all vulnerable countries. Existing partnerships should be strengthened and the Framework of Engagement with Non-State Actors applied to ensure the availability and mobilization of resources from external sources as well as domestic. Regional and national priorities were already closely aligned with the priorities identified in the draft general programme of work. Regional flagship initiatives had helped to focus technical and financial resources on priority areas with favourable results, particularly in eliminating diseases. In that respect, the emphasis in the draft general programme of work on impact was important; the harmonization of priorities and flagship initiatives across the Organization should strengthen that impact. The shifts in prioritization, management and governance highlighted in the draft document reflected and reinforced transformations already under way in the South-East Asia Region.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) observed that although the draft general programme of work was still a work in progress, its emphasis on the central shift of driving impact at the country level had achieved almost complete consensus in the discussions. The word "operational" needed clarification and should be viewed in the context of strengthening WHO's work at country level for more measurable impact in all countries. The precise format of strengthening would depend on the country context, but, in general, it would involve developing the right technical platforms for varied contexts, supporting Member States and partners, and leveraging the investments of other global health partners. In some contexts, the focus of the technical platform would be on policy and normative and strategic work, whereas in others it would be on technical assistance or support for service delivery. In extremis, and only when required, WHO would act as the provider of last resort. In concrete situations – such as in the response to specific emergencies and disease outbreaks – there seemed to be consensus that WHO should indeed become more operational.

The Director-General's reference to WHO's being "political" implied an understanding that in fragile and conflict-affected countries conflict and politics were often social determinants of health. It was important for WHO to call for humanitarian access and the protection of health workers and health services. Such action was appropriate and consistent with the Organization's humanitarian principles.

The DIRECTOR-GENERAL said that, although the draft general programme of work had already been discussed by the regional committees in their recent sessions, where all Member States had had the opportunity to participate, the Secretariat had considered it important to hold the special session in order to hear different perspectives and collect additional input. The general programme of work was still under construction and Member States and non-State actors were invited to continue to provide comments.

The draft general programme of work had been prepared to fully align with the Sustainable Development Goals and targets. However, the Secretariat would continue to refine the draft text to ensure that key areas of concern were adequately addressed. With regard to universal health coverage, financial protection was a crucial indicator and the concrete target was to eliminate out-of-pocket payments or reduce them to a minimum, while improving both access to medicines and coverage. The focus of universal health coverage should be on primary health care and on health promotion and disease prevention. Countries lacking the resources to implement universal health coverage fully could start by providing primary health care, with free services for mothers and children, followed by a phased approach to universal health care services.

The Organization's operational action was limited to a small set of vulnerable and conflict-affected countries and was a response to specific requests from governments. WHO's normative work would continue to be its strength. Since most Member States needed policy and strategy support and technical assistance, WHO needed to be relevant in all countries, including high-income countries, thereby further strengthening its normative role.

The focus on process indicators was important as milestones needed to be measured. A draft document on resource mobilization was ready and a meeting would be held to brief Member States on the new proposals. The resource mobilization strategy had been prepared in parallel with the draft general programme of work as its ambitious plans necessitated a paradigm shift in financing and fundraising. The business model and the way services were delivered needed to be changed and Member States would be invited to provide input before the end of the year. Realistic and achievable plans should also be ambitious.

- **Strategic priorities**

The CHAIRMAN thanked participants for their general comments on the draft programme of work and invited them to continue the discussion, focusing specifically on the three strategic priorities.

The REGIONAL DIRECTOR FOR EUROPE provided an overview of the three priority areas of health coverage, health emergencies and health priorities and how they were being managed in the European context. Out-of-pocket payments for health services remained high in many countries in the Region, demonstrating the need for governments to increase public financing for health in order to implement universal health coverage. In the area of health emergencies, both strengthening implementation of the International Health Regulations (2005) and focusing on vulnerable communities were essential actions. In terms of health priorities, a strong public health focus, which incorporated essential public health functions, such as disease prevention, health promotion and health protection, was needed. The draft general programme of work would provide support in those areas and the Region was willing to share its experiences.

The SENIOR ADVISOR (Office of the Director-General) delivered a slide presentation summarizing issues raised in the discussions so far and outlined the action being taken by the

Secretariat in response, emphasizing that it was eager to continue receiving feedback on the draft general programme of work. In order to increase the emphasis on public health, the third priority, “health priorities”, would be shaped around public health, repositioned as the first priority, and linked to the flagship initiatives. WHO’s perception of universal health coverage would closely reflect the scope of target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Feedback received from non-State actors had noted insufficient emphasis on ageing in the draft document. WHO’s global strategy and action plan on ageing and health should therefore be implemented more widely. Indicators would be added to sharpen the focus on several under-emphasized issues or diseases, including meningitis and neonatal sepsis, violence against children and lowering dietary intake of sodium. Alcohol abuse and prevention were already covered by an alcohol-related indicator in the draft impact framework.

More detailed implementation plans were needed, but decisions had to be made regarding how much detail to include in the general programme of work. It would be possible to include some detail, but a high-level strategy document should not be turned into an operational plan.

The draft revised impact framework remained a work in progress. In response to Member States’ feedback, indicators had been divided between public health and universal health coverage. Indicators for equity and for target 5.6 of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls), relating to ensuring universal access to sexual and reproductive health and reproductive rights, had also been included.

Turning to the methods used to set the “triple billion”¹ target, the target for universal health coverage had been decided on the basis of an analysis of current coverage, historical trends and crude estimates; the target for health emergencies was based on an analysis of epidemic exposure, vulnerability and health system capacity; and the target for health priorities had been derived from crude estimates of the number of lives that would be improved as a result of meeting the health-related Sustainable Development Goal targets. The Secretariat was working closely with leading experts whose advice on the best methods for measuring progress towards the targets and identifying the Organization’s contribution was guiding the process.

Dr CHRIS MURRAY (Professor of Global Health and Director of the Institute for Health Metrics and Evaluation, University of Washington), speaking by teleconference and at the invitation of the CHAIRMAN, said that the “triple billion”¹ target was ambitious but achievable. Debate on the topic was likely to take place in the scientific community and should be encouraged. Most of the discussions would focus on the exact measurement of universal health coverage, the overlap between the three targets and how to take account of country- and region-specific assessments. He understood that a group of global experts would be convened in order to ensure that the best science was used to monitor the framework and to capture input from Member States and the academic community. With regard to impact accounting, it would be impossible to prove, using randomized trial criteria, that WHO had made a particular contribution, but a framework could be devised to quantify the Organization’s impact and show how it was contributing to the achievement of the goals in the draft programme of work.

The meeting rose at 17:35.

¹ 1 billion more people with health coverage; 1 billion more people made safer; 1 billion lives improved.

THIRD MEETING

Thursday, 23 November 2017, at 09:35

Chairman: Dr A. HAFEEZ (Pakistan)

DRAFT THIRTEENTH GENERAL PROGRAMME OF WORK: Item 3 of the agenda (document EBSS/4/2) (continued)

- **Strategic priorities** (continued)

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that universal health coverage was vital for achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and that it could only be attained through strengthened health systems. Universal health coverage meant equitable as well as universal access to high-quality health care services, including health promotion, disease prevention, palliative care and rehabilitation services. The African Region faced numerous challenges in its achievement of universal health coverage, including lack of financing and low national investment in health care, lack of skilled health professionals and insufficient access to medicines. The countries of the Region would look to the Secretariat and non-State partners for support in achieving the objectives of the draft programme of work.

The representative of the DOMINICAN REPUBLIC said that the draft general programme of work did not adequately reflect differences between regions or countries. The analysis on universal health coverage focused on improving health care services without adequately considering the structural factors that affected population health, such as social inequalities and distribution of wealth. The Secretariat needed to clarify the health care coverage models that were envisaged under the draft general programme of work. The health effects of climate change and their long- and short-term repercussions for countries, particularly developing countries, should be highlighted in the section on health emergencies, where the need to establish regional coordination and support mechanisms should also be signalled. The priority area on the health of women, children and adolescents should include specific goals for adolescents, such as improved access to contraceptives in order to reduce teenage pregnancy. The strategies to be employed in support of vulnerable populations should be clarified.

The representative of MALTA, noting that the draft programme of work outlined a significant change in the Organization's working methods, agreed that the strategic priorities were relevant to WHO's role. Her Government strongly supported its alignment with the Sustainable Development Goals and welcomed the focus on outcomes and impacts. However, it was unacceptable that the outcome of the International Conference on Population and Development and the Beijing Platform for Action appeared only in a footnote. The footnote (on page 15 of the English-language version) should be deleted and the full text of target 5.6 of Sustainable Development Goal 5 should be cited.

The representative of MEXICO said that the strategic priorities must be explicit enough to serve as the basis for the Organization's programme budgets and to ensure alignment between priorities and resource allocation. The strategic priorities described in the draft text needed to be more precisely defined, for example as follows: strategic priority 1 should be health system strengthening, which was the first step towards universal health coverage; strategic priority 2 should be achievement of the Sustainable Development Goal 3 targets for women's, children's and adolescents' health,

communicable and noncommunicable diseases and universal health coverage; and strategic priority 3 should be emergency preparedness and response. An additional strategic priority 4 should focus on improving health governance through the continuation of WHO reform and strengthening of the Organization's global leadership. Although a multisectoral approach was needed, WHO's work on the Sustainable Development Goals should be centred on Goal 3. She would appreciate further clarification on the proposed indicators and the methods used for calculating them.

The representative of the NETHERLANDS expressed support for the three strategic priorities and the "triple billion"¹ target. He requested more information on the measuring and monitoring of impact and why each target, indicator and percentage had been chosen. He also asked for clarification on the priorities proposed and the direction of work under each flagship initiative, as well as on how the focus on universal health coverage would be translated into concrete work programmes. He welcomed the recognition in the draft programme of work that access to medicines was one of the pillars of universal health coverage. The approach to improving access to medicines needed to take into consideration all the elements involved, from the development of new medicines to supply; a narrow focus on intellectual property rights had to be avoided. In the area of sexual and reproductive health and rights, the draft programme of work should incorporate Sustainable Development Goal targets 3.7 (ensure universal access to sexual and reproductive health-care services) and 5.6 (ensure universal access to sexual and reproductive health and reproductive rights), as well as WHO's existing reproductive health strategy. Sufficient funding had to be allocated for international cooperation in the area of health emergencies, and he therefore hoped that the forthcoming investment case would address that need.

The representative of SWEDEN welcomed the priority status given to universal health coverage and health system strengthening. However, the draft programme of work had to clearly state that universal health coverage should include effective policies on sexual and reproductive health and rights. While making emergency preparedness and response a priority area was gratifying, the International Health Regulations (2005) should be given more prominence in the text, and the link between national capacity-building and health system strengthening needed stronger emphasis. The Secretariat should specify what it would prioritize in the area of health emergencies and clarify WHO's role in combating antimicrobial resistance. The Organization's role as the health cluster lead in humanitarian crises and as a development actor should also be made clearer. The section on health priorities was too broad; it should focus on Sustainable Development Goal 3.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, asked the Secretariat how it would apply the three strategic priorities at the regional and country levels, what the baseline for monitoring progress would be, and how the different sets of indicators were linked. He then made the following suggestions: all the indicators should be listed in an annex; the strategic priority for health coverage should place emphasis on primary health care; the strategic priority for health emergencies should be linked to the global implementation plan for the International Health Regulations (2005) and should include preparedness and simulation exercises as strategic activities; and the section on health priorities should include integrated vector control.

The representative of CANADA expressed support for the three strategic priorities and the "triple billion"¹ target and welcomed the range of health care services included under the definition of universal health coverage. She noted that the Secretariat had a critical role to play in providing guidance on poliomyelitis transition planning, particularly in the shift in surveillance standards and

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approaches. She asked why the indicator of Sustainable Development Goal target 3.4 on the suicide mortality rate had not been included under the proposed mental health target; the two gender equality indicators of Sustainable Development Goal target 5.6 were a welcome addition. Gender equality, equity and rights should be mainstreamed throughout the draft general programme of work, which should contain clear references to the Minimum Initial Service Package for reproductive health during emergencies. She asked for clarification on the practical implications for Member States of the proposed team effort approach to resource mobilization, and suggested that the explanation provided the previous day on WHO's operational role should be included in the document.

The representative of ITALY opined that the document should contain a broader description of the challenges associated with biomedical and digital technologies, such as electronic health records and genome sequencing. Such technologies raised ethical questions on issues such as informed consent, privacy and confidentiality. It was important to assess technologies, distinguish between clinically useful and redundant tools, and understand their effect on clinical practice. WHO had a major role to play in helping Member States to determine whether technologies would lead to gains in overall population health.

The representative of FRANCE welcomed the three strategic priorities and looked forward to receiving more precise information on the "triple billion"¹ target. Geographical diversity criteria would need to be applied so that progress towards the three targets could be equally shared across countries. He welcomed the effort to align the draft general programme of work with the Sustainable Development Goals and the commitment to achieving tangible, measurable results. In order to facilitate data collection, the targets and indicators should be aligned with those of the 2030 Agenda for Sustainable Development.

The representative of the PHILIPPINES said that setting 1 billion targets carried a risk that countries with small populations, such as the Pacific island States, might be left out. The targets and mechanisms for tracking and reporting progress should be aligned with the United Nations global indicator framework for the Sustainable Development Goals in order to avoid duplication. The Secretariat needed to clarify how it would mobilize the human resources required to provide services in emergencies. The regional offices could play a critical role in implementing the general programme of work by encouraging intercountry collaboration.

The representative of JAPAN, welcoming the three strategic priorities, said that more information was required on how the three 1 billion targets had been arrived at. WHO's technical credibility would be enhanced if a more detailed explanation was included in the next version of the document. Some targets, such as those for noncommunicable diseases, were not congruent with global targets agreed at previous Health Assemblies, and he urged the Secretariat to revisit those targets. He looked forward to receiving more information on funding for implementing the new programme of work.

The representative of JAMAICA said that in order to achieve the desired outcomes in the area of health coverage, collaboration would be necessary to enhance governance, infrastructure, equipment maintenance and financing at the country level. There should be more emphasis in the draft document on improving the quality of, and access to, health coverage, and on the need for health promotion. She sought clarification on the parameters WHO would use for measuring and evaluating progress towards universal health coverage and on the indicators for tracking financial hardship. She agreed with the proposed approach to health emergencies. She called on WHO to provide support to enhance human resources, surveillance systems and response times, and to promote community

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involvement aimed at enhancing the sustainability of interventions. She also called for country-specific targets in the section on health priorities, and for an assurance that the targets already agreed for cervical cancer screening would appear in the draft document. She sought further clarification on why the fourth flagship initiative focused on child and adolescent brain development rather than on a life course approach. She strongly supported the flagship initiative on climate change in small island developing States.

The representative of COLOMBIA said that a technical review of the “triple billion”¹ target should be undertaken using rigorous quantitative methods, in line with the procedure used to establish the baselines and indicators for the Sustainable Development Goal targets. The fact that some regions had already achieved some of the targets needed to be taken into account. The work of WHO should not be limited to the health priorities identified in the 2030 Agenda for Sustainable Development. In the area of access to medicines, for example, the Organization should continue its work on widening access to new technologies and high-cost therapies. The draft general programme of work should include indicators on access to medicines, research and health system strengthening. Work on climate change should be consistent with the Paris Agreement, consider the specific needs of developing countries and prioritize all countries that were vulnerable to climate change, not just small island States. A life course approach should be taken to achieving gender equality, equity and rights. She suggested that the draft WHO impact framework should appear as an annex to the draft programme of work, with a more detailed description of targets.

The representative of NEW ZEALAND called for more detailed information on the investment case, governance and organizational reform, and resource mobilization to be submitted to the Programme, Budget and Administration Committee and the Executive Board in January 2018 in order to improve Member States’ understanding of the intentions implicit in the proposed programme of work and how they related to current priority health programmes. New Zealand supported a phased implementation of the general programme of work to allow for reforms in governance and operations, and for alignment with United Nations timelines. The proposed approach to emergency management should acknowledge the importance of post-emergency recovery. The concern raised by the representative of the Philippines regarding States with small populations was valid and should be addressed.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, welcomed the strategic priorities. However, the countries of the Region were of the view that the elimination of communicable diseases should be a stand-alone priority and should not be embedded in another strategic priority. Gender, social determinants of health and healthy ageing should be a parallel priority. The shift towards people-centred health systems and the priority status accorded to universal health coverage with a focus on equity was welcome, as was investment in the health workforce.

The representative of BRAZIL said that the three strategic priorities represented the most pressing issues on the global health agenda. He welcomed WHO’s willingness to increase support to countries for achieving the health-related Sustainable Development Goals, particularly universal health coverage. He noted, however, that the reference to target 3.8.1 of Goal 3 (concerning the definition of essential health services) was incomplete. The paragraph on access to medicines took account of several important issues, such as affordability, but it should also include transparency. Efforts to mobilize political will were needed in order to devise policies that would facilitate access to health products. He commended the linkage between health system strengthening and prevention of health

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emergencies, however, WHO needed to focus on root causes and social determinants of health in order to pre-empt emergencies in the first place. The provision of financial and technical support should not be subject to conditions, particularly when associated with participation in a non-voluntary evaluation process. His Government welcomed the four priority areas and the flagship initiatives, but would appreciate more information on how they had been chosen and their integration in WHO's work in other areas.

The representative of TURKEY said that data collection in connection with the new programme of work should not increase the reporting burden on Member States and the Secretariat should avoid making unjustified changes to figures reported by Member States. He welcomed the focus on the health of vulnerable populations, such as refugees and migrants. Political commitment and multisectoral action plans with a focus on strong health systems would be key to success in that area, and there also needed to be a balance between emergency response and long-term public health interventions. Durable solutions with regard to health systems, the health workforce and service delivery would lead to more sustainable outcomes. The draft programme of work contained few references to physical activity, nutrition and lifestyles under health priorities; WHO needed to promote health, for instance, by leading action to counter the tobacco industry. The strategic priorities should be considered "must-win" battles rather than winnable ones.

The representative of FIJI welcomed the flagship initiative on the health effects of climate change in small island developing States, but sought assurance that WHO would maintain its current climate change activities alongside the flagship initiative. The initiative would provide crucial support for health system strengthening in small island developing States and could subsequently be adapted and scaled up to address the impacts of climate change more broadly. He expressed support for the comments of other speakers regarding the risk that small States might be overlooked in the race to reach the "triple billion"¹ target.

The representative of VIET NAM said that the indicators should serve to monitor progress under priority programmes, particularly the flagship initiatives, and they should therefore be consistent with already established sets of indicators. Some of the indicators proposed needed reviewing, for example, it was unclear whether the indicator for antimicrobial resistance would be sensitive enough to monitor progress under the global action plan on antimicrobial resistance. Furthermore, some indicators on noncommunicable diseases were not consistent with the nine indicators in the global action plan for the prevention and control of noncommunicable diseases, for example, the indicator for tobacco use.

The representative of EGYPT² said that the draft general programme of work needed to be more grounded in WHO's constitutional mandate. The strategic priorities should be clearly linked to the priorities identified in Article 2 of the Constitution. The draft document should also take account of the recommendations of the report of the United Nations Secretary General's High-Level Panel on access to medicines and include an explanation of WHO's operational role in health emergencies, as suggested by the representative of Canada. The definition of universal health coverage should refer explicitly to social and economic determinants of health, as well as access to medicines, as an essential component. Lastly, the revised draft should address the financial challenges that WHO might face in health emergencies.

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² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the UNITED STATES OF AMERICA¹ requested the Secretariat to revise the definition of universal health coverage to make it clear that each country was free to choose its own path and approach to increasing access to health care. The definition should also specifically acknowledge the importance of market-based solutions for engaging the private sector, which was a key stakeholder in health care in many countries. Regarding access to medicines, WHO should focus on high-impact areas, such as improving data collection, strengthening regulatory systems and supply chains, and reforming the prequalification and essential medicines processes to better adapt them to country needs. Regarding health emergencies, the general programme of work should highlight the fact that WHO worked in partnership with other sectors, initiatives and organizations, both public and private, to prevent, detect and respond to outbreaks. The description of the 1 billion target in that area should make reference to the preparedness capabilities covered under the International Health Regulations (2005) and joint external evaluations.

He urged the Director-General to become personally involved in planning the next steps in the poliomyelitis transition process. He welcomed the inclusion of antimicrobial resistance as one of the flagship initiatives, but sought information on how relevant expertise would be mobilized for that and other initiatives, how they were linked to the Organization's core mission, how duplication of activities would be avoided, and how the flagship initiatives would be financed and prioritized in relation to other programme areas. He welcomed the proposal to conduct periodic reviews of the Sustainable Development Goal targets and the flagship initiatives in order to adjust activities as needed.

The representative of NORWAY¹ said that the three strategic priorities provided a logical way of systematizing WHO's work. The definition of universal health coverage set out in the Sustainable Development Goals was useful and should be the foundation of WHO's efforts. Primary health care services, including disease prevention and health promotion, should form the basis of the entire general programme of work. It was important to measure progress towards universal health coverage at the country level. Benchmarking against peer countries could be useful in that regard. The 10 tracer indicators should not limit the choice of interventions for universal health coverage at the country level. Under health priorities, the Secretariat needed to explain how it had developed the list of targets and the proposed impact framework, and the references to public health as a priority and the role of health determinants should be more general.

The representative of POLAND¹ requested further clarification on the "triple billion"² target and how progress towards it would be measured. Closer and more coherent collaboration with other international organizations would be needed in order to achieve the goals named in the draft general programme of work. As noted by the representative of Malta, the language in the draft document must be coherent with that in the Sustainable Development Goals. WHO should remain a normative organization and the global leader in health. In a context of resource constraints, prioritization was essential and he therefore welcomed the focus on a limited number of priority areas.

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The representative of SLOVAKIA,¹ expressing support for a people-centred approach to health, called for initiatives to engage vulnerable people and their communities and families, as well as to encourage people to take responsibility for their own health. A multisectoral approach was needed to tackle emerging threats, such as the potentially harmful health effects of the internet and digital marketing, particularly on youth. She agreed that the exact wording of Sustainable Development Goal target 5.6 should be reproduced in the draft programme of work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ welcomed the three strategic priorities, particularly universal health coverage, and looked forward to seeing more details about the practical implementation of the priorities and the flagship initiatives. He called for the WHO Health Emergencies Programme to receive support from across the Organization, and for Member States to take responsibility for financing it. The next version of the document before them should clarify the practical links between the Emergencies Programme, the International Health Regulations (2005), health system strengthening and antimicrobial resistance. He welcomed the designation of the latter as one of the four flagship initiatives, noting that collaboration across the Organization and cooperation with FAO and OIE would be required in order to tackle antimicrobial resistance effectively. He requested information on how such cross-organizational work would be managed and how accountability would be maintained. The poliomyelitis transition process would require planning, not only for surveillance capabilities but for human and financial resources as well.

The representative of PERU¹ said that the general programme of work needed to take account of regional priorities and of countries' different levels of development. The inequities existing in middle-income countries and the specific challenges they faced should also be considered. The strategic priority relating to universal health coverage should include palliative care at all levels of the health care system, with special emphasis on vulnerable populations. Any operational activities undertaken by WHO should complement, not replace, its traditional normative role. Its operational role should be limited to providing services in emergency situations where the response capacity of health systems had been seriously compromised. With regard to the health priorities, there should be greater emphasis on prevention and on addressing social determinants of health and promoting healthy lifestyles. The revised document should explain in greater detail the relationship between the strategic priorities and the flagship initiatives. The initiative on climate change should target all vulnerable countries.

The representative of FINLAND¹ said that in seeking to promote access for all to the highest attainable standard of health WHO should take a comprehensive, life cycle approach that addressed economic, social, environmental, political and commercial determinants of health. She encouraged efforts to strengthen essential public health functions and to promote intersectoral action and the exchange of best practices. WHO needed to prioritize the most vulnerable populations, especially persons with disabilities. Universal health coverage should include access to quality health services, health promotion, disease prevention and protection from financial hardship arising from use of services. Universal health coverage could best be achieved through a comprehensive and universally accessible primary health care system that was sustainably funded, staffed and managed. WHO should strengthen its capacity to support countries in putting in place such systems. Its main role in health emergencies should be to collaborate with partners as the health cluster lead, rather than acting as an implementer. Emergency preparedness ought to receive the same emphasis as emergency response.

The representative of ESTONIA¹ welcomed the focus in the draft general programme of work on health system strengthening and universal health coverage. Recognizing the limitations of its role, WHO had to set priorities in order to serve those most in need, for example the area of

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noncommunicable diseases whose designation as a flagship initiative was gratifying. The Framework on Tobacco Control had shown that WHO could be a global leader on noncommunicable diseases. Great strides had been made in tobacco control, and she looked forward to seeing similar results for other risk factors, especially the escalating problem of the harmful use of alcohol.

The representative of SPAIN,¹ expressing support for the three strategic priorities and the “triple billion”² target, said that the achievement of universal health coverage should be the top priority. Success in that area would require the mobilization of sufficient resources and political will and would thus depend on the political and economic situation in countries. WHO should play a decisive role in health emergencies. She looked forward to the development of monitoring instruments and baselines in order to measure progress. The resources currently allocated for the eradication of poliomyelitis should gradually be reallocated to the Health Emergencies Programme, and donors encouraged not to reduce their contributions once poliomyelitis had been eradicated. Achieving the target of “one billion lives improved” would require closer cooperation with other sectors. While expressing support for the flagship initiatives, she asked how they would be implemented in practice, adding that the normative role of WHO remained of great importance.

The representative of CHINA¹ welcomed the three strategic priorities, which reflected current global health challenges. However, the revised draft general programme of work should include information on how the health priority indicators had been selected. He trusted that the process had been scientific and transparent and that conflicts of interest had been avoided. The general programme of work also needed to take into account the financial implications of the indicators for countries, for example, some countries might be unable to afford sufficient cervical cancer vaccine to meet the relevant target. Neither could WHO work alone in promoting universal health coverage; it would need the cooperation of multilateral, bilateral and regional mechanisms to reduce the price of medicines and promote local production and technology transfer. Lastly, under health priorities, the document should include activities aimed at decreasing transfusion-transmitted diseases, improving patient safety, strengthening health promotion and enhancing medical education systems.

The representative of PANAMA¹ said that before the targets could be approved, a clear idea of how they would be measured and their implications for countries would be needed. Although the approach to universal health coverage included health promotion and disease prevention, it was largely centred on access to medicines and health products. She wondered whether such an approach would be conducive to measuring the shift from a curative model to one based on social determinants of health. The draft general programme of work did not pay adequate attention to a life course approach or to palliative care, which were significant factors in addressing noncommunicable diseases. While mental health was an important area, WHO should not neglect major causes of mortality such as diabetes, hypertension and heart disease.

With regard to the proposed strategic shifts, the draft general programme of work did not adequately address the shortage of skilled and motivated health workers. A comprehensive approach was required to tackle the problem. WHO country offices should work on the basis of an analysis of priorities. The prioritization method developed by PAHO could be useful for that purpose. She would like more information on the mechanisms to be used to raise flexible funding. She was pleased that the draft programme of work highlighted the WHO Framework Convention on Tobacco Control, the International Health Regulations (2005) and the Pandemic Influenza Preparedness Framework, which were unique health governance instruments. Although the proposed organizational shifts covered some of the decisions made on WHO reform, others, such as those on accountability, had not been given

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enough consideration. The WHO Framework of Engagement with Non-State Actors must be strictly applied.

The representative of LUXEMBOURG¹ welcomed the effort to identify strategic priorities in a complex and difficult global context. She underscored the importance of establishing a clear definition of universal health coverage, which should include access, quality of care and financial protection. A gender-based approach should be reflected across the draft general programme of work. Similarly, the poliomyelitis transition process should not be addressed exclusively under health emergencies, but across the programme of work, using a horizontal approach. In relation to health emergencies, she requested clarification on how WHO intended to position itself among other actors in the broader humanitarian context, and how it would apply humanitarian principles in its role as the guardian of health security. WHO's role as the global health cluster lead should be defined more clearly in the new programme of work. With regard to the health priorities, sexual and reproductive health and rights should be addressed more explicitly under health of women, children and adolescents.

The representative of GERMANY¹ said that the topic of healthy ageing should be addressed more fully in the draft programme of work. He supported the identification of a limited number of strategic priorities linked to ambitious goals, although one needed to be realistic about what could be expected of the Secretariat over a five-year time frame. Given the current multitude of actors in the global health landscape, WHO needed to identify priorities on the basis of an analysis of its strengths and comparative advantage and focus on functions that no other actor could perform. Adequate funding and human resources would then have to be allocated to enable it to carry out those functions. In the interests of transparency, he recommended that all comments on the draft programme of work should be posted online.

The representative of MONACO¹ agreed with previous comments about the need to respect WHO's mandate, collaborate with other agencies, identify WHO's comparative advantage, ensure alignment with the Sustainable Development Goals, and improve performance and accountability. She favoured a horizontal approach to the poliomyelitis transition process under the direct supervision of the Director-General. Such an approach could contribute to the achievement of universal health coverage, as the resources devoted to poliomyelitis eradication in many countries had created a primary health care network that had extended access to health services.

The representative of NIGERIA,¹ expressing general support for the draft general programme of work, said that given the limited availability and high price of essential medicines in developing countries, the subject of intellectual property rights should receive greater attention. Developing countries should be enabled to manufacture their own essential drugs, which was the only way in which such medicines could be made available to those who needed them most. She also called for additional efforts to ensure effective management of the poliomyelitis transition process. Developing countries would require support to deal with the challenge of climate change and related food security and migration issues.

The REGIONAL DIRECTOR FOR EUROPE observed that general support had been expressed for the strategic priorities. Member States had agreed on the need to focus on outcomes and impact and had also highlighted the need for accountability and for WHO to identify where its comparative advantage lay. The section on health priorities would be redrafted to reflect a public health vision integrating public health functions such as prevention and health promotion throughout the life course. Due account would be taken of social, environmental economic, political and commercial determinants of health. The societal functions of public health beyond the health system would also be

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

highlighted. Fully aligning the general programme of work with Sustainable Development Goal 3 would ensure that most of the concerns raised during the discussion were addressed.

The role of the regional offices would be examined in greater depth, as suggested, and fuller account would be taken of the diversity of Member States. The section on data and evidence would be improved by focusing on measuring progress at the country level. The three strategic priorities were interlinked and an integrated approach therefore required.

The SENIOR ADVISOR (Office of the Director-General) said that the Secretariat had taken careful note of all the comments. He explained that the intention was to align the targets and indicators with either the Sustainable Development Goal targets or existing WHO frameworks and not to create new indicators that might increase the reporting burden on Member States. However, some modifications had been made to accommodate the 2023 time frame, as well as to select the most relevant indicators, and, in a few cases, fashion new ones. Further information would be provided in response to queries about the sources for, and rationale behind, each indicator and target. The Secretariat was strongly committed to working with countries to improve data availability, particularly as strengthening health information systems was a key aspect of overall health system strengthening.

The DIRECTOR-GENERAL said that Member States had rightly emphasized the need for a balance between emergency preparedness and emergency response. It would be made clear in the next draft that investment in primary health care and in prevention could help to avert many emergencies and outbreaks. The need to strengthen capacity for early detection and response would also be emphasized. The plan to fully prepare WHO to respond to all eventualities required the participation of many partners. The Global Outbreak Alert and Response Network was in place, and emergency medical teams were being trained in various countries to ensure rapid mobilization when the need arose. If countries and institutions from different regions agreed to provide standardized training for such teams, and to cover transport and other expenses, a “reserve health army” would be ready for rapid deployment to any location in the event of an emergency.

- **Strategic and organizational shifts**

The CHAIRMAN thanked participants for sharing their views on the strategic priorities and invited them to comment on the strategic and organizational shifts proposed in the draft general programme of work.

The REGIONAL DIRECTOR FOR AFRICA highlighted the strategic shifts proposed in the draft programme of work, focusing on the intention to drive impact in every country and describing the approach being taken under the Africa Health Transformation Programme, 2015–2020. She noted that a functional review of the country offices in the African Region was being conducted with the aim of enhancing the alignment of WHO staff skills, numbers and leadership with Member States’ needs and priorities, focusing on WHO’s comparative advantage and partnerships with other health actors.

The most frequent request from the 11 countries visited thus far had been for support to improve governance, stakeholder coordination, government leadership and advocacy, and to guide partners’ investments. Capacity-building played a significant role in supporting countries’ efforts to achieve universal health coverage, and support for multisectoral action had also been requested. Stakeholders expected high-level technical support from WHO to strengthen health systems, surveillance, health risk assessment and health information management. In countries facing emergencies, WHO needed to facilitate an effective interface between humanitarian work and the development agenda. In large countries and countries in fragile situations, there was increasing demand for WHO to be present at the subnational level.

The review, which was scheduled for completion in 2018, would inform thinking on resource mobilization and the restructuring of country offices, with a view to providing more effective support in countries. She believed that it would be possible to strengthen the Regional Office’s capacity to

support countries without a major increase in financing, although additional resources would always be welcome.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC explained that the purpose of the organizational shifts proposed in the draft general programme of work was to help the Secretariat to deliver on the strategic priorities and shifts. Although mainly managerial in nature, they had been included in the draft programme of work for information and to give Member States confidence that the Secretariat had a clear vision and mission. There was consensus that WHO's work had most impact in countries. The Secretariat therefore needed to examine its organizational structure and functions to determine whether they were suitable for driving results in countries, and whether the support provided by headquarters and regional offices to country offices could be improved.

Enhancing country-level leadership was crucial, as high-quality, empowered leaders were needed in countries in order to achieve the strategic priorities. An action plan had been drawn up for that purpose following a recent meeting of leadership teams from headquarters and the regional offices, and heads of country offices. Although WHO was a decentralized organization, it could be aligned at all levels so as to place delivering results in countries at the centre of its work.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) explained that the strategic shift to drive impact in every country was central to the discussion on how WHO could tailor its approach to suit countries' needs. Functions would vary from upstream policy and strategy advice to downstream technical support and support for service delivery, depending on the context, which might change over time, and the approach would be used to guide the Secretariat's planning. Enhancing capacity at the country level would mean not just increasing staff numbers, but also ensuring strong leadership and the right skill mix. Business processes would also be improved.

The strategic shift to focus global public goods on impact would be geared towards country needs, with better documentation of the implementation and impact of normative and technical guidelines at the country level. Efforts would be made to strengthen country data systems in order to measure impact and strengthen the use of data for decision making.

Stepping up WHO's global leadership was also linked to country impact. The focus in that area would be on diplomacy and advocacy and on engaging governments in helping to highlight health priorities and put health on the political agenda. WHO also had a role to play in advocating for gender equality, and in ensuring that a rights-based approach was embedded in all WHO programming. With regard to multisectoral action, the aim was for WHO to partner effectively with other organizations. Further discussions on financing would be held when the investment case was presented; the emphasis would be on evidence-based and results-based budgeting at all levels of the Organization, and on finding a different financing model for global health.

The CHEF DE CABINET, affirming the Secretariat's commitment to focusing on results at all levels of the Organization, said that partnerships would be crucial and would help to hold the Organization accountable for delivering results. In discussions on resources, WHO would need to make the case for health in countries in order to ensure that governments and societies recognized its true value. To that end, the Organization would also change the way it communicated and presented itself. Administrative processes were being reviewed to ensure that they were efficient and accountable. Reshaping the operating model in order to put countries at the centre meant focusing on quality and ensuring that suitably qualified people were available where needed. The Organization was decentralized but it was not fragmented: there was commitment to transformation at all levels.

The representative of ITALY drew attention to the strain that large numbers of migrants were placing on the health and social systems of his country and others, and asked whether the matter should not be given greater attention in the programme of work. He also requested further details of how the new programme of work would influence the budget for the coming biennium and how the mechanism for resource reallocation would work.

The representative of SWEDEN, expressing strong support for the strategic shift to step up its global leadership, encouraged WHO to take a more proactive role in advocating for health at the highest political level. While it was the prerogative of governments to choose their own policies, WHO should always put the case for facts and evidence. At the global level, WHO needed to be a leader and convener for health, rather than for governance, as suggested in the draft. The plan for gender mainstreaming needed to be reflected in more detail in the revised draft programme of work. With regard to the strategic shift to drive impact in every country, there should be a move towards having more senior staff in country offices on a longer-term basis and improving the management of staff performance with a focus on the quality and relevance of staff. Further investment was needed in management and leadership as the current system for recruiting WHO representatives did not necessarily attract candidates of the calibre required; the Secretariat should consider following the example of UNICEF and publicly advertising all vacant positions, including those for WHO representatives.

She supported the proposed organizational shifts, but suggested placing greater emphasis on the mobility policy as a key means of ensuring that staff competencies were better matched to tasks, particularly at the country level. In addition, the next draft should more effectively highlight the value of flexible funding and explain how the Secretariat planned to make the provision of such support more appealing to donors.

The representative of the PHILIPPINES, noting that WHO could play a more active role in reducing the cost of medicines, particularly those for noncommunicable diseases, requested clarification on the effect of the new general programme of work on current country cooperation strategies. She sought further clarification on whether reorganization would be based on the draft general programme of work, and on the time frame envisaged for the organizational shifts. She supported the proposal to produce regular scorecards showing WHO's contribution to the targets, and welcomed the steps taken towards gender equality among the members of WHO's senior leadership team.

The representative of the NETHERLANDS expressed support for the strategic shift aimed at enhancing global leadership, noting WHO's comparative advantage in normative and technical work, its convening power, and, to a lesser extent, its operational work, and commending the ambition to strengthen its advocacy function. He agreed that a differentiated approach should be used to drive impact in every country. However, the work of the local and regional offices needed to be more closely aligned with that of headquarters. The work of WHO as a whole should be more demand-driven and better informed by the country and regional levels of the Organization. He urged the Secretariat to pay particular attention to maintaining a coherent response to public health issues, and to devising a clear definition of the role of the central and regional offices in country work. Under the inverted pyramid approach, the link between the offices could be weakened. Since many challenges in public health were cross-border issues, there would always be a need for a coordinated approach. Decisions about whether to open, close or strengthen country offices should be made on the basis of a thorough evaluation in each case, which would also help to ensure that offices were meeting countries' needs. With regard to the strategic shift aimed at focusing global public goods on impact, he requested clarification on what WHO planned to do differently in the coming period, for example, in relation to normative products.

The representative of MEXICO agreed that WHO needed to strengthen its global leadership and suggested that the Secretariat might consider novel ways of exercising it, such as through a critical path analysis to identify high-level meetings for WHO to participate in with defined objectives. She would appreciate further details on the way in which coordination between the three levels of the Organization would be managed and on the specific responsibilities envisaged for each level. The Framework of Engagement with Non-State Actors should serve as the starting point for any collaboration with the private sector and civil society in order to ensure that such collaboration was

beneficial to WHO. The proposed organizational shifts would require monitoring frameworks for strategies and action plans and ways of identifying whether responsibilities lay with WHO or elsewhere in order to ensure that activities were not neglected or duplicated. Country teams should maintain good communications and work in close coordination with national authorities. Further details would be appreciated on how country offices would coordinate their work.

The representative of JAPAN opined that the proposal to make WHO more operational represented a major paradigm shift, and that clear criteria for determining where the Organization's operational activities began and ended would be needed. A clearer explanation of the shift to greater operationalization should be provided in the next version of the draft general programme of work. He expressed support for a critical review of WHO's normative work, but stressed that its normative functions should be safeguarded and a balance found between operational and normative work at the country level. In relation to the organizational shifts, he asked whether "inverting the pyramid" meant that more staff would be moved to countries while the total workforce remained the same. If so, he wondered how the technical competencies required would be maintained at each level. Moving staff would have financial implications, which should be taken into account in the work on resource mobilization.

The representative of JAMAICA welcomed the proposed strategic shift towards greater global advocacy and voiced support for the actions envisaged to strengthen data collection and use and promote innovation, noting that technical support and guidance in the latter area would be needed at the country level. She recommended that the Director-General should report to the Health Assembly on WHO's engagement with various global and regional political bodies and ensure that Member States were informed of any related initiatives or agreements. She requested clarification on whether annual reporting on the health components of global agreements, such as the Sustainable Development Goals, would be incorporated in the draft general programme of work. She asked what implications the proposed organizational shifts would have for working relationships at the regional and national levels and at headquarters. Noting that the draft programme of work addressed the issue of gender, she pointed out that it had failed to include other factors of vulnerability in the discussion on diversity. She emphasized the need to promote representation from developing countries throughout the Organization, particularly among senior staff.

The representative of FRANCE welcomed the focus on impact and the concept of a differentiated approach based on the maturity of countries' health systems, as well as the proposals on data collection standards and tools. Emphasizing that the strategic shifts should be accompanied by improved accountability and transparency at all levels of WHO, he requested a clearer definition of the concept of "service delivery" and asked how WHO's activities in that regard would be coordinated with those of other actors on the ground. The proposed reallocation of staff and other resources to the country offices should be carried out in accordance with a transparent decision-making process that included clear criteria and avoided any negative impact on WHO's normative functions or its ability to act at the supranational level. The proposals to review the Organization's governance and the division of responsibilities among the Executive Board, the Health Assembly, the Secretariat and Member States should be described more fully and further discussed during future consultations on the programme of work.

The meeting rose at 12:30.

FOURTH MEETING

Thursday, 23 November 2017, at 14:35

Chairman: Dr A. HAFEEZ (Pakistan)

DRAFT THIRTEENTH GENERAL PROGRAMME OF WORK: Item 3 of the agenda (document EBSS/4/2) (continued)

- **Strategic and organizational shifts** (continued)

The representative of the DOMINICAN REPUBLIC said that it was not clear from the draft general programme of work how the technical leadership provided by the regional offices would be affected. The organizational shifts were needed to strengthen the leadership of regional offices and the strategy for bringing them about should therefore be clarified. It was stated in the draft document that WHO would speak out against organizations and industries whose actions were harmful to health, but it gave no indication of how the Secretariat would support Member States in that regard. International cooperation should be aimed at strengthening public health systems and policies, especially those most vulnerable to private sector influence. Organizational changes would be difficult to implement if dependence on private donors, including the pharmaceutical industry, was not reduced; WHO reform should address that area.

The representative of COLOMBIA, welcoming the strategic shift aimed at achieving the greatest possible impact in each country, requested information on how programmatic, financial, administrative and managerial autonomy at country level would be linked to country strategy planning processes, and on how the current approach to work in Member States would change. He also sought clarification on how strategic support would be provided to countries, especially those which already had mature health systems. Consideration needed to be given to providing technical support to such countries, bearing in mind that many of them had high levels of inequity at subnational level. A differentiated approach in each country would therefore be required. With regard to the proposed organizational shifts, a more integrated approach could be adopted when dealing with related topics on the agendas of the governing bodies. Lessons learned and best practices from the regional offices could help to strengthen the WHO reform process. PAHO's procurement funds were useful tools for promoting equitable access to vaccines and medicines.

The representative of BRAZIL expressed satisfaction with the linkages between determinants of health, gender equality and human rights in the draft general programme of work. He sought clarification on how the new way of implementing WHO's normative mandate, with a focus on country needs, would affect related institutions, such as the Codex Alimentarius Commission. In the area of partnerships, the revised draft should highlight the value of South-South cooperation as a means of promoting innovative collaboration among developing countries. It should also clearly state that partnerships should be managed in accordance with the Framework of Engagement with Non-State Actors. With regard to the proposed organizational shifts, more information on methods for improving data collection would be welcome. The methods, standards and baselines to be used for the scorecards should also be clarified, and politicization should be avoided where the scorecards were concerned.

The representative of THAILAND said that in the area of universal health coverage the focus should be on implementation rather than advocacy. Ensuring the delivery of services that were accessible, acceptable and of good quality was essential. Efforts to provide financial protection should be aimed initially at those most in need, and capacity building should be strategically planned in order to support work on health priorities and overcome barriers to achieving results. Technical support should ensure value for money and avoid duplication of work. She concurred with the representative of Brazil on the value of South–South cooperation for building networks for long-term collaboration among countries, and said she would welcome more information on how the programme of work would be implemented in the next draft version of the document.

The representative of CANADA highlighted the importance of the strategic and operational shifts for achieving the aims set out in the draft general programme of work. She suggested that the key role of WHO collaborating centres in promoting innovation should be highlighted in the next draft version of the document, and expressed strong support for disaggregating data by age and sex in order to address data gaps and identify inequities. She welcomed the Secretariat's assurances that it would strive to avoid increasing the reporting burden on Member States, and pointed out that scorecards could serve as an instrument for resource mobilization. The addition of indicators to track WHO's outputs and activities would allow the Organization to showcase its progress. WHO reform, especially governance reform, remained relevant, and efforts to ensure transparency and inclusiveness, while promoting effective governance, should continue. She welcomed a broadening of the Organization's donor base and acknowledged the key role of civil society and relevant private-sector partners in implementing the programme of work. She encouraged full implementation of the Framework of Engagement with Non-State Actors, and drew attention to the risk to the Organization's operational capacity posed by the poliomyelitis transition process and the need to address it in the section on shifts in management and administration.

The representative of FIJI argued that the challenges confronting many health systems in developing countries health were connected as much with management and governance as public health issues. Therefore, WHO needed to refocus, refresh and reinvigorate its staffing policy and leadership at country level, and review and revise its approaches and conceptual models in the areas of health system and health service management, in order to ensure that staff at country level had the skills and tools needed to deliver the requisite support to Member States.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that putting countries at the centre of WHO's work, with a sharper focus on planning, budget allocation and deployment of human resources at country level, represented the best way forward. The draft programme of work needed to better clarify the roles of the three levels of the Organization, especially the regional offices. The plans to increase accountability through the measurement and management of results were commendable. Work already carried out in that respect, such as the results framework introduced in the African Region, should be acknowledged and built upon. Increased investment and collaboration would be needed to strengthen health information systems and enable countries to produce quality data on health outcomes. The shifts aimed at optimizing organizational performance were welcome. Consideration should be given to measuring the performance of staff in all professional positions, not only in D1 and D2 posts. Improved capacity-building across the Organization was needed to ensure that staff could support Member States efficiently and effectively.

The representative of ALGERIA expressed support for the proposed strategic shifts, particularly those aimed at stepping up WHO's global leadership and driving impact in countries. He emphasized the importance of making a clear distinction between activities that were fully within WHO's mandate and those where the Organization would be acting as a partner with other agencies. WHO needed to implement a strategy that would both ensure that Member States, especially developing countries, had

access to digital technologies that would enable them to strengthen their health systems, and also support them in using the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). The coordination role of the regional offices would remain crucial in overseeing implementation of health strategies and recommendations at country level.

The representative of EGYPT,¹ expressing concern at the increasing level of earmarked voluntary contributions, said that the Organization's financial situation should be addressed in the draft programme of work and in the forthcoming investment case. Without adequate financing, WHO could neither remain the leading authority on global public health matters nor strengthen its normative and standard-setting role. The Framework of Engagement with Non-State Actors provided the flexibility required for WHO to lead effective interventions in emergencies. However, while partnerships were necessary, the Organization should be protected from any undue influence, and a robust conflict of interest policy was therefore needed. He asked the Secretariat to elucidate the parameters of the proposed service delivery function and provide a clear definition of "service". Even with more autonomy, country offices should continue to coordinate closely with national health authorities. He welcomed the Secretariat's approach to seeking better coordination and alignment of its internal work; however, the Director-General remained the chief technical and administrative officer. The Global Policy Group was an advisory mechanism, not a collective decision-making body, and he therefore questioned whether implementing the proposed organizational shifts fell within its remit.

The representative of NORWAY¹ said that achieving impact at country level would mean delegating authority and ensuring that staff had the necessary skills. Planning, budget allocation and deployment of human resources should be based on countries' needs, but there must also be a strategic top-down process that took into account the available resources and needs of WHO as a whole. She supported the proposed prioritization of WHO's health emergency work, including its role as a provider of last resort. She would appreciate clarification of the proposal to develop fewer and better normative products based on country needs, as it was her understanding that such products were already based on countries' needs. WHO representatives at country level should work in a cross-sectoral manner and collaborate actively within the United Nations resident coordinator system. The term "increased delegation of authority" was preferable to "increased autonomy" to describe the proposed organizational shift with respect to staff at country level. Greater authority must, however, be accompanied by greater accountability. She strongly supported partnerships between WHO and non-State actors as long as they were managed on the basis of the Framework of Engagement with Non-State Actors. Lastly, the general programme of work should emphasize risk assessment and mitigation as important components of strategy implementation.

The representative of POLAND¹ said that WHO's presence at country level should be comprehensively evaluated in order to identify the country offices that needed strengthening and determine whether changes in the current cooperation model were needed. Cooperation between headquarters and the regional offices needed to be further strengthened. He would welcome more information on how the "One WHO" principle would be implemented and how work would be divided among the different levels of the Organization. Noting that there were more women in senior positions, he underlined the need for equity in geographical representation and distribution of posts. He looked forward to further proposals for streamlining the work of the governing bodies and avoiding overloading their agendas.

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

The representative of SINGAPORE,¹ welcoming the plans to strengthen WHO's global leadership and its normative functions, said that the presence of a greater number of actors in the global health landscape had led to a fragmented approach to the global health agenda. WHO might therefore wish to exercise its leadership by taking on a coordinating role. Noting the proposed intention to create fewer and better normative products, he asked the Secretariat to elaborate on how it intended to balance the different priorities arising from differing country needs, and how normative products would be tailored to individual countries.

The representative of INDIA¹ said that the draft programme of work should present health emergencies as a development challenge rather than a security threat. All priority health targets in the programme of work should reflect the need for access to affordable treatment and for increasing research and development activities based on principles endorsed by the Consultative Expert Working Group on Research and Development: Financing and Coordination. He noted that existing WHO treatment guidelines, protocols and recommendations on how countries should deal with specific health conditions were missing from the priorities listed in the draft. In order to protect WHO from any undue influence, it was essential to ensure that its engagement with nongovernmental organizations, philanthropic foundations and private entities was in accordance with the principles of the Framework of Engagement with Non-State Actors.

The representative of FINLAND¹ said that WHO had a major role to play in supporting countries' efforts to broaden access to water and sanitation as key elements for preventing disease and promoting health security. She encouraged the Secretariat to seek innovative ways of resolving the staff-related issues associated with the poliomyelitis transition process. The draft document needed to focus more attention on research and development and innovation, in particular with a view to exploiting the full potential of innovation, biotechnology and the big-data revolution, in collaboration with academia and the private sector. A culture of collaboration with civil society and private sector partners should be cultivated throughout the Organization, and the governing bodies should engage in a substantive discussion on how to improve WHO's work at country level. Mechanisms for ensuring good governance, efficiency, accountability, transparency, budgetary discipline and the sustainability of financing needed to be enhanced in line with United Nations reform of governance and funding mechanisms, and access to reliable, disaggregated data needed to be increased in order to measure results.

The representative of ESTONIA¹ welcomed the strategic shifts, especially the focus on global public goods. He also welcomed the Director-General's assurances that WHO would remain primarily a normative and standard-setting organization. In its work to strengthen data systems, the Organization should draw on the experience and expertise of Member States and other organizations and should also collaborate with, and learn from, experts in eHealth, which offered unique advantages for the collection and analysis of data. The need to use existing data should be better articulated in the programme of work. He commended the draft document's focus on innovation, but would like to see a clearer reference to the recommendations of the Consultative Expert Working Group on Research and Development. He would also welcome more attention to governance reform and to how the Secretariat could help to move that process along. The use of electronic communications and electronic voting could help WHO to become a state-of-the-art organization, ready to tackle the challenges of the twenty-first century. There was a need for more consistency, transparency and sustainability in all consultative processes.

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

The representative of PERU,¹ voicing support for the strategic shifts aimed at stepping up WHO's global leadership and driving impact in countries, called for additional information on the financial aspects of implementing the general programme of work, and pointed out the need to identify indicators tailored to regional and national contexts. The revised draft should provide more detail on the human resources required to implement the strategic and organizational shifts. He welcomed the differentiated approach to work at country level based on countries' capacity and vulnerability, however, in regard to the strategic supporter modality, the draft programme of work should include a specific reference to strengthening human resources for health in Member States and to technical assistance and technology transfer. The difference between the technical assistance partner and service delivery partner modalities needed clarification, and details on how the capacities of regional offices would be strengthened would be appreciated. The organizational shifts should not be an end in themselves, but should also strengthen WHO's ability to contribute to the enjoyment by all of the highest attainable standard of health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ applauding the push to measure outcomes and the fact that the process and output indicators would be retained as interim indicators, suggested that an interim measure of progress in developing and implementing national action plans on antimicrobial resistance should be included. The commendable targets in the draft programme of work could not be achieved unless WHO transformed its method of work, and it was therefore appropriate that Member States should take an interest in the organizational shifts, but without trying to micromanage the Organization. Whether the Global Policy Group would be strong enough to ensure coherent governance and accountability across the three levels of the Organization was a further matter for consideration. He welcomed the emphasis placed on the value of data in the draft programme of work and in the impact framework and suggested that indicators on organizational transformation should be included in the latter. Further information on the division of responsibilities in the implementation process would be welcome. Progress had been made in management reform, but performance management and financial control required further improvement. He called on the Secretariat to draw up a compelling investment case and a value-for-money plan to reassure donors in order to obtain the voluntary funding needed for the programme of work; ideally both should be ready for submission to the Executive Board at its 142nd session in January 2018.

The representative of SPAIN¹ said that strengthening WHO's global leadership would help to promote multisectoral action and mobilize the political will and resources needed to achieve the Sustainable Development Goals. She supported the idea of placing countries at the centre of WHO's activities and focusing on the most vulnerable countries, which would mean concentrating the Organization's resources in country offices. At the same time, the role of regional offices and headquarters should not be weakened, and accountability to Member States for the performance of country offices needed to be enhanced. She agreed with the analysis on global public goods; however, the impact of WHO's normative products often only became apparent in the long run, which should be borne in mind when measuring their effectiveness and impact. She supported WHO's work on data and innovation, and agreed on the need to collaborate with the private sector, provided such collaboration had tangible benefits for public health and did not create conflicts of interest. She welcomed the draft WHO impact framework and noted that, where used, measurement should serve to assess risks and reorient investment to areas where WHO was most likely to achieve the desired impact.

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

The representative of the UNITED STATES OF AMERICA¹ stated that any increase in WHO's political advocacy should remain within its mandate. The Secretariat must not encourage Member States to take action on public health issues in a manner that was inconsistent with their international legal obligations, including trade obligations. He asked for additional information on how the Secretariat planned to identify industries and organizations whose actions were harmful, urging caution so as to avoid subjectivity and politicization, as well as on how WHO planned to resource its service delivery activities and engage the most effective partners, and how partnerships would be managed. Careful consideration should be given to the budgetary and staffing implications of becoming more operational, and to how WHO's operational work would be balanced with its normative and technical functions. Regarding the focus on impact, a systematic approach to making strategic choices was necessary, as were systems and structures to monitor, track and analyse outputs and outcomes. WHO needed to articulate how its work at country level would be coordinated with the contributions of other organizations. To strengthen its normative role, which was crucial in driving impact, WHO needed to improve its methods for obtaining outside technical expertise; experts should not be selected to advance an ideology or agenda. He asked how WHO intended to organize and strengthen capabilities to fit the requirements of the draft general programme of work. WHO's policies could benefit from the expertise of a wide range of health-care actors, including non-State actors, who played a critical role in public health and should not be excluded from the open dialogue expected in multilateral forums.

The representative of CHINA,¹ welcoming the three strategic shifts, questioned whether the proposed organizational shifts would be adequate to support them. WHO had long had to contend with an insufficient and imbalanced budget, a challenge that needed addressing, together with securing the funding needed for the strategic priorities. In the context of organizational shifts, both horizontal and vertical coordination among the three levels of the Organization must be ensured. Performance evaluation should be emphasized, and WHO's six core functions should be more clearly articulated and linked to the strategic and organizational shifts.

The representative of ECUADOR¹ said that efforts to strengthen country offices must take account of existing regional plans, such as the Sustainable Health Agenda for the Americas 2018–2030. Vulnerable populations needed comprehensive health services, for which technical support from WHO would be required. She suggested that targets for access to age-appropriate palliative care should be included under the priority areas of health of women, children and adolescents and HIV, tuberculosis, viral hepatitis, neglected tropical diseases, antimicrobial resistance and poliomyelitis. Previously agreed targets, such as those for anaemia, breastfeeding and low birthweight, should also be included. She asked when the revised draft document would be available for review and comment.

The representative of GERMANY¹ supported the proposed strategic shifts, in particular stepping up WHO's global leadership in regard to the health-related Sustainable Development Goals. He welcomed the focus on impact, but warned that owing to the normative nature of WHO's work, it might be difficult or impossible to measure impact in a limited time frame, and that driving impact at country level would require a transparent discussion about the role of country offices. He asked for clarification on strengthening WHO's operational capacity in the country setting, emphasizing that service delivery should be limited to exceptional circumstances, and underscoring that WHO should not compete with better-positioned humanitarian actors. With regard to organizational shifts, the revised draft programme of work should include a section on the practical preconditions for achieving its targets, including the financial and human resources required and the overall budget envelope for the five-year period. A common understanding of the potential workforce split among the three levels

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

of the Organization was also needed, as well as a section on strengthening accountability and transparent evaluation practices; the existing accountability framework should also be mentioned.

The representative of HAITI,¹ noting that his Government would submit further written comments, which should be posted online, said that the reform of WHO's internship programme, which heavily favoured young professionals from a few developed countries, represented a much-needed organizational shift. Future health leaders from developing countries should be able to participate equitably in the internship programme. The experience and understanding of the international public health system acquired was valuable not only to WHO and the countries of origin of young health professionals, but to all Member States. Reforming the internship programme should be a priority under the new general programme of work, so that concrete actions and negotiations aimed at changing the status quo could be launched, and sufficient time should be allotted to considering the relevant financial implications before the adoption of the next biennial budget.

The REGIONAL DIRECTOR FOR AFRICA, noting that several participants had expressed solid support for the proposed strategic and organizational shifts, while also underlining the need to safeguard the Organization's normative role, explained that WHO's operational role would be primarily in complex emergency settings where national systems and other partners were unable to provide support. In the field, WHO acted mainly as a coordinator of service provision by others, and, where there was no alternative, in mobilizing additional capacity to deliver services directly. In other settings, WHO's focus would be on offering support in areas such as policy dialogue and technical assistance, rather than on providing health services. She welcomed the calls for more flexible financing.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC REGION noted that the organizational shifts required to deliver on strategic priorities were already under way. All three levels of the Organization were participating actively in the transformation process, to which the Global Policy Group and all senior officials were fully committed. He had witnessed significant improvements in accountability and transparency during his nine years as Regional Director, thanks in large part to the Global Management System. Regional directors had a positive relationship and had learned from one another. Although regions had their own mandates, they still needed to maintain standardized operations. Under the leadership of the new Director-General, he looked forward to continued improvement in the Secretariat's ability to support Member States.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that WHO's normative, technical and operational functions were mutually reinforcing. The most effective work on policy relied on a deep understanding of field realities, and the best service delivery was carried out in accordance with evidence-based policy. WHO would only deliver services directly in exceptional circumstances. Its main role was to serve as a convener and coordinator in a range of settings, including humanitarian settings involving numerous partners. Details on human resources and financing were beyond the scope of the general programme of work as a strategic plan; those issues would be addressed during the next steps.

The CHEF DE CABINET said that the Secretariat had taken careful note of the many constructive comments. Mobility was a difficult but core element of the transformation process and would be vigorously pursued. The transformation process and the organizational shifts were firmly embedded in the draft general programme of work. With regard to innovation, the focus should not be exclusively on research and development, but also on how innovative practices could be used to

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

improve WHO's work. For example, it could be beneficial to work proactively with young people and to use crowd-sourcing tools in order to obtain fresh ideas from countries and communities. To achieve coherence and realize transformation, it was necessary to start with a shared vision of how to move forward. WHO's leadership had already taken some significant steps in that regard.

The DIRECTOR-GENERAL, responding to the comments on governance reform, said that the Executive Board was not currently able to properly fulfil its functions and was acting more like a scaled-down Health Assembly. The participation of non-Board members in its meetings had advantages, but it also contributed to inefficiencies in governance, as it hindered in-depth dialogue and debate among Board members. He understood that countries that were not members of the Board wished to make their views known, but they could do so by communicating them to the countries from their region that were represented on the Board. The work of the Board officers, too, could be enhanced. For example, in other organizations officers met regularly with the secretariat to prepare for board meetings; they also facilitated communication among members between meetings.

Turning to the Global Policy Group, he agreed that the Director-General should have final decision-making power and responsibility, but emphasized that the collective leadership and the candid exchange of views within the Group benefited the Organization as a whole. He stressed the importance of non-earmarked funding, which would facilitate prioritization and make it possible to allocate money on the basis of priorities established by Member States. Flexible funding would also foster greater independence and wider ownership, which would enable WHO to deliver more effectively. The current reliance on voluntary funding complicated management, increased overheads and hampered WHO's ability to act quickly. To bring about the changes needed, Member States and the Secretariat, would have to cooperate and embrace change. He agreed with the comments on resource mobilization; WHO should not compete with other organizations, but rather work with them to create synergies and raise resources for the global health agenda.

WHO's political advocacy would be based on science and evidence and used to raise awareness and pressure political leaders to take appropriate action on public health issues. Concerning the internship programme, he affirmed that it was inappropriate for the vast majority of participants to come from high-income countries, and the Secretariat was designing ways to enhance diversity and welcome talented people from all over the world. Lastly, advances had been made in the areas of both gender balance and geographical representation among top management, but there was still room for improvement at lower levels. Merit must remain the primary criterion for selection of staff, but qualified candidates could be found in all countries.

The CHAIRMAN, summarizing the views expressed during the session, noted that Member States had welcomed the transparent and inclusive consultative process for drafting the thirteenth general programme of work. Member States were generally satisfied with the current draft as a basis for further discussion and supported its highly ambitious nature. Participants had also welcomed the alignment of the programme of work with the Sustainable Development Goals and the shift from outputs to impact. Nevertheless, Member States had asked for more information on costs before the 142nd session of the Board in January 2018, as well as on targets, indicators, monitoring and evaluation. A number of speakers had called for a greater emphasis on public health, including health promotion and determinants of health. Many had raised the issue of WHO becoming more operational, underlining the need to balance any operational activities against the Organization's normative functions and to remain mindful of WHO's strategic comparative advantage, revisit its core functions and ensure synergies with other actors. There had also been calls for greater attention to be paid to sexual and reproductive health and rights, gender, equity and rights, ageing, disability, access to medicines, palliative care, climate change in vulnerable countries, governance, and accountability, among other areas.

With regard to the next steps, it was envisaged that a revised draft thirteenth general programme of work, incorporating feedback received up to 29 November 2017, would be issued on 13 January 2018 and an updated WHO impact framework on 5 January 2018. The Secretariat would provide a technical report on the work of the expert reference group on the "triple billion"¹ target prior to the 142nd session of the Board in January 2018. The Secretariat would also hold a briefing on the resource mobilization strategy in mid-January.

The DIRECTOR-GENERAL thanked Member States for their participation and contributions, which would be taken into account in revising the document.

After the customary exchange of courtesies, the CHAIRMAN declared the fourth special session of the Executive Board closed.

The meeting rose at 16:35.

¹ 1 billion more people with health coverage; 1 billion more people made safer; 1 billion lives improved.