

THIRD MEETING**Tuesday, 17 May 2011, at 14:45****Chairman:** Dr W. AMMAR (Lebanon)**1. TECHNICAL AND HEALTH MATTERS:** Item 13 of the Agenda (continued)**Implementation of the International Health Regulations (2005)** (Documents A64/9, A64/10, A64/10 Add.1 and A64/10 Add.2) (continued)

Dr VENEGAS (Uruguay) said that the countries of the Union of South American Nations (UNASUR) welcomed the report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009 and were fully committed to the implementation of the Regulations. The South American Epidemiological Surveillance and Health Response Network was monitoring their implementation in its member countries. He supported the draft resolution contained in document A64/10 Add.1. Its adoption would contribute significantly to the implementation and strengthening of the core capacities listed in Annex 1 of the Regulations. The process for reporting on implementation to the Health Assembly should be refined in order to improve monitoring; the UNASUR countries stood ready to offer their experience. Reporting should reflect the real situation in countries and subregions. The need to meet the core capacity requirements listed in Annex 1.B of the Regulations, in respect of points of entry, was of particular concern. Further, Member States should be fully involved in the development of the evaluation mechanism in conformity with Article 54 of the Regulations.

Dr MALAU (Papua New Guinea) characterized the recommendations made by the Review Committee as precise, in particular Recommendation 13 on the establishment of a contingency fund for public-health emergencies. Papua New Guinea was continuing to implement the International Health Regulations (2005), with orientation from the Asia Pacific Strategy for Emerging Diseases, endorsed by the Regional Committee for the Western Pacific in October 2010,¹ and had strengthened its core capacity to respond to emergencies such as pandemic influenza and cholera. That momentum should be maintained to improve emergency preparedness and response capacity still further, which should include the establishment of stockpiles of essential medicines and relevant non-medical items. National IHR focal points in Papua New Guinea had used information-sharing mechanisms widely to notify and be notified by neighbouring countries of public health events of importance.

Dr MENESES GONZÁLEZ (Mexico) recalled that Mexico had been the first country to report the initial events of pandemic (H1N1) 2009. It had remained in close contact with WHO as the pandemic had developed, and that cooperation had enabled it to come through the emergency. The valuable report of the Review Committee provided the necessary elements for review by the international community, and clearly showed that the International Health Regulations (2005) had been implemented appropriately by States Parties and WHO during the pandemic. Its recommendations set out a useful theoretical approach on the basis of the lessons learnt. Member States should make every effort to meet their core capacity-building requirements well before the

¹ Resolution WPR/RC56.R4.

potentially extendable deadlines in relation to Recommendation 1. He supported the draft resolution and requested further information on the proposed contingency fund.

Mr SKERRITT (Saint Kitts and Nevis), welcoming the report, emphasized his country's commitment to implementation of the International Health Regulations (2005). Recognizing that they should ensure global health security through an agreed code of conduct within a specific legal instrument, his country would continue to develop and maintain its capacities to detect, report and respond to public health events, strengthen activities at points of entry and, in collaboration with the Caribbean Epidemiology Centre, provide justification for additional measures that significantly interfered with international travel. It was one of 17 countries of the Caribbean Community to have evaluated its communicable disease surveillance system, and had written a plan of action. Reinforcement of its disease surveillance capacity had enabled it to perform well in terms of reporting during pandemic (H1N1) 2009. A National IHR focal point had been designated and further action was planned to strengthen port health capabilities, monitor continuously and evaluate the surveillance system, conduct simulation exercises and adhere to the Caribbean Epidemiology Centre's minimum standards for implementation of the Regulations by countries with small populations. He supported the draft resolution and commended WHO's continued commitment to transparency and consistency with regard to all Parties under the Regulations.

Mr TOBAR (Argentina) said that the report by the Director-General (document A64/9) made scant reference to Annex 1.B of the Regulations on core capacity requirements for designated airports, ports and ground crossings, except in the section on "Global Partnership", which mentioned international organizations that had a clear influence on the operation of points of entry. The report focused on information corresponding to various aspects of event detection covered by the national surveillance systems, the subject of Annex 1.A. There were notable omissions from the list of bodies consulted by WHO, such as ILO and in particular IMO. Also, notably few experts on points of entry appeared to have contributed to the report. Despite the 65% response rate to the questionnaire on monitoring progress in implementing the Regulations, he sought clarification on the countries that had responded using other instruments, how the various types of information had been made compatible, or whether those countries had been treated as having not responded. The latter approach would not be acceptable, given that WHO had reiterated that using such an instrument to measure the progress in the development of core capacities was an option for States Parties. Member countries of MERCOSUR and UNASUR stressed the need to have a response instrument agreed upon by all States Parties. Further, the report stated that WHO was continuing to enhance the monitoring tools. All those considerations raised doubts about the potential validity of the results and their representativeness.

Similarly, the Review Committee's report (document A64/10) barely responded to the needs of Annex 1.B, with the significance of points of entry in the information collected being hardly reflected in its conclusions. It failed to examine in detail the facts on which its summary conclusions were based.

Mr IDIR (Tunisia) expressed appreciation for the Review Committee's report and WHO's work on implementation of the Regulations. That process should take into account the economic aspects of the transport of goods and persons and the issue of new health emergencies. Pandemic (H1N1) 2009, which had proved a test of cooperation between countries and between individual experts, had permitted the evaluation of capacities to deal with such events and their management at all levels. The report's valuable conclusions should assist WHO in facilitating the implementation of the Regulations in all countries.

Dr MOHAMED FIKRI (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the report of the Review Committee, and thanked WHO for its support during the pandemic (H1N1) 2009. Implementation of the International Health Regulations (2005) was a common responsibility for all Member States and partners. The report's

conclusions on the response to the pandemic had taken into account the experiences of a wide range of partners and experts, and the lessons learnt would contribute to the strengthening of capacities to deal with future emergencies. The countries of the Region would require further support to implement the Review Committee's recommendations and to assess progress since 2005. The Secretariat should categorize countries according to their capacity to implement the Regulations by the 2012 deadline.

Dr AYDINLI (Turkey) welcomed the Review Committee's hard-hitting report which indicated that, while the full benefit of the International Health Regulations (2005) would not be felt for some time, progress was being made. Countries should make efficient use of their experiences during pandemic (H1N1) 2009 and cooperate effectively under the guidance of WHO during the next phase of implementation. The Regulations would not be fully implemented until every country had met their basic requirements. Countries should continue to update their knowledge, and Turkey was therefore pleased to be hosting an exercise meeting on the Regulations (Ankara, 7–10 June 2011), and stood ready to join in regional cooperation and information-sharing activities.

Professor ONDOBO ANDZE (Cameroon) commended the Review Committee's recommendations. Cameroon had endeavoured to implement the Regulations during the various epidemics it experienced. The global surveillance using targeted indicators being elaborated by the Secretariat with Member States would make a valuable contribution to the evaluation of progress in implementing the Regulations at regional and national levels and the formulation of national plans. The countries of the African Region, which were facing financial constraints, would require continued support from WHO to facilitate the strengthening of the capacities of national IHR focal points and other relevant personnel. Cameroon would, it was to be hoped, receive support from WHO and development partners for the organization of a large-scale multisectoral simulation exercise to improve its emergency preparedness. He supported the establishment of a contingency fund for public-health emergencies, which would provide a legal framework for action, based on international solidarity. The fund, which would operate alongside other mechanisms, ought to improve access to financing, and the proposal for its establishment was in line with resolution AFR/RC59/R5 adopted at the fifty-ninth session of the Regional Committee for Africa in 2009. He supported the draft resolution.

Dr Feng-Yee CHANG (Chinese Taipei) expressed appreciation of WHO's timely sharing of information and dissemination of guidance to national IHR focal points in relation to the Fukushima nuclear accident in Japan, which had expedited global coordination of appropriate responses. Chinese Taipei had completed the self-assessment questionnaire on monitoring progress in implementing the Regulations, despite a delay in its receipt, and reported having met the requirements for 2012 (Level 2) or higher (Level 3). However, further support from WHO was needed to meet the remaining challenges in its regions. Chinese Taipei had initiated activities in order to meet the core-capacity requirements for points of entry set out in Annex 1.B of the Regulations by the 2012 deadline, and was ready to cooperate in activities in that area with partners in the Asia-Pacific region.

He welcomed the report of the Review Committee and supported several of its recommendations. The Secretariat and Member States should be encouraged to implement the recommendations and the Secretariat should facilitate the full, effective implementation of the Regulations in line with the principles of transparency and consistency. Chinese Taipei looked forward to collaborating actively with the Secretariat and Member States in future work, under the Regulations, on health issues of global concern.

Dr FUKUDA (Assistant Director-General) thanked delegates for their supportive comments, which clearly demonstrated the value accorded by them to the Regulations and their wish for the Secretariat to implement the recommendations made by the Review Committee. He had taken note of the concerns expressed and the shortcomings and gaps identified. In particular, he had noted the

importance given by Member States to the need to accelerate strengthening of core capacities, especially at points of entry and in relation to chemical and radionuclear events, and to improve training; to ensure adequate funding; to provide further information on the proposed contingency fund and its operation; and to simplify the pandemic influenza preparedness phase structure, to focus on assessment of severity, and to clarify related definitions. The amendment to the draft resolution had been noted. In reply to the request made by the delegate of Norway for clarification of paragraph 2 of the resolution, he indicated that the paragraph applied to all the recommendations of the Review Committee, not just those related to the functioning of the Regulations. He also thanked all those countries that had offered support in particular areas.

He paid tribute to the Review Committee for its report and recommendations.

Dr FINEBERG (Chair of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009) expressed appreciation for delegates' positive comments on the report. He thanked the many parties that had made significant contributions to its preparation and paid tribute to the hard work of the WHO Secretariat staff assigned to the Committee. However, compilation of the report was the easier part of the project; translation of the recommendations into reality in all countries worldwide would be much more difficult. He had been encouraged by the willingness shown by Member States to participate individually and collectively in activities to attain the implementation goals, and endorsed the comment by the delegate of Turkey that full implementation of the Regulations would not be a reality until every country had completed its work.

The DIRECTOR-GENERAL thanked the Review Committee and its Chair for their hard work. The robust, independent review process had resulted in a valuable report and set of recommendations that deserved to be widely read. She also thanked delegates for their comments, which she would take into account in implementing the recommendations in collaboration with Member States and other partners.

The CHAIRMAN drew attention to the draft resolution contained in document A64/10 Add.1.

Dr YOUNES (Secretary) recalled that the delegate of Morocco had proposed that paragraph 2 should be amended by the addition of a new subparagraph 2(2) to read "to provide technical support to Member States in implementing the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009".

The draft resolution, as amended, was approved.¹

2. THE FUTURE OF FINANCING FOR WHO: Item 11 of the Agenda (Documents A64/4, A64/4 Add.1 and A64/INF.DOC./5)

The DIRECTOR-GENERAL said that the report in document A64/4 represented the start of a long process and set out a broad and ambitious reform programme. Some people had asked why the agenda item was entitled "The future of financing for WHO" when it obviously covered much more than financing. The initial discussions had indeed focused on how WHO was financed but they had inevitably led to consideration of WHO's changing roles and priorities in global health in the twenty-first century and how those priorities should be funded. WHO must become more nimble and agile, shedding outdated management structures and approaches to work that threatened to hold back the

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA64.1.

Organization and make it less influential than it deserved to be. So the agenda had evolved from the future of financing to reforms for a healthy future.

It had been argued that the process was merely a response to the financial crisis, without which WHO would not have needed to change. That was emphatically not the case. The world and health challenges were changing rapidly, and if WHO failed to act to ensure that it was fit for purpose and ready to meet the needs of all its Member States, now and in the future, it would lose influence; to retain its relevance, WHO must change and be effective, efficient, responsive, objective, transparent and accountable. Clearly, the financial crisis had added urgency to the process. She recognized that for many people working in WHO the focus was the present: their jobs and their future. She was therefore doing everything possible to ensure that the process of change was transparent, strategic and, most importantly, fair.

The report attempted to show the breadth of the planned reforms and give a clear sense of direction in terms of focus, priorities and the management and organizational changes needed to support more effective ways of working. The development plan set out in document A64/INF.DOC./5 provided an overview of the outcomes and outputs for each of the main components of the reform programme. Detailed preparatory work had already been undertaken; much more would follow in the coming months.

She envisaged reform as the outcome of a strategic interaction between the Secretariat and the Member States, which directed the Organization. Many of the views expressed by Member States in earlier consultations and points made in the briefing for all Geneva missions in April 2011 were reflected in document A64/4. The views expressed in the current debate would further shape future action. With that in mind, she particularly looked forward to hearing delegates' views and advice in several areas.

On priority setting, she was interested in further sharpening the focus of WHO's core business and hearing how the Organization's governing bodies might help to ensure a clear strategic focus. There had been several exchanges in respect of WHO's role in global health governance, and she would welcome further comments on how to pursue the objectives of greater coherence and inclusiveness in global health in ways that strengthened support to countries and complemented the Organization's intergovernmental nature. WHO faced a new financial reality. The value of its assessed income had been seriously eroded through inflation and exchange-rate fluctuations. Some donor countries faced financial constraints of their own, yet it would take time before other countries with fast-growing economies could step up to take their place, although their commitment was not in doubt. WHO must therefore be realistic and seek new sources of income and new ways in which it could be raised. Equally, it must revisit assumptions that had limited the growth of core predictable resources.

She was committed to leading the reform. Many Member States had already requested more details on how the work would proceed and such details would be provided. She intended to consult extensively with Member States, partners and staff members at every stage of the development plan; and she would submit specific information on the proposed world health forum to the Executive Board in January 2012. In respect of the independent evaluation, the intention was to conduct a light but high-impact review of a thematic area of WHO's work of critical importance to Member States, in the first instance: health systems. Improvement of WHO's governance would be considered further by the Board at its 129th session in the next week.

Dr NICKNAM (Islamic Republic of Iran) said that the proposed reforms should be Member-driven and consensus-based, focusing on the improvement of efficiency and the revitalization of core functions and responsibilities, in particular promotion of health and the setting of norms. The Organization's normative function needed enhancement. Member States should remember that WHO was not a commercial concern but an international organization with lofty ideals.

The roles and responsibilities of country and regional offices and headquarters should be better delineated, and interaction between the three levels should be better coordinated. Furthermore, greater

emphasis should be given to WHO country offices in developing countries, which were well placed to determine local needs; dynamic country offices clearly enhanced the Organization's collective capability. Innovative modalities were needed to strengthen national capacity in developing countries.

He supported the proposed convening of a multi-stakeholder world health forum, but it should conform to established United Nations procedures and practices. WHO's central role in global health governance should be enhanced and the Organization's independence should not be compromised. By the end of the reform process, WHO must be better positioned and better able to secure predictable financing. Donor countries should be more flexible in allowing the Organization greater discretion in the use of financial contributions to fulfil its mandate. His Government stood ready to participate actively in further consultations.

Dr PAVLOV (Russian Federation) said that the decisions taken by the Health Assembly would determine the future leadership role of WHO in health matters and its success in discharging its basic responsibilities, and in responding rapidly and effectively to emerging global health challenges. He commended the extensive consultations and generally supported the reform approaches advocated, and the attendant tasks and goals. WHO would be unable to tackle changing realities without adequate reform. Moreover, financial constraints meant that the Organization should concentrate on areas in which it had an obvious advantage and could achieve significant results, which included: setting of international health norms and standards; provision of guidance and technical support to Member States; development of policies and strategies for national health systems; responses to emerging and re-emerging health threats; prevention and control of communicable and noncommunicable diseases; and responses to emergencies. In addition, more attention should be given to support for good-quality strategic budget financing and planning, the flexible use of financial and human resources, enhancement of accountability and transparency, and administrative discipline in the field to avoid delays. Even with reduced staff levels, WHO could strengthen its authority. He supported the proposed convening of a world health forum with broad participation. His country stood ready to cooperate further in the reform process.

Dr SIRIWAT TIPTARADOL (Thailand), recalling Thailand's comments at the 128th session of the Executive Board, commended the Director-General's courage in addressing the difficult topic of reform. Unfortunately, the Organization faced several serious problems. It had inherited the many rules and regulations embedded in the United Nations system since the Second World War, leading to domination by lawyers. It also appeared to follow the Peter principle, whereby most of its staff were eventually promoted up to their level of incompetence. Its regional and country office structures and WHO collaborating centres were outdated and inefficient, yet consumed more than two thirds of its budget. For example, the Democratic People's Republic of Korea continued to be included in the South-East Asia Region, requiring long travel times to meetings and preventing effective cooperation with neighbouring countries that were included in the Western Pacific Region. The "States only" membership of WHO, excluding other partners, such as academia, civil society and the private sector, had resulted in the development of the current plethora of global health partnerships, which competed with and diminished the role of WHO. There had been no real increase in the regular budget over the past decade, with the consequence that 80% of expenditures were currently financed by donors. Moreover, the largest donor, which provided 30% of voluntary funding, earmarked 99.98% of its contributions. The de facto result was a "donor-driven" Organization. The contributions of the Member States covered the office and salary costs of all staff, from janitors to the Director-General, but the Organization worked mainly in accordance with donor mandates. WHO was no longer co-owned by its Member States. He supported the Director-General's call for a reduction in departments and programmes. As such action would involve difficult choices, he urged her to stand firm and to ignore recent criticism from a biased, colonialistic medical journal. Member States might also wish to consider their position in respect of association with such a journal that appeared to be lacking in neutrality.

Regrettably, the proposed reforms touched only superficially on the problems he had outlined. An inclusive organization was essential. In the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, States worked alongside civil society and the private sector. Thailand's national health commission, national health office and health assemblies were examples of inclusive bodies at the national level, and such inclusiveness was extended to the provincial level. Different types of partner must be able to work together on a basis of trust and public spirit, rather than greed, without being hemmed in by rules and regulations and with minimum intervention from lawyers. There should be no earmarked contributions; members should co-own the Organization.

Thailand had concluded that it would be impossible to produce such a global health organization through reform of WHO in its current form. Member States would need to withdraw from WHO to ensure the birth of a new organization with a new governing structure. It was not convinced that the proposed world health forum would provide a good starting point for the necessary dialogue. Nevertheless, Thailand placed full trust in the Director-General and would support her proposed reforms, although it feared that they were doomed to failure.

Mr JAZAÏRY (Algeria), speaking on behalf of the Member States of the African Region, commended the consultation process initiated by the Director-General, which had ensured thorough preparation for the current debate. The global financial crisis had restricted the Organization's capacity to fund its growing activities and had added urgency to the necessity for reforms. The urgency of the situation had been made more acute by the calls at the Executive Board during its 128th session for a considerable reduction in the Proposed programme budget 2012–2013. The Director-General had long called for greater predictability and stability of funding, and for Member States to take the necessary action, without which global health governance could be seriously undermined. The proposed reforms represented a timely response to the need to reinvigorate the Organization's work as the leading authority of technical health issues and to redefine its role in a changing world, given the growing number of organizations working on health issues. Obviously, the Organization should always seek ways to improve its effectiveness, efficiency, and timeliness of response and thereby meet the expectations of Member States. He supported the aims of the ambitious and realistic reforms proposed by the Director-General,¹ which were geared to improving governance within the Organization, and took note of the proposals, including a multi-stakeholder world health forum, an independent evaluation of WHO, and the refocusing of its priorities.

Technical cooperation remained of great relevance in the Region, particularly for the development of national capacity, and was a critical factor in the intensification of efforts to achieve the Millennium Development Goals. Recent cuts in budget allocations had seriously affected priority programmes to combat the Region's main causes of mortality, namely HIV/AIDS, malaria and tuberculosis. There should be greater flexibility in the allocation of resources to WHO's regional and country offices, taking into account specific local contexts, in order to maximize the efficiency of interventions and their outcomes. WHO should vigorously continue to support the implementation of public health priorities at the national level, despite current financial constraints. The reforms should not entail any diminution in WHO's commitment in favour of African countries in particular, and developing countries in general. The gaps in development must be taken into account in any burden-sharing initiative.

WHO's central role in the governance of global health focused on health safety, humanitarian action and health development, areas in which its coordinating capacity should be strengthened, especially in relation to surveillance, responses to health threats, humanitarian action in emergencies, and the implementation of development programmes related to health.

¹ Document A64/4.

The reform process must be driven by Member States and should not undermine the exclusive role of WHO's governing bodies in the setting of norms and standards, which should remain a core function of the Organization. Member States should be involved in the process at all stages and it should follow a clear, detailed timetable which would include: strengthening of planning and budgeting; regular evaluation; measures to avoid duplication with the activities of other international organizations working in the health field; strengthening of national capacities for health policy-making and planning; support to Member States to ensure coordination with development partners; priority-setting based on disease burden and the requests of Member States; structural reforms of country offices in close collaboration with the Member States concerned; implementation of a balanced and geographically equitable human resources policy; and elaboration of a reinvigorated resource mobilization policy to maintain the interest of traditional donors, attract new ones and increase unearmarked voluntary contributions. He would have liked a much broader scope for the discussions on the future financing of WHO, including other areas where improvements were needed to the functioning of the Organization.

Dr DIXON (Jamaica) commended the proposed reforms outlined in document A64/4 and noted that some of the proposals were in line with Jamaica's national agenda. Jamaica had already taken steps to re-establish a central epidemiology unit at the national level, to unify the national public health laboratory and blood-transfusion service, and to strengthen capacity for risk communication. The proposed strengthening of health systems and institutions coincided with one of Jamaica's priorities. She requested the Secretariat to enhance its communication with Member States on the reforms, with better information sharing and benchmarking of best practices, and to provide technical assistance to Member States for enhancing their capacity to undertake appropriate reforms at the national level.

Dr CUTTER (Singapore) welcomed the Director-General's decisive leadership in regard to the difficult steps taken to make WHO more effective and responsive. Her programme for reform was a significant step towards achieving that objective, but there would inevitably be some resistance to such large-scale change. Political commitment was needed from all Member States to address those challenges and support the Director-General in the difficult journey ahead.

Dr PÁVA (Hungary), speaking on behalf of the European Union, said that the candidate countries Turkey, Croatia, The former Yugoslav Republic of Macedonia, Montenegro and Iceland, the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Serbia as well as the Republic of Moldova aligned themselves with her statement. She expressed appreciation for the Director-General's report (document A64/4) and the way it had built on previous discussions at the 128th session of the Executive Board. The European Union fully supported the proposed reforms, believing that they were an essential step towards establishing WHO's future role in global health governance and in addressing major global health challenges. The European Union hoped for an inclusive consultation process ahead of the 130th Executive Board session, in line with the milestones detailed in the annex to the Director-General's report.

Once it had identified its core functions, WHO should prioritize tasks and focus on key areas of its functioning, such as planning and management and human resource policy. The financial aspect of those areas should be defined and independently evaluated by an external entity. She stressed the strong link between the reform process and the future budgetary planning of the Organization. The two issues would need to be managed simultaneously if the much-needed organizational changes were to be achieved. The European Union attached great importance to ensuring a more disciplined approach to setting priorities and increasing efficiency, effectiveness, accountability and transparency, and would actively support all efforts by management to maintain the Organization's independence and credibility. In that regard, better alignment between budget and revenue would be essential and the European Union would support WHO's efforts to assess the advantages of a replenishment model to improve predictable funding. Member States and other donors should also be encouraged to move

away from earmarked funding to funding the general budget. WHO also needed a more flexible workforce, whose size should be adjusted according to the budget and whose competence profile should be consistent with the Organization's priorities.

Over the years, WHO had adjusted its programmes and work to meet new threats and accommodate new technologies but a new approach would need to be established under the reform process if it was to continue to fulfil its obligations. One element of that approach would be the more transparent and inclusive participation of stakeholders; the European Union was open to the proposal for a global health forum but noted the importance of ensuring that WHO maintained its independence and credibility while allowing stakeholders genuine opportunities for transparent and open consultation.

The European Union requested the Director-General to devise a detailed plan for the reform process, with specific actions and timelines for each of its elements, including governance, future of financing, organizational and staffing matters and evaluation. Member States should be closely involved in the process. Given the importance of governance, she endorsed the request contained in the draft resolution that the Executive Board should establish an appropriate process to examine the issues identified in the report that related to WHO's governance.

Ms SILLANAUKKEE (Finland), speaking on behalf of the Nordic countries, Denmark, Finland, Iceland, Norway and Sweden, said that her statement was aligned with that made on behalf of the European Union. She fully endorsed the reform agenda proposed by the Director-General, particularly its emphasis on efficiency, results-based management, objectivity, transparency and accountability. Reform might be a difficult process for WHO's staff members, but it was clear that a more flexible staffing model was essential.

In seeking to identify the areas of core business, a distinction had to be made between the role and the priorities of the Organization; the focus should be on identifying the functions of WHO within the different areas of core business, as priorities could change over time. Despite the increasing complexity of the global health arena, WHO remained the lead agency for health and still had a unique role to play in promoting the health perspective in other forums. WHO should maintain its focus on activities that were expected to have the greatest impact and which were most needed; the Organization had a particularly important role in providing strategic support to Member States and as the lead agency in the Global Health Cluster in emergencies involving humanitarian crises. The Nordic countries strongly supported discussions on governance as part of the reform process so as to foster a more strategic approach to priority setting. The Executive Board played a key role in the governance of WHO and as such should have a central role in the reform process. Improved governance and more transparent budgeting would certainly be a challenge for the Organization, but improving results-based planning, auditing and evaluation were particularly important.

Enhanced transparency and accountability were needed at all levels of WHO, but would depend on the ability of Member States rigorously to define WHO's role and set priorities as well as the process for channelling funds from headquarters to the regional and country offices. Strengthening the Office of Internal Oversight Services was crucial in that regard.

Increased flexible funding from Member States was a key element of reform, as improved alignment between resources and decision-making was closely linked to the availability of flexible and predictable funds. In the search for new and innovative financing, WHO must take care not to jeopardize its independence and credibility and should act consistently with the priorities that had been set.

She welcomed discussions on independent evaluation, but its modalities and scope should be further elaborated in consultation with Member States. She also welcomed the discussion on a world health forum, but careful consideration needed to be given to its exact purpose and how to ensure that it was representative, legitimate and transparent.

Professor AZAD (Bangladesh) welcomed the report on the future of financing for WHO and the emphasis it placed on reform. If WHO wished to remain dynamic in an increasingly globalized world, it needed to adapt to the changing needs of its Member States. He welcomed the Director-General's recognition of that necessity, regardless of the level of financial resources available.

Despite the criticisms made by an earlier speaker, WHO had made many valuable contributions to improving global health. Advances in technology had created new challenges and rising expectations in the health sector and, at the same time, WHO faced increasing financial constraints; however, WHO remained in a position to take on new responsibilities, confront new challenges and exploit the new opportunities with success.

The objectives of the proposed reform were particularly pertinent to his country and the South-East Asia Region, but both would require additional attention in the areas of vulnerability to disasters, disease burden and other local health factors. Adequate flexibility would therefore be needed to ensure that regional and country-specific workplans and budgets could be revised when necessary and that adequate numbers of WHO staff could be deployed at the regional and national levels to carry forward the Organization's core business.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) expressed strong support for the proposed WHO reforms, noting that the Director-General's report echoed the recent findings of a review by her Government of WHO and other multilateral agencies, which had concluded that WHO was a key partner in meeting international development objectives, but that there was scope to improve the Organization's performance. The United Kingdom would maintain its voluntary core contributions at current levels for the next two years, in addition to its assessed contributions, but it was vital for WHO to become more results-driven, efficient and cost-conscious, focusing on its strengths. The United Kingdom would review WHO's performance again after two years and adjust its contributions accordingly.

It was to be hoped that the priorities for reform identified in document A64/4 could be successfully delivered but she needed more detail on the relationship between the global, regional and country levels of such delivery. Linking budgets to output would help to improve accountability as well as delivery, and the proposed results framework should measure both the increased effectiveness of WHO and its efficiency and cost control. Her Government would also support any mechanism to help to strengthen governance processes within the Organization, but considered that a world health forum should only be convened if it was clear that it would fill a gap in international health governance and that the costs of establishing such a consultative mechanism were justified.

Implementing the necessary changes would be challenging, but she welcomed the efforts already made by the Director-General to consult Member States in order to shape the reform process. All Member States would have to work with the Secretariat to drive that process forward, including through establishing a clear system of monitoring and reporting on implementation.

Dr LIU Peilong (China) welcomed the proposed reform measures, which demonstrated that both Member States and the Secretariat had a clear and in-depth understanding of the challenges facing the Organization. The reform agenda adequately reflected the opinions expressed by Member States at the 128th session of the Executive Board.

The core functions described in the Director-General's report were an expression of proactive and appropriate strategies consistent with WHO's core role in global health governance and in facilitating coherence and coordination. China welcomed the Organization's attempts to enhance health governance mechanisms, for instance through the promotion of inclusiveness. Experiences could usefully be accumulated as a basis for setting rules for multi-stakeholder participation.

China supported the expected outcomes of the development plan, particularly the goal of at least 40% flexible funding. In that regard, China called for donors to increase their margin for flexible donations and hoped that the Secretariat's reform would enhance efficiency and accountability so as to attract higher levels of unearmarked funding.

In regard to the reform process, he emphasized that the key players should be Member States, whose opinions and concerns should be carefully balanced. His Government supported the broad participation of nongovernmental organizations, the private sector and others, but that participation should be consistent with common United Nations rules. Reform should be gradual and begin in areas where there was already consensus among Member States before advancing to discussions on how to innovate and enrich financing and how to improve human resource management. Efficiency should be improved, with existing mechanisms being integrated into the reform process to facilitate coherence and coordination. Regional and country-specific plans should be tailor-made, in order to strengthen capacity building in individual developing countries, particularly least developed countries, and thereby make up for gaps and weaknesses in the global health fabric. The global and domestic aspects of coherence and coordination were intrinsically linked and Member States should therefore improve coordination with agencies in order to facilitate WHO's role in global health governance. Also, WHO should provide the relevant assistance to countries to help to build national capacities.

He supported the draft resolution and expressed the hope that the Secretariat would work with Member States to generate more detailed plans on internal reform, coordination between WHO headquarters and regional and country offices, and the improvement of financing.

Dr TAKEI (Japan) expressed support for the Director-General's efforts to facilitate reform of WHO by clarifying the Organization's priorities and identifying ways to ensure feasible future financing. Japan also supported the efforts that had been made to enhance WHO's core functions, including its normative roles, technical assistance, health system strengthening, health risk management and data management, which would help to make the Organization more efficient in the future. Such efforts should improve WHO's activities in several areas, including the provision of health information through strengthened dialogue with stakeholders; improving transparency, performance and accountability; working more closely with regional and national offices; securing sustainable financing and setting standards and legally binding frameworks.

Since WHO's creation, the global health architecture had changed markedly, but the Organization was still able to demonstrate its leadership and had adapted its roles accordingly.

With regard to staffing levels, consideration would have to be given to ensuring an appropriate balance in the different categories of staff, bearing in mind the 1:4 ratio of assessed to voluntary contributions. That was particularly important in view of the financial shortfalls in the current biennium.

Mr KÜMMEL (Germany) expressed support for the reforms proposed in the Director-General's report. WHO played a unique coordinating role in global health, being the only organization with a comprehensive mission and universal legitimacy in that field. However, given the growing number of global health actors, WHO needed to assume the role of a superordinate coordinator in order to avoid inefficiencies and duplication of work.

WHO faced major challenges in its reform process. As far as the focus on core business was concerned, it would need to identify activities that would not be priorities in the future alongside those that would be. That could be accomplished if transparency was enhanced and the Organization's 13 strategic objectives were properly explained. A transparent organizational chart of WHO below director level was needed, so as to facilitate understanding of the clusters and programmes at the headquarters and regional levels as a basis for defining the division of labour between WHO and partners. Germany supported fundamental changes to results-based management and accountability, which could be initiated under the programme budget 2014–2015.

He commended the Director-General's quest for an effective framework on accountability and transparency, but that goal could not be achieved if the programme budget continued to be regarded as the main instrument for resource mobilization. Increased oversight of the regional offices and improved coherence and accountability across the Organization as a whole were also needed and

Germany was pleased to see that the report hinted at the need for a clear mechanism to regulate interaction between the different levels of the Organization.

The section of the report on financing and resource mobilization appeared to be based on the assumption that a significant increase in flexible unearmarked funding was essential. However, it should be remembered that 50% of voluntary contributions currently came from donors other than Member States and that 99.7% of such contributions were earmarked. WHO should therefore carefully consider whether exploring other sources of funding would actually increase flexibility. Earmarking was not necessarily an issue, as long as funding was better coordinated and streamlined. A centralized approach to fund raising was needed, presupposing a frank discussion of ways to avoid using assessed contributions to subsidize the overhead component of earmarked projects.

Mrs BADJIE (Gambia) drew attention to the significant contributions that WHO had made to advancements in public health throughout its existence, but noted that the effects of globalization, including new technologies, increased international travel and movement of goods and services, and increased risk of global pandemics and health emergencies had given rise to many new challenges. Large-scale disease threats went beyond the scope of bilateral responses and thus required the resources, expertise and networks that WHO was well positioned to provide.

WHO's core strengths were essential to continued progress in global health and to ensuring the Organization's effectiveness. Those strengths included public health surveillance; setting of standards and regulations; catalysing global initiatives and partnerships; and advocating for policy and behaviour change to combat emerging noncommunicable disease pandemics. However, in recent years, WHO had been stretched beyond its core strengths so that its impact had been diluted. She therefore welcomed the fact that the Director-General had begun to refocus the Organization on those strengths and to phase out areas of activity better suited to other institutions.

All Member States, stakeholders, donors and others should actively support the reform process and internal capacity building in the core areas. WHO could not continue to be all things for all dimensions of health, nor did it need to be; with the rise in the number of nongovernmental organizations, civil society groups, private commercial entities and other multilateral organizations offering their expertise, finance and implementation capacities, WHO's role and responsibilities had changed. The changing landscape did not diminish WHO's leadership in global health but called for that leadership to be more carefully focused. The Organization needed to detect and respond to pandemic threats, coordinate effective responses following disasters, ensure quality and safety of health products and interventions, support multilateral partnerships and lead changes in policy and behaviour to combat the threat of noncommunicable diseases.

Mrs MALLIKARATCHY (Sri Lanka) said that the report by the Director-General provided a good basis for discussion on ways in which the Organization could improve. She expressed appreciation for the recent informal consultations on the issue of reform, which had been conducted in a transparent manner.

Clear guidelines needed to be defined in consultation with Member States on the intended outcomes of the reform and its impact on WHO's governance. She drew attention to the statement in the report (document A64/4, paragraph 85) that the immediate governance challenges were to improve coherence and increase inclusiveness. In that regard, a clearer definition was needed of the rules of engagement with other global health actors, and of their responsibilities.

She would have liked further details on how the Organization would undertake certain reform activities with regard to its programmes, administration arrangements and ways to strengthen WHO presence at the country and regional levels. She looked forward to the report on the evaluation of the work of the Organization and the report on a world health forum to be submitted to the Executive Board at its 130th session.

The objective of the reform process must be to strengthen the role of WHO in public health and enhance its leadership in addressing global health needs. To that end, the reform should encompass the development of a normative framework to address the increasing challenges in health governance.

Mr PELLET (France) said that the future of WHO depended in large part on the reform process that the Director-General was launching. It was certainly one of the greatest challenges of her tenure, and it was essential to meet that challenge in the interests of the Organization. There was no time to lose. Her report constituted the appropriate framework for reform, but more detail would be needed on each of its component undertakings, with a precise timetable.

WHO's stated intention to refocus on its core functions was welcome. Standard-setting, tracking of epidemiological and health trends and strengthening of health systems were among the essential pillars of the Organization's activities. In the area of standard-setting, the heart of WHO's mandate, the work being done on medicines was crucial, the more so as WHO was the only body able to take on that role at international level. Rather than creating new partnerships in that area, those already in existence should be strengthened, in particular that with the European Agency for the Evaluation of Medicinal Products. However, that essential work was jeopardized by a shortage of resources, and greater support for it was needed.

Given the Organization's current financial difficulties, great circumspection was called for in the selection and targeting of the meetings it might organize. If a choice had to be made, that type of undertaking might sometimes be considered to have lower priority than the elaboration of concrete standards or provision of technical assistance to countries for their implementation. The proposal for a world health forum also needed careful consideration, if such an exercise was to be effective and produce valuable outcomes without creating additional impediments to the smooth functioning of the Organization.

Technical assistance had not been given sufficient attention in the report. WHO had to maintain that essential activity so as to facilitate the application by countries of the standards that it developed, standards that would remain a dead letter if they were not applied. It might be necessary to review the way in which technical assistance was implemented, slanting it towards more targeted missions in response to specific needs on the ground.

With regard to the interaction between WHO headquarters, the regional offices and country offices, France took note of the principle of subsidiarity, but urged coherence in the Organization's activities. The regional offices must work more closely with headquarters, and the principle of top-down decision-making must be observed.

The quality of personnel in the field was essential to WHO's credibility and effectiveness. In that connection, he supported the measures proposed by the Director-General and in particular improvements in the rotation of staff. With regard to the programme budget, he welcomed the planned introduction of a clear and transparent decision tree to guide resource allocation between topics, functions and levels of WHO.

An independent evaluation could be useful as part of the proposed reform. However, such an exercise must have precisely defined objectives, enabling the investment made to produce usable results and specific recommendations.

The issue of transparency within the Organization was fundamental, and he fully supported the emphasis placed upon it by the Director-General. Transparency must be not only one of the most fundamental objectives of reform but an underlying principle of the functioning of the Organization. It was needed in the distribution of resources, in human resources management including the choice of experts, at headquarters and in the regional offices and in decision-making in general. In a context of budgetary constraint, Members had to be able to trust the choices made by WHO.

The Organization evidently needed new donors, taking great care to align properly the funds gathered with the priorities of the Organization and being vigilant as to the risk of conflicts of interest. But considerable prudence was also required in associating private donors with the definition and orientation of policies approved by the Member States and coordinated by WHO. The staff of WHO should be closely involved in reform-related decisions affecting their collective interests.

The internal governance of the Organization would be reflected in the manner in which reform was undertaken. Profound changes in organizational structures were occurring, and more would follow, as a result of reform. In that difficult area, there must be close consultation with the Member States, given the major strategic implications of such changes for the success of reform and for the departments concerned.

It was to be hoped that Member States at the present Health Assembly would adopt a responsible attitude by not asking the Organization to take measures inconsistent with its mandate, and by not adopting resolutions whose content was unrealistic because their budgetary and financial impact and the financing for them had not been clearly identified.

Dr SHUKLA (India) said that any reforms should focus on global health initiatives that contributed to reducing poverty, reducing the costs of health care and ensuring standards for safety of water, food, urban air, pharmaceutical products and industrial chemicals. The reform process should also take account of the global rise in chronic noncommunicable diseases and mental illness, which would require new strategies and competencies within WHO.

India welcomed the valuable suggestions made by the Commission on Information and Accountability for Women's and Children's Health and was keenly watching progress in the work of the Consultative Expert Working Group on Research and Development: Financing and Coordination. It noted also that the International Health Regulations (2005) provided WHO with a powerful tool to increase health security. A priority in the reform process would be to implement the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009, particularly those relating to the strengthening of epidemiological surveillance, laboratory capacity and risk communication, as well as the stockpiling of essential commodities as part of preparedness. In that connection, he drew attention to paragraphs 52 and 53 of the Director-General's report (document A64/4) and emphasized WHO's role in enhancing country capacity to respond to emergencies.

The report offered no suggestion on how to increase flexible financing and it was therefore not clear how the target of 40% flexible funding would be achieved, particularly as it was recognized in the report that many voluntary contributions would continue to be earmarked.

He had noted with surprise the proposal to establish a world health forum, as there had been no discussion on that idea at previous sessions of the Executive Board or the Health Assembly. There was no clarity on the format, membership or role of such a forum, and he therefore called for the more transparent participation of Member States in discussions on its establishment, which could not be decided by the Executive Board alone.

With regard to the draft resolution, he requested more discussion and deliberation on the matters to which it referred, as they were of paramount importance.

Ms WISEMAN (Canada) welcomed the elements of the reform agenda, particularly the focus on priority setting and results-based management. She strongly supported the proposal to reduce the number of strategic objectives so that WHO could better focus on key areas where it was best placed to deliver results within its core business, as well as the focus on increasing country-level effectiveness and improving coordination across the Organization.

A key condition for the success of the proposed reforms and for WHO to assume its proper global strategic role was improved performance by the governing bodies. Guidance would be needed from the Secretariat on how to achieve that aim, but it would have to be driven by the Member States. She supported the proposal that the Executive Board establish a process to look at ways to foster a more strategic and disciplined approach within the governing bodies.

She underscored the importance of ensuring continued strong action by the Secretariat to implement its gender strategy and achieve gender mainstreaming in the Organization. It was thus important that the Gender and Women's Health Department should remain strong.

In principle, she welcomed the proposal to hold a world health forum, but stressed the need for clear criteria for the selection of participants and to identify sources of funding for the undertaking.

Also, the forum would not suffice by itself to ensure effective engagement by WHO with its stakeholders, which would require a much broader approach involving more consultations and greater transparency across the Organization's activities.

She expressed support for the idea of an independent evaluation of the work of WHO.

Dr HWOAL (Iraq), speaking on behalf of the Member States of the Eastern Mediterranean Region, emphasized the principle of cooperation between the Secretariat and Member States. That cooperation should be based on strategic principles, particularly of a financial nature, that allowed for better organization of the work of WHO. Financial resources could be used more effectively through better cooperation between all institutions that participated in the work of the Organization. In addition, priorities needed to be defined at the country level so that all Member States were working with the common goal to improve national health systems and health care coverage in accordance with recognized principles.

To further benefit from existing financial and human resources, certain health principles needed to be reaffirmed in all WHO's activities, taking into account the level of those resources at the country level. Cooperation between WHO and other organizations also needed to be strengthened if the Organization was to increase its levels of funding.

Noting the particular needs of the Eastern Mediterranean Region, he said that the number of WHO officials working in all regions should be adequately balanced to ensure that the Organization's activities were carried out effectively and efficiently.

Mr SILBERSCHMIDT (Switzerland) agreed with the delegate of Thailand that the Director-General deserved the full trust of Member States, but said that he was more optimistic about the outcome of the reform process. No part of the Organization's work was unimportant, and there was thus an overriding need, for both the Organization and the governing bodies, to establish a process that would set true priorities.

He endorsed the need for financial reform, including the budgetary process, and also supported the idea of an independent evaluation, in particular the Director-General's proposal for a focused evaluation on health systems, which was a particularly important part of the Organization's work. There was an important need for managerial reform, including in human resources management, and in that context he thanked the staff for the support they had given thus far to the reform process.

WHO had to strengthen both its governance and convening roles and to improve stakeholder involvement. The organization of a world health forum would be a major step towards that objective.

All the envisaged reforms were closely interlinked; none could be tackled without addressing the others. Therefore, making the right choices for the actual reform process was crucial.

He supported the proposal that the initial process of reform should be led by the Director-General, in close consultation with Member States, and that a report thereon should be submitted to the Executive Board at its 130th session. Additionally, however, the governing bodies had to examine their own functioning and how it could be improved. He agreed with the delegate of China that there was also a need for greater coherence at the national level.

He fully supported the reforms needed to put WHO at the centre of global health governance.

Dr DAULAIRE (United States of America) observed that the Director-General's report, although necessarily general, formed a solid basis from which to move forward, particularly in view of the strong consultative role envisioned for Member States in the draft resolution. He supported the draft resolution and commended it to other Member States. He commended the Director-General and Member States for the inclusive and transparent way in which the discussions around the issue of

reform had been conducted both before and after the previous session of the Executive Board, urging that the same spirit and practice should continue to prevail as the process moved forward into implementation.

The further development of a detailed implementation plan would be an important part of the implementation effort, both for working out the details of partially fleshed-out concepts like a world health forum and for bringing greater clarity on some of the interesting ideas that still needed more work, such as, for example, the idea that WHO should examine the advantages of a replenishment model for attracting more predictable voluntary contributions.

The link between WHO's budget and the broader reform agenda could not be overemphasized. The United States appreciated the work that had gone into improving the Proposed programme budget 2012–2013 and giving it the form of a transitional budget. It was clear that there was strong support for moving to a results-based budgeting model. It was essential to execute that process correctly, while not downsizing or reducing the impact of the Organization.

The Director-General's leadership in promoting independent evaluation was also to be applauded, showing as it did the strength of her confidence in the Organization. The evaluation process should be implemented in a way that built on well-known and successful WHO practices for such outside reviews, such as the recently concluded work of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009. Such an evaluation should look at a limited area of WHO's broad remit; the Director-General's suggestion of health systems as a possible area for that focus seemed an eminently reasonable one.

The meeting rose at 17.30.

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