

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

**Palais des Nations, Geneva
Monday, 23 May 2016, scheduled at 14:30**

Chairman: Mr M. BOWLES (Australia)

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COMMITTEE A

FIRST MEETING

Monday, 23 May 2016, at 15:30

Chairman: Mr M. BOWLES (Australia)

1. OPENING OF THE COMMITTEE: Item 10 of the agenda

The CHAIRMAN welcomed participants and introduced the representatives of the Executive Board¹ who would report on the Board's consideration of relevant items of the agenda. Any views they expressed would be those of the Board, not of their respective governments.

Election of Vice-Chairmen and Rapporteur

Decision: Committee A elected Ms Taru Koivitsu (Finland) and Mr Nickolas Steele (Grenada) as Vice-Chairmen and Ms Aishah Samiya (Maldives) as Rapporteur.²

Organization of work

The CHAIRMAN drew attention to a proposal by the Secretariat to consider item 13.1 (Monitoring of the achievement of the health-related Millennium Development Goals, document A69/14) together with item 13.2 (Health in the 2030 Agenda for Sustainable Development, documents A69/15 and EB138/2016/REC/1, resolution EB138.R5). He also drew attention to a proposal by the Secretariat to consider the first part of item 14.1 (Annual report on the implementation of the International Health Regulations (2005), document A69/20) together with item 14.6 (WHO response in severe, large-scale emergencies, document A69/26) and the second part of item 14.8 (Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers, document A69/29). He said that, if he heard no objection, he would take it that the Committee agreed to those proposals.

It was so agreed.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the World Health Assembly as an observer. He requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

¹ Participating by virtue of Rules 42 and 43 of the Rules of Procedure of the World Health Assembly.

² Decision WHA69(3).

The CHAIRMAN took it that the Board wished to accede to the request.

It was so agreed.

2. WHO REFORM: Item 11 of the agenda

Overview of reform implementation: Item 11.1 of the agenda (document A69/4)

The representative of EGYPT acknowledged the efforts made to implement reform and underscored the importance of taking an integrated approach to the various elements of the reform process and ensuring that steps were taken to rectify the lack of progress in some areas. He expressed concern that the internationally representative character of the Secretariat, as enshrined in Article 35 of the Constitution, had not been properly upheld, given that some 32 Member States remained unrepresented or underrepresented among the Organization's internationally recruited staff.

The Ebola virus disease outbreak had demonstrated the urgent need to finalize and adopt a comprehensive communications strategy, to guarantee the timely and effective communication of risk in times of emergency. Lack of progress in addressing the financial vulnerability of the Organization was cause for concern, particularly since it would affect the new health emergencies programme. He requested clarification with regard to paragraph 26 of the report, on the institutionalization of organizational learning through internal mechanisms, in the light of the recent Member State consultations on governance reform, which had culminated in a decision to recognize the Global Policy Group as an advisory mechanism to the Director-General.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region, commended the efforts made to implement the reform process thus far, which had already brought improvements in planning and priority setting and the establishment of indicators for organizational outputs linked to measurable health outcomes. She underscored the importance of strengthening the capacities of country offices, which were the first responders in times of crisis. Geographical equity and gender balance must be enhanced in staffing, in particular in managerial positions at headquarters, which would improve the relationship and accountability lines between the three levels of the Organization and enable WHO to respond fully to the needs of its Member States.

The representative of SENEGAL welcomed the progress made over the 5 years since the reform process had begun. He understood that reform was not easy; however, the implementation of the governance and management reforms must be expedited.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that WHO had undergone four major reviews and had been subjected to many, far-reaching recommendations for improvement, some of which did not support the reforms that were under way. The United Nations recommendation to establish a Global Health Council constituted a challenge to the Organization. She welcomed the progress made with regard to emergency response reform, the strengthening of the Organization's evaluation function and the introduction of the staff mobility policy. The programme budget web portal also constituted an improvement in transparency, and the plan for WHO to join the International Aid Transparency Initiative at the end of 2016 was welcome. However, gaps remained, especially in respect of the reform of governance, management and programmes.

The representative of CHINA welcomed the steps taken to implement programmatic reform. Noting the improvements made in the financing of the programme budget for the current biennium, which facilitated forward planning, the relative shortage of flexible funding remained a challenge. Governance and management reform were lagging behind; the working methods of the governing bodies required urgent improvement. The number of items on the agendas of the Executive Board and Health Assembly should be reduced, and greater coherence should be achieved between the agendas of the Board, the Health Assembly and the Programme, Budget and Administration Committee of the Executive Board. Every effort should be made to conclude the discussions on the framework of engagement with non-State actors at the current session of the Health Assembly. Insufficient progress had been made in improving human resources planning: capacity building in the country offices was essential in that regard.

The representative of AUSTRALIA said that the lessons learned from the Ebola virus disease outbreak should continue to inform change with regard to emergency preparedness and response. He encouraged WHO to continue to prioritize management reform, in particular with regard to human resources. Continued constructive cooperation in the area of governance reform would be essential to enable WHO to focus on its core business in a transparent and efficient manner.

The representative of COSTA RICA underscored the urgent need to move forward with governance reform to enhance the efficiency of the governing bodies, particularly in decision-making. With regard to management, recruitment and human resources, processes should be aligned to ensure equitable gender representation in high-level staff positions throughout the Organization, and further efforts should be made to strengthen respect for the values of ethical professional conduct.

The representative of NORWAY said that particular attention should be paid to accountability, especially at the country office level. While he welcomed the Organization's commitment to join the International Aid Transparency Initiative, implement an information disclosure policy and establish an anti-corruption hotline, the slow progress in other areas of reform, such as governance, the framework of engagement with non-State actors and emergency response, had highlighted difficulties in addressing fundamental and longstanding challenges in the Organization's structures and governance. "One WHO" still remained a distant goal and the apparent weaknesses in coordination between the three levels of the Organization gave cause for concern.

The representative of the PHILIPPINES welcomed the efforts to implement emergency reform, which would enable WHO to ensure that its systems and structures were not disrupted by complex health emergencies. Unfortunately, progress in the area of governance reform had been slow and should be accelerated. Lessons could be drawn from successful reform implementation efforts at the regional level.

The representative of IRAQ said that more should be done to optimize the reform process, in particular by improving integration with other international organizations; enhancing collaboration with Member States at the local level; ensuring that resource allocation planning was done in collaboration with countries to ensure that local needs were taken fully into account; reducing management costs and introducing joint monitoring and evaluation; setting contingency workplans at the country level in the event of an emergency; and paying greater attention to the social determinants of health.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the indicators measuring the achievement of the reform objectives. She noted with concern, however, the lack of progress in the area of governance reform. Donors should be encouraged to provide non-earmarked voluntary contributions to allow WHO to optimize its response to health needs. She supported the

proposed way forward on governance reform to ensure accountability at all levels of the Organization, while ensuring that it remained the leading United Nations technical agency on global health matters.

The representative of the UNITED STATES OF AMERICA commended the strides made in programmatic and management reform, which drew on the response to the Ebola virus disease and Zika virus disease outbreaks. Progress had been made in programmatic reform, and she hoped that measures of governance reform would be adopted at the current session. However, the monitoring framework in the annex to document A69/4 was still incomplete. The performance metrics mechanism as a whole, and in particular the indicators, should be objective, measurable and performance-based.

The representative of JAPAN noted with satisfaction that the majority of programmatic reforms had reached the implementation stage; he expressed concern, however, that progress in the area of governance reform had been slower, in particular with regard to coordination across the three levels of the Organization, the effective engagement of non-State actors in operational practices, and human resources reforms to achieve greater diversification of staff.

The representative of MEXICO said that reform must be led by Member States and based on principles of accountability, transparency, efficiency, effectiveness and equity. Progress had been made primarily in programmatic reform; the process was ongoing and required continuous evaluation and reassessment. The lessons learned from the outbreak of Ebola virus disease showed the need for more regular follow-up on the impact of the reforms, in close collaboration with regional offices.

The representative of INDONESIA called for effective discussion leading to recommendations consistent with the WHO Constitution which did not undermine previous resolutions. He welcomed the progress made in institutionalizing planning mechanisms across the Organization; the process should be discussed and harmonized with Member States to ensure a high-quality, sustainable solution. Better communication between country offices and Member States would be important for avoiding asymmetry of information and improving transparency.

The representative of KENYA expressed his support for the reform agenda, and in particular those aspects that would permit the wider participation of non-State actors in WHO activities. He looked forward to the accelerated reform of organizational performance, specifically with regard to human resources, to ensure that the staff employed matched service needs at the country level and that gender equity and geographical diversity were improved at all three levels of the Organization.

The representative of the MALDIVES acknowledged the progress made and work done towards governance reform in the South-East Asia Region, which would enable Member States to engage actively through the Regional Committee and seek guidance on governance matters at the global, regional and country levels.

The representative of the RUSSIAN FEDERATION said that the indicators that had been developed would facilitate the evaluation of the reforms, the Organization's activities and the determination of priorities for the biennium. He welcomed the increasing flexibility of resources and predictability of finances. Progress had been made in programmatic reform despite the technical and operative problems exposed by the Ebola virus disease outbreak, in particular with regard to the availability of human resources.

The representative of the REPUBLIC OF KOREA, while acknowledging the considerable progress that had been made in programmatic reform, called for accelerated reforms of governance, human resources, accountability and information management, and underscored the importance of

ensuring transparency and accountability in the reform process at all times. The monitoring and assessment of results was crucial.

The representative of SAUDI ARABIA said that the slow progress in the area of governance reform might jeopardize the effectiveness of the Organization and the overall reform process. In particular, he noted the lack of alignment in terms of priorities at the three levels of the Organization. It was essential to rebuild confidence in the Organization by strengthening the regional offices, building local capacity and helping countries reform their own health systems. Referring to the budget, he said that efforts should be made to broaden the base of contributions and to find financing solutions that were innovative and preserved the Organization's independence.

The representative of BANGLADESH, noting that results had been achieved only in some areas and that the reform process had been interrupted by the outbreak of Ebola virus disease, said that the Secretariat should strengthen its capacity to ensure that its work could continue in all situations. The indicators used to measure reform should be rethought in the light of recent developments such as the Ebola crisis and the adoption of the Sustainable Development Goals. Implementation of the Goals, achieving universal health coverage and building country capacities should be the main priorities. Regarding response to emergencies and disasters, emphasis should be placed on reassessing the existing health systems in countries, taking into account different country contexts and ensuring that sufficient resources were made available.

The representative of THAILAND expressed concern about the lack of progress in the overall implementation of the reform process and in the efforts to increase accountability. Despite improvements in health emergency management, including the new WHO Health Emergencies Programme, further efforts were needed to ensure maximum efficiency and performance in the response to emergencies and crises. It was unclear whether the shortfall of US\$ 160 million required to implement the Programme would be met by voluntary contributions. WHO should complete the reform process and accelerate the implementation of governance reform.

The representative of LIBERIA said that more concrete and sustainable action was necessary to build resilient health services and prevent the occurrence of situations such as the Ebola virus disease outbreak, which had severely affected his country.

The representative of BARBADOS said that governance and management reform should be further addressed by means of renewed discussions with Member States. Regional, subregional and country offices must be strengthened through the allocation of appropriate financial and technical resources and the creation of more robust linkages with WHO. However, the reinforcement of WHO's management and governance systems should not entail centralization. Enhanced management capacities, together with strong oversight and appropriate guidelines, would significantly help the regions to achieve their objectives.

The representative of NICARAGUA said that reform was needed in order to adapt health systems to new developments, especially health emergencies. It should take into account the different developments in the various regions and the capacity for emergency response, and should ensure that regional response capacities were not affected. Local and regional capacities and decision-making should be strengthened. He supported the statement made by the representative of Mozambique on behalf of the Member States of the African Region.

The representative of SOUTH AFRICA welcomed the recent progress in governance reform and stressed the importance of the good alignment of all three levels of the Organization and of

sustainable financing. Regional and country offices were key elements in emergency response and the implementation of the Sustainable Development Goals. The monitoring framework annexed to document A69/4 was a valuable aid to accountability.

The representative of UGANDA commended the human resources reforms and said that WHO should ensure that it recruited staff with strong technical, leadership and communication skills, reflecting an appropriate geographical diversity. Senior WHO management and Member States should support the Transformation Agenda launched by the Regional Director for Africa. Strengthening country health systems was the most effective way of combating large-scale disease outbreaks such as the outbreak of Ebola virus disease. Transparency should be ensured in the engagement with non-State actors, with a view to achieving the Sustainable Development Goals.

The representative of GRENADA said that small island States, such as his own, were particularly vulnerable and risked being overlooked if a centralization-based approach to reform was adopted at the expense of strengthening local country offices. The Secretariat should continue to promote strong dialogue to ensure that Member States benefited fully from the reforms.

The representative of PANAMA said that transparency and accountability should be improved at all levels of WHO. Decentralization in favour of the regional and local offices should be increased. Human resources should be strengthened at the country level. Weaknesses had been identified in the financial aspects of the reform, in spite of the financing dialogue: new initiatives should be explored and Member States should fulfil their commitment to provide resources for the Organization. Despite the agreements reached on emergency reform, further work was required to ensure a more rapid response to emergencies, based on national and country office capacities.

The representative of SOMALIA said that the success of the reform should ultimately be judged by performance at the country level. She gave an overview of the implementation of the three reform areas in her country and said that positive results had been achieved. While the efforts undertaken by the Secretariat were commendable, more should be done to promote staff diversity. Reform should not lead to greater centralization of the Organization.

The EXECUTIVE DIRECTOR (Office of the Director-General) noted the calls to accelerate the pace of reform and strengthen work on human resources and accountability, including at the regional office and country office levels. He provided an update of two indicators contained in the annex to the report. For indicator 1.1.4 on delivery of planned outputs, the percentage achieved for 2014–2015 had increased compared with the previous biennium, although a different methodology and budget structure had been used. For indicator 2.1.1 on the provision of governing body documentation within the agreed timeline, the percentage had risen for 2016 compared with 2015, although further improvement was required. The whistleblower hotline was expected to become operational in June 2016.

The report was adopted.

Member State consultative process on governance reform: Item 11.2 of the agenda (documents A69/5 and EB138/2016/REC/1, decision EB138(1))

The representative of ZIMBABWE, speaking in his capacity as Co-Chairperson of the Open-ended Intergovernmental Meeting on Governance Reform, said that the report of the meeting, which was contained in the annex to document A69/5, contained a number of recommendations, which had been agreed upon on the basis of a strong consensus. The meeting had been divided into two main

topic areas, namely, the methods of work of the governing bodies and alignment across the three levels of the Organization. He summarized the recommendations on methods of work, drawing particular attention to the need for a forward-looking schedule and better agenda management, the rules concerning additional, supplementary or urgent agenda items and the need to improve information technology tools. He urged the Committee to approve the draft decision appended to the report.

The representative of AUSTRALIA, speaking in his capacity as Co-Chairperson of the meeting, summarized the recommendations on alignment. In addition, he emphasized the importance of continuing discussion and the oversight of governance reform by the governing bodies. Indeed, the Secretariat had produced a road map for future governance reform discussions. He called for approval of the draft decision.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, expressed disappointment that it had not been possible to make further improvements in the working methods of the governing bodies. He encouraged the Director-General and the regional directors to work further on the recommendations for increased efficiency, transparency, inclusiveness and coherence between the three levels of the Organization. He welcomed the recommendation to make public the documents framing accountability lines between the Director-General and senior staff, as well as those between the three levels of the Organization, but was disappointed that further clarity had not been reached on the issue. Better alignment across all levels of the Organization did not preclude acknowledgement of the diversity of the regions. Lastly, he sought assurance that the ambitions of the Secretariat to hold special funding sessions for the emergency programme would not undermine the general strategic approach of the financing dialogue.

The representative of ARGENTINA, speaking on behalf of the Member States of the Region of the Americas, said that governance reform was essential for achieving WHO reform as a whole within the desired time frame. The meeting had been conducted in a collaborative, consultative, inclusive way and had yielded positive results.

The representative of MONACO expressed her disappointment with the results of the meeting. Consensus had been achieved only on relatively marginal issues in which no real improvements could be observed. It was essential to strengthen the internal governance of WHO and the lines of responsibility between the Director-General and the regional directors. That could only be done through better alignment, a stronger chain of command and greater accountability and transparency.

The representative of IRAQ said that the managerial and supervisory skills of WHO representatives at the country level should be strengthened in order to enhance responsiveness in both routine and emergency situations. Capacity building for WHO representatives should be aligned with capacity building at the regional and headquarters levels, taking into consideration the type of work involved as well as epidemiological, demographic and topographic variables. Experts should be carefully selected and assigned to areas of concern; capacity building for national experts would enable them to take on those tasks. Experts at the country level should be given more independence in respect of the allocation of time and funding. Budgets should be reviewed at the country level in the light of community needs and priorities.

The representative of GERMANY said that WHO should be the key coordinating partner on health issues. However, compared with newer international health organizations, the Organization had problems of budget, efficiency and relevance and was often perceived as being slow-moving, too bureaucratic, very complex, lacking clear internal responsibilities and highly politicized. No consensus had been reached by Member States on addressing those issues. In particular, it had been impossible to achieve alignment between headquarters and the six regions. Greater decentralization might lead to the

break-up of the Organization. It was disappointing that no consensus had been achieved on accountability between the Director-General and the regional directors. Although the role of the latter was highly valued, the Organization would never be effective if senior staff could not be held to account by the chief technical and administrative officer. The global governing bodies must provide efficient oversight over work in countries and ensure that country office capacities were adapted to changing needs at the country level. Nevertheless, he supported the draft decision.

The representative of the UNITED REPUBLIC OF TANZANIA supported the recommendation on the long-term planning of the agenda and the handling of additional, supplementary or urgent agenda items. Stricter criteria should be applied for the inclusion of items on the agendas of governing body meetings. She supported the proposal to consult the regional committees further on some of the recommendations before they were submitted to the next session of the Health Assembly.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, said that the report and draft decision represented significant progress in the area of governance reform, which was key to creating a stronger, more efficient, united WHO. Noting that delegations from his Region currently found it difficult to keep up with the business of the governing bodies, he expressed support for the consensus reached on strengthening the working methods of the governing bodies, including with regard to the long-term planning of the agenda, the handling of additional, supplementary or urgent agenda items, the scheduling of governing body meetings and the more effective use of information technology tools. He agreed that there was a need to improve senior leadership coordination and transparency and accountability. While the work of the Global Policy Group was important in that regard, it should not replace or compete with the decision-making prerogative of the Member States. He also supported the proposed reforms related to alignment, which respected the autonomy of the regional committees. More progress could be made at the regional level, for instance, to improve the accountability of Member States and strengthen the oversight roles of the regional committees. Regional and country offices needed more capacity building and resources. Finally, he recommended that the draft guidelines of best practices on governance reform, contained in Appendix III to document EB138/6, which had not been discussed at the meeting for lack of time, should be discarded, since their essence was already covered by the consensus reached on the draft decision.

The representative of THAILAND noted that the recommendations proposed at the meeting included a number of requests to the Director-General to take further action and report on the issues raised, which he believed to be an important element in overall WHO reform. He supported the draft decision.

The representative of EGYPT said that the meeting's recommendations would create a more effective, transparent and accountable Organization across the three levels. Strengthening and streamlining working methods would also allow for the better management of governing body meetings and their agendas, which had increased considerably in length in recent times. He stressed, however, that all three levels of the Organization had their own specific characteristics which must be taken into account. The Director-General's role as the chief technical and administrative officer of WHO did not take precedence over Member States' powers of decision-making and oversight of their respective regional offices.

The representative of BANGLADESH recommended that a time limit should be set for reaching consensus on an agenda item, thus ending the practice of items appearing on the agenda year after year with no action being agreed. When the time limit was reached, a resolution could be adopted based on a partial agreement, with a new resolution adopted subsequently to cover the outstanding issues, or non-critical items could be dropped altogether.

The representative of JAPAN said that, as the senior management of the Organization, assistant directors-general were directly accountable to the Director-General: he therefore sought confirmation that the final decision on their selection would be made by the Director-General.

The representative of COLOMBIA expressed the hope that the recommendations would be endorsed at the current session of the Health Assembly. He welcomed the emphasis on decentralization within the Organization and greater flexibility for the regional offices and the fact that the draft guidelines reiterated the independence of the regional offices in the context of different regional specificities and needs.

It was vital to strengthen the functioning and working methods of the governing bodies in order to improve their effectiveness and efficiency. There were still clear challenges, including the implementation of decisions, resolutions and plans adopted by those bodies, which necessitated enhanced coordination across the three levels of the Organization and greater transparency and accountability in all processes.

The representative of CHINA said that action needed to be taken without delay, since the work on governance reform had been slow to date. Implementation of the recommendations, in particular regarding the planning and management of the agenda for meetings of the governing bodies, would improve transparency and cooperation across the Organization's three levels. She supported the draft decision and hoped that WHO would adopt measures to implement that decision and advance governance reform as soon as possible. In addition, she hoped that a meeting would be convened as soon as possible to allow Member States to reach agreement on the draft guidelines of best practices on governance reform.

The representative of COSTA RICA expressed support for the draft decision and underscored the importance of implementing the recommendations of the meeting in a timely manner. It was essential to strengthen institutional capacity, planning, accountability, transparency and coordination in WHO, which was a large and complex organization. The process of continuous improvement in those and other areas was vital to ensuring good governance.

The representative of MEXICO welcomed the draft decision but added that it was only the first step in the process of governance reform. Continued reform needed to be based on the ongoing evaluation of the progress achieved and the changes implemented at all three levels of the Organization.

The representative of ETHIOPIA called for the prompt implementation of some of the recommendations, including those related to information technology. Both the Secretariat and Member States should consider the need to set priorities among agenda items and limit the number to be discussed by the governing bodies at each session.

The CHAIRMAN said that he took it that the Committee wished to approve the draft decision contained in the appendix to the report of the Open-ended Intergovernmental Meeting on Governance Reform.

The draft decision was approved.¹

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA69(8).

Framework of engagement with non-State actors: Item 11.3 of the agenda (documents A69/6, A69/60 and EB138/2016/REC/1, decision EB138(3))

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that, following the extension of the mandate of the Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors by the Executive Board at its 138th session, further discussion of the draft framework had been taken up at a three-day meeting in April 2016. At that meeting, consensus had not been reached on four paragraphs relating to WHO policy and operational procedures on engagement with private sector entities. A further seven paragraphs had been agreed ad referendum and a number of paragraphs needed further discussion in terms of implementation.

The Programme, Budget and Administration Committee had welcomed the progress made, as the text was mostly complete, and supported the proposal for a drafting group to be established early at the present Health Assembly to finalize both the draft framework and the related draft resolution. The Committee had expressed the expectation that the remaining work could be concluded during the Sixty-ninth World Health Assembly and the framework adopted.

The CHAIRMAN said that he took it that the Committee wished to establish a drafting group to finalize the draft framework of engagement with non-State actors, to be chaired by the representative of Argentina.

It was so agreed.

The CHAIRMAN said that he further took it that the Committee wished to suspend the discussion on item 11.3 pending the outcome of the drafting group.

It was so agreed.

(For continuation of the discussion and approval of a draft resolution, see the summary record of the thirteenth meeting, section 1.)

The meeting rose at 17:50.

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