PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

Palais des Nations, Geneva
Friday, 24 May 2019, scheduled at 14:30

Chairman: Mr H. BARNARD (Netherlands)

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COMMITTEE B

FIFTH MEETING

Friday, 24 May 2019, at 14:40

Chairman: Mr. H. BARNARD (Netherlands)

1. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 18 of the agenda (continued)

Multilingualism: Item 18.2 of the agenda (document A72/53) (continued from the fourth meeting, section 4)

The representative of MONACO said that WHO should develop a multilingual and multicultural environment, in particular during its current stage of transformation. She regretted that some of the documents for the Seventy-second World Health Assembly had been made available in languages other than English only after a long delay, and that other documents had not been translated. To achieve universal health coverage, it was necessary to adapt to different contexts and languages and for the Secretariat to continue training and recruitment efforts in that regard.

The representative of CABO VERDE, speaking on behalf of 40 Member States from a range of language groups, said that she would deliver her statement in four languages to highlight the importance of multilingualism to those Member States. It was regrettable that the Organization still failed to operate on a truly multilingual basis; most publications and guidelines only existed in English, and current efforts to improve the planning and prioritization of normative instruments at all three levels would not guarantee the linguistic diversity desired. Multilingualism should not be viewed as a restriction or cost, but rather as a key way to improve the effectiveness and transparency of activities — it contributed to the improvement of global health policies and ensured that everyone was able to access information and opportunities for scientific and technical cooperation.

All WHO guidelines should include, as a minimum, a summary of recommendations in all the official languages at the time of publication, and scientific documents should be produced in other languages in addition to the official six. It was problematic that most departments at WHO headquarters were unable to use documents in languages other than English and had to resort to a translation service; that stemmed from the policy of recruiting in English, a form of discrimination that favoured English-speaking candidates. Urgent steps should be taken to remedy that situation and promote applications in different languages, which would also help achieve the geographical diversity sought by the Organization.

Noting that multilingualism was enshrined in the founding texts of the United Nations, she called on the Secretariat to fully implement resolution WHA71.15 (2018) and seek ways to increase multilingualism using the resources available, including by sharing best practices with other organizations of the United Nations system.

1 Angola, Argentina, Belgium, Belarus, Bolivia (Plurinational State of), Brazil, Cabo Verde, Canada, Chile, China Colombia, Costa Rica, Côte d’Ivoire, Djibouti, Dominican Republic, El Salvador, Equatorial Guinea, France, Guatemala, Guinea-Bissau, Haiti, Honduras, Ireland, Italy, Luxembourg, Mozambique, Niger, Panama, Paraguay, Peru, Portugal, Romania, Russian Federation, Sao Tome and Principe, Spain, Switzerland, Timor-Leste, Togo, Uruguay, Venezuela (Bolivarian Republic of).
The representative of CANADA said that she supported promotion of the official languages within WHO using the resources available. She appreciated WHO’s efforts to take advantage of new technologies and use other resources within the United Nations system to make translation and interpreting services more efficient. She encouraged the Secretariat to appoint a coordinator for multilingualism in order to promote multilingualism in its daily work.

The representative of NICARAGUA called on WHO to fully implement resolution WHA71.15 (2018). He appealed to the Secretariat to step up its efforts at the highest levels of management to produce vacancy announcements, publicity and communications, final meeting reports and annual reports in various languages. Multilingualism was a foundational aspect of the United Nations and therefore a priority.

The COORDINATOR (WHO Press) expressed regret at the late translation of documents submitted to the Seventy-second World Health Assembly. There had been an unprecedented decision to make documents available as soon as they were ready, regardless of the language, but normal procedures would be followed for future meetings of WHO governing bodies. Standardization of vacancy notices, along with collaboration in the United Nations system with respect to machine translation, would make their translation easier and more cost-effective. She was aware that the WHO website did not reflect the six official languages on an equal footing and that more efforts were needed to ensure that scientific and technical information was available in all the languages needed. The translation capacity for the governing bodies was being coordinated with the United Nations and strengthened through the adaptation of United Nations computer-assisted translation tools.

The position of coordinator for multilingualism was being considered in the context of WHO transformation. The planning processes for technical documentation were being examined so that translations into the official languages could be provided when documents were at the drafting stage. She encouraged Member States to closely follow the global goods planning process and measure its progress. The geographical balance and multilingual capacities of Secretariat staff members had been measured and reported on, and the results indicated a variety of linguistic capabilities. One of the innovations proposed to counter the preponderance of English was the use of closed-caption machine interpretation for technical meetings, which would be trialled in 2019.

The Committee noted the report.

2. MATTERS FOR INFORMATION: Item 21 of the agenda

Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control: Item 21.1 of the agenda (document A72/57)

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that 2018 had been a momentous year for tobacco control efforts: the Protocol to Eliminate Illicit Trade in Tobacco Products had entered into force, and the eighth Conference of the Parties to the WHO Framework Convention on Tobacco Control and first Meeting of the Parties to the Protocol had been held. The Conference of the Parties had shone a spotlight on the environmental impact of tobacco and adopted the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through Implementation of the WHO Framework Convention on Tobacco Control, 2019–2025. It had also adopted several measures to maximize transparency, in order to protect the integrity of governance of the Convention and Protocol against the intrusion of tobacco industry
interests. The Parties to the Convention had sent a strong and clear message that they would act to protect their public health policies relating to tobacco control from tobacco industry interests in accordance with national law. She encouraged Member States that had not yet become party to the Convention or Protocol to do so.

The representative of PANAMA said that the decision to maximize the transparency of delegations and observers and the adoption of a code of conduct for members of the Bureau of the Conference of the Parties and the Convention Secretariat were fundamental to the Convention’s sustainability. The tobacco industry continued to undermine progress to protect people worldwide from addiction, illness, disability and death caused by its products. The Global Strategy would strengthen synergies between the Secretariats of the Conference of the Parties and WHO, boost resources to achieve the Sustainable Development Goals and help to save more lives. It was important for the two Secretariats to work together to prevent the tobacco industry from undermining the commitment of governments to protect public health and implement the Convention.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. The Convention was an effective global tool for tobacco control and an important component of the 2030 Sustainable Development Agenda. She reaffirmed the European Union’s strong commitment to Article 5.3 of the Convention, on the protection of public health policies from the tobacco industry. She urged the WHO and the Convention Secretariats to strengthen cooperation and reinforce partnerships across the United Nations system and with other international organizations. She encouraged WHO to help to enact the decisions of the Conference of the Parties. It was important to swiftly conclude the hosting agreement between the Convention and the WHO Secretariats, and for WHO to ensure that adequate resources were available for the work set out in the decisions of the Conference of the Parties, particularly with respect to novel and emerging tobacco products. She welcomed the entry into force of the Protocol, congratulated the Parties to the Convention who had recently joined it, and called upon those that had not done so to ratify, accept, approve, formally confirm or accede to the Protocol.

The representative of BAHRAIN said that it was essential for all the Parties to the Convention to implement the decisions adopted by the eighth Conference of the Parties. His Government would continue to support the WHO Secretariat and the Conference of the Parties to ensure that such decisions were effectively implemented and efforts deployed to reduce the impact of tobacco consumption on public health.

The representative of CHINA welcomed the decisions adopted by the eighth Conference of the Parties and the emphasis placed on the global agenda on noncommunicable diseases and South–South and triangular cooperation. He supported an information exchange mechanism between the Conference of the Parties and the Health Assembly, which would lead to enhanced cooperation and joint efforts to promote health.

The representative of AUSTRALIA said that she encouraged the strengthening of synergies between the Conference of the Parties and the Health Assembly as a means of heightening the Convention’s visibility and profile. She was pleased that the Director-General had addressed the eighth Conference of the Parties and reaffirmed her Government’s commitment to the continued implementation of the Convention.
The representative of BRAZIL said that the Protocol was a fundamental instrument to further promote global health. It would help all ratifying countries to deal with important social and economic issues.

The representative of INDIA said that it was essential to strive for better implementation of the Convention and Protocol. A road map should be developed to guide Parties to the Convention, the Convention Secretariat and other stakeholders in that regard. Tobacco was an environmental and sustainable development issue as well as a health matter. Tobacco control therefore required a holistic approach involving environment and sustainable development partners. He supported the strengthening of synergies between the Health Assembly and the Conference of the Parties.

The representative of the NETHERLANDS said that the Convention had been very effective in controlling tobacco and noncommunicable diseases. The eighth Conference of the Parties had delivered clear results in terms of its implementation; she encouraged the Convention Secretariat to follow up on that work in synergy with all relevant WHO departments.

The representative of THAILAND expressed concern at the tobacco industry’s interference in “best buy” interventions by governments in tobacco control. Furthermore, it was worrying that novel tobacco products involving, for example, heated tobacco had been marketed even though claims that they had no negative health impact were based on unclear evidence. She called upon the Director-General to closely collaborate with different sectors, conduct research on novel tobacco products and their health impact, and monitor tobacco industry activities that hampered the Convention’s implementation.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on the WHO Secretariat to support actions to reduce tobacco exposure and use among children, adolescents and young people, including: supporting the Global Strategy; expanding the focus of the Global Strategy to include children and adolescents; addressing the impact of novel tobacco products on the health and well-being of children, adolescents and young people; strengthening efforts to limit the tobacco industry’s misleading marketing tactics; and encouraging Member States to implement and enforce tobacco control policies.

The CHEF DE CABINET said that the WHO Secretariat would provide support to facilitate the work between the Health Assembly and the Conference of the Parties, and was committed to supporting the work of the Convention Secretariat. Progress had been made regarding the hosting agreement, and technical work was being aligned to address challenges in the common agenda.

The Committee noted the report.

The CHAIRMAN suggested that the Committee should consider agenda items 18.1 and 20 together and start its deliberations by considering the report contained in document A72/48, on the WHO transformation agenda.

It was so agreed.
3. **MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 18 of the agenda (resumed)

**WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform:** Item 18.1 of the agenda (documents A72/48, A72/49, A72/50, A72/51, A72/52, A72/INF./4, A72/64, EB143/2018/REC/1 and decision EB143(7), and EB144/2019/REC/1 and decisions EB144(3) and EB144(4))

**COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS:** Item 20 of the agenda

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, aligned themselves with her statement. She welcomed the approach of the transformation agenda to harmonize activities across WHO, increase accountability and strengthen the production of global goods. More clarity was needed on how recent changes in the structure and management of the Organization, including its new operating model, would help to achieve the transformation agenda’s goals. Turning to the four pillars supporting WHO’s single, streamlined structure, she asked why, under the programmes pillar, communicable and noncommunicable diseases were covered by a single division, whereas antimicrobial resistance was covered by a separate division, and what topics would be covered by the healthier populations division. It was also unclear how topics such as maternal health, human rights and poliomyelitis transition would be addressed. More information was also needed on the four cross-cutting corporate divisions intended to support and enable WHO’s programme and emergency work.

To strengthen its credibility, the Organization must ground its normative work in science and epidemiology. She was pleased that the Science Division would lead the work on WHO’s digital strategy and innovation, but asked for more information on how such work would reinforce WHO’s intended political messages and on the budgetary implications of the Division’s creation.

The Secretariat should provide more information on the WHO Values Charter. Although the approach to strengthen partnerships, including with non-State actors, was welcome, it must be accompanied by an appropriate risk management policy. She requested an evaluation of the outcome of the WHO Partners Forum in 2019 and more details on the planned WHO foundation and its control mechanisms.

The representative of the RUSSIAN FEDERATION expressed support for the transformation agenda, which should be carried out swiftly and in full accordance with United Nations development system reform. She welcomed the project approach to implementation, including performance monitoring, and highlighted the importance of including Member States in the consideration of key decisions in a fully transparent manner. Providing comprehensive and timely progress reports on changes under the transformation would ease the psychological pressure on staff. She expected such changes to be agreed at all levels, most importantly at the country level. She wished to be informed on the consultation processes, time frames for submission of the relevant documents, procedures for staff recruitment under the new models, and the budgetary implications for the biennium 2020–2021. She hoped that all changes under the transformation would be concluded by the end of 2021.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, welcomed the broad consultations on the new operating model, which had led to agreement on
four key principles aligned with United Nations development system reform and had contributed to managerial efficiency, enhanced programmatic output and better governance. He hoped that the Secretariat, with the support provided to it, would be better positioned to reduce the disease burden worldwide, particularly in Africa. Universal health coverage would not be achieved unless people were put at the centre of change, which was the overarching principle of the second phase of the transformation agenda. He supported the Secretariat’s coordination approach, as it would increase transparency, efficiency and accountability. His Region was committed to the ongoing reforms and shared the goal of ensuring that the priorities, needs and expectations of countries were well coordinated with partners. He agreed that the action taken thus far had demonstrated a clear and genuine move towards implementation of the transformation agenda and achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The representative of AFGHANISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked WHO for being a driving force in United Nations development system reform at the global, regional and country levels. WHO must maintain its lead role in all health-related matters, especially in United Nations country teams. He therefore recommended that it consolidate its country presence, which he hoped would be a key outcome of the ongoing functional reviews of WHO country offices in the Eastern Mediterranean Region. Heads of WHO country offices should be selected in a transparent and merit-based process to ensure that they had the competencies needed to work in the new partnership environment across the United Nations system.

The representative of CHINA commended the new operational model, but noted that regional and country offices had not officially begun restructuring, a matter that should be followed up as soon as possible. With regard to United Nations development system reform, the principle of Health in All Policies could not be achieved by WHO alone; United Nations Resident Coordinators would hopefully support the Organization’s efforts to promote coherent multisectoral health policies and actions. As the guiding and coordinating authority on health, WHO should maintain its right to contact Member States and key partners directly on health issues. A coordination mechanism between WHO and Resident Coordinators should be established soon to prevent the Organization’s efficiency from being affected at the country level.

The representative of CANADA welcomed the continued progress in WHO transformation and the details on the new operating model, but asked for further information on the accountability relationships between the different levels of the Organization and its governing bodies. Enhancing impact at country level implied strengthening country offices, including by ensuring that competent staff were in the right places. Although WHO’s transformation efforts were appreciated, constant change could be destabilizing for staff. She called for a return to stability and predictability so that the Organization could conduct its work as effectively as possible.

The representative of THAILAND said that the transformation agenda would be successfully implemented only when all key players were willing to change. Both Secretariat staff and Member States should play an active role in, and be accountable for, health outcomes. A monitoring platform should be established to review progress, address challenges and find solutions. The functions and roles under the Organization’s new structure should be continually discussed and clarified in order to facilitate the integration of cross-programmatic work and coordination across the three levels. His Government looked forward to a transformation in vision and regular updates on progress.

The representative of JAPAN expressed concern that major reform might affect WHO productivity. He asked the Secretariat to ensure that reform had no effect on WHO’s day-to-day work and to provide information on the number of senior Secretariat positions, which was needed to assess its structure.
The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that it was important to have as much information as possible to ensure that the Organization was well positioned in its transformation process. It would be useful to have specific outlines of how the transformation agenda would be implemented; the Secretariat should provide a detailed update on which decisions had been made, which had not and the overall areas of focus, so as to ensure that everyone was working towards a clear and shared vision.

The representative of AUSTRALIA said that her Government supported the ambition of the transformation agenda and its focus on enhancing impact at the country level. She fully supported the emphasis on staffing diversity and gender parity, which would enhance performance at all levels of the Organization. However, it was important to have transparent, merit-based recruitment processes for all appointments, including those of Assistant Directors-General. Further information on the budget implications of the Secretariat’s new structure, including the resourcing of additional senior positions, and on how the new model for working across the three levels would affect resourcing and accountability, would be appreciated. Since the country level was central to the transformation agenda, WHO should ensure that country offices had sufficient capacities to deliver on the agenda.

The representative of INDONESIA said that it was important to align all departments and major functions at WHO headquarters with the new operating model and Thirteenth General Programme of Work, 2019–2023. The Secretariat should also consider aligning its structure and processes at the regional and country levels. Her Government supported United Nations development system reform, including the “One United Nations” approach and improvement of activities at the country level. She hoped that Resident Coordinators could help to harmonize multisectoral coordination between entities of the United Nations system, avoid duplication and improve the effectiveness and efficiency of work at the country level. WHO should strengthen its work with other entities of the United Nations system to create impact in every country, while excelling in its normative and technical work to achieve the “triple billion” goals and health-related Sustainable Development Goals.

The representative of the UNITED STATES OF AMERICA said that the ambitious transformation agenda could make WHO a stronger and more integrated organization, focused on delivering effectively and achieving real impact at all levels. She looked forward to seeing results and the implementation of changes under the agenda. The way in which WHO implemented changes at the country level, in alignment with United Nations development system reform, would be important for the work of WHO and the United Nations system as a whole. Greater coherence and unity of action across the United Nations system would help to maximize WHO’s capacity to deliver at the country level.

The representative of COLOMBIA said that the central strategies in working with organizations of the United Nations system were cooperation based on country needs; a focus on areas where organizations had a comparative advantage; an inter-agency approach; and the cost-effective use of resources and interventions. To achieve the health-related Sustainable Development Goals, WHO must prepare to face current issues and work well with different programmes to deliver measurable improvements to people’s health. Her Government would continue working within the legal and transparency frameworks of the United Nations reform process.

The representative of PANAMA emphasized that a top-down approach, improvements to transparency, evaluation culture, meritocracy and accountability, and the full implementation of the Framework of Engagement with Non-State Actors were central to the transformation process. WHO should ensure that its reforms were sustainable and strengthened its leadership and normative role. Gender equality was more than employing the same number of men and women; it implied equal opportunities for senior positions in the Organization. She looked forward to seeing details on structural
changes and their operational and financial implications. While the Secretariat’s efforts with respect to cost saving and resource allocation were commendable, more had to be done to achieve the targets set. In particular, it was vital to implement the audit recommendations presented to the Committee.

The representative of MEXICO said that it was essential to ensure transparency and accountability with respect to resources and results. The Resident Coordinator system was helping to harmonize guiding and normative work through an integrated, multisectoral, system-wide approach. It was important for WHO to identify the most pressing priorities to ensure human resources were properly allocated. Detailed information was needed on the new Special Purpose Trust Fund for financing the Resident Coordinator system, in order to evaluate the appropriateness of its creation.

The representative of the COOK ISLANDS was pleased that, under the transformation agenda, prevention and control of noncommunicable diseases had been linked for the first time with communicable diseases, in order to achieve universal health coverage. The move from fragmentation to convergence, and integration and coherence across programmes, were particularly important for small island developing States.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) thanked representatives for their valuable perspectives and guidance. In regard to the broader transformation agenda, he recognized that there was a need for information on how the new operating model would facilitate the implementation of WHO’s strategy across its three levels and ensure that its normative work had an impact; such information would be better communicated to Member States going forward. In terms of timelines, the Secretariat hoped that some of the major structural changes would be concluded by the end of 2019; others, however, would require a longer time frame. The Secretariat would be working on a long-term implementation road map and the establishment of milestones to guide its work and communication between departments and with Member States. The Organization was determined to be agile and embrace rapid change, but also allow for predictability and stability.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that United Nations development system reform was an opportunity for WHO to amplify its work. The Secretariat would support Resident Coordinators but also safeguard the Organization’s normative function and core responsibility for health. The health-related Sustainable Development Goals could not be achieved by WHO alone; engagement with entities of the United Nations system and Resident Coordinators was also needed. The Secretariat would accelerate the feedback loop on best practices and address problems to ensure that United Nations reform was successful.

The DIRECTOR-GENERAL said that more information and regular updates on the transformation agenda would be provided to Member States in a timely manner. The number of senior management positions had not changed significantly, and recent appointments had mostly resulted from internal reshuffles. The reshuffling process had been based on the skills and competencies of candidates and had involved open, face-to-face discussion of issues. The process had been working well, as shown by the increase in productivity.

Turning to the four pillars supporting WHO’s single, streamlined structure, he said that the healthier populations division would have four main departments: climate and environment, social determinates, nutrition and food safety, and promotion of healthier populations. WHO’s investment in that area had been lower than expected, and strengthened efforts were needed to address the root causes of health problems. Control of noncommunicable diseases had been weak; it was important that sufficient resources be allocated to control as well as prevention. WHO’s new structure would help to ensure that it was not neglected.

To ensure accountability, the transformation plan must be outcome-based and measurable. Accountability was needed at both the organizational and the individual levels. A system for
performance management that included 360-degree feedback would help to measure the productivity of individuals, and therefore of teams, departments and the Organization. At the same time, internal and external evaluations would measure performance department- or Organization-wide. In order to last, changes must be well planned, well studied and properly introduced. The transformation agenda would change the Organization significantly because it encompassed major yet well-designed changes and would ensure accountability. For the transformation agenda to be implemented successfully, input and support from Secretariat staff and Member States was essential.

The CHAIRMAN drew attention to document A72/49, on reform of the United Nations development system and the implications for WHO.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She thanked the Secretariat for submitting a separate document on United Nations development system reform, pursuant to a request made at the 144th session of the Executive Board. United Nations development system reform was a crucial process with serious implications for WHO’s presence in countries and role in global health. It provided WHO with an opportunity to reposition itself and focus on where it could provide the best added value. Heads of WHO country offices in countries, territories and areas, Resident Coordinators and United Nations country teams had to cooperate closely to achieve the Sustainable Development Goals, in particular Goal 3. WHO must retain its lead role in health-related activities and policy advice at the country level, ensuring that multisectoral challenges were addressed by all relevant stakeholders.

The Secretariat should engage in shaping and revising United Nations Development Assistance Frameworks, which should be aligned with the Thirteenth General Programme of Work and serve as reference points for country cooperation and national health strategies. WHO country offices must be adequately resourced, and further analyses conducted of where such support was needed most, what steps would ensure relevant strengthening and whether there was a need to retain country offices elsewhere. Information should be regularly provided on how country offices were financed. Noting that participation in the common cost-sharing system implied an increase in the Organization’s financial obligations, she said that WHO should meet its commitments in a timely manner and that Member States should be informed of all the implications for resource mobilization. She encouraged the full implementation of United Nations development system reform and asked for regular progress updates to be provided to the WHO governing bodies.

The representative of SWITZERLAND said that, to improve efficiency, the operating model should be aligned at all three levels of the Organization. Responses to national needs would only be successful if WHO fully aligned itself with the objectives of the United Nations system. Optimal governance of WHO required aligning the Thirteenth General Programme of Work with the planning cycles of other United Nations organizations from 2026 onwards; integrating the budget cycle within the Thirteenth General Programme of Work; fully participating in the Resident Coordinator system; harmonizing country cooperation strategies and biennial collaborative agreements and aligning them with the United Nations Development Assistance Framework; and working in closer proximity with other organizations of the United Nations system in countries by sharing premises and administrative services.

The representative of CANADA said that she expected the Organization and its heads of WHO country offices in countries, territories and areas to participate fully in United Nations development system reform. The Organization should also align its presence and the composition of country teams with the needs of the new United Nations Sustainable Development Cooperation Frameworks and the
United Nations development system targets for improved business operations. She welcomed WHO’s commitment to doubling its contribution to the Resident Coordinator system using existing funds. It would be interesting to know how the Secretariat would work with PAHO to implement reform in the Region of the Americas. She welcomed WHO’s leadership with respect to the global action plan for healthy lives and well-being for all, which should identify ambitious, concrete and measurable joint actions that strengthened collaboration at the country level and had a greater impact in countries.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that she expected WHO to participate in shared premises and back-office functions, which would deliver efficiencies in the long term. The Director-General’s commitment to improving health impact at the country level was welcome. However, she would appreciate more specific information on how, in concrete terms, WHO planned to strengthen its country offices in line with United Nations reform. More details on the local-level resource mobilization agenda for the financing of WHO country offices would also be welcome. Heads of WHO country offices should report directly to Resident Coordinators as well as to WHO governing bodies. The future working relationship between heads of WHO country offices and Resident Coordinators should be based on the United Nations Development Assistance Framework guidelines and the common Management and Accountability Framework. Good cross-sectoral collaboration among United Nations partners on the ground would be essential. Under the leadership of Resident Coordinators, there must be full information-sharing and discussions on the assistance to be provided to Member States for implementation of the 2030 Agenda for Sustainable Development.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that WHO reform would be critical to the successful delivery of WHO core objectives across the globe. He was fully supportive of the goal of ensuring that WHO worked to meet the needs and expectations of Member States in close cooperation with its partners. Resident Coordinators with well-defined roles would be key to ensuring the decentralized delivery of resources and the expeditious execution of decisions. He welcomed the Secretariat’s reform efforts and considered that the alignment of the Organization’s structure with its strategy was paying off. He was confident that the WHO Regional Office for Africa would successfully implement the necessary reforms. The Secretariat must ensure the implementation of a system for measuring reform methods that would highlight the impact and outcomes of change. Doing so would help to ensure that change was not blocked or resisted. On the same theme, he urged the Secretariat to implement a transparent change management process with a formalized structure. Lastly, he stressed that any delays on governance reform should be overcome through fast-track solutions.

The representative of JAPAN requested additional information on the 1% coordination levy on eligible contributions that was to be used to fund the Resident Coordinator system, including the exact amount requested and how and when it was to be paid.

The representative of FRANCE said that she expected WHO to implement United Nations development system reform fully and immediately, and welcomed the Secretariat’s plan to incorporate the transformation agenda into that process. She fully supported the global action plan for healthy lives and well-being for all, which integrated the need for coherent cooperation between agencies, but asked about the implications for WHO of United Nations development system reform, particularly the effects on country and regional offices. The Secretariat should explain when the concrete effects of the reform would be felt at the country level and at all levels of the Organization.

The representative of PANAMA called for Organization-wide awareness-raising on United Nations reform, especially its implications for the programme and budget. Opportunities to leverage synergies through inter-agency coordination should in no way undermine the role of WHO at country
level. Similarly, work with Resident Coordinators should not take away from WHO’s specific technical role at various levels. The implementation of United Nations reform should be accompanied by an assessment and follow-up procedure so that certain areas could be fine-tuned at a later stage. She was concerned that the financial implications of various aspects of United Nations reform remained unclear.

The representative of THAILAND expressed support for the Resident Coordinator system but stressed that the role of heads of WHO country offices in countries, territories and areas should not be overlooked. WHO should use the opportunity provided by United Nations reform to strengthen the capacity of WHO country offices. It would be essential to ensure that WHO transformation was fully aligned with United Nations development system reform.

The representative of BRAZIL said that it was high time to change WHO working methods, as demonstrated by the heavy agenda of the Seventy-second World Health Assembly. The changes approved, while incremental in nature, were highly significant and would allow the WHO governing bodies to guide the Secretariat more effectively. The participation of non-State actors in official relations with WHO in governing body meetings enriched intergovernmental debates. He supported further discussion of the idea of convening a forum for meaningful interaction between Member States and non-State actors. He looked forward to discussions at the 145th session of the Executive Board on the role of non-State actors and on written statements. All changes to WHO working methods and governance processes should be made in full consultation with Member States.

The representative of the UNITED STATES OF AMERICA said that a successful Resident Coordinator system would work on behalf of the entire United Nations system to promote coherence and better coordination, while maintaining the flexibility of agencies to deliver on their mandates, including with respect to humanitarian issues. The Secretariat should clarify the reporting relationship of heads of WHO country offices to Resident Coordinators. Moreover, it should maintain the ultimate accountability of WHO country offices to WHO management and the governing bodies. She requested more information on the financial implications of WHO reform processes for the Secretariat and Member States (overall, her Government had high expectations for the efficiency and cost savings to be realized across organizations in the United Nations development system) and on the role of PAHO with respect to United Nations development system reform.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the transformation reforms intended to streamline the work of WHO worldwide. However, those reforms should remain flexible and open to re-evaluation once they were finalized in the biennium 2020–2021, so that WHO’s structure could be better aligned with other organizations of the United Nations system. The increased attention paid to WHO country offices was welcome. He encouraged Member States and WHO country offices to jointly develop time-bound country road maps for the engagement of civil society and youth. With respect to gender-sensitive language, he encouraged WHO to prefer the terms “they”, “theirs” and “them” over “she or he”, “hers or his” and “her or him”, in recognition of the fact that gender was not binary.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the increasing number of non-State actors participating in governing body meetings made it critical to ensure that engagement with community stakeholders was effective and efficient, while still allowing all voices to be heard. Meeting documentation should be provided well in advance of meetings, and non-State actors should be encouraged to share their statements beforehand. Open consultations for non-State actors prior to governing body meetings should supplement, and not be a substitute for, non-State actors’ limited participation in the formal meetings. Clear guidelines
regarding the size and composition of non-State actor delegations should be shared well in advance of meetings.

The ASSISTANT DIRECTOR-GENERAL (WHO Office at the United Nations) said that the comments made had reaffirmed the Secretariat’s approach to United Nations reform. The 1% contribution levy was administered by the United Nations. Member States could pay it directly to the United Nations or elect to have WHO administer it. The Secretariat was sending further guidance on the levy to Ministries of Health and Permanent Missions in Geneva.

The ASSISTANT REGIONAL DIRECTOR FOR THE AMERICAS said that PAHO, established in 1902 as an independent organization to work with the countries of the Americas, had, since the establishment of WHO, also been responsible for the WHO Regional Office for the Americas. Discussions were under way with WHO and with United Nations headquarters on how the legal mandate and specificity of PAHO could be retained while it fully collaborated with United Nations reform.

The Committee noted the reports contained in documents A72/48 and A72/49.

The CHAIRMAN drew attention to the draft decisions contained in decisions EB143(7), EB144(3) and EB144(4), on proposed changes to the Rules of Procedure of the World Health Assembly.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. Referring to the draft decision contained in decision EB144(4), she said that the European Union was supportive of the proposal to use gender-specific language in the Rules of Procedure of the World Health Assembly. Gender equality should be reflected in the legal documents that governed WHO wherever that was practically and linguistically feasible.

Referring to the draft decision contained in decision EB144(3), on the proposed amendment to the Rules of Procedure of the World Health Assembly on time limits for tabling draft resolutions and/or decisions, she welcomed the proposed amendment stating that formal proposals relating to items of the agenda should be introduced at least fifteen days before the opening of a regular session of the Health Assembly.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, endorsed the draft decision contained in decision EB144(4); the proposed changes to the Rules of Procedure it laid out were uncontroversial.

The CHAIRMAN took it that the Committee wished to approve the draft decision contained in decision EB144(4).

The draft decision was approved.¹

The CHAIRMAN asked whether the Committee was ready to approve the draft decision contained in decision EB144(3).

The representative of PANAMA asked why the proposed amendments relating to the alignment of the terminology used in the Rules of Procedure of the World Health Assembly with that used in the

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA72(21).
Framework of Engagement with Non-State Actors referred to only three categories of non-State actors, omitting private sector entities and academic institutions, which were also included in the Framework.

The LEGAL COUNSEL said that the only types of non-State actors that could be in official relations with WHO were nongovernmental organizations, international business associations and philanthropic foundations. For that reason, only those three categories of non-State actors were mentioned in the proposed amendments to the Rules of Procedure.

The draft decision was approved.¹

The CHAIRMAN took it that the Committee wished to approve the draft decision contained in decision EB143(7).

The draft decision was approved.²

4. MATTERS FOR INFORMATION: Item 21 of the agenda (resumed)

Outcome of the Second International Conference on Nutrition: Item 21.2 of the agenda (document A72/58)

The representative of the REPUBLIC OF KOREA, underscoring the importance of nutrition for children’s health and well-being, outlined the initiatives taken by his Government to address nutrition-related challenges among children. His Government would continue to support international efforts to tackle all forms of malnutrition.

The representative of BAHRAIN welcomed the efforts of WHO and the entire United Nations system to tackle malnutrition and outlined the measures put in place by her Government to address issues relating to nutrition, particularly childhood obesity.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that Member States needed to act urgently to address the scarcity of nutrition specialists in the Region and to speed up the process of implementing official specific, measurable, achievable, relevant and time-bound commitments. He noted that national progress in tackling malnutrition had been uneven and that action networks would play a key role in scaling up commitments and achieving concrete results. He welcomed the recent commitments made at international conferences, the contributions from WHO and other organizations within the United Nations system, the planned mid-term review of the status of implementation of commitments under the Rome Declaration on Nutrition, and the information on areas that would require intensified action going forward.

The representative of INDIA outlined the various initiatives that his Government had taken to tackle malnutrition. He urged Member States to focus on promoting both physical activity and healthy diets in order to achieve the global nutrition targets.

The representative of THAILAND said that it was important to prevent food waste by improving food management at all stages, from production to consumption. While progress had been made in terms

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA72(22).
² Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA72(23).
of food labelling and creating a healthy food environment, it was essential to enhance people’s awareness and understanding of basic health and nutrition information.

The representative of AUSTRALIA welcomed the high-level action taken to address nutrition-related challenges and the continued focus on achieving the commitments set out in the Rome Declaration. Her Government would continue to work with the global action network aimed at accelerating and aligning efforts around nutrition labelling.

The representative of GERMANY, welcoming WHO’s collaboration with United Nations agencies in the area of nutrition, said that her Government was providing financial support for the preparation of the voluntary guidelines on food systems and nutrition, which she hoped would be useable, applicable and drive the transition towards better nutrition. She emphasized the importance of providing long-term and stable funding for the FAO/WHO Scientific Advice Programme, which informed the standard-setting work of the Codex Alimentarius Commission.

The representative of INDONESIA, outlining the measures taken by her Government in response to nutrition-related challenges, called for more technical support from WHO in strengthening Member States’ monitoring and regulatory capacities within the framework of the United Nations Decade of Action on Nutrition (2016–2025).

The representative of BURKINA FASO, welcoming the progress made in reducing childhood obesity, said that translating legislative measures into action remained a major challenge for her country and called on WHO to mobilize technical and financial resources to support the most fragile Member States.

The representative of GHANA commended international efforts to reduce childhood obesity and encouraged Member States to set up more regional action networks to promote healthy food environments. He called for nutrition measures in schools to be enhanced and strengthened, outlining some of the steps taken by his Government in that regard.

The representative of PANAMA outlined the progress made by her Government in addressing nutrition-related challenges.

The representative of the DOMINICAN REPUBLIC said that the Global Database on the Implementation of Nutrition Action needed to be updated to reflect new policies and programmes aimed at improving food security. While she agreed that intersectoral policies should be adapted to include all global nutrition targets and translate them into costed operational plans, such policies and plans should also take account of the specific health and nutrition situation of each Member State.

The representative of the RUSSIAN FEDERATION welcomed the progress made towards implementing the Global Database on the Implementation of Nutrition Action, improving food labelling and promoting food standards within schools. She encouraged the Commission on World Food Security to develop guidelines that took a comprehensive and systematic approach to food systems, and urged WHO, UNICEF, FAO, WFP and IFAD to work together to tackle nutrition-related challenges in a comprehensive manner. She called for the creation of thematic networks for sharing experiences, reaching agreements and coordinating action on nutrition-related issues. She supported the implementation of official specific, measurable, achievable, relevant and time-bound commitments in areas such as intersectoral policy, health and social protection, education, the production and agriculture sectors, trade and industry.
The representative of BANGLADESH welcomed the follow-up to the Second International Conference on Nutrition. He hoped WHO and other international partners would provide long-term technical support to help improve nutrition in his country and called on the Director-General to work more actively with Member States, United Nations agencies and non-State actors in order to harness momentum and ensure that all sectors remained committed to tackling malnutrition.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the WORLD CANCER RESEARCH FOUNDATION INTERNATIONAL, WATERAID INTERNATIONAL and the UNION FOR INTERNATIONAL CANCER CONTROL, said that, to accelerate progress in the Decade of Action on Nutrition, stakeholders had to step up efforts to implement specific, measurable, achievable, relevant and time-bound commitments; take multisectoral action to strengthen food systems; champion prevention and health promotion as pathways to universal health coverage; encourage implementation of evidence-based nutrition policies in all settings; call on governments to engage with civil society on nutrition-related issues; ensure that policy-making was protected from conflicts of interest and industry interference; and strengthen nutrition-related commitments and funding in preparation for the 2020 Nutrition for Growth summit in Japan.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to step up their efforts to develop intersectoral nutrition-related policies; build capacities and increase funding for nutritional policies and programmes, particularly with regard to the health workforce; include information on nutrition status and physical activity in cancer registries in order to better inform nutrition policies and programmes; and engage with civil society in order to strengthen action networks and nutrition-related commitments, and monitor progress towards the global nutrition targets.

The Committee noted the report.

The meeting rose at 17:55.