

**DRAFT FOR CONSULTATION****Governance reform: follow-up to decision WHA69(8)****Improving the level of correspondence between the number of items on the provisional agendas of the governing bodies and the number, length and timing of sessions****Note by the Secretariat**

1. Since 2011, in the context of deliberations on governance reform, Member States have considered proposals on agenda management, as well as on the duration, timing and sequencing of governing body meetings. Such proposals have related to the application of the criteria by the Bureau of the Executive Board in assessing proposals for the provisional agenda of the Board<sup>1</sup>, management of the Board's supplementary agenda<sup>2</sup>, and conditions for proposing items for the agenda of the Health Assembly<sup>3</sup>. With regard to the scheduling of governing body meetings, proposals that have been considered include those relating to holding an additional session of the Executive Board each year<sup>4</sup>; increasing the interval between the Programme, Budget and Administration Committee and the Executive Board<sup>5</sup>; and shifting the January sessions of the Programme Budget and Administration Committee and Executive Board together to early February<sup>6</sup>.

2. At the conclusion of those discussions, the Board adopted several decisions in the area of agenda management,<sup>7</sup> such as to include in the criteria for the inclusion of additional agenda items on the provisional agenda the categories for priority setting in the draft twelfth general programme of work<sup>8</sup>. With respect to the scheduling of meetings, the governing bodies decided to maintain the present cycle.

3. The open-ended intergovernmental meeting on governance reform revisited the issues of agenda management and the scheduling of governing body meetings when it met in March 2016, building on the deliberations of the Open Member States Meeting on governance reform, which met in December and May 2015, and those of the working group on governance reform.<sup>9</sup> The Open-ended Intergovernmental Meeting on Governance Reform came to an agreement on a set of fifteen recommendations to the Health Assembly, which the Health Assembly adopted in decision WHA69(8).

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<sup>1</sup> See document EB132/5 Add.3 paragraph 22-24, document EB133/3 paragraph 5-10, document EB134/6 paragraphs 20-25

<sup>2</sup> See document EB134/6 paragraph 28-29

<sup>3</sup> See document EB132/5 Add.3 paragraphs paragraph 26-30, EB134/6 paragraphs 27 and 30

<sup>4</sup> See document EBSS/2/2 paragraph 63(1)

<sup>5</sup> See document EB130/5 Add.3 paragraph 2.9 and document A65/5 paragraph 18-19

<sup>6</sup> See document A65/5 paragraph 19

<sup>7</sup> See decisions WHA65(9), EB134(3) and document EB136/6

<sup>8</sup> In decision WHA65(9) paragraph 7(a), the Health Assembly decided that the Officers of the Board use criteria, including those for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board's agenda, namely the current health situation, needs of individual countries, internationally agreed instructions, the existence of evidence-based, cost effective interventions, and the comparative advantage of WHO.

<sup>9</sup> See document EB/OEIMGR/2 and EB/OMSMGR/2/2

## **DRAFT FOR CONSULTATION**

4. Decision WHA69(8) requested the Director-General, in consultation with Member States and taking into account previous Member State discussions, to develop by the end of October 2016, proposals to improve the level of correspondence between the number of items on the provisional agendas of the governing bodies and the number, length and timing of the sessions including the financial implications of proposed options, for consideration by the Seventieth World Health Assembly through the 140<sup>th</sup> session of the Executive Board.

### **Annual cycle of governing body meetings**

5. Currently, the Health Assembly meets in May for 6 days in even numbered years and 8 days in odd numbered years, when the Programme Budget is discussed. Similarly, the Executive Board meets in January for 6 days in even numbered years and 8 days in odd numbered years, also to allow additional time for deliberations on the Programme Budget. The Board meets for a second time in May for one or two days following the Health Assembly. Among other things, during that session, the Board appoints from among its members the Programme, Budget and Administration Committee. That Committee meets in January for two or three days, before the opening of the Executive Board. It also meets in May for about two days, before the opening of the Health Assembly.

6. Governing body meetings usually consist of two three-hour sessions each day, one in the morning and one in the afternoon. Where there is a risk that the governing bodies will be unable to complete their work on-time, afternoon sessions may be extended or evening sessions may be held, providing three additional working hours.

7. The work of the Executive Board and Programme, Budget and Administration Committee is largely undertaken in plenary, with the exception of informal meetings to facilitate consensus on the text of proposed draft resolutions and decisions. In contrast, the work of the Health Assembly is carried out by the two main committees of the Assembly, Committee A, which deals primarily with programme and budget matters and Committee B, which deals with administrative, financial and legal matters. During the Assembly, informal and formal meetings are often held in parallel with the sessions of the main committees, as well as during the evenings, to facilitate consensus on proposed draft resolutions and decisions.

### **Agendas of the governing bodies**

8. The large number of items on the provisional agendas of the governing bodies pose a challenge for delegations in preparing to participate in substantial discussions, for efforts by the governing bodies to cover all of the items within the number of days allotted and within the normal working hours, and while focussing its work on WHO's strategic priorities, and for the Secretariat in preparing and making available all of the documentation in the six official languages of the Organization. This problem is particularly acute during six-day January sessions of the Board. As shown in the table below, evening sessions, are usually required during six-day sessions, in order for the Board to complete its work.

**DRAFT FOR CONSULTATION**

Session	Length of meeting (days)	Evening sessions needed?	Number of agenda items (including sub-items)	Average number of items per day	Number of pages of pre-session documentation
EB122-Jan 2008	6	(no, but extension of the afternoon session until 19:15)	40	7	347
EB124- Jan 2009	8	0	46	6	441
EB126- Jan 2010	6	2	51	9	394
EB128- Jan 2011	8	0	49	6	600
EB130- Jan 2012	6	1	55	9	442
EB132- Jan 2013	8	2	60	8	805
EB134- Jan 2014	6	3	68	11	650
EB136- Jan 2015 <sup>10</sup>	8	0	49	6	624
EB138- Jan 2016	6	2	54	9	679
EB140- Jan 2017	8	(tbc)	60 (tbc)	(tbc)	(tbc)

9. The agendas of May sessions of the Board are less crowded and normally do not require evening sessions. Traditionally, the agenda of the May sessions contains fewer technical and health items<sup>11</sup>, which require more time for deliberations.<sup>12</sup> However, during EB139, there was a marked increase in the number of technical and health items.

Session	Length of meeting (days)	Number of agenda items (including sub-items)	Number of technical items	Average number of items per day	Evening sessions needed?	Number of pages of pre-session documentation
EB131- May 2012	2	14	2	7	0	61
EB133- May 2013	2	19	4	10	0	102
EB135- May 2014	1	13	2	13	0	49
EB137- May 2015	2	15	2	8	0	68
EB139- May 2016	2	18	6	9	0	89

10. The number of items on the provisional agendas of the Health Assembly have steadily increased, along with the number of pages of documentation required. Many items on the provisional agendas of the Health Assembly are discussed by the preceding session of the Board. For example, 80 percent of the items on the agenda of EB138, also appeared on the agenda of WHA69 in 2016. However, of the total number of WHA69 agenda items, only 56

<sup>10</sup> Beginning in January 2015, there was a drop in the number of agenda items as a result of resolution WHA67.2, in which the Assembly decided that progress reports shall be considered by the Health Assembly only (see: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA67-REC1/A67\\_2014\\_REC1-en.pdf#page=25](http://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf#page=25))

<sup>11</sup> Technical and health matters refers to those items appearing on the agenda under the following categories for priority setting in the twelfth general programme of work 2014-2019: communicable diseases, noncommunicable diseases, promoting health through the life course, health systems, preparedness surveillance and response.

<sup>12</sup> For example, during EB139, 5.5 hours of deliberations were required for the 6 agenda items under technical and health matters in comparison to 3.5 hours required for deliberations on the other 12 items on the agenda.

## DRAFT FOR CONSULTATION

percent appeared on the agenda of EB138<sup>13</sup>. In short, reducing the number of agenda items at the January sessions of the Board would help to reduce the overall number of items on the agendas of the Health Assembly. However, there would also remain a large number of Assembly specific provisional agenda items.

Session	Length of meeting (days)	Number of agenda items (including sub-items and individual progress reports)	Number of pages of pre-session documentation
WHA64- May 2011	8	60	874
WHA65- May 2012	6	68	928
WHA66- May 2013	8	70	883
WHA67- May 2014	6	74	802
WHA68- May 2015	8	72	907
WHA69- May 2016	6	76	1223

### Options

11. Options for improving the level of correspondence between the number of items on the provisional agendas and the number, length and timing and sessions fall into three categories: (1) reducing the number of items on the agenda; (2) expanding the duration of sessions; (3) holding additional sessions; and (4) reducing the time required for each agenda item.

#### **(1) Reduce the number of items on the agenda**

12. Member States may wish to consider the following proposals: (a) establish a maximum optimal number of agenda items; (b) promote an orderly consideration of new items by requiring, except in extraordinary situations, consideration of new items by the Board prior to consideration of them by the Health Assembly;

#### **Establishing a maximum optimal number of agenda items**

13. Member States may wish to consider establishing a maximum optimal number of agenda items for the provisional agendas of the Executive Board that the Officers would endeavour not to exceed when drawing up the provisional agenda under Rule 8 of the Board's Rules of Procedure of the Executive Board. Such number could be fixed at six items per day, where a day is defined as (2) three-hour sessions, one in the morning and another in the afternoon. With current practices, this number would translate into 36 items in non-budget years, when the Board meets for approximately 6 days, and 48 items in budget years, when the Board meets for approximately 8 days.

14. In order not to exceed the applicable maximum optimal number of items, the Officers may prioritize items on the basis of a mechanism to be determined by the Board.

<sup>13</sup> In comparison, 57 percent of items on the EB136 agenda also appeared on the agenda of WHA68; these items accounted for 39 percent of the total number of items on the agenda of WHA68.

## DRAFT FOR CONSULTATION

15. A decision to exceed the maximum optimal number of items would require approval by the Board which, in the absence of consensus, would be through a vote by show of hands only. Limiting the voting to show of hands only would promote a speedy decision on the question of whether the maximum optimal number should be exceeded.

### **Promote an orderly consideration of new items by requiring, except in extraordinary situations, consideration of new items by the Board prior to consideration of them by the Health Assembly**

16. Under Rule 5 of the Rules of Procedure of the Health Assembly, the Board must include in the provisional agenda of each regular session of the Health Assembly, inter alia, any item proposed by a Member State or by an Associate Member, the United Nations (subject to such preliminary consultation as may be necessary between the Director-General and the Secretary-General of the United Nations) and any other organization of the United Nations system with which the Organization has entered into effective relations.

17. In accordance with this Rule, any item proposed by any of the entities indicated above must be included in the provisional agenda of the Health Assembly, the Board having no privilege of review over them.

18. Furthermore, unlike the procedure to draw up the Executive Board's provisional agenda, there is no requirement for an explanatory memorandum to accompany any proposal for inclusion of items in the provisional agenda of the Health Assembly.

19. In order to promote more manageable agendas and in light of the benefit arising from the Board's prior consideration of items, Member States may wish to consider limiting as much as possible the direct submission of items to the Health Assembly.

20. To achieve this goal, Member States could consider a process whereby any item proposed by a Member State (as well as an Associate Member, the United Nations and any other organization of the United Nations system with which the Organization has entered into effective relations) would be subject to the Board's prior consideration, unless exceptional circumstances apply which warrant direct consideration by the Health Assembly. In order to allow the Board to assess whether such exceptional circumstances apply, any proposal by any of the entities mentioned above for direct inclusion in the provisional agenda of the Health Assembly would need to be accompanied by an explanatory memorandum.

21. Should Member States wish to adopt such a requirement, the Rules of Procedure of the Health Assembly would have to be amended. Specifically, Rule 5 of the Rules of Procedure of the Health Assembly could be amended by deleting letters (d), (e) and (f) and replacing them with two additional paragraphs, which would read as follows:

“Any proposal by a Member State or an Associate Member, the United Nations and any other organization of the United Nations system with which the Organization has

## **DRAFT FOR CONSULTATION**

entered into effective relations shall be considered by the Executive Board in accordance with its Rules of Procedure, unless the Board considers that extraordinary circumstances apply which do not warrant prior consideration by the Board.

Any proposal for the provisional agenda of the Health Assembly submitted by a Member State or an Associate Member, the United Nations and any other organization of the United Nations system with which the Organization has entered into effective relations shall be accompanied by an explanatory memorandum identifying the extraordinary circumstances that warrant consideration by the Health Assembly without prior consideration of the item by the Board.”.

### **(2) Expand the duration of sessions**

22. Member States may wish to consider allotting eight days for all January sessions of the Board to allow additional time for the Board to complete its work and reduce the need for evening sessions. The cost of an additional day, defined as two three hour sessions, is estimated at 175,000 USD.

### **(3) Hold additional sessions**

23. During the Health Assembly, the most time consuming agenda items are those relating to programme and budget matters and dealt with in Committee A. Some of these items are consistently reallocated during the Health Assembly to Committee B, which deals with administrative, financial and legal matters. In order to reduce the pressure on the main committees, the Board may wish to consider recommending the establishment of a new committee "C". However, such a change could disadvantage smaller delegations, which may not have as many delegation members to monitor developments in the main committees and other meetings held during the Health Assembly. The estimated cost of a new committee "C" ranges from 105,000 to 175,000 USD, depending upon whether the Health Assembly is six or eight days in duration.

### **(4) Reduce the time required for each agenda item**

24. Member States may wish to consider reducing the length of statements during meetings, while providing opportunity for web-posting of more complete statements by delegates

#### **Reducing the length of statements during meetings**

25. In order to improve the work of the governing bodies, time limits have been established for statements to be delivered by delegations. Under the current practice, both in the Board and in the main committees of the Health Assembly, three minutes are allotted for statements by delegations and five minutes are allotted for regional statements. Such limits are enforced through a “traffic light” system.

## DRAFT FOR CONSULTATION

26. During the 69<sup>th</sup> World Health Assembly, delegations agreed, upon the invitation of the Chairman of Committee A of the Health Assembly, to further reduce the length of the statements to be delivered at the meeting to two minutes on the understanding that the Secretariat would post the full statement of the delegation, if it so wished, on the WHO web site during the relevant governing body session.

27. There would be no change to the summary records, which would continue to reflect statements as they are actually delivered.

28. In light of the above, Member States could consider adoption of a mechanism that would allow further limitation of the length of statements during governing body sessions.

29. Such a mechanism would include:

-- a dedicated web page to be established where the Secretariat could post the full statements of Member States wishing to deliver abbreviated statements during the relevant governing body meeting. Full statements would be posted in the language of submission and for the duration of the relevant governing body session.

-- encouragement that Member States focus their statements during the session on the particular action requested of the governing body, and post on the web page any comments on activities undertaken in countries.

-- a reduction in the time allotted for statements by delegations and for regional statements to, respectively, to two and four minutes at the Main Committees of the Health Assembly. At the Board, the current practice of 3 and 5 minutes respectively would remain.

-- application to members of the Secretariat, who, with the exception of the Director-General, would similarly be invited to respect the relevant time limits when making oral statements concerning any item under consideration.

-- flexibility to allow the Chairperson of the relevant governing body to grant additional time upon request or as may be appropriate for the orderly conduct of business.

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