



**World Health
Organization**

**OPEN-ENDED INTERGOVERNMENTAL MEETING
ON GOVERNANCE REFORM**

**EB/OEIMGR/2
24 February 2016**

Provisional agenda item 3

Extract from document EB138/6

In line with decision EB138(1), and in order to facilitate the deliberations of the Open-ended Intergovernmental Meeting on Governance Reform, this document reproduces Appendix II and Appendix III of document EB138/6.

Appendix II

ONSCREEN TEXT AS OF 11 DECEMBER 2015 AT 17:18

On Methods of work of the governing bodies

Recommended that the Executive Board:

- (1) Agree to a forward-looking [planning] schedule of the provisional agenda as a working method (1.1); [such as a 6 year rolling agenda]
- (2) Review the [duration of sessions]/[number of items] of the Executive Board in order to improve the level of correspondence between the length of the sessions and the number of items on the provisional agenda of each session (1.7); [move to after no.5]
- (3) Develop criteria for cross-regional co-sponsorship of proposed agenda items, without prejudice to the status of any such criteria (1.6); [move to 5(bis), for consideration by EB Bureau]
- (4) [Further]/[Establish a process to] develop the *Guidelines of Best Practices on Governance Reform* [for submission to the 69th World Health Assembly] (1.9); [link with para 8][guidelines attached at annex]¹

Request the [Bureau of the] Executive Board to:

- (5) [Review the criteria² currently applied in considering items for inclusion on provisional agenda, with a view to making recommendations on the application of the criteria and the need for any additional criteria (1.2);[for submission to the Board]]

Recommend to the Health Assembly to request the Director-General to:

- (6) Develop a (4)–(6) year forward looking [planning] schedule of expected agenda items for the Executive Board and the Health Assembly based on reporting requirements, standing items [previous decisions and resolutions] and those required by the Constitution, regulations and rules of the Organization, and in line with the General Programme of Work (1.1–1.3);
- (7) Submit, as an information document, the first forward looking [planning] schedule of expected agenda items for the Executive Board and the Health Assembly to the Executive Board at its 140th session, and to update the schedule annually (1.3);
- (8) Prepare an analysis of the current Rules of Procedure of the Board and Health Assembly in order to identify [interpretational ambiguities]/[loopholes] in the process for additional, supplementary and urgent agenda items for further improvement of the process (1.5); [link with para 4]

¹ See Appendix III.

² See resolution EB121.R1 and decision WHA65(9).

(9) Continue using information technology tools to improve access to governing body meetings and documentation [by making more friendly the Institutional Repository for Information Sharing (IRIS), creating a link on the governing body documentation page for posting those national health experiences that Member States wish to share; creating a post-session documentation page with hyperlinks under each agenda item to the relevant summary records and decisions/resolutions taken [and making arrangements for access to the webcast post session of public meetings]] (1.8);

On Improving the alignment of governance at all three levels of the WHO

Recommended that the Executive Board

Recommend to the Health Assembly to:

(10) Endorse as a permanent feature within the Secretariat a mechanism – such as the Global Policy Group [as an advisory body to the DG for corporate organizational performance][- for discussion, integration and coordination between the Director-General and the Regional Directors [and, subject to the Director-General’s authority as chief technical and administrative officer of the Organization, for decision-making to support its effective operation as “One” WHO]] (2.6);

Recommend to the Health Assembly to [recommend]/[invite] to the Regional Committees to:

(11) [Work towards a harmonized approach to overseeing the work of regional and country offices, including through identifying best practices and establishing minimum standards on the reporting of regional and country office management and financial information to regional committees] (2.12, 2.13);

[add text from para 13 option 2]

(12) Provide Regional Committee reports to the Executive Board using the standardized template provided by the Director-General (2.14);

(13) [[Invite] Heads of WHO Country Offices [to regularly report][should provide regular reports] on their work [to the Regional Director]](2.27, 2.28);

Request the Director-General to:

(14) [to consult the Regional Directors to]Develop and implement a formal accountability compact between the Regional Directors and the Director-General, drawing together already existing mechanisms [by including in the Board resolution appointing each regional director a statement to the effect that the regional director shall comply with the requirements of the accountability compact with the Director-General] (2.1);

(15) Strengthen performance management and assessment clauses in future employment contracts for regional directors (2.2);

(16) [Initiate a dialogue with the Regional Committees to identify measures [that], [recognizing the existence of regional procedures to] [without infringing the autonomy of Regional Offices], ensure coherence at the three levels by the improvement of the process of

nomination of Regional Director, including, inter alia, by [advertising and] raising the profile of the position, attracting a broader field of candidates, [assessing candidates against a selection criteria [and allowing the contribution of the Director General in the process]][such as that candidates would be assessed against the selection criteria and shortlisted by the DG in agreement with the relevant regional committee]] (2.3);]

(17) [Advertise the Assistant Director-General positions [when appropriate] (2.4);]

(18) Institutionalize planning mechanisms across the three level of the Organization – such as the category networks – with formal terms of reference and standard operating procedures (2.7);

(19) [Initiate a review on the current operation of Regional Committees, including their Standing Committees and Subcommittees, with a view to develop best practices to strengthen their oversight functions, in consultation with Regional Committees (2.8, 2.9, 2.10, 2.11);]

(20) [Initiate a review on the current communications and collaboration between the governing bodies at all levels with the aim to identify best practices for the improvement of governance coherence (2.15, 2.16, 2.17, 2.18, 2.19, 2.20);]

(21) [Provide as an information document to the Executive Board and the Health Assembly the biennial WHO country presence reports, as a basis for a general discussion in the governing bodies on WHO's country presence [under the agenda item on WHO Reform]] (2.21);

(22) [Work with the Regional Directors, in consultation with Member States, to explore criteria for a [robust] country presence [appropriate to context], with a view to improving the performance of WHO at country level, taking into account, inter alia, the review of typologies of country offices, strategic cooperation strategies, capabilities and selection criteria for WHO Representatives and country office performance assessments [Member States to have opportunity to provide feedback]] (2.22, 2.23, 2.24, 2.25, 2.26, 2.27, 2.28).

Appendix III

Draft Guidelines of Best Practices on Governance Reform

These Guidelines are voluntary and without prejudice to the rules of procedure of the governing bodies.

(a) Governing body agenda items and proposals

1. When planning the development of a new proposal, Member States should bear in mind that not every agenda item warrants a resolution and not every resolution warrants a global strategy or plan of action. Due regard should be paid to alternative means of awareness raising, such as ministerial lunches and dinners on selected high-level issues not requiring resolutions, thus contributing to easing the pressure on regular governing body agendas.
2. In principle, Member States should avoid introducing agenda items relating to single disease issues, unless there have been recent scientific or operational developments, or if doing so would complement broader global initiatives already under way.
3. In the case of urgent or unexpected issues of general concern, while having abolished the 24/48 hours' time criteria for additional and supplementary items, Member States are encouraged to use the agenda item, *WHO response in emergencies*, for specific discussions on urgent matters where possible.
4. When planning a proposal (additional agenda item, draft resolution or decision or any other format) to be added to the provisional agenda for the Board, delegates should inform their regional coordinators as soon as possible (latest by September or 1 February' or at least 30 days before the opening of the governing body session). Early communication can enable combining similar proposals before submission to the Bureau, which could greatly facilitate the work and reduce pressure on the agenda.
5. When presenting a new proposal, Member States should consider administrative and financial implications, as well as the priorities of the General Programme of Work, in close consultation with the Secretariat. Proponent delegations should take decisions on their initial proposals with a view to contributing to the financial discipline and efficiency of the Organization. Member States should address concrete criteria that may be in place for consideration of additional agenda items, resolutions and decisions, while taking into account administrative and financial implications.
6. To assist Member States in their planning, the Secretariat shall endeavor to provide early information on the technical briefings planned during the Health Assembly. The proposal would be to provide the information before the end of November each year.
7. Member States are invited to consult with the Secretariat as to pre-existing instruments and substantial background on a particular issue, as well as on the potential desirability of presenting a resolution or a decision.
8. For most resolutions, reporting requirements should be limited to a maximum of three biennial reports over a period of six years, with an expectation that after that time, active

reporting on the resolution would be sunsetted, although policy recommendation elements of the resolution may remain in effect.

9. Following previous Health Assembly and Board decisions (see part 1.2 of this report), Member States should consider employing decisions rather than resolutions where appropriate, in order to focus governing body debates on substantive matters of WHO governance and programmes.

10. Following the principles of transparency and inclusivity, when developing resolutions, Member States should inform their peers and the Secretariat as early as possible of their plans. This will enable planning and inputs to be as substantive as possible.

11. Member States should consider becoming the lead facilitator for the items they propose, or actively seek such a facilitator among the Members of the Board Bureau and General Committee of the Health Assembly. Where possible and appropriate, facilitators should form core groups that include representation from as many WHO regions as possible to increase the broad sense of ownership on agenda items.

12. Member States are invited to upload their concept notes on side events on the WHO website between the period 15 November to 15 January. In cases where applications exceed the available slots for side events, the regional coordinators shall be invited to consult with the Secretariat to assist in side event selection and schedule placement.

13. The Secretariat should contribute to ensuring the efficient planning of side events by providing Member States with information on the technical briefings planned during the Health Assembly, opening the application period much earlier, such as before the end of the previous year, holding an open informal session at lunch time during the Board in January where Member States will have the opportunity to present and discuss their concept notes, and soon thereafter, inviting regional coordinators to meet with the Secretariat to select the side events and place them on the schedule.

14. Non-State actors may continue to organize events off site during governing body meetings and current practice on non-State actor involvement in side events will be maintained. Member States should not be prevented from organizing joint events with non-State actors, including within the Palais des Nations, and, in such cases the events shall be subject to a standard review.

(b) Intersessional processes

1. Informal negotiations, formation of core groups and other intersessional processes shall be organized according to the principles of transparency and inclusion. Where possible, all six WHO regions shall be represented in core groups to increase buy-in and promote consensus.

2. Member States should make maximum use of the Geneva-based regional coordinator system. This system is an important informal intersessional process composed of one delegation from each WHO regional group designated as a regional coordinator for a given calendar year. Although each regional group has the prerogative to establish its own selection process, it is common practice for the regional coordinator to be designated by rotation in alphabetical order.

3. Member States with a mission presence in Geneva should participate in the Geneva-based regional coordinator system, taking into account the following non-exhaustive list of tasks often performed by regional coordinators: liaising with the Secretariat, other coordinators and chairs of intergovernmental negotiating processes, to set agendas, de-conflict process questions, provide informal advice to negotiating process chairs, and help select chairs and co-chairs for processes as needed; communicating new discussion proposals; coordinating with Member States to secure their cooperation in organizing side events both in content and covering costs; organizing informal negotiations, and, in general, building consensus on challenging issues.

4. Member States should recognize that regional coordinators perform their functions on top of their day-to-day mission responsibilities and perform a number of useful tasks for the good of the region, for a more functional WHO and for maximizing the effectiveness of intersessional work.

5. Member States are urged to consult with their regional coordinators early on any matter that may be of general interest.

6. Member States should actively promote understanding between relevant regional governing body and intersessional processes, which are often capital-based, and Geneva-based health attachés, to promote policy coherence.

7. Member States are encouraged to take the lead in organizing informal consultations, coordinating groups of friends, and involving regional coordinators where possible.

8. The Secretariat will circulate draft resolutions via email communication and through the WHO web-based platform to Member States for review and consideration and for consultation at least 30 days before the opening of the governing body meeting. To meet this target timeframe, Member States will need to submit draft resolutions in time to enable translation and other services to be completed.

9. For urgent issues, the Secretariat will circulate draft resolutions or relevant information on the designated website at least seven days before the opening of the governing body meeting.

10. If there is no consensus on a resolution during the Board session then, wherever possible, informal consultations (face-to-face meetings and/or use of online tools) should be used to arrive at a consensus instead of waiting until the Health Assembly. The consultation should be organized at WHO headquarters in Geneva to enable broad participation, and cosponsoring Member States are invited to use information and communications technology tools to ensure participation by capitals, if needed.

(c) Coherence at all levels of governance

1. These Guidelines promote active cross-participation/observer-ship at regional committee meetings. Member States can facilitate this in a variety of ways, including the presentation of a list of requests for participation in regional committees to the Secretariat, through regional coordinators, who would then pass on the requests to the relevant regional offices.

2. Regional committees can be test beds or incubators for new ideas that may ultimately have applicability across regions or globally, so this aspect of WHO's unique Organizational structure should be preserved and encouraged.

3. Member States should see regional committee resolutions or decisions as solid starting points for global level debates, while recognizing that adaptation and compromise will almost always be essential for consensus at global level on an initiative that began with primarily regional considerations in mind.

(d) Participation in governing body meetings

1. Member States are encouraged to remain within the assigned three minutes for each national statement and five minutes for regional statements. Such statements should minimize national reports at the Board and Health Assembly while recognizing and encouraging their usefulness at the regional level, unless they are clearly related to the substance of the item, and instead be focused on the action or agreement needed within governing body processes. Member States should prioritize interventions with points that support, reject or request modification of decisions and resolutions of the Board and Health Assembly.

2. Member States should generally defer to regional statements when there is a common position, unless national positions include additional relevant positions or contain specific comments or requests not encompassed in the regional remarks.

3. Member States are encouraged to strategically select and engage, where appropriate, the elected Officers (Bureau and General Committee chairs and vice-chairs) in consultations on controversial issues or proposals.

4. Elected Officers of the Board and Health Assembly are expected to proactively reach out to their regional constituents and to consult with Geneva-based regional coordinators, as appropriate, in order to ensure a strong element of representation in their participation and to contribute to good governance within the Organization.

5. As described above, Member States should give as much notice as possible before formal submission of resolutions or decisions for consideration, ideally more than 30 days before the opening of the relevant session. Member States should, to the extent possible, circulate, in writing, any proposed amendments to resolutions or decision points in advance of their discussion during formal governing body sessions.

6. While conducting meetings in WHO, with special attention to governing body meetings, the use of annotated agendas is strongly advised in order to better focus discussion.

7. In order to achieve greater transparency and participation, as well as cost savings by avoiding the need for long-distance and short-term travel, the web-casting of public meetings and their later review availability shall be a rule and be fully implemented – progressively and as soon as possible – for governing body meetings, and is strongly recommended for other formal Member State negotiations.

(e) Methods of work and roles of the Executive Board Bureau and General Committee of the Health Assembly

1. The Bureau, in consultation with the Director-General, should vigorously use the criteria agreed by the Board and Health Assembly in recommending inclusion of new items in the provisional agenda of the Board, and, if necessary, in prioritizing the inclusion of items which may exceed the time permitted for discussion. While selecting or rejecting agenda items, the Bureau

should apply the criteria in a transparent manner and provide reasons for its decisions. The recommendations of the Bureau, appearing at the end of the provisional annotated agenda, should describe explicitly the agreed criteria in addition to the notes for the records that the Bureau shares with Member States.

2. Additional items proposed directly for the agenda of the Health Assembly should first be considered by the Bureau, which will provide its recommendations to the General Committee in the light of the existing provisional agenda and the agreed criteria for inclusion of new items.

3. The practice of regular daily meetings of the Bureau to review the Board's programme of work and discuss ways of facilitating consultations and defusing tensions should be institutionalized. The Bureau should play a more active role in the management of the session with the support of the Secretariat.

4. The Officers of the Board should regularly attend their respective regional committees and also act on behalf of the Board as a whole, for example, by clarifying previous Board discussions and the status of the provisional agenda for the next session.

5. The names of candidates for elected officers should be communicated as soon as possible, so as to facilitate their preparation of the Board's agenda, with the support of the Secretariat. Insofar as possible, Member States should commit themselves to not changing their candidates at the last moment.

6. The Officers of the Health Assembly and the Chairmen of the main committees shall play an active and strategic role in managing the main issues during the Health Assembly. In executing this role, the officers should advance informal consultations with the delegations concerned and with the regional coordinators in order to clarify the level of support enjoyed by different proposals and the ways in which possible difficulties arising during the session can be handled.

7. The role of the General Committee could be left informal but at the same time receive the necessary recognition through daily meetings between the President and the Chairmen of the main Committees and/or between the latter and the regional coordinators as necessary.

8. Member States should, as far as possible, commit to having Officers of the Health Assembly elected from within their delegations serve for the entire session of the Health Assembly, and to not replacing them close to the opening of the session.

9. An early identification of the candidates for elected officers (in particular, the President and the Chairmen of the main Health Assembly Committees) would facilitate contacts and a more thorough preparation and briefing on the agenda and possible controversial issues.

10. In the interests of good governance in the meetings, the role of the Bureau and General Committee in assessing and deciding on the items shall be increased. To implement it properly, enhanced collaboration and synchronization between the Programme, Budget and Administration Committee, the Board and the Health Assembly should be encouraged, especially interaction between the Bureau in guiding the development of the Health Assembly agenda and the General Committee in managing the business of the Health Assembly.

11. Member States are encouraged to nominate candidates for the Bureau and General Committee and to appoint Chairs taking into account adequate criteria related to experience, skills

and attitudes needed to encourage good governance, as well as to cope with intensive work not just during the meetings themselves but also during intersessional periods.

12. A formal process of induction for Health Assembly Committee chairs to also be used to assess their training needs should be established. Where needed, this should take the form of peer coaching from former or retired chairs. The support provided by the Secretariat to the Officers should be tailored to the experience and backing available to them in their home countries.

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