

## **Report on progress made during the open-ended intergovernmental meeting on governance reform, convened in accordance with decision EB138(1)**

1. The open-ended intergovernmental meeting on governance reform was held in Geneva on 7–9 March 2016 under the co-chairmanship of Ambassador Mushayavanhu of Zimbabwe and Mr Simon Cotterell of Australia.
2. In accordance with its agenda (see Annex 1) the open-ended intergovernmental meeting discussed, reviewed, amended and came to an agreement on some of the recommendations presented during the Second Open Member States Meeting on Governance Reform (Geneva, 10 and 11 December 2015).
3. The open-ended intergovernmental meeting agreed to suspend its work and resume its session on 28 and 29 April 2016. The text as it stood at the suspension of the meeting is attached at Annex 2.

ANNEX 1



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

**Geneva, 7–9 March 2016**

**EB/OEIMGR/1  
22 February 2016**

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## **Provisional agenda**

- 1. Opening of the session and election of the Chairperson**
- 2. Adoption of the agenda and method of work**
- 3. Discussion, review and amendment of, and agreement on, the recommendations presented during the Second Open Member States Meeting on Governance Reform (Geneva, 10 and 11 December 2015), on the basis of Appendix II from document EB138/6**

Appendix II and Appendix III from document EB138/6

- 4. Preparation of outcome for consideration by the Sixty-ninth World Health Assembly**
- 5. Closure**

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ANNEX 2

**Open-ended Intergovernmental meeting on Governance Reform**

**Geneva, 7-9 March 2016**

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**Onscreen Text as of 9 March at 17:40**

**Recommendations 1, 6 and 7 (Forward looking schedule for the agenda of the Executive Board and Health Assembly)**

The Open-ended intergovernmental meeting recommends that:

- (1) The Sixty-ninth World Health Assembly requests that the Director-General:
  - (i) develop a 6 year forward looking planning schedule of expected agenda items for the Executive Board, including its standing committees, and the Health Assembly, based on standing items, requirements established by decisions and resolutions of the governing bodies, as well those required by the Constitution, regulations and rules of the Organization; especially taking into account the General Programme of Work, without prejudice to additional, supplementary and urgent agenda items, that might be added to the governing body agendas;
  - (ii) submit the above mentioned forward looking planning schedule, as an information document, to the Executive Board at its 140th session, and to update the schedule regularly, as needed.

**Recommendations 2, 3 and 5 (Agenda management)**

The Open-ended Intergovernmental meeting recommends that WHA69

Requests the Bureau of the Executive Board, taking into account inputs from Member States,<sup>1</sup> to review the criteria currently applied in considering items for inclusion on the provisional agenda of the Board,<sup>2</sup> and develop proposals for new and/or revised criteria for the consideration of the 140<sup>th</sup> session of the Executive Board;

Requests the Director General, in consultation with Member States and taking into account previous Member State discussions (footnote on inputs, including as provided on the website),<sup>3</sup> 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

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<sup>1</sup> Available at <http://apps.who.int/gb/mscp/mscp.html>.

<sup>2</sup> [Decision WHA65\(9\)](#) and [resolution EB121.R1](#)

<sup>3</sup> See document EB136/2015/REC/2, summary records of the [fourth meeting](#) (pages 44-48); document EB134/2014/REC/2, summary records of the [fifth meeting](#) (pages 77-87) and [twelfth meeting](#) (pages 240-243); and document EB132/2013/REC/2, summary records of the [fifth meeting](#) (pages 73-77) and [sixth meeting](#) (pages 77-84).

sessions including the financial implications of proposed options, for consideration by the 70<sup>th</sup> World Health Assembly through the 140<sup>th</sup> session of the Executive Board.

### **Recommendation 8 (Rules of additional, supplementary and urgent agenda items)**

The Open-ended intergovernmental meeting recommends that the Sixty-ninth World Health Assembly:

Requests the Director-General to prepare an analysis of the current Rules of Procedure of the Executive Board and the World Health Assembly in order to identify interpretational ambiguities and gaps in the processes for the inclusion of additional, supplementary and urgent agenda items and to make recommendations on the further improvement of those processes; and to report to the Seventy-first World Health Assembly through the Executive Board.

### **Recommendation 9 (Improvement of IT tools for better access)**

The open-ended intergovernmental meeting recommends that the Sixty-ninth World Health Assembly:

Requests the Director-General to continue strengthening, and making more user-friendly, the use of existing and new information technology tools to improve timely and cost-effective access to governing body meetings and documentation pre and post-session, and continue making arrangements for access to the webcasts post-session of public governing body meetings.

### **Recommendations 10, 14, 15, 16, 17 and 18**

#### **Recommendation 10**

The open-ended intergovernmental meeting recommends that the 69<sup>th</sup> World Health Assembly recognise the Global Policy Group<sup>1</sup> as an advisory mechanism to the Director-General and encourage the Director-General in accordance with the WHO Constitution to continue to strengthen senior management coordination for the coherent implementation of decisions, policies and strategies of the Organization across all levels.

#### **Recommendation 14**

The open-ended intergovernmental meeting recommends that the 69<sup>th</sup> World Health Assembly request the Director-General to [strengthen as well as] increase the transparency of accountability mechanisms between the Regional Directors and the Director-General [, as appropriate to each region,] [including through the development and implementation of a formal accountability compact] [and to submit this question to the Regional Committees to define the appropriate means on such issues]

by publishing the draft letters of appointment establishing the terms and conditions of appointment [and formal accountability compact] [, salary and other emoluments] for the posts of Regional Directors

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<sup>1</sup> It is noted that the Global Policy Group currently comprises the Director-General, Deputy Director-General and the Regional Directors.

and making available to Member States the delegations of authority and letters of representation;

[[request the Director-General to consult with Regional Committees to improve accountability] [develop and implement a formal and public accountability compact] between the Regional Directors and the Director-General, consisting of, inter alia, the delegations of authority and the letters of representation]

[to increase the transparency of accountability mechanisms between the Director-General and the Regional Directors by publishing the delegations of authority and letters of representation]

[Requests the Director-General, in consultation with Regional Directors, and as appropriate, respective regional committees, and as appropriate to each region:]

(14) [to consult the Regional Directors to] Develop and implement a formal accountability compact [ADD FOOTNOTE on definition of 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];

[Merge paragraphs 14 and 15]

### **Recommendation 15**

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

### **Recommendation 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, ][, as appropriate, within the framework of the relevant Regional Committee,] 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);]

[The Open-ended intergovernmental meeting recommended that the Sixty-ninth World Health Assembly request that the Director-General [in consultation with [the Regional Directors and,] as appropriate, the Regional Committees]:]

[The Open-ended intergovernmental meeting recommended that the Sixty-ninth World Health Assembly [, in accordance with decision WHA65(9), ] invite Regional Committees to consider [proposals in relation to]/[measures to improve the process of] nomination of Regional Directors [with a view to [increasing][ensuring] coherence [harmonization]] throughout the Organization] [, taking into consideration [, as appropriate,] best practices from the six regions][and]/[, such as] [consulting with the Director-General in the nomination process][inviting the contribution of the Director-General in the [nomination] process, by agreement of each Regional Committee]:]

[The Open-ended intergovernmental meeting recommended that the Sixty-ninth World Health Assembly [, in accordance with decision WHA65(9), ] invite Regional Committees to consider [proposals in relation to]/[measures to improve the process of] nomination of Regional Directors [, taking into consideration [, as appropriate,] best practices from the six regions]]

[[Promote]/[Ensure][coherence at the three levels of the Organization through the][improvement of]/ [To improve] the process of nomination of Regional Directors including, inter alia, [advertising and raising the profile of the position,] attracting a broad[er] field of candidates, assessing candidates against a selection criteria [and inviting the contribution of the Director-General in the process, by agreement of each Regional Committee]/ [and that candidates would be short-listed by the Director-General for nomination by the Regional Committees]][, as appropriate, within the framework of the relevant Regional Committee.]

### **Recommendation 17**

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

### **Recommendation 18**

(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);

### **Recommendation 11 (harmonized oversight on regional and country offices)**

(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);

### **Recommendation 12 and 20 (standardized template for RC reports/coherence between governing bodies at all levels)**

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

(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);]

### **Recommendation 13, 21 and 22 (Regular country office reporting/country presence report as an INF doc/improving country office performance)**

(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);

(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).

**Recommendation 19 (review current operations of RCs)**

(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);]

## 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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