

Streamlining of the work of the governing bodies and harmonization and alignment of the work of regional committees

1. In 2012, the Sixty-fifth World Health Assembly decided several matters concerning the internal governance of WHO, with particular regard to the scheduling and streamlining of the work of the governing bodies as well as the harmonization and alignment of the work of regional committees.¹ In doing so, the Health Assembly also endorsed the decision taken by the Executive Board at its special session in November 2011 on the methods of work and role of the governing bodies.² The Executive Board in May 2012 requested the Director-General³ to report to the 132nd session of the Board, *inter alia*, on the methods of work of the governing bodies, having regard to the elements set out in the Director-General's report to the Sixty-fifth World Health Assembly.⁴

2. Some of the measures approved by the Health Assembly have already been implemented or are in the process of being implemented. In other cases, the Health Assembly has requested the Director-General to submit her recommendations to the Executive Board for further consideration. The present report summarizes the actions being undertaken and responds to the requests, by the Health Assembly and the Board, regarding the methods of work of the governing bodies, in particular the possible changes needed to their Rules of Procedure, in order to manage the number of agenda items and resolutions as well as the late submission of draft resolutions. It also addresses the Health Assembly's request¹ to present the Board in January 2013 with a feasibility study on the possibility of shifting the financing year, in preparation for returning to the topic of the scheduling of governing body meetings. The issue of streamlining the reporting of Member States, and communication with them, is dealt with separately.⁵

MEASURES BEING IMPLEMENTED

3. The decision of the Health Assembly concerning proposals to align and harmonize the work of the regional committees⁶ has been brought to the attention of the regional directors and was discussed during the recent sessions of the regional committees. The Secretariat is taking steps to ensure the institutionalization of submission of draft global strategies, policies and legal instruments to regional committees for their input as a matter of routine. The decision that regional committees should adapt and implement global strategies as appropriate rather than considering separate regional strategies on the same topics will in the future be brought by the regional directors to the attention of the regional

¹ See decision WHA65(9).

² See decision EBSS2(2).

³ See decision EB131(10).

⁴ See document A65/5.

⁵ Document EB132/5 Add.4.

⁶ See decision WHA65(9), paragraphs (4) and (5).

committees when they consider a new strategy adopted by the Health Assembly. Furthermore, the Chairpersons of all regional committees have prepared summary reports of the committees' deliberations that will be considered by the Board under a dedicated standing agenda item.¹

4. The Health Assembly's decisions concerning harmonization across the regional committees in relation to the nomination of regional directors, the review of credentials, and participation of observers have largely been implemented by all regional committees. Certain committees had already taken steps in the past to revise those aspects of their method of work, with particular regard to the nomination of the regional director. More specifically, all regional committees have revised the procedure for the nomination of the regional director in line with the decision of the Health Assembly. Except for the Regional Committee for Africa and the Regional Committee for South-East Asia, all the other regional committees have harmonized their practice as requested by the Health Assembly with regard to the review of credentials of delegates and the participation of observers in the work of the committees.

5. With regard to streamlining the work of the governing bodies, the Secretariat has implemented the use of "traffic lights" during the sessions of the Board as well as during the plenary and the main committees of the Health Assembly. Chairpersons have also been made aware of the need to establish and enforce time limits for statements by delegations. It is the general impression that those measures have already led to reducing the time spent on each agenda item and to a more lively discussion. Moreover the Officers of the Board have, in their consultation held on 28 September 2012 to discuss the draft provisional agenda of the 132nd session of the Executive Board, referred to the criteria used for priority-setting, in addition to the criteria adopted by the Board in resolution EB121.R1, in examining an unprecedented number of proposed agenda items.

SCHEDULE OF THE MEETINGS OF GOVERNING BODIES AND SHIFTING OF THE FINANCING YEAR

Scheduling of governing bodies

6. The Sixty-fifth World Health Assembly decided to maintain the present schedule of governing body meetings and return to this topic at the 132nd session of the Board. In preparation, it requested the Director-General to present a feasibility study on the possibility of shifting the financial year.

7. The current schedule of governing body meetings presents three challenges. First, the January session of the Board immediately follows the meeting of the Programme, Budget and Administration Committee, which allows only a limited time for the Board to consider the report and recommendations of the Committee, as well as for the Secretariat to respond to the Committee's requests. Second, management reports submitted to the Board in January can only reflect the situation up to the month of September of the previous year and not the preceding year as a whole. Finally, the schedule of governing body meetings would benefit from better alignment with the overall cycle of WHO's governance.

8. In this regard, several options for alternative scheduling have been discussed in the context of WHO reform, including to: (1) move the Programme, Budget and Administration Committee meeting to early December and the Board session to the end of February, and; (2) move the meetings of the regional committees to January–February, the Executive Board to May, and the Health Assembly to October (followed by a second meeting of the Board). The first of these options would introduce additional costs and challenges for many Member States, with little added benefit. The second might

¹ See document EB132/4.

help to address some of the challenges associated with the current schedule of meetings, but is unfeasible due to the unavailability of suitable venues to accommodate the Health Assembly in the third quarter of the year.

9. Another option that has been discussed would involve moving the sessions of the Programme, Budget and Administration Committee and the Board together to early February. Doing so would help to address one of the major challenges of the current schedule of governing body meetings by allowing for more complete management reports on the preceding year. It would also provide a longer preparatory period at the beginning of the year, allowing Member States additional time to review and consult on the meeting documentation.

Feasibility of shifting the financial year

10. With regard to the feasibility of shifting the financial year, the financial period for the programme budget of the Organization is determined in the WHO Financial Regulations. Regulation 2.1, in particular, states that “The financial period for the programme budget shall be two consecutive calendar years beginning with an even numbered year”. Financial Regulations III to VI proceed to describe the approval process for the budget, and its financing.

11. The financial statements are addressed in Financial Regulation XIII, which requires the Organization to submit to the External Auditor by 31 March the annual financial statements. They further stipulate that the External Auditor submits the report on the financial statements to the Health Assembly through the Board by 30 April. At present the Programme, Budget and Administration Committee in May acts on behalf of the Board, forwarding its comments on both the financial statements and the report of the External Auditor to the Health Assembly.

12. A number of obstacles exist in respect of the proposed change to the calendar year, both with respect to the programme budget and the annual financial statements.

13. Programme budget: Changing the financial period for the budget will also require operational planning to be carried out in parallel with the submission of the proposed programme budget to the Health Assembly in May. A minimum of two to three months is needed in order to conduct operational planning for the next biennium, once the Health Assembly has approved the programme budget. This particularly applies to operational planning at country level with Member States. Starting the biennium on 1 July after approval of the programme budget in late May will not allow operational planning to be done at country level in a sound and realistic manner.

14. Financial statements: If the financial period were moved to a start date of 1 July as proposed by some Member States, the dates of submission of annual financial statements would accordingly need to be moved, as would the timing of the work of the External Auditor. For example, it could be envisaged that the Organization would submit the financial statements to the External Auditor by 30 September, for the External Auditor to submit the report to Member States by 31 October. Assuming the timing of the Health Assembly remains unchanged (i.e. in May), the financial statements and External Auditor’s report would first be reviewed by the Board in January, prior to approval by the Health Assembly. The time between the end of the financial year, and approval of the audited financial statement by the Health Assembly, would be extended to almost 11 months, which might be detrimental to overall governance.

15. A further obstacle is related to the inflexibility of the financial/budgetary calendar in the Global Management System. The calendar is one of the core building blocks of the Oracle system (on which the System is based). The changes required to the calendar would cost an estimated US\$ 5 million.

16. A possible alternative would be to explore how the Secretariat might further tailor the various financial and programme budget reports produced for Member States, for example to include budget updates to reflect the latest income situation, or changes to expected expenditure needs. The Secretariat could provide regular updates on income and expenditure against the approved programme budget (specifically against the agreed priorities and outputs across the three levels of the Organization). These regular updates could be provided to the Programme, Budget and Administration Committee, thus reporting back to Member States twice a year. If the January sessions of the Programme, Budget and Administration Committee and Board were moved to February, that move would also extend the period available to Member States for consideration of the updates. Information on income and expenditure could in future be made available on a real-time basis through a web-based platform open to all Member States, in order to support an enhanced understanding of WHO's financial situation.

Recommendations

- **In the light of the foregoing considerations, in particular the drawbacks and difficulties of shifting the current financing year, the Director-General proposes that the Board may wish to propose retaining the current financing year.**
- **With regard to the scheduling of the sessions of the governing bodies, the Board may wish to consider moving the January sessions of the Programme, Budget and Administration Committee and the Board to early February, maintaining the current schedule of the sessions of the regional committees and the Health Assembly.**

METHOD OF WORK OF THE GOVERNING BODIES

17. The Health Assembly requested the Director-General¹ to propose options for changes to the Rules of Procedure of the Board in order to manage the late submission of draft resolutions, and also to propose options on possible changes needed to the Rules of Procedure of the governing bodies in order to limit the number of agenda items and resolutions. The Board, at its special session on reform in November 2011, agreed that it should play a role in limiting the number of draft resolutions, based on an assessment of their strategic value, financial and administrative implications, and reporting requirements and timelines.

18. Over the last few years those issues have been discussed extensively by the governing bodies, in particular by the Board, and have already been considered in past reviews of the methods of work of the governing bodies. The intrinsic tension in both issues is between the sovereign right of Member States to pursue their policies within WHO's governing bodies including by proposing agenda items and draft resolutions; and the need to avoid overcrowding the agendas of the governing bodies and to ensure as much as possible that they play a strategic and meaningful role. Only by finding an acceptable balance between those two demands will proposed revisions of the methods of work be sustainable and effective.

¹ See decision WHA65(9).

Late submission of draft resolutions

19. The problem presented by the late submission of draft resolutions is the associated lack of time for Member States and the Secretariat to assess resolutions' added value compared to past resolutions on the same subject, as well as their financial and administrative implications. It can also place a strain on increasingly limited Secretariat resources and disrupt the programme of work if they cause lengthy discussions or require drafting or working groups. The problem of late resolutions is not confined to the Board but can also occur in the Health Assembly. In the latter case, the problem has to be seen in connection with the following point under this section, i.e. managing the number of draft Health Assembly resolutions and ensuring as much as possible that they are considered by the Board before the Health Assembly.

20. The Secretariat proposes the following amendments to the Rules of Procedure of the Board and the Health Assembly in order to reconcile the avoidance of very late draft resolutions with the need for Member States to retain sufficient flexibility to assess the need and opportunities for submitting draft resolutions at the beginning of a session of a governing body. In the case of the Board, an additional challenge is the extreme difference in the duration of the January and the May sessions. The deadline set for submission of draft resolutions to the shorter session has to be before its opening in order to enable the Secretariat to process and translate the draft resolution. Several Member States have requested the Secretariat to introduce a new Rule of Procedure for the Board along the line of Rule 50 of the Rules of Procedure of the Health Assembly, but with a shorter deadline of one day to take into account the duration and working methods of the Board.

Rules of Procedure of the Executive Board

Recommendations

- **Add a Rule 28 bis reading as follows:**

“Formal proposals relating to items of the agenda may be introduced at the longer session of the Board until the first day of the session, and at the shorter session no later than 36 hours prior to the opening of the session”

- **Add a Rule 28 ter, equivalent to Rule 50 of the Rules of Procedure of the Health Assembly and reading as follows:**

“Proposals and amendments shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. Except as may be decided otherwise by the Board, no proposal shall be discussed or put to the vote at any meeting of the Board unless copies of it have been circulated to all delegations at least one day previously. The Chairman may, however, permit the discussion and consideration of amendments, even though they have not been circulated or have only been circulated the same day.”

Rules of Procedure of the Health Assembly

- Rules 48 and 49 of the Rules of Procedure of the Health Assembly are based on the past working method of the Health Assembly, when the sessions lasted much longer than is currently the case. In order to reflect the current working model and to address the problem of late resolutions, it is proposed to replace Rules 48 and 49 with the following, taking into account the possibility of a special session that would normally be shorter than a regular session:

“Formal proposals relating to items of the agenda may be introduced until the first day of a regular session of the Health Assembly and no later than two days prior to the opening of a special session. All such proposals shall be referred to the committee to which the item of the agenda has been allocated, except if the item is considered directly in a plenary meeting.”

MANAGING THE NUMBER OF AGENDA ITEMS AND RESOLUTIONS

21. The recent discussions by the governing bodies underscore that managing the number of agenda items and resolutions in the Board and Health Assembly has to be seen from a number of distinct but interlocking angles in order to achieve a holistic approach to the complementary roles of the two governing bodies and the promotion of an effective and meaningful policy-making process by WHO as an organization.

Managing the number of new agenda items in the Executive Board

22. Under the Rules of Procedure of the Board, proposals for new agenda items received from Member States after the circulation of the draft provisional agenda are considered by the Director-General in consultation with the Officers of the Board with a view to preparing the provisional agenda that will be considered by the Board.

23. The Officers of the Board need criteria to guide them in their assessment of the added value and strategic relevance of proposals for the agenda. The Board, by resolution EB121.R1, endorsed criteria such as “proposals that address a global public-health issue, or involve a new subject within the scope of WHO, or an issue that represents a significant public-health burden”. Those criteria, however, are very general and discretionary. The Health Assembly decided that the Officers should also use the criteria for priority setting in the draft twelfth general programme of work so that the agenda of the Board would reflect as much as possible the criteria guiding priority setting in a mid-term perspective.¹ The criteria included (1) the current health situation; (2) needs of individual countries; (3) internationally agreed instruments; (4) the existence of evidence-based, cost-effective interventions; and (5) the comparative advantage of WHO.

24. The Officers were guided by the foregoing criteria when they considered the provisional agenda for the 132nd session of the Executive Board, and were requested to consider whether a proposed agenda item aligned with at least one of the elements listed above and, at the same time, whether action on it would be consistent with the comparative advantage of WHO.

Recommendation:

- **The Board may wish to recommend that the Director-General and the Officers continue to apply rigorously the foregoing criteria until they may be revised at a future date. The Board may also wish to consider formalizing the use of criteria by adding the following sentence at the end of the third paragraph of Rule 8 of the Board’s Rules of Procedure:**

“The Director-General and the Officers will use criteria adopted by the Board or the Health Assembly with a view to recommending the inclusion, deferral or exclusion of items for the provisional agenda of the Board.”

¹ See decision WHA65(9).

Executive Board management of agenda items proposed directly for the provisional agenda of the Health Assembly

25. Agenda items that have not been discussed by the Board can be included in the provisional agenda of the Health Assembly in two different ways in accordance with the Rules and practice of the Board: (1) any Member State may submit in writing to the Director-General an item for the Health Assembly's provisional agenda. In accordance with Rule 5 of the Health Assembly's Rules of Procedure, such items must be included in the provisional agenda and the Board has no control over them under the current Rules of Procedure; (2) Members of the Board may also propose new items for the provisional agenda of the Health Assembly during its consideration at the January session of the Board. Such proposals are subject to the Board's approval like any other proposal, but in practice it is rare that those proposals are rejected by the Board.

26. The problem raised by new items being considered directly by the Health Assembly is that the issues in question cannot benefit from the Board's consideration, nor the thorough analysis and assessment by the Secretariat, including the preparation of a draft resolution when appropriate. Such items are discussed afresh by the Health Assembly, and experience shows that they often require further consideration and are sent back to the Board for consideration at a later session. In this case, they increase the crowding of the Health Assembly's agenda without an evident benefit. Member States have expressed interest in limiting as much as possible the direct submission of items to the Health Assembly.

Recommendation:

- **The Board may wish to consider limiting the possibility of including new items in the provisional agenda of the Health Assembly to only those issues that are demonstrably urgent or that could not be first considered by the Board because they arose or became urgent too late. One option for achieving that goal is to amend Rule 5 of the Rules of Procedure of the Health Assembly by eliminating the possibility for Member States or Associate Members to include directly items into the provisional agenda of the Health Assembly before it is considered by the Board. Those items should therefore be treated as proposals subject to the Board's approval. The proposals in question could first be submitted to the Officers of the Board with a view to making a recommendation to the Board during the discussion on the provisional agenda of the Health Assembly.**

27. If the Board wishes to consider the foregoing, the Secretariat proposes the deletion of paragraph (d) of Rule 5 of the Health Assembly's Rules of Procedure,¹ which is not applied in practice, and the inclusion of a cross-reference to the Board's Rules of Procedure. The amended Rule would read as follows:

"Rule 5

The Board shall include in the provisional agenda of each regular session of the Health Assembly inter alia:

- (a) the annual report of the Director-General on the work of the Organization;
- (b) all items that the Health Assembly has, in a previous session, ordered to be included;

¹ Paragraph (d) reads: "(d) any item proposed by a Member or by an Associate Member;".

(c) any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period;

(d) subject to such preliminary consultation as may be necessary between the Director-General and the Secretary-General of the United Nations, any item proposed by the United Nations;

(e) any item proposed by any other organization of the United Nations system with which the Organization has entered into effective relations.

Proposals by Member States and Associate Members shall be considered by the Executive Board in accordance with its Rules of Procedure.”

28. The Secretariat also proposes the inclusion in the Rules of Procedure of the Board of a new Rule 11 bis reading as follows:

“Any proposal by a Member State or Associate Member for the provisional agenda of the Health Assembly shall be submitted in writing to the Director-General no later than the first day of the session of the Executive Board. The Director-General shall immediately submit them to the Officers of the Board and circulate them to Members of the Board.

The Officers of the Board shall consider proposals by Member States or Associate Members in the light of any criteria adopted by the Health Assembly or the Board and shall recommend to the Board whether or not to include any such proposal in the provisional agenda of the Health Assembly. The Executive Board shall consider the proposals and the recommendations of the Officers during its discussion of the draft provisional agenda of the Health Assembly.”

Managing supplementary agenda items proposed directly to the Health Assembly

29. Member States, Associate Members and the Director-General may, pursuant to Rule 12 of the Rules of Procedure of the Health Assembly, propose supplementary agenda items directly to the Health Assembly. Although instances of such proposals are relatively rare in practice, they raise the same problems referred to above. Proposed supplementary items are considered by the General Committee of the Health Assembly at its first meeting on Monday morning. The General Committee recommends to the Health Assembly whether or not to include the item, but it does not always have the time for an in-depth consideration of the proposal since it has several other issues to discuss in a limited period of time and proposals are sometimes received late.

Recommendation

- **With a view to establishing a more strategic process for the consideration of proposals for supplementary items, the Secretariat proposes: (1) setting a deadline for receipt of proposed supplementary items sufficiently in advance of the opening of the Health Assembly; (2) submitting any such proposal to the Officers of the Executive Board, who would recommend to the General Committee whether or not to include the supplementary item in the agenda. The rationale for involving the Officers of the Board is that they have an overall view of the extent of the Health Assembly’s agenda and would have the benefit of the Board’s discussion on it. The Board, through its Officers, could thus continue to play a strengthened role with regard to the Health Assembly’s agenda.**

30. If the Board wishes to consider the foregoing proposal, Rule 12 could be replaced by the following:

“Proposals for supplementary items to the agenda must be received by the Director-General no later than seven days before the opening of a regular session or two days before the opening of a special session.

Proposals for supplementary items shall be submitted to the Officers of the Executive Board, who will consider them in the light of any criteria adopted by the Health Assembly or the Board and recommend to the General Committee whether they should be included in the agenda of the Assembly. The General Committee shall consider any proposal for supplementary items and the recommendations of the Officers of the Board at its first meeting.

Subject to the provisions of Rule 11 regarding new activities and to the provisions of Rule 96, a supplementary item may be added to the agenda if, upon the report of the General Committee, the Health Assembly so decides.”

Draft resolutions introduced directly during the Health Assembly, and discussion of resolutions recommended by the Board

31. Two situations that have been mentioned by Member States as affecting the good management of the Health Assembly’s workload are: (1) Member States submit new resolutions directly during the Health Assembly, whether or not the Board has already submitted a recommended draft resolution on the same item; and (2) draft resolutions recommended by the Board are often reopened by the Health Assembly, and sometimes substantially amended. As noted above, it is important to seek a balance between, on the one hand, the sovereign rights of Member States to raise their proposals and policy arguments without unnecessary constraints and, on the other hand, the collective interest in achieving a rational use of the limited time available to the Health Assembly and most importantly preserving the credibility, effectiveness and strategic focus of the Health Assembly’s decision-making process.

Recommendation

- **In addition to the absolute deadline for the submission of new draft resolutions proposed above, Member States may wish to consider making use of the Officers of the Health Assembly, or alternatively of the General Committee, as a tool for consultations or mediation among regional groups, or even for recommendation to the competent main Committee, in case either of the situations described in the preceding paragraph proves to be problematic. The engagement of the Officers could decrease the need either for prolonged discussions in a main Committee or for establishing drafting groups.**

Better assessment of the financial and administrative implications of draft resolutions

32. Financial Regulation XV provides that neither the Health Assembly nor the Executive Board shall take a decision involving expenditures unless it has before it a report from the Director-General on the administrative and financial implications of the proposal and that where, in the opinion of the Director-General, the proposed expenditure cannot be made from the existing appropriations, it shall not be incurred until the Health Assembly has made the necessary appropriations. Even though the reference to appropriations in Financial Regulation XV has to be seen in the context of the evolution of the financing of WHO’s activities predominantly through voluntary contributions, the principle of the Regulation is that the governing bodies should not adopt decisions requesting WHO to perform activities that cannot be financed.

33. In accordance with this provision as well as the applicable Rules of Procedure, the Secretariat customarily submits to the Board as separate documents the predictable financial implications of draft resolutions. Those documents are not submitted again separately to the Health Assembly, unless the draft resolution is substantially revised by the Board, but form part of the Board's documentation available to Member States. Still, it is not evident that the financial implications play a role in an assessment of whether a proposed resolution should be adopted, postponed, or revised in order to decrease the financial liabilities of the Organization.

Recommendation:

- **It has been previously proposed that the Programme, Budget and Administration Committee, in line with its enhanced oversight functions, be entrusted with the role of assessing the financial implications of resolutions. In this connection, the Board may wish to request the Programme, Budget and Administration Committee, at its session preceding the Health Assembly, to consider the financial implications of draft resolutions being submitted to the Health Assembly, both separately by resolution as well as cumulatively, with a view to submitting to the Health Assembly its considerations and recommendations. The Programme, Budget and Administration Committee could perform this analysis on the basis of the current programme budget, of the applicable criteria for the establishment of criteria and the financial implications of the draft resolutions, in particular the extent to which in the view of the Secretariat they can be absorbed within existing budgetary allocations.**

Reporting requirements

34. The Secretariat has already raised the problem of uncoordinated, overly frequent or unlimited reporting requirements arising from Health Assembly resolutions. They impose an extra workload on the Secretariat and they result in a substantial part of the agendas of the Board and the Health Assembly being taken up by items that originate from reporting requirements whose relevance may have diminished over time, or that could provide a more coherent assessment of a single broader issue if coordinated or merged with other reports. The issue of reporting by the Secretariat is complementary to the request by the Health Assembly to propose options on how to streamline the reporting of and communication with Member States.

Recommendation:

- **In this connection, the Secretariat wishes to reiterate the proposal made to the Health Assembly to limit, as a default, reporting requirements in Health Assembly resolutions to a set number of instances (for example five or six instances) unless the Health Assembly decides otherwise. The Board may also wish to recommend that the Health Assembly adopt more flexible reporting requirements, whereby the Health Assembly would request the Director-General to report when he or she determines that a particular issue requires a substantive report to the Board and the Health Assembly, either for further action or to take note of progress. Both options, if implemented, would make available a considerable percentage of the agendas of the governing bodies for priority items, and would decrease the number of progress reports which absorb a considerable amount of time.**

ACTION BY THE EXECUTIVE BOARD

35. The Board is invited to consider the recommendations and provide guidance.

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