

Options for improved decision-making by the governing bodies

Report by the Secretariat

1. At its 132nd session, the Executive Board discussed several reports on improving the work of the governing bodies and, in decision EB132(15), requested the Director-General:

- (1) to take the necessary steps to improve capacity-building and training for new members of the Board and its Officers;
- (2) to improve electronic access to governing body meetings and documentation on a registered basis;
- (3) to prepare a study on the feasibility of holding sessions of the Executive Board and World Health Assembly that made minimal use of paper documents;
- (4) to prepare options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board; and
- (5) to perform an in-depth study to ensure that the proposed amendments to the Rules of Procedure of the governing bodies contained in document EB132/5 Add.3 are coherent with the existing Rules of Procedure and to make such other proposals based on this study and discussions by the Board at its 132nd session, so as to improve the work of the governing bodies.

2. The present report is divided into two sections. Section 1 deals with requests (1), (2) and (3) above, regarding capacity-building and training, electronic access to governing body meetings, and minimal use of paper documents or “paper-smart” meetings. Section 2 concerns requests (4) and (5) above, namely, options for managing the number of agenda items, and proposals for amendments to the Rules of Procedure; the latter is further divided into four subsections corresponding to the four main topics of the proposed amendments.

SECTION 1. SECRETARIAT RESPONSE TO REQUESTS (1), (2) AND (3) IN DECISION EB132(15)

Capacity-building and training

3. In order to improve capacity-building and training for new members of the Board and its Officers, the Secretariat has produced a guide to the Executive Board, which has been distributed to all Board members and made available on a web-based platform for Board members and the permanent missions to the United Nations Office at Geneva. The Secretariat will also hold briefing sessions for

new Board members to be scheduled around sessions of the Executive Board, and it will provide regular briefings for incoming health attachés at the permanent missions. Additionally, in November 2013, at the Seventh Global Meeting of Heads of WHO Country Offices, a seminar was held that involved staff at the three levels of the Organization, at which standard operating procedures were elaborated for preparing delegates to participate effectively in governing body meetings.

Action requested

The Board is requested to advise on additional ways to improve capacity-building and training for new Members.

Electronic access to governing body meetings

4. Electronic access to governing body meetings has been improved through live webcasting of the sessions of the Programme, Budget and Administration Committee of the Executive Board on a registered basis, which began at the Committee's eighteenth meeting in May 2013. The Secretariat proposes to introduce live webcasting of future sessions of the Committee and the Executive Board, which would be accessible to all internet users through a link on the WHO website. The Secretariat is also exploring possibilities at the Palais des Nations, Geneva, for webcasting the plenary sessions of the Health Assembly and the sessions of Committees A and B.

Action requested

The Board is requested to approve the Secretariat proposal in paragraph 4 and/or advise on additional ways to increase electronic access to governing body meetings.

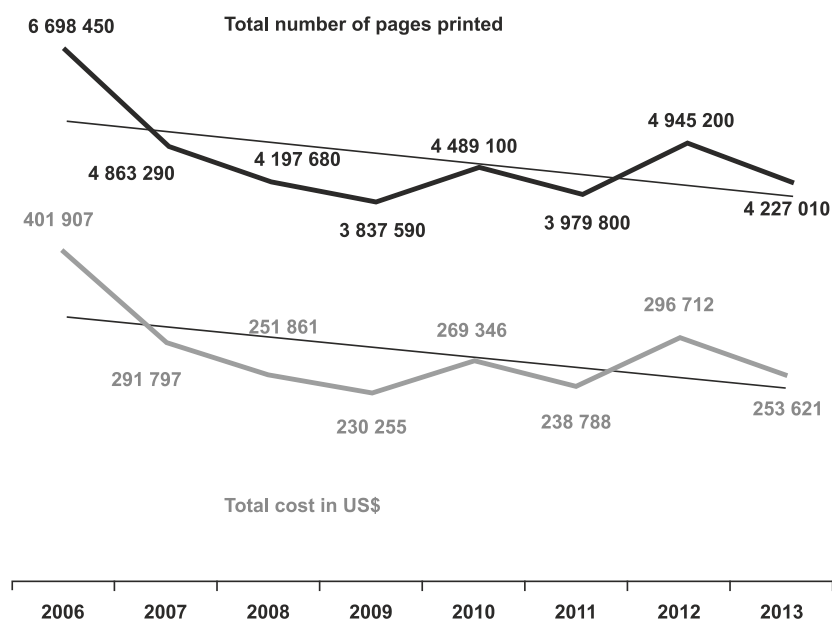
Minimal use of paper documents/"paper-smart" meetings

5. Efforts to minimize the Organization's use of paper documents have been under way for several years. Since 2005, the following measures have been taken:

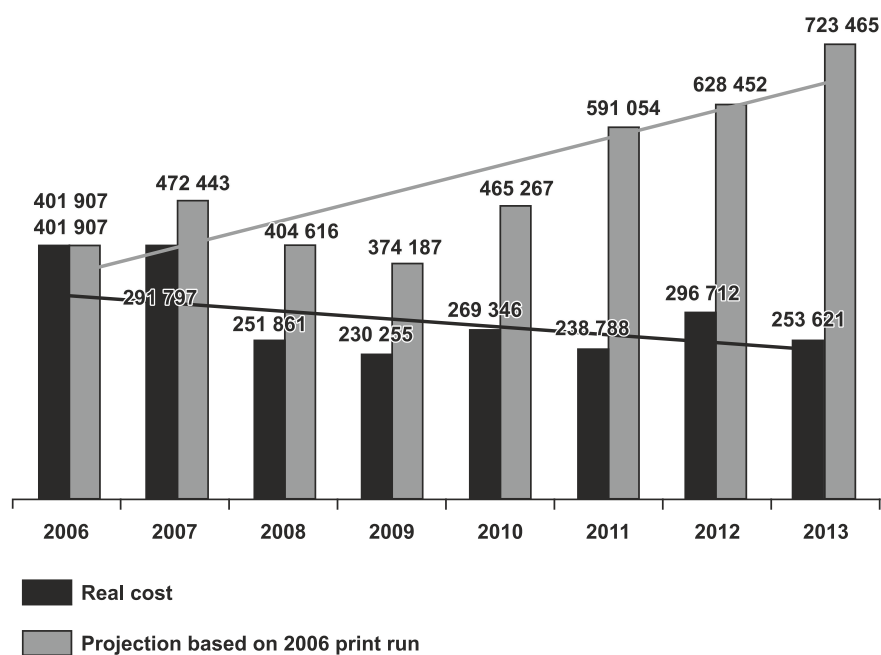
- beginning in 2005, a switch to paper products bearing the sustainable forest management certification
 - in 2007, an upgrade from offset printing technology to digital printing that has given flexibility to printing management, permitting printing in quantities that better correspond to actual needs
 - beginning in 2011, cessation of the practice of dispatching the final versions of Executive Board and Health Assembly resolutions and decisions in hard copy format
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- beginning in 2012, cessation of the practice of printing lists of participants in meetings in favour of posting them on the WHO website
- beginning in 2013, cessation of the practice of dispatching documents in hard copy format to Member States in advance of sessions of the Executive Board and the Health Assembly
- beginning in 2013, introduction of a process of electronic circulation of the provisional summary records of sessions of the Executive Board and of Committees A and B of the Health Assembly, as well as of the provisional verbatim records, rather than dispatching the provisional records in hard copy format to Member States
- facilitation of access to electronic versions of documents through:
 - improved wireless technology at WHO headquarters, allowing a faster and more reliable connection to the internet
 - a new facility for downloading a single file containing all the documents for a governing body session
 - provision of Quick Response codes on television monitors during sessions of the Board and Health Assembly, which allow quick access to the meeting documents for participants using mobile devices
 - use of a Rich Site Summary feed notifying subscribers each time a new meeting document is uploaded on the WHO website
 - launch of the Office of Governing Bodies SharePoint site for the permanent missions to the United Nations Office at Geneva, which provides quick access to a variety of formal and informal documentation about the Executive Board and Health Assembly, including advance copies of proposed draft resolutions and the link to the provisional digital verbatim records.

6. The number and length of meeting documents have been steadily increasing, however, the measures taken by the Secretariat to minimize the use of paper documents have resulted in cost savings. In 2006, approximately 6.7 million pages were printed for the Fifty-ninth World Health Assembly at a cost of US\$ 401 907, compared with approximately 4.2 million pages printed for the Sixty-sixth World Health Assembly in 2013 at a cost of US\$ 253 621 (Figure 1). Given the increased efforts being made to further reduce the quantity of printed documents, it is anticipated that costs will continue to decrease.

Figure 1. Volume and cost of Health Assembly documentation, 2006–2013

In view of the increasing volume of meeting documentation, if the printing practices followed in 2006 had been maintained, then printing costs for the Sixty-sixth World Health Assembly in 2013 would have reached an estimated US\$ 723 465 (Figure 2).

Figure 2. Real and projected cost of Health Assembly documentation, 2006–2013

7. Cessation of the practice of dispatching pre- and post-session documents in hard copy format in 2012 has also led to cost savings (Table 1).

Table 1. Document mailing costs (US\$)

	2009	2010	2011	2012	2013
Executive Board	27 600	11 400	20 600	12 600	2 600
Health Assembly	35 500	25 200	20 500	16 900	1 000

8. In August 2013 the Secretariat circulated a questionnaire to the governing bodies' secretariats of other organizations of the United Nations system, to learn from their experiences in this area. Their responses revealed that measures to reduce the use of paper have resulted either from mandates conferred by the governing bodies or from initiatives by the secretariats concerned to reduce costs and waste, improve efficiency and protect the environment. Organizations have implemented a wide variety of measures, such as those relating to the dispatch of documents in advance of sessions of the governing bodies, limitations on the distribution of documentation during meetings, and increased investment in and use of information technology tools. As a result of such measures, the organizations have achieved savings in the costs of staff, machine rental, facilities, mailing, and paper. The WHO Secretariat has carried out many of the same measures as those cited by other organizations of the United Nations system (see Annex).

9. In terms of next steps, the Secretariat proposes to take the measures outlined below.

(a) Post conference papers on the governing body documentation webpages. Draft resolutions are issued as conference papers during the sessions of the Board and the Health Assembly. Having such documents on the website will make them available in electronic format for the first time, which, among other things, will make it easier for delegations to share and informally discuss them with colleagues not attending the session.

(b) Prepare agendas containing hyperlinks to meeting documents. Using hyperlinks this way will enable the Secretariat to provide quick and easy access to meeting documents, including the Journal of the Health Assembly and the Programme of Work of the Executive Board, which are updated each day of the respective session.

(c) Send formal correspondence by email or post it on the web-based platform. The current practice involves dispatching formal correspondence, such as invitations to governing body sessions, circular letters and notes verbales, to those addresses designated by each Member State for receiving such correspondence. The Secretariat proposes to give each Member State the option of receiving formal correspondence electronically instead.

(d) Create an application for mobile devices. The Secretariat is looking into the possibility of creating an application to provide access to all of the meeting documents, as well as to the latest timetables, meeting arrangements and other useful information.

Action requested

The Board is requested to advise on further ways to minimize the use of paper documents.

SECTION 2. SECRETARIAT RESPONSE TO REQUESTS (4) AND (5) IN DECISION EB132(15)

10. At its 132nd and 133rd sessions, the Executive Board considered a number of issues connected with streamlining the work of the governing bodies as contained in document EB132/5 Add.3 and in document EB133/3, respectively. These issues included the method of work of the governing bodies, where the Board discussed, inter alia, the management of agenda items (including the modification of criteria for use by Officers of the Board), the late submission of draft resolutions, the late dispatch of documents for the Board and reform of reporting requirements. In this connection, in decision EB132(15), the Board requested the Director-General to prepare a study to ensure that, from a legal and practical point of view, the proposed amendments to the Rules of Procedure of the governing bodies contained in document EB132/5 Add.3 are coherent with the existing Rules of Procedure, to submit a report to the Executive Board at its 134th session in January 2014, and to make such other proposals based on this study and discussions by the Board at its 132nd session,¹ so as to improve the work of the governing bodies.

11. This section responds to that request, taking into consideration the debate which took place at that session; it is organized as follows:

- Part I. Managing the number of agenda items
Part Ia: Secretariat proposal for a revised process for the agendas of Executive Board and the Health Assembly
- Part II. Minimizing the late submissions of draft resolutions
- Part III. Minimizing the late dispatch of documents for the Board
- Part IV. Reform of reporting requirements.

Part I. Managing the number of agenda items

12. In discussions during recent sessions of the governing bodies, it has been emphasized that managing the number of agenda items and resolutions at both the Board and the Health Assembly has to be seen holistically in the light of the complementary roles of the two governing bodies and the promotion of an effective and meaningful policy-making process by WHO as an organization.

¹ See the summary record of the Executive Board at its 132nd session, fifth meeting, discussion of the work of the governing bodies, and the summary record of the Board at its 133rd session, second meeting, on governance: options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board.

A. The current system for developing the agenda of the Executive Board

13. Under the Rules of Procedure of the Executive Board,¹ the current steps for preparation of the Executive Board's agenda may be summarized as follows.

Step 1. Following the Health Assembly's session in May, the Director-General draws up the draft provisional agenda for the session of the Board due to take place in January of the following year. The agenda is composed of items required for inclusion through resolutions of the Executive Board or the Health Assembly, as well as standing items mandated by the Constitution of the World Health Organization, or under Rule 9 of the Rules of Procedure of the Executive Board.

Step 2. The draft provisional agenda of the Board is distributed to the Member States, which are then invited to propose additional items for inclusion. Any such submission must be accompanied by an "explanatory memorandum", in accordance with Rule 9 of the Rules of Procedure of the Executive Board. The "window" for such submissions opens when the Board's draft provisional agenda is circulated and closes, in general, after a period of three months.

Step 3. Once the window for submitting additional items has closed, usually in early September, the Officers of the Board convene to consider all such additional items and recommend their inclusion, deferral or exclusion. The role of the Officers of the Board in considering such items is mandated by Rule 8 of the Rules of Procedure of the Executive Board and consideration is made in the light of criteria established by the Board at its 121st session, in May 2007,² as well as criteria established by the Sixty-fifth World Health Assembly, in May 2012.³ The result of this consideration is the provisional agenda of the Board, which is circulated along with an explanation of the recommendations for deferral or exclusion.

Step 4. When the provisional agenda of the Board has been distributed, another "window" opens for items of an urgent nature to be included in the supplementary agenda of the Board. Such items must be justified by a "supporting statement", in accordance with Rule 10 of the Rules of Procedure of the Executive Board, which allows for additional items "of an urgent nature" to be proposed. However, there are no detailed criteria for determining whether or not an item is "urgent". The window for such items closes on the opening day of the Board.

Step 5. On the morning of the opening of the Board, both the provisional agenda of the Board and the supplementary agenda items proposed to the Board, if any, are considered by the Board as a whole. There are no defined criteria for consideration by the Board at this stage. The Board may add to, delete from, or amend the agenda in order to establish and adopt the final agenda of the Board.

In sum, the key terms regarding the Board's agenda are:

- the draft provisional agenda of the Board

¹ Basic documents, 47th ed. Geneva: World Health Organization; 2009.

² See resolution EB121.R1.

³ See decision WHA65(9).

- the provisional agenda of the Board
- the supplementary agenda of the Board.

B. The current system for developing the agenda of the Health Assembly

14. Under the Rules of Procedure of the Health Assembly,¹ the steps for preparation of the Health Assembly's agenda may be summarized as follows:

Step 1. At least six weeks before the January session of the Executive Board, the Director-General circulates a draft provisional agenda for the Health Assembly as an Executive Board document for consideration by the Board.

Step 2. Member States may submit in writing to the Director-General additional items to be included. In contrast to the procedure for drawing up the Board's agenda, there is no requirement for an explanatory memorandum for such additional items.

Step 3. During its January session, the Board may include on the draft provisional agenda additional items raised during the session itself. The Board then adopts the provisional agenda of the Health Assembly.

Step 4. Following the adoption by the Board of the provisional agenda of the Health Assembly, a window opens for proposals for new items to be included in the supplementary agenda for the Health Assembly. In contrast to the procedures for the Board's agenda, there is no requirement that such items be justified by an "explanatory memorandum".

Step 5. On the opening morning of the Health Assembly, the General Committee considers the provisional agenda of the Health Assembly and the supplementary agenda of the Health Assembly (as well as urgent items, if any) and prepares a recommended agenda for adoption by the Health Assembly.

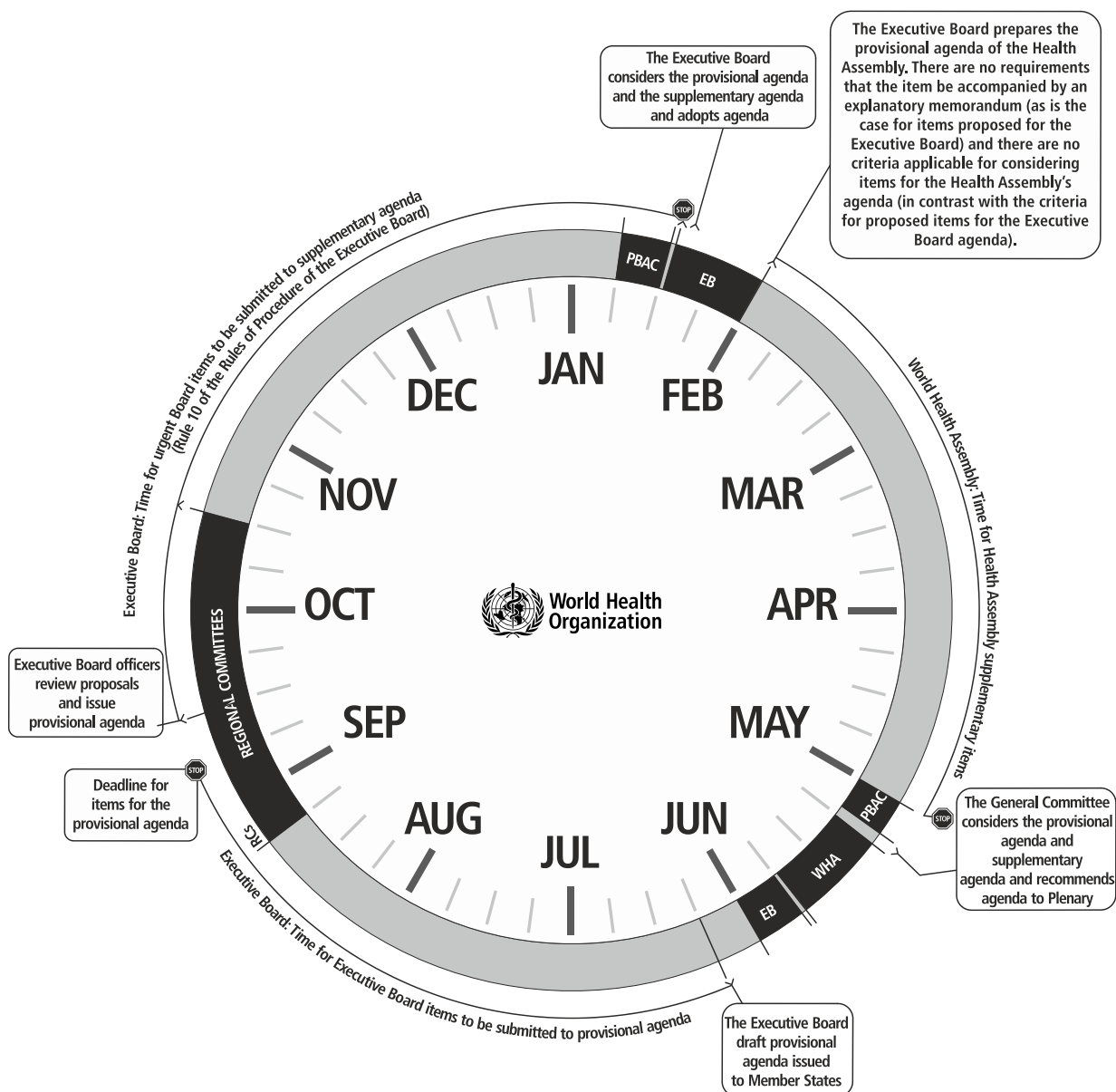
In sum, the key terms regarding the Health Assembly's agenda are:

- the draft provisional agenda of the Health Assembly
- the provisional agenda of the Health Assembly
- the supplementary agenda of the Health Assembly.

15. The above steps are taken in a yearly cycle and Figure 3 below is provided to further clarify the process.

¹ Basic documents, 47th ed. Geneva: World Health Organization; 2009.

Figure 3. Current Executive Board and Health Assembly agenda clock



C. Revising the process for the agenda of the Executive Board

16. Discussions at the 132nd and 133rd sessions of the Board regarding the process for establishing the Board's agenda focused on two distinct steps: (step 3) the modification of the criteria for use by officers of the Board, and (step 2) the explanatory memorandum for proposals for additional items.

Modification of the criteria for establishing the agenda

17. Regarding step 3, the modification of the criteria, concern focused on the proliferation of agenda items, which have increased in number from 40 during the Board's 122nd session to 57 during its 132nd session. During the same period, this has translated into an increase in documentation prepared for the Board, with the number of pre-session documents rising from 49 (347 pages) to 73 (775 pages).

18. The increase in agenda items and documentation has contributed to amplifying: the strain on the preparations by delegations for substantive discussion and debate during the Board; the difficulty faced by the Board in covering all of the agenda items within the number of days allotted and within the normal working hours of each day; the challenge of keeping the Board's work focused on WHO's strategic priorities; and the pressure on the Secretariat in preparing and making available all of the documents in the six official languages of the Organization by the deadline of six weeks before the opening of the Board (in accordance with Rule 5 of the Rules of Procedure of the Executive Board).

19. At its 133rd session, the Executive Board considered the report by the Director-General on the proposed options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Board as contained in document EB133/3. During the discussions,¹ the adoption of clear, transparent and streamlined criteria to manage agenda items was considered critical to enhancing the efficiency and effectiveness of the Board. Board Members reiterated that streamlining the work of the Board, including setting clear priorities for its agenda, was in line with the ongoing WHO reform. At the end of its consideration, the Board requested the Director-General to submit to its 134th session a revised report reflecting the comments and proposals of Board members.

20. The Director-General's report presented two options to improve the selection process of agenda items of the Board.

21. The first option proposed to keep a cumulative list of all previously established criteria, namely: the three criteria for the inclusion of additional items on the provisional agenda established by the Board in 2007;² and the five criteria for priority setting in the Twelfth General Programme of Work

¹ See the summary record of the Executive Board at its 133rd session, second meeting, section 5.

² Resolution EB121.R1, operative paragraph 1(1). Proposals need to 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.

2014–2019,¹ whose use in reviewing items for inclusion on the Board’s agenda was endorsed by the Health Assembly in 2012.² Under the first option, as long as one of the first three criteria was satisfied and the other five criteria were taken into account, a proposal for a new item on the provisional agenda of the Board would be considered acceptable for inclusion in the Board’s provisional agenda.

22. The second option, on the other hand, recommended using only the criteria described in resolution EB121.R1. Under this second option, however, a proposal for inclusion of a new item in the provisional agenda of the Board would be required to meet three requirements and should: (1) address a global public-health issue; (2) involve a new subject within the scope of WHO; and (3) constitute an issue that represents a significant public-health burden.

23. Discussion of the options by the Board revealed substantial support for option 2 in document EB133/3, as it was considered more streamlined and easier to apply. Some members, however, expressed concern that option 2 might be overly restrictive in the sense that it could exclude significant public health issues such as “low incidence and high cost diseases” or “localized or emerging diseases” as those might not represent “a significant public health burden”, as provided in resolution EB121.R1.

24. In the interest of providing greater flexibility to the process of finalizing the agenda, some Members suggested that to be included on the provisional agenda of the Board a proposal must meet any two of the criteria of option 2. Further, with respect to requirement (2) above, namely, that a proposal involve a “new” subject within the scope of WHO, it was suggested that a subject would be considered as “new” if it had not been considered by the Health Assembly or the Executive Board within the last four to six years.

25. Should the Board decide, in view of the above analysis and discussions, to modify the existing criteria so that a proposal must meet any two of the criteria in option 2 and would be considered as “new” if it had not been considered by the Health Assembly or the Executive Board within the last four to six years, a draft resolution containing the necessary amendments to the Rules of Procedure of the Executive Board has been prepared for its consideration. However, should the Board wish to consider other options for dealing with the challenges associated with the proliferation of agenda items, for both the Board and Health Assembly, a step-by-step proposal has also been prepared by the Secretariat and is presented in Part I(a) below.

¹ Set out in document A65/40, the following criteria are to be used in setting priorities in WHO for the period covered by the Twelfth General Programme of Work 2014–2019:

- The current health situation including: demographic and epidemiological trends and changes, urgent, emerging and neglected health issues; taking into account the burden of disease at the global, regional and/or country levels.
- Needs of individual countries for WHO support as articulated, where available, through the country cooperation strategy, as well as national health and development plans.
- Internationally agreed instruments that involve or impact health such as declarations and agreements, as well as resolutions, decisions and other documents adopted by WHO’s governing bodies at the global and regional levels.
- The existence of evidence-based, cost-effective interventions and the potential for using knowledge, science and technology for improving health
- The comparative advantage of WHO, including:
 - (a) capacity to develop evidence in response to current and emerging health issues;
 - (b) ability to contribute to capacity building;
 - (c) capacity to respond to changing needs based on an on-going assessment of performance;
 - (d) potential to work with other sectors, organizations, and stakeholders to have a significant impact on health.

² See decision WHA65(9), operative paragraph 7.

Revising requirements for the explanatory memorandum for new items

26. Regarding step 2, the explanatory memorandum, the Board accepted the proposal in paragraph 17 of document EB133/3 that supporting evidence that responded to the criteria should be included in the explanatory memorandum required under Rule 9 of the Rules of Procedure of the Executive Board.¹ (The Board also accepted that the guidelines in paragraph 20 of document EB133/3 concerning supporting statements for proposals of an urgent nature should be approved by the Board.)²

D. Revising the process for the agenda of the Health Assembly

27. The Board's discussions at its 132nd session regarding the process for establishing the Health Assembly's agenda focused on the inclusion in the Health Assembly's agenda of items that had not been considered by the Board.³ In order to limit 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 too late, the Secretariat had proposed 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. However, at the debate which took place at the 132nd session of the Board, some Members expressed dissatisfaction with that proposal, underlining the need to ensure respect of the sovereign rights of Member States to propose agenda items. Accordingly, this proposal has been revised as outlined below.

Part I(a). Secretariat proposal for a revised process for the agendas of the Executive Board and Health Assembly

28. In light of the expressed desire of Member States to streamline the processes for managing the number of agenda items for both the Board and the Health Assembly, as well as the lack of consensus on the revisions proposed at the Board's 132nd session, the Secretariat proposes the following revision. This proposal would incorporate whichever "criteria approach" the Board or the Health Assembly adopt and, in addition, would apply the concept of a "maximum optimal number" of agenda items. It is intended to stimulate discussion among Members. It is hoped that such discussion will generate a consensus view at a strategic and policy level on desired revisions. The Secretariat will then develop proposals for amendment of the Rules of Procedure to track and implement any such consensus view. The proposals for amendment of the Rules of Procedure will be considered by the Board and the Health Assembly, as appropriate, for finalization and adoption.

¹ Paragraph 19 of document EB133/3 reads: "The Board may wish to consider establishing, along analogous lines to any guidelines for the 'explanatory memorandum', appropriate guidelines for 'supporting statements' that must accompany proposals for items of an urgent nature for addition to the provisional agenda."

² Paragraph 20 of EB133/3 reads: "Such guidelines could include the following elements:

- Supporting statements under Rule 10 should be submitted in writing at the latest 24 hours before the opening of the session to which they relate.
- Statements should include an explanation of the nature of the urgency, as well as the potential risks of deferral of the issue.
- Statements should conform with the guidelines for the explanatory memorandum under Rule 9 (i.e. they should address the agreed criteria).
- Statements will be provided to the Officers and members of the Executive Board, and will be made available to all Member States and Associate Member States, on the WHO SharePoint site."

³ See the summary record of the Executive Board at its 132nd session, fifth meeting.

Proposal for a revised process for the agenda of the Executive Board (step by step)

29. A possible revision of the steps for preparation of the Executive Board's agenda is summarized below. In order to assist the reader in comparing the possible revision to the current process shown in paragraph 13 above, new elements are shown in bold, deleted elements are in strike-through and unchanged elements remain unchanged.

Executive Board

Step 1. Following the Health Assembly's session in May, the Director-General draws up the draft provisional agenda for the session of the Board due to take place in January of the following year. The agenda is composed of items required for inclusion through resolutions of the Executive Board or the Health Assembly, as well as standing items mandated by the Constitution of the World Health Organization, or under Rule 9 of the Rules of Procedure of the Executive Board.

Step 2. The draft provisional agenda of the Board is distributed to the Member States, which are then invited to propose additional items for inclusion. Any such submission must be accompanied by an "explanatory memorandum", in accordance with Rule 9 of the Rules of Procedure of the Executive Board. The "window" for such submissions opens when the Board's draft provisional agenda is circulated and closes, in general, after ~~a period of three months~~ **eight weeks**.

Step 3. Once the window for submitting additional items has closed, usually in early ~~September~~ **August**, the Officers of the Board convene to consider all such additional items and recommend their inclusion, deferral or exclusion. The role of the Officers of the Board in considering such items is mandated by Rule 8 of the Rules of Procedure of the Executive Board and is made ~~in the light of criteria established by the Board at its 121st session, in May 2007,¹ as well as criteria established by the Sixty-fifth World Health Assembly, in May 2012.²~~ **based on a maximum optimal number of items on the agenda so that the Board is presented with no more than 36 items in non-budget years, when the Board lasts for approximately 6 days, and 48 items in budget years, when the Board meets for approximately 8 days. In doing so, the Officers of the Board will use the criteria adopted by the Board or the Health Assembly.** The result of this consideration is the provisional agenda of the Board, which is circulated along with an explanation of the recommendations for deferral or exclusion.

Step 4. ~~When the provisional agenda of the Board has been distributed,~~ **Upon conclusion of the cycle of regional committee meetings, usually by the third week of October,** another "window" opens for items of an urgent nature to be included in the supplementary agenda of the Board. **This ensures that all regions have the same period of opportunity for their Members to submit such items.** Such items must be justified by a "supporting statement" in accordance with Rule 10 of the Rules of Procedure of the Executive Board, which allows for additional items "of an urgent nature" to be proposed. However, there are no detailed criteria for determining whether or not an item is "urgent". The window for such items closes ~~on the opening day of the Board~~ **one week before the opening of the Board in order to allow for consideration by the Officers of the Board (see Executive Board Step 5 below), however, items of an urgent and emergency nature may be proposed up to the opening day of the Board.**

¹ See resolution EB121.R1.

² See decision WHA65(9).

Step 5. ~~On the morning of the opening of the Board, both the provisional agenda of the Board and the supplementary agenda items proposed to the Board, if any, are considered by the Board as a whole. One week before the opening of the Board, the Officers of the Board consult electronically to consider the Board's provisional agenda and any supplementary agenda items and to prepare recommendations for inclusion, exclusion or deferral for the Board. On the opening morning of the Board, the recommendations by the Officers are considered by the Board. There are no defined criteria for consideration by the Board at this stage. The Board may add to, delete from, or amend the agenda, taking into account the criteria adopted by the Board or the Health Assembly as well as the maximum optimal number of items. In order to establish and adopt the final agenda of the Board.~~

The Board then adopts its final agenda, however, 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. No other form of voting on this would be permitted, in order to save time.

Proposal for a revised process for the Health Assembly's agenda (step by step)

30. A possible revision of the steps for preparation of the Health Assembly's agenda may be summarized as follows below. In order to assist the reader in comparing the possible revision to the current process as shown in paragraph 14 above, new elements are in bold, deleted elements are in strike-through, and unchanged elements remain unchanged.

Health Assembly

Step 1. At least six weeks before the January session of the Executive Board, the Director-General circulates a draft provisional agenda for the Health Assembly as an Executive Board document for consideration by the Board.

Step 2. Member States may submit in writing to the Director-General additional items to be included. ~~In contrast to the procedure for drawing up the Board's agenda, there is no requirement for an explanatory memorandum for such additional items.~~ **An explanatory memorandum for such additional items is required. The explanatory memorandum must take into account the criteria adopted by the Board or the Health Assembly. Such memorandums will be provided to the Board.**

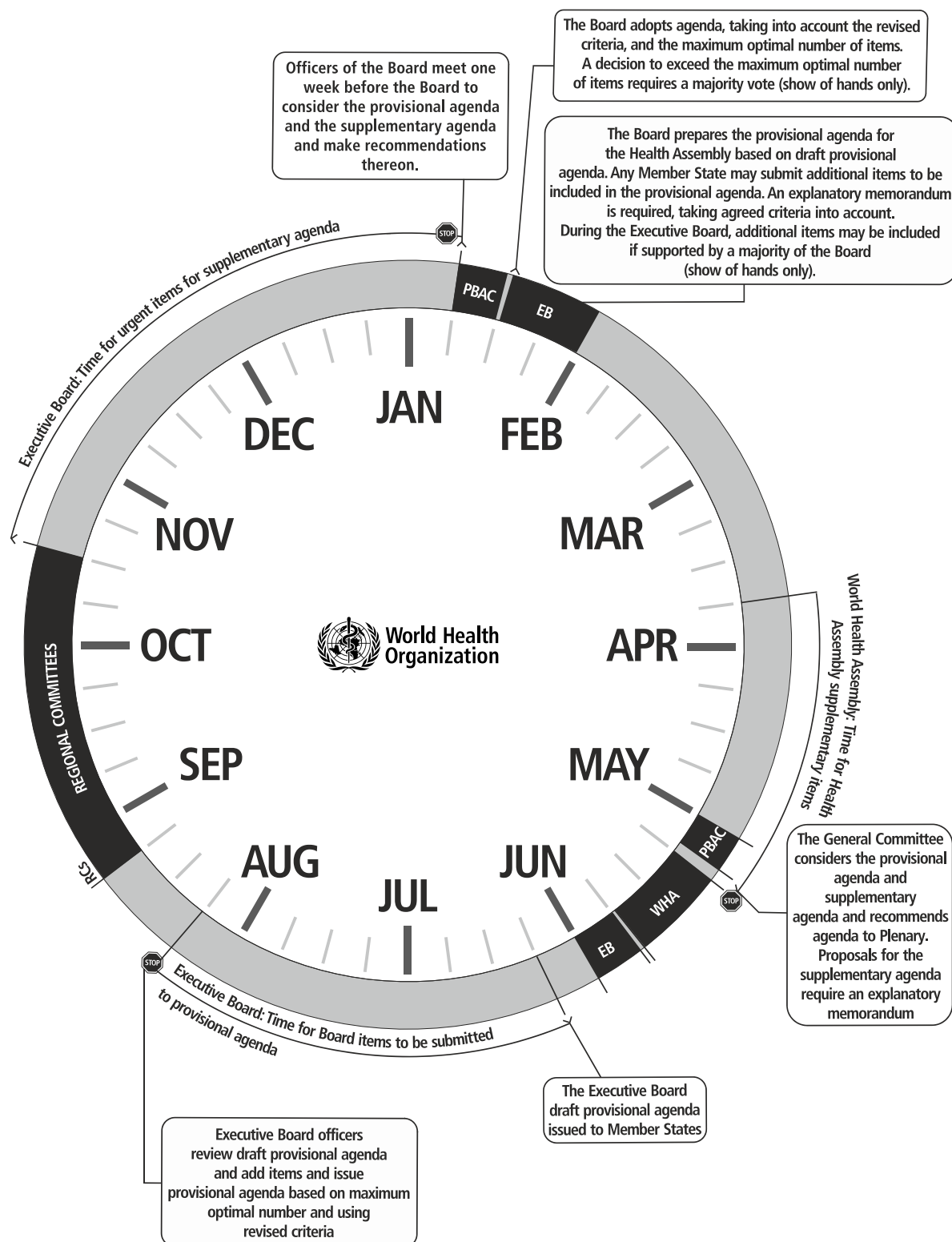
Step 3. During its January session, the Board may include on the draft provisional agenda additional items raised during the session itself, **provided that all such items are supported by a majority of the Members of the Board which, in the absence of consensus, would be through a vote by show of hands in order to save time. No other form of voting on this would be permitted.** The Board then adopts the provisional agenda of the Health Assembly.

Step 4. ~~Following the adoption by the Board of the provisional agenda of the Health Assembly,~~ **Six weeks prior to the opening of the Health Assembly,** a window opens for proposals for new items to be included in the supplementary agenda for the Health Assembly. ~~In contrast to the procedures for the Board's agenda, there is no requirement that such items be justified by an "explanatory memorandum".~~ **Such items must be justified by an "explanatory memorandum" addressing the urgent and/or exceptional nature of the item. The explanatory memorandum will be provided to the General Committee.**

Step 5. On the opening morning of the Health Assembly, the General Committee considers the provisional agenda of the Health Assembly and the supplementary agenda of the Health Assembly (as well as urgent items, if any) and prepares a recommended agenda for adoption by the Health Assembly.

31. Figure 4 below is provided to further clarify the process.

Figure 4. Revised Executive Board and Health Assembly agenda clock



Action requested

The Board is requested to:

- *approve option 1 or 2 as discussed in paragraphs 21 and 22; and/or*
 - *consider the Secretariat proposal discussed in Part I(a) of Section II; and/or*
 - *advise otherwise on ways to manage the number of agenda items for the Executive Board and Health Assembly.*
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Part II. Minimizing the late submission of draft resolutions

32. During the debate held at the 132nd session of the Board, a number of Member States expressed support for the amendments to the Rules of Procedure of the Board and the Health Assembly proposed by the Secretariat in paragraph 20 of document EB132/5 Add.3.¹ Those proposals, aimed at reconciling 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 during the session of a governing body, were further considered by an informal drafting group. While the informal drafting group's deliberations led to the development of two revised new Rules 28 bis and ter, respectively, no new text with respect to the Secretariat's proposal on replacing the text of Rules 48 and 49 of the Rules of Procedure of the Health Assembly was proposed. The revised new Rules 28 bis and ter, as proposed by the informal drafting group, as well as the initial proposal of the Secretariat regarding the merging of Rules 48 and 49 of the Rules of Procedure of the Health Assembly are reproduced below:

Rules of Procedure of the Executive Board

Recommendations

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

“Proposals for resolutions or decisions to be considered by the Board relating to items of the agenda may be introduced until the close of the first day of the session. However, if a session is scheduled for two days or less, such proposals may be introduced no later than 48 hours prior to the opening of the session. The Board may, if it deems it appropriate, permit the late introduction of such proposals.”

¹ See the summary record of the Executive Board at its 132nd session, fifth and sixth meetings, discussion of the work of the governing bodies.

- **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 related to items on the agenda 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

- **Replace Rule 48 and 49 with the following text:**

“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.”

33. The debate which followed the presentation of the new proposed Rules 28 bis and ter illustrated the need to consider the amendments further in the overall context of the Rules of Procedure of both the Executive Board and the Health Assembly. There were, however, no specific objections to these proposals or to the rationale underlying them.

34. In particular, the importance of coherence between the rules of the Board and of the Health Assembly was stressed. In that connection, it should be recalled that the Board currently has no equivalent to Rule 50 of the Rules of Procedure of the Health Assembly (the so-called “two-day” rule for new proposals), and that the “two-day” rule itself has been seen to be ambiguous with respect to the deadline.

35. In light of the foregoing, it is proposed to have a single and unambiguous process to reduce the late submission of draft resolutions for both the Board and the Health Assembly. With respect to both bodies, all formal proposals for resolutions or decisions would be due to the Secretariat no later than 48 hours prior to the start of the session. Accordingly, if a session of the Board opens on a Monday at 10 a.m., proposals for resolutions or decisions would be required to be presented to the Secretariat no later than 10 a.m. the Saturday before. (Ideally, they would be presented even earlier to facilitate processing.) In this way, the Secretariat could prepare conference documents for each proposal for distribution. The Secretariat would issue proposed draft resolutions and decisions as conference papers under the relevant item on the provisional agenda upon their receipt and even before the opening of the session of the governing body concerned, rather than waiting until the adoption of the agenda as is currently the practice. If the item in question is not retained in the agenda, the conference paper will be withdrawn.

36. Further, with respect to both bodies, accommodation could be made for new or urgent proposals for resolutions or decisions by adopting a rule that would permit consideration of such proposals provided that (a) the body concerned approve a motion to table a new resolution or decision, and (b) at least 48 hours passes between the time the proposal is circulated and the time it is considered. Additionally, this 48-hour rule could be waived if the meeting so decided. Proposed amendments will also be subject to a 48-hour rule, subject to waiver if the Chairman (i.e., not the governing body) so

decided, as is currently the case under Rule 50 of the Rules of Procedure of the Health Assembly. This would give the Chairman the discretion to have any amendments considered without delay while allowing for the possibility of more careful scrutiny of complex amendments.

37. Such an arrangement – a general requirement for all proposed resolutions to be submitted 48 hours prior to session opening and, thereafter, a two-step process for late proposal (approval of a motion to table, followed by a 48-hour review period, unless otherwise decided) – would bring both predictability and clarity to the work of both bodies, regardless of session length, and thereby work to minimize the late submission of draft resolutions.

38. If such an approach is deemed desirable, the Secretariat will provide proposed revisions of the Rules of Procedure for implementation.

Action requested

The Board is requested to:

- *approve the proposed changes in the Rules of Procedure discussed in paragraph 34; or*
- *approve the approach discussed in paragraphs 33 and 34; or*
- *advise otherwise on ways to address the late submission of draft resolutions.*

Part III. Minimizing the late dispatch of documents

39. At the 132nd session of the Board, remedies and consequences of late distribution of the Board's documents were considered. A proposal was put forward to defer to a subsequent Board session any agenda item for which documents had not been issued three weeks before the opening of the session.

40. While some endorsed the proposal, others expressed reservations since it could deprive Member States of the opportunity to engage in discussion on an item simply because of late documentation. The Secretariat was requested to review the matter.

41. Late dispatch of documents may have several causes. One of them is the growing number of intergovernmental processes which are held close to the time of the governing body sessions, after which documentation needs to be prepared. Another is linked to the complexity of the document. Some documents might not comply with the time frame of the document plan internally adopted by the Secretariat because of their nature or content. These include:

- reports covering a calendar year(s) which are finalized only after this period has ended, for example, the annual report on human resources, or the status of collection of assessed contributions;
- documents containing the report of a meeting that has occurred late in the period before the governing body meeting, such as the report on recommendations of the International Civil

Service Commission that can be completed only after the main session of the United Nations General Assembly ends in December;

- documents related to the process of the governing body, such as speeches, list of participants, reports of committees of the Board, nominations, etc., which are issued during the session;
- reports on topical or evolving matters that may be issued late in order to include last minute information. The Secretariat has to weigh the obligation to comply with deadlines against the provision of a current and more useful document;
- reports that have become necessary after the adoption of the agenda at the beginning of each session.

42. The late dispatch of documents by the Secretariat is a difficult problem given the diverse reasons that lead to the situation. Accordingly, in considering a mechanism to sanction late documentation by deferring the relevant agenda item to a subsequent session of the Board, Member States may wish to balance the need for strict timeliness with the risk of making it impossible for the Board to discuss important items because of delays, some of which may be unavoidable or excusable. One way to balance these considerations, if such a sanction were established, would be to provide the Board discretion to waive deferral, notwithstanding tardy documentation, in order to ensure the item were discussed as planned.

Action requested

The Board is requested to provide guidance on ways to minimize the occurrence of late submissions of documents to the governing bodies; and advise on actions it considers appropriate when documents are submitted at a later stage (or in close conjunction with the relevant meeting at which the item is expected to be discussed).

Part IV. Reform of reporting requirements

43. In order to decrease the number of progress reports, the Secretariat reiterates its previous recommendation that reporting should be limited to a maximum of six instances, unless the Health Assembly decides otherwise.

44. Alternatively, the Health Assembly could adopt more flexible reporting requirements, whereby it would request the Director-General to report when 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.

45. Finally, an additional step that could be taken to save time during the sessions of the Board and the Health Assembly could involve opening the agenda item on progress reports in order for Member States to consider and note all the reports at once, rather than taking up the reports individually or in blocks.

Action requested

The Board is requested either to:

- approve the proposed changes discussed in paragraph 42; or*
 - advise otherwise on ways to reform the process for reporting requirements.*
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ANNEX

THE EXPERIENCE OF OTHER UNITED NATIONS ORGANIZATIONS IN MINIMIZING THE USE OF PAPER IN GOVERNING BODY MEETINGS

1. Since 2008, WHO's Department of Governing Bodies and External Relations has participated regularly in the informal meetings of the United Nations Governing Bodies Secretariat Group, which provides a forum for staff working on governing body meetings in the United Nations system to share experiences and ideas. In response to the high level of interest in reducing the use of paper at meetings of the governing bodies, the Group has decided to set up a Digital Smart Working Group, which held its first meeting in October 2013.
2. In response to decision EB132(15), the WHO Secretariat circulated a questionnaire to bodies of the United Nations system that have expressed interest in receiving information about the Digital Smart Working Group, including UNCTAD, FAO, UNESCO, ITU, WMO, WIPO, UNIDO, IAEA, WFP and the United Nations offices at Geneva and Vienna.
3. The questionnaire aimed to identify any steps that had been taken to minimize the use of paper in preparation for and during meetings of the governing bodies and any related cost or efficiency savings. The following organizations responded: FAO, UNESCO, ITU, WMO, IAEA and WFP.
4. The organizations cited the following reasons for their efforts: (1) interest in minimizing the use of paper expressed by Member States or the governing bodies through decisions and/or statements in the official records; (2) initiatives by the Secretariat to reduce costs, minimize waste, and contribute to green efforts; and (3) the availability of information technology tools that provide alternatives to using paper.
5. The table below outlines measures that have been taken by the various organizations and WHO to minimize the use of paper.

Measures taken	WHO
1. Replacement of automatic dispatch of documents in hard copy format by posting on the website (in some cases, document dispatch available upon request)	x
2. Limitations on the number of document sets that may be dispatched in hard copy format to Member States	n/a
3. Cessation of the practice of distributing documents automatically to all Member States during meetings	x
4. Cessation of printing of documents that do not require governing body approval	
5. Cessation of printing of the list of participants in favour of posting it on the website and having a few copies available in the meeting room	x
6. Document printing only on ecologically-friendly paper, such as recycled paper and sustainable forest paper products)	x
7. Use of Quick Response codes during meetings to provide easy electronic access to documents	x
8. Circulation of verbatim records electronically rather than in hard copy format	x

Measures taken	WHO
9. Replacement of internal distribution of documents in hard copy format by posting on the website	x
10. Establishment of a documents platform or website for permanent missions	x
11. Establishment of an online alert tool, informing subscribers when a new document is posted	x
12. Use of agendas containing hyperlinks to meeting documents	
13. Creation of an application for mobile devices to share documents and meeting information	
14. Replacement of the practice of dispatching formal correspondence such as invitations to governing body meetings and notes verbales) in hard copy format by sending such correspondence by electronic mail and/or posting it on a web platform.	

6. As a result of the measures taken, the organizations cited savings in relation to the following:

- staff, including hiring temporary staff and overtime payments
- machine rental
- facilities
- printing
- dispatching documents by mail
- paper.

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