



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

143RD SESSION

GENEVA, 28–29 MAY 2018

**RESOLUTIONS AND DECISIONS
ANNEXES**

SUMMARY RECORDS

**GENEVA
2018**

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 143rd session of the Executive Board was held at WHO headquarters, Geneva, on 28–29 May 2018.¹

The Seventieth-first World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board² in place of those whose term of office had expired,³ giving the following new composition of the Board:

Designating country	Unexpired term of office ⁴	Designating country	Unexpired term of office ⁴
Algeria	1 year	Indonesia.....	3 years
Australia	3 years	Iraq.....	2 years
Bahrain	1 year	Israel	3 years
Benin	2 years	Italy	2 years
Bhutan	1 year	Jamaica	1 year
Brazil	2 years	Japan	2 years
Burundi.....	1 year	Libya	1 year
Chile	3 years	Mexico	1 year
China	3 years	Netherlands	1 year
Colombia	1 year	Romania.....	3 years
Djibouti	3 years	Sri Lanka.....	2 years
Eswatini.....	2 years	Sudan	3 years
Fiji	1 year	Turkey	1 year
Finland.....	3 years	United Republic of.....	2 years
Gabon	3 years	Tanzania	2 years
Georgia	2 years	United States of America	3 years
Germany	3 years	Viet Nam.....	1 year
		Zambia	2 years

The list of members and other participants is contained in document EB143/DIV./1 Rev.1.

¹ Decision EB142(32) (2018).

² Decision WHA71(7) (2018).

³ The retiring members had been designated by Canada, Congo, Dominican Republic, France, Jordan, Kazakhstan, Malta, New Zealand, Pakistan, Philippines, Sweden and Thailand (see decision WHA68(7) (2015)).

⁴ At the time of the closure of the Seventy-first World Health Assembly.

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¹ As adopted by the Board at its first meeting.

LIST OF DOCUMENTS

EB143/1 Rev.1	Agenda
EB143/1 (annotated)	Provisional agenda (annotated)
EB143/2	WHO reform: governance
EB143/2 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB143/3	WHO reform: governance
EB143/4	WHO reform: governance Prioritization of proposals for additional items on the provisional agenda of the Executive Board
EB143/5	Report of the Programme, Budget and Administration Committee of the Executive Board
EB143/6	Evaluation: annual report
EB143/7	Report on hosted partnerships
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EB143/10	Future sessions of the Executive Board and the Health Assembly
EB143/11	Appointment of the Regional Director for the Eastern Mediterranean
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EB143/13	International classification of diseases
Information document	
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Diverse documents

EB143/DIV./1 Rev.1	List of members and other participants
EB143/DIV./2	List of decisions and resolutions
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COMMITTEES¹

Programme, Budget and Administration Committee²

Professor Mohamed L'Hadj (Algeria), Mr T. Penjor (Bhutan), Dr Francisco Neftalí Vásquez Bautista (Dominican Republic), Dr Hiroki Nakatani (Japan), Dr Mahmoud Al-Sheyyab (Jordan), Dr Omar Bashir Al-Taher Mohammed (Libya), Ms Hilda Dávila Chávez (Mexico), Mr Herbert Barnard (Netherlands), Dr Stewart Jessamine (New Zealand), Dr Assad Hafeez (Pakistan, member ex officio), Dr A. Ludowyke (Sri Lanka), Ms Olivia Wigzell (Sweden), Dr Viroj Tangcharoensathien (Thailand, member ex officio) and Dr Jabbin Mulwanda (Zambia).

Twenty-eighth meeting, 17 May 2018:³ Dr Stewart Jessamine (New Zealand, Chairman), Professor Mohamed L'Hadj (Algeria), Mr T. Penjor (Bhutan), Dr Francisco Neftalí Vásquez Bautista (Dominican Republic), Dr Hiroki Nakatani (Japan), Dr Mahmoud Al-Sheyyab (Jordan), Dr Omar Bashir Al-Taher Mohammed (Libya), Ms S. Flores Liera (Mexico, alternate to Ms Hilda Dávila Chávez), Ms N. Olijslager (Netherlands, alternate to Mr Herbert Barnard), Dr Assad Hafeez (Pakistan, member ex officio), Dr A. Ludowyke (Sri Lanka), Ms A. Halén (Sweden, alternate to Ms Olivia Wigzell), Dr Jabbin Mulwanda (Zambia, Vice-Chairman).

¹ Showing current membership and the names of those who attended the meeting to which reference is made.

² Showing the membership as determined by the Executive Board in decision EB141(3), with changes of representatives for Algeria, Bhutan and Sri Lanka.

³ See document EBPBAC28/DIV./1.

PART I

RESOLUTIONS AND DECISIONS

ANNEXES

RESOLUTIONS

EB143.R1 Appointment of the Regional Director for the Eastern Mediterranean

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for the Eastern Mediterranean at its special session on 19 May 2018,

1. APPOINTS Dr Ahmed Salim Saif Al Mandhari as Regional Director for the Eastern Mediterranean Region as from 1 June 2018;
2. AUTHORIZES the Director-General to issue to Dr Ahmed Salim Saif Al Mandhari a contract for a period of five years and eight months from 1 June 2018, subject to the provisions of the Staff Regulations and Staff Rules.

(Second meeting, 28 May 2018)

EB143.R2 Appreciation of the acting Regional Director for the Eastern Mediterranean

The Executive Board,

Having appointed Dr Ahmed Al Mandhari as Regional Director for the Eastern Mediterranean;

Commending the remarkable efforts made by the acting Regional Director, Dr Jaouad Mahjour, to ensure continuation of the work and activities of WHO in the Eastern Mediterranean Region following the untimely death of Dr Mahmoud Fikri in October 2017, in particular in facilitating the acceleration of the procedure to elect the next Regional Director for the Eastern Mediterranean,

1. EXPRESSES its appreciation to Dr Jaouad Mahjour for his contribution and commitment to the Organization in implementing the regional and global health agenda, especially facilitating WHO's work in emergency settings that heavily affect countries of the Eastern Mediterranean Region;
2. ADDRESSES to him its sincere good wishes for his next appointment in the service of the Organization.

(Second meeting, 28 May 2018)

DECISIONS

EB143(1) Membership of the Programme, Budget and Administration Committee

The Executive Board appointed as members of the Programme, Budget and Administration Committee Mr Nilo Dytz Filho (Brazil), Professor Dr Nila Farid Moeloek (Indonesia), Mr Björn Kümmel (Germany), Mr Bahar Idriss Abugarda (Sudan), and Ms Zhang Yang (China) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Professor Mohamed L'Hadj (Algeria), Dr Jabbin Mulwanda (Zambia), Ms Hilda Dávila Chávez (Mexico), Dr R.M.S.K. Amunugama (Sri Lanka), Mr Herbert Barnard (Netherlands), Dr Omar Bashir Al-Taher Mohammed (Libya) and Dr Hiroki Nakatani (Japan), who were already members of the Committee. Mrs Maria Nazareth Farani Azevêdo, Chairman of the Board, and Dr Rajitha Senaratne, Vice-Chairman of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Second meeting, 28 May 2018)

EB143(2) Membership of the State of Kuwait Health Promotion Foundation Selection Panel

The Executive Board, in accordance with the Statutes of the State of Kuwait Health Promotion Foundation, appointed Mr Bahar Idriss Abugarda (Sudan) as a member of the Health Promotion Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and a representative of the Founder, members ex officio. It was understood that if Mr Abugarda was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Panel.

(Second meeting, 28 May 2018)

EB143(3) Membership of the Dr LEE Jong-wook Memorial Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Dr LEE Jong-wook Memorial Prize for Public Health, appointed Ms Rosy Sofia Akbar (Fiji) as a member of the Dr LEE Jong-wook Memorial Prize Selection Panel for the duration of her term of office on the Executive Board, in addition to the Chair of the Board, member ex officio. It was understood that if Ms Akbar was unable to attend, her successor or the alternate member of the Board designated by the government concerned would participate in the work of the Prize Selection Panel, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization.

(Second meeting, 28 May 2018)

EB143(4) Appointment of representatives of the Executive Board at the Seventy-second World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7 (1977), appointed its Chairman, Mrs Maria Nazareth Farani Azevêdo (Brazil) and its first three Vice-Chairmen, Dr Päivi Sillanaukee (Finland), Dr Simon Mfanzile Zwane (Eswatini) and Ms Glenys Beauchamp (Australia), to represent the Executive Board at the Seventy-second World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr Rajitha Senaratne (Sri Lanka) and the Rapporteur, Dr Mohammed Jaber Hwoal Al-Taae (Iraq), could be asked to represent the Board.

(Second meeting, 28 May 2018)

EB143(5) Place, date and duration of the Seventy-second World Health Assembly and the thirtieth meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that the Seventy-second World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 20 May 2019, and should close no later than Tuesday, 28 May 2019. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its thirtieth meeting on Wednesday, 15 May to Friday, 17 May 2019, at WHO headquarters, Geneva.

(Second meeting, 28 May 2018)

EB143(6) WHO reform: governance – prioritization of proposals for additional items on the provisional agenda of the Executive Board

The Executive Board, having considered the report by the Officers of the Board on the set of criteria and list of factors, and the tool for the prioritization of proposals for additional items on the provisional agenda of the Board,¹ decided to request the Officers of the Executive Board:

- (1) to apply, on a trial basis, the proposed amended prioritization tool, as set out in Annex 1,² for the preparation of the provisional agenda of the 144th session of the Board;
- (2) to report on the use of the proposed amended prioritization tool to the Executive Board at its 144th session.

(Third meeting, 29 May 2018)

¹ See Annex 1.

² See Appendix 2 of document EB143/4.

EB143(7) WHO reform: governance – Rules of Procedure

The Executive Board, having noted the report by the Director-General on governance reform,¹ decided:

- (1) to request the Director-General to present the necessary amendments to replace or supplement gender-specific language in the Rules of Procedure of the governing bodies to indicate both feminine and masculine, to the Executive Board at its 144th session in January 2019 for its consideration and appropriate action;
- (2) to amend the Rules of Procedure of the Executive Board as set out in Annex 2, with effect from the closure of the 143rd session of the Executive Board in May 2018;
- (3) to request the Director-General to renumber the Rules of Procedure of the Executive Board, at an appropriate time, taking into account the amendments adopted through this decision;
- (4) to recommend to the Seventy-second World Health Assembly in 2019 the adoption of the following draft decision:

The Seventy-second World Health Assembly decided:

- (1) to adopt the amendments to the Rules of Procedure of the World Health Assembly, as set out in the report of the Director-General to the Seventy-second World Health Assembly,² in accordance with Rule 119 of the Rules of Procedure of the World Health Assembly, with effect from the closure of that session of the Health Assembly;
- (2) to request the Director-General to renumber the Rules of Procedure of the World Health Assembly, at an appropriate time, taking into account the amendments adopted through this decision.

(Fourth meeting, 29 May 2018)

EB143(8) Place, date and duration of the 144th session of the Executive Board and the twenty-ninth meeting of the Programme Budget and Administration Committee of the Executive Board

The Executive Board decided that its 144th session should be convened on Thursday, 24 January 2019, at WHO headquarters, Geneva, and should close no later than Friday, 1 February 2019. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its twenty-ninth meeting from Monday to Wednesday, 21 to 23 January 2019, at WHO headquarters.

(Fourth meeting, 29 May 2018)

¹ Document EB143/3.

² The relevant document for consideration by the Seventy-second World Health Assembly in 2019 will reflect the amendments to the Rules of Procedure of the World Health Assembly contained in Annex 3.

EB143(9) Evaluation: evaluation policy (2018)

The Executive Board, having considered the draft formal evaluation policy presented by the Secretariat,¹ approved the evaluation policy as amended.²

(Fourth meeting, 29 May 2018)

¹ Document EB143/6.

² See Annex 4.

ANNEX 1

WHO reform: governance – prioritization of proposals for additional items on the provisional agenda of the Executive Board

PROPOSED AMENDED TOOL FOR THE PRIORITIZATION OF PROPOSALS¹

[EB143/4, Appendix 2 to the Annex – 29 March 2018]

ESSENTIAL CRITERIA

The four essential criteria below would be graded “Yes”, “Partially agree” or “No”, and would support a recommendation for inclusion, deferral or exclusion of a proposal.

Any Officer of the Board assigning a rating of “Partially agree” to any of the essential criteria would be invited to indicate what, if any, changes would be needed in order to assign a rating of “Yes” to the criterion concerned.

The WHO Secretariat should provide information in support of these criteria if the proponent has not provided it or has provided incomplete information.

Ratings for the essential criteria would be discussed and moderated by the Officers of the Board as a guide to a final recommendation.

Essential criteria	Yes	Partially agree	No
1. The proposal is not already covered under an item on the provisional agenda of the Board’s session			
2. The issue covered by the proposal is not already addressed by a WHO programme area workplan or mandate, in line with the General Programme of Work and/or a governing body resolution or decision which is deemed to be active or ongoing			
3. The issue has implications for global health and, if addressed, will contribute significantly to reducing or understanding the global burden of disease			
4. WHO, as the United Nations specialized agency for health, has a clear and well defined comparative advantage in addressing the issue (i.e. WHO has a key role to play that cannot be performed solely by others within and/or outside the United Nations system)			

¹ See decision EB143(6).

RANKING CRITERIA

The maximum score for the ranking criteria is 18.

The WHO Secretariat should provide information on these factors if the proponent has not provided it or has provided incomplete information.

Criterion A The proposal addresses an urgent health threat	Range of score (0–3)	Score by the Officer
The proposal addresses an urgent health issue, where “urgent” is defined as posing an immediate global public health threat.	0 = no/insignificant threat 1 = low urgency/threat 2 = moderate urgency/threat 3 = very urgent/serious threat	
Criterion B The proposal is relevant to the General Programme of Work		
The proposal clearly articulates linkages with the priorities of the Organization as reflected in its General Programme of Work.	0 = none 1 = limited/not clearly articulated 2 = several linkages/ well articulated 3 = many linkages/ well articulated	
Criterion C The proposal is evidence-based and proposes cost-effective interventions	Range of score (0–3)	Score by the Officer
Factor C.1 The evidence submitted by the proponent is sound.	0 = inexistent/no evidence 1 = fair 2 = good 3 = excellent	
Factor C.2 The proponent provides evidence on the cost-effectiveness of the actions/interventions proposed to address the public health issue.	0 = inexistent/no evidence 1 = fair 2 = good 3 = excellent	
Factor C.3 The actions/interventions proposed show the potential for using knowledge and innovative science and technology to address the subject.	0 = inexistent/no potential demonstrated 1 = fair 2 = good 3 = excellent	
Factor C.4 The proposal can be met within the existing financial and human resources of the Organization.	0 = no; 1 = likely not; 2 = possibly; 3 = very likely	
	Total SCORE (out of 18)	

ANNEX 2

Amended Rules of Procedure of the Executive Board¹

[EB143/3, Annex 1 – 29 March 2018]

Rule 7(b)

Attendance at meetings of the Board shall, in addition to members of the Board, their alternates and their advisers, be as follows:

...

Private meetings: Member States not represented on the Board and Associate Members and the Secretariat

Rule 33

During the discussion on any matter, a member may move the suspension or the adjournment of the meeting or the suspension of the debate. Such motions shall not be debated, but shall immediately be put to a vote.

For the purpose of these Rules “suspension of the meeting” means the temporary cessation of the business of the meeting, “adjournment of the meeting” means the termination of all business until another meeting is called, and “suspension of the debate” means the postponement of further discussion on the matter under discussion until later in the same session.

Rule 45

The Board shall normally vote by show of hands, except that any member may request a recorded vote. Where an appropriate electronic system is available, the Board may decide to conduct any vote under this Rule by electronic means.

Rule 45 bis

When the Executive Board conducts a recorded vote without using electronic means, the vote shall be conducted through a roll-call, which shall be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.

Rule 46

The vote of each member participating in a recorded vote shall be inserted in the records.

¹ See decision EB143(7).

ANNEX 3¹

[EB143/3, Annex 2 – 29 March 2018]

Text of Proposed amendments to the Rules of Procedure of the World Health Assembly²

Section in document EB143/3	Rule number	Current version	Proposed amended version
C.	72	The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot.	The Health Assembly shall normally vote by show of hands, except that any delegate may request a recorded vote roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot. Where an appropriate electronic system is available, the Health Assembly may decide to conduct any vote under this rule by electronic means.
C.	72 bis		When the Health Assembly conducts a recorded vote without using electronic means, the vote shall be conducted by roll-call, which shall be taken in the English or French alphabetical order of the names of the Members. The name of the Member to vote first shall be determined by lot.
C.	73	The vote of each Member participating in any roll-call shall be inserted in the record of the meeting.	The vote of each Member participating in a recorded vote any roll-call shall be inserted in the record of the meeting.
D.	22	(a) Each Member, Associate Member and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives, including all alternates, advisers and secretaries.	(a) Each Member, Associate Member, and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible not less than fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives. In the case of delegations of Members and Associate Members, such communications shall take the form of credentials, indicating the names of its delegates, alternates and advisers, and, including all alternates, advisers and secretaries.

¹ Deletions are shown with strikethrough; insertions are shown in bold.

² See decision EB143(7).

Section in document EB143/3	Rule number	Current version	Proposed amended version
		(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State or by the Minister for Foreign Affairs or by the Minister of Health or by any other appropriate authority.	(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State, the Head of Government, or by the Minister for Foreign Affairs, or by the Minister of Health or by any other appropriate authority. Such credentials may be sent electronically or hand-delivered to the Director-General.
D.	23	<p>A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision. The Bureau of the Committee shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly.</p> <p>Meetings of the Committee on Credentials shall be held in private.</p>	<p>A Committee on Credentials consisting of representatives of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examineassess whether the credentials of delegates of Members and of the representatives of Associate Members are in conformity with the requirements of the Rules of Procedure and report to the Health Assembly thereon without delay. Any delegate or representative to whose admissionPending a Member has made objectiondecision by the Health Assembly on their credentials, representatives of Members and Associate Members shall be seated provisionally with all the same rights as other delegates or representatives, until the Committee on Credentials has reported andpertaining to their participation in the Health Assembly has given its decision. The Bureau of the CommitteePresident shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly received after the Committee on Credentials has met.</p> <p>Meetings of the Committee on Credentials shall be held in private.</p>

Section in document EB143/3	Rule number	Current version	Proposed amended version
G.	19	<p>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization.</p> <p>In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point.</p>	<p>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization.</p> <p>In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point, but the latter shall not vote in the name of his delegation on any question.</p>
I.	59	<p>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote.</p> <p>For the purpose of these Rules “suspension of the meeting” means the temporary postponement of the business of the meeting and “adjournment of the meeting” the termination of all business until another meeting is called.</p>	<p>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting or the suspension of the debate. Such motions shall not be debated, but shall immediately be put to a vote.</p> <p>For the purpose of these Rules “suspension of the meeting” means the temporary postponement of the business of the meeting, and “adjournment of the meeting” the termination of all business until another meeting is called, and “suspension of the debate” the postponement of further discussion on the matter under discussion until later in the same session.</p>

ANNEX 4

Evaluation policy (2018)¹

[EB143/6, Annex 1 – 1 May 2018]

BACKGROUND

1. As part of the WHO reform process, the Executive Board at its 131st session in May 2012 approved the first WHO evaluation policy.² This was followed by the publication of the WHO evaluation practice handbook in 2013.³
2. On 1 August 2014, the evaluation function was moved from the Office of Internal Oversight Services to become a separate unit to support independent evaluation within the Office of the Director-General. As a key first step, a framework for strengthening evaluation and organizational learning in WHO⁴ was developed and submitted to the Executive Board at its 136th session in 2015.⁵ Together with the evaluation policy (2012), this framework has been instrumental in guiding evaluative work in the Organization during the past few years. In 2017, the Office of the Director-General launched an independent review of the evaluation function at WHO, which documented findings and provided critical recommendations, one of which was the need to revise the 2012 evaluation policy.⁶
3. As part of the organizational shifts envisaged in its Thirteenth General Programme of Work, 2019–2023,⁷ WHO will “measure impact to be accountable and manage for results”. It further states that the “focus on impact will require a meaningful account of WHO’s contribution on each goal and by each level of the Organization”. The evaluation policy (2018) supports this organizational shift.
4. The external environment in which WHO operates has also considerably evolved in recent years. The adoption of the Sustainable Development Goals in 2015, as well as the transformation in the humanitarian sector following the 2016 World Humanitarian Summit, provides new directions for the conduct of evaluation. Thus, in a 2014 resolution, the United Nations General Assembly⁸ reiterated the

¹ See decision EB143(9).

² Document EB131/3; see also decision EB131(1) (2012).

³ WHO evaluation practice handbook. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf?ua=1, accessed 10 April 2018).

⁴ A framework for strengthening evaluation and organizational learning in WHO. Geneva: World Health Organization (http://www.who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf?ua=1, accessed 12 April 2018).

⁵ Document EB136/38, noted by the Executive Board at its 136th session (see document EB136/2015/REC/2, summary records of the fourteenth meeting, section 4).

⁶ See the full evaluation report: http://www.who.int/about/evaluation/who_evaluation_funcion_review.pdf?ua=1 (accessed 10 April 2018).

⁷ Document A71/4.

⁸ Resolution 69/237 (2014). Building capacity for the evaluation of development activities at the country level (http://www.un.org/ga/search/view_doc.asp?symbol=%20A/RES/69/237%20&Lang=E, accessed 10 April 2018).

importance of national evaluation capacities, as did the quadrennial comprehensive policy review of operational activities for development of the United Nations system in 2016,¹ which also underscored the strengthening of joint and system-wide evaluations to support more effectively the implementation of the Sustainable Development Goals. Also in 2016, the United Nations Evaluation Group revised its norms and standards.²

5. Furthermore, the evaluation policy (2018) takes into account the recommendations of the independent review of the evaluation function as well as all relevant internal and external changes and is informed by international best practices in order to frame the Secretariat's evaluation function.

PURPOSE

6. The purpose of this policy is to define the overall framework for evaluation at WHO, to foster the culture and use of evaluation across the Organization, and to facilitate conformity of evaluation at WHO with best practices and with the norms and standards for evaluation of the United Nations Evaluation Group.

7. The accountability framework of WHO includes several types of assessments. WHO considers that all are crucial to programme development and institutional learning. This policy addresses only the assessments qualifying as "Evaluation" and excludes other forms of assessments conducted in WHO, such as monitoring, performance assessment, surveys, and audit.

POLICY STATEMENT

8. Evaluation is an essential function at WHO, carried out at all levels of the Organization. It ensures accountability and oversight for performance and results, and reinforces organizational learning in order to inform policy for decision-makers and support individual learning.

EVALUATION DEFINITION

9. An evaluation is an assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and sustainability. An evaluation should provide credible, useful evidence-based information that enables the timely incorporation of its findings, recommendations and lessons into the decision-making processes of organizations and stakeholders.³

¹ Resolution 71/243 (2017). Quadrennial comprehensive policy review of operational activities for development of the United Nations system. (<http://undocs.org/A/RES/71/243>, accessed 10 April 2018).

² United Nations Evaluation Group's Norms and standards for evaluation, 2016 (<http://www.unevaluation.org/document/detail/1914>, accessed 10 April 2018).

³ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 10 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

10. In WHO there are two categories of evaluation.

(a) Corporate evaluations are managed, commissioned or conducted by the Evaluation Office, and include programme evaluations, thematic evaluations and office-specific evaluations.

(b) Decentralized evaluations are managed, commissioned or conducted outside the central Evaluation Office, that is, they are initiated by headquarters clusters, regional offices or country offices and mainly comprise programmatic and thematic evaluations. In this instance, the central Evaluation Office would provide quality assurance and technical backstopping.

PRINCIPLES AND NORMS

11. This policy provides a framework to ensure the systematic application of the key United Nations Evaluation Group evaluation principles to the evaluation function in WHO. These key principles set out below are interrelated and underpin the approach to evaluation in WHO and are applicable to both corporate and decentralized evaluations.

Impartiality¹

12. The key elements of impartiality are objectivity, professional integrity and absence of bias. The requirement for impartiality exists at all stages of the evaluation process, including planning an evaluation, formulating the mandate and scope, selecting the evaluation team, providing access to stakeholders, conducting the evaluation and formulating findings and recommendations.

13. Evaluators need to be impartial, implying that evaluation team members must not have been (or expect to be in the near future) directly responsible for the policy setting, design or management of the evaluation subject.

Independence

14. Independence of evaluation is necessary for credibility, influences the ways in which an evaluation is used and allows evaluators to be impartial and free from undue pressure throughout the evaluation process. The independence of the evaluation function comprises two key aspects – behavioural independence and organizational independence.

(a) **Behavioural independence** entails the ability to evaluate without undue influence by any party. Evaluators must have the full freedom to conduct their evaluative work impartially, without the risk of negative effects on their career development, and must be able to freely express their assessment. The independence of the evaluation function underpins the free access to information that evaluators should have on the evaluation subject.

(b) **Organizational independence** requires that the central evaluation function is positioned independently from management functions, carries the responsibility of setting the evaluation agenda and is provided with adequate resources to conduct its work. Organizational independence also necessitates that evaluation managers have full discretion to directly submit evaluation reports to the appropriate level of decision-making and that they should report directly to an organization's governing body and/or the executive head. Independence is vested in the

¹ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 11 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

Evaluation Head to directly commission, produce, publish and disseminate duly quality-assured evaluation reports in the public domain without undue influence by any party.¹

15. Evaluators shall not be directly responsible for the policy, design, or overall management of the subject under review. WHO staff performing evaluations shall abide by the ethical principles and conduct of staff.¹ External contractors shall abide by the WHO requirements for external contractual agreements. Evaluators must maintain the highest standards of professional and personal integrity during the entire evaluation process. They are expected to ensure that evaluations address gender and equity; and be sensitive to contextual factors, such as the beliefs, manners and customs of the social and cultural environments evaluated.

16. The whistle-blower policy and other relevant policies will protect staff participating in evaluations from retaliation or repercussions.

Utility

17. In commissioning and conducting an evaluation, there should be a clear intention to use the resulting analysis, conclusions or recommendations to inform decisions and actions. The utility of evaluation is manifest through its use in making relevant and timely contributions to organizational learning, informed decision-making processes and accountability for results. Evaluations could also be used to contribute beyond the organization by generating knowledge and empowering stakeholders.²

18. Utility relates to the impact of the evaluation on decision-making and requires that evaluation findings be relevant and useful, presented in a clear and concise way, and monitored for implementation. The utility of an evaluation depends on its timeliness, relevance to the needs of the programme and stakeholders, the credibility of the process and products, and the accessibility of reports.

19. Utility will be ensured through: the systematic prioritizing of the evaluation agenda based on established criteria and consultation with relevant stakeholders; the systematic follow-up of recommendations; public access to the evaluation products; and alignment with the results-based management framework.

Quality

20. Quality relates to the appropriate and accurate use of evaluation criteria, impartial presentation and analysis of evidence, and coherence between findings, conclusions and recommendations.

21. Quality will be ensured through (a) the continuous adherence to WHO evaluation methodology as elaborated in the WHO evaluation practice handbook, the applicable guidelines and the norms and standards for evaluation of the United Nations Evaluation Group; (b) an independent quality assurance mechanism for all decentralized evaluations; and (c) independent quality assessment of corporate and decentralized final evaluation reports. It will cover both the evaluation process and products.

¹ Code of ethics and professional conduct, April 2017. Geneva: World Health Organization; 2017 (http://www.who.int/about/ethics/code_of_ethics_full_version.pdf, accessed 10 April 2018).

² United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 10 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

Transparency

22. Transparency is an essential element of evaluation that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability. Evaluation products should be publicly accessible.¹

23. To achieve transparency, stakeholders should be aware of the reason for the evaluation, the selection criteria, and the purposes for which the findings will be used. Transparency of process is also important, as is the accessibility of evaluation materials and products.

24. Transparency will be ensured through the approaches described below. The commissioner of the evaluation will ensure a continuous consultation process with relevant stakeholders at all stages of the evaluation process. The evaluation report shall contain details of evaluation methodologies, approaches, sources of information and costs incurred. In accordance with the WHO disclosure policy, evaluation plans, reports, management responses and follow-up reports will be made public on the WHO Evaluation Office website.

Credibility

25. Evaluations must be credible. Credibility is grounded on independence, impartiality and a rigorous methodology. Key elements of credibility include transparent evaluation processes, inclusive approaches involving relevant stakeholders and robust quality assurance systems. Evaluation results (or findings) and recommendations are derived from – or informed by – the conscientious, explicit and judicious use of the best available, objective, reliable and valid data and by accurate quantitative and qualitative analysis of evidence. Credibility requires that evaluations are ethically conducted and managed by evaluators that exhibit professional and cultural competencies.²

Ethics

26. Evaluation must be conducted with the highest standards of integrity and respect for the beliefs, manners and customs of the social and cultural environment; for human rights and gender equality; and for the “do no harm” principle for humanitarian assistance. Evaluators must respect the rights of institutions and individuals to provide information in confidence, must ensure that sensitive data is protected and that it cannot be traced to its source and must validate statements made in the report with those who provided the relevant information. Evaluators should obtain informed consent for the use of private information from those who provide it. When evidence of wrongdoing is uncovered, it must be reported discreetly to a competent body (such as the relevant office of audit or investigation).³

Human rights and gender equality

27. The universally recognized values and principles of human rights and gender equality need to be integrated into all stages of an evaluation. It is the responsibility of evaluators and evaluation managers

¹ United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 12 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

² United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 10–11 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

³ United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 11–12 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

to ensure that these values are respected, addressed and promoted, underpinning the commitment to the principle of “no-one left behind”.¹

TYPES OF EVALUATIONS

28. The WHO Secretariat commissions the following main types of evaluations.

(a) **Thematic evaluations** focus on selected topics, such as a new way of working, a cross-cutting theme or core function, or they address an emerging issue of corporate institutional interest. Thematic evaluations provide insight into relevance, effectiveness, sustainability and broader applicability. They require an in-depth analysis of a topic and cut across organizational structures. The scope of these evaluations may range from the entire Organization to a single WHO office.

(b) **Programmatic evaluations** focus on a specific programme. This type of evaluation provides an in-depth understanding of how and why results and outcomes have been achieved over several years and examines their relevance, effectiveness, sustainability, and efficiency. Programmatic evaluations address achievements in relation to WHO’s results chain, and require a systematic analysis of the programme under review. The scope of programmatic evaluations may range from a country to interregional or global levels.

(c) **Office-specific evaluations** focus on the work of the Organization in a country, region or at headquarters in respect of WHO’s objectives and commitments.

29. The Executive Board may, at its discretion, also commission an evaluation of any aspects of WHO.

EXTERNAL AND JOINT EVALUATIONS

30. Evaluations may be commissioned by the governing bodies to be conducted by external evaluators independent from the Secretariat. Other stakeholders, such as Member States, donors or partners, may also commission external evaluations of the work of WHO for the purpose of assessing performance and accountability or prior to placing reliance on the work of the Organization.

31. The Secretariat will fully cooperate in external evaluations through a process of disclosure of appropriate information and facilitation of their performance. The results of external evaluations, when made available, will be disclosed on the WHO Evaluation Office website.

PLANNING AND PRIORITIZATION OF EVALUATIONS

32. WHO will develop a biennial, Organization-wide evaluation workplan as part of the Organization’s planning and budgeting cycle.

33. The workplan shall be established in consultation with senior management at headquarters and regions and with Heads of WHO Offices in countries, areas and territories, based on established criteria. The biennial workplan will be updated annually on the basis of the annual report to the

¹ United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 12 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

Programme, Budget and Administration Committee and the Executive Board. The workplans shall be submitted to the Executive Board for approval through the Programme, Budget and Administration Committee.

34. The following categories shall be considered in the development of criteria¹ for the selection of topics for evaluation:

- (a) Organizational requirement relevant to: global, international or regional commitments; specific agreements with stakeholders, partners or donors; requests from governing bodies;
- (b) Organizational significance relating to: general programme of work priorities and core functions; level of investment; inherent risks; performance issues or concerns in relation to achievements of expected results;
- (c) Organizational utility relating to: a cross-cutting issue, theme, programme or policy question; potential for staff or institutional learning (innovation); degree of comparative advantage of WHO.

EVALUATION METHODOLOGY

35. The evaluation methodology and process for both corporate and decentralized evaluations will be informed by the 2016 United Nations Evaluation Group norms and standards and is detailed in the WHO evaluation practice handbook (which will be revised following the approval of this policy).

36. The Evaluation Office is also responsible for establishing a framework that provides guidance, quality assurance, technical assistance and professionalization support to the decentralized evaluation function.

RESOURCING OF THE EVALUATION FUNCTION

37. The Director-General shall ensure that there are adequate resources, within the range recommended by the United Nations Joint Inspection Unit (JIU/REP/2014/6),² to implement the biennial Organization-wide evaluation workplan which includes not only the evaluations to be conducted but all activities required to ensure the strengthening of the evaluation culture and the professionalization of evaluation conduct across the Organization.

38. Deputy Directors-General, Regional Directors, Assistant Directors-General, Directors and Heads of WHO country offices must ensure that resources are adequate to implement their respective components of the Organization-wide evaluation workplan. An appropriate evaluation budget must be an integral part of the operational workplan of a programme, and shall be discussed as necessary with stakeholders during the planning phase of each project/programme/initiative.

39. In determining the amount required to finance the evaluation function in WHO, factors to be considered include: the Organization's mandate and size; the types of evaluations to be considered; and the role of the evaluation function in institutionalization and support to strengthening decentralized evaluation, national capacities for evaluation and evaluation partnerships. With respect to financial

¹ Refer to the WHO evaluation practice handbook for further guidance on detailed selection criteria.

² Cf. paragraph 39.

benchmarking, the United Nations Joint Inspection Unit (JIU/REP/2014/6) concluded that organizations should consider a range of funding that is between 0.5% and 3.0% of organizational expenditure.¹

ACCOUNTABILITY AND OVERSIGHT

40. The accountability framework defines from whom, and to whom, authority flows and for what purpose. It further defines the accountability of those with authority and their responsibility in exercising that authority. This section defines the roles and responsibilities for the main actors in the evaluation process as well as the monitoring mechanism used to implement the evaluation policy.

Roles and responsibilities

41. **The Executive Board of WHO²** shall:

- (a) determine the evaluation policy and subsequent amendments, as needed;
- (b) provide oversight of the evaluation function within the Organization;
- (c) encourage the performance of evaluations as an input to planning and decision-making;
- (d) provide input to the biennial Organization-wide evaluation workplan on the items of specific interest to Member States;
- (e) approve the biennial Organization-wide evaluation workplan, including its budget; consider and take note of the annual report of the implementation of the biennial Organization-wide evaluation workplan;
- (f) periodically revise the evaluation policy, as necessary.

42. **The Evaluation Office is the custodian of the evaluation function** and reports directly to the Director-General, and annually in a report for consideration by the Executive Board, on matters relating to evaluation at WHO. The Office is responsible for the following functions related to evaluation:

- (a) leading the development of a biennial Organization-wide evaluation workplan;
- (b) informing senior management on evaluation-related issues of Organization-wide importance;
- (c) facilitating the input of evaluation findings and lessons learned for programme planning;
- (d) coordinating the implementation of the framework for evaluation across the three levels of the Organization;
- (e) maintaining a system to track management responses to evaluations;

¹ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 16 (<http://www.unevaluation.org/document/download/2787>, accessed 12 April 2018).

² WHO Executive Board and its subsidiary organ the Programme, Budget and Administration Committee.

- (f) maintaining an online inventory of evaluations performed across WHO;
- (g) maintaining a roster of experts with evaluation experience;
- (h) providing guidance material and advice for the preparation, conduct and follow-up of evaluations;
- (i) reviewing evaluation reports for compliance with the requirements of the policy;
- (j) strengthening capacities in evaluation among WHO staff (for example, making available standardized methodologies or training on evaluation);
- (k) submitting an annual report on evaluation activities to the Executive Board;
- (l) supporting the periodic review and updates to the policy as needed.

43. The Director-General shall appoint a technically qualified head of the Evaluation Office after consultation with the Executive Board. The Director-General shall likewise consult the Executive Board before any termination of the incumbent of that office. The head of the Evaluation Office serves for a fixed term of four years with a possibility of reappointment only once for a further term of four years, and is barred from re-entry into the Organization after the expiry of his/her term.

44. Additionally, the Director-General, Regional Directors, senior management and programme directors across the Organization also play a critical role in promoting a culture of evaluation. These roles and responsibilities are detailed in the evaluation practice handbook.

USE OF EVALUATION FINDINGS

Utilization and follow-up of recommendations

45. Recommendations contained in evaluation reports reflect the value added by the evaluation process. Each evaluation shall have an identified owner, such as the responsible officer of a cluster, programme, office or project. It is the responsibility of the owner to utilize the findings of the evaluation and develop an action plan for implementing the recommendations.

46. The evaluation owner shall ensure that an appropriate management response is issued in a timely manner to the appropriate Deputy Director-General/Assistant Director-General at headquarters, or to the Regional Director in the regions and countries.

47. The Director-General will establish a mechanism to ensure the effective follow-up of the implementation of evaluation recommendations in a systematic manner, coordinating efforts with the evaluation owners. Annual status reports on progress in the implementation of the recommendations will be submitted to the Executive Board through the Programme, Budget and Administration Committee.

Disclosure and dissemination of evaluation reports

48. WHO shall make evaluation reports available in accordance with the Organization's disclosure policy.

49. Lessons learned from evaluations shall be distilled, reported and disseminated as appropriate.

COMMUNICATION

50. The 2018 policy will be rolled out alongside the revised WHO evaluation practice handbook through a communication plan in order to strengthen the evaluation culture across the three levels of the Organization and develop a common understanding of WHO evaluation policy standards, expectations and potential use.

PART II

SUMMARY RECORDS

SUMMARY RECORDS

FIRST MEETING

Monday, 28 May 2018, at 09:35

Chairman: Dr A. HAFEEZ (Pakistan)
later: Ms M. N. FARANI AZEVÊDO (Brazil)

- 1. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEUR:** Item 1 of the provisional agenda

The CHAIRMAN drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of rotation among WHO regions, Ms Maria Nazareth Farani Azevêdo (Brazil) had been nominated for the office of Chairman of the Executive Board.

Ms Farani Azevêdo (Brazil) was elected Chairman.

Ms Farani Azevêdo took the Chair.

The CHAIRMAN thanked the Board for electing her and paid tribute to her predecessor. Referring to Rule 12 of the Rules of Procedure, she said that, following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairmen: Mr Simon Mfanzile Zwane (Eswatini), Dr Päivi Sillanaukee (Finland), Dr Rajitha Senaratne (Sri Lanka) and Ms Glenys Beauchamp (Australia).

Mr Mfanzile Zwane (Eswatini), Dr Sillanaukee (Finland), Dr Senaratne (Sri Lanka) and Ms Beauchamp (Australia) were elected Vice-Chairmen.

The CHAIRMAN said that, under Rule 15 of the Rules of Procedure, if the Chairman was unable to act between sessions, one of the Vice-Chairmen would act in his or her place; the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairmen would serve in the following order: Dr Sillanaukee (Finland), Mr Mfanzile Zwane (Eswatini), Ms Beauchamp (Australia), Dr Senaratne (Sri Lanka).

The CHAIRMAN said that, pursuant to Rule 12 of the Rules of Procedure and in accordance with the principle of rotation among geographical regions, Dr Mohammed Jaber Hwoal Ai-Taee (Iraq) had been nominated Rapporteur.

Dr Hwoal Ai-Taee was elected Rapporteur.

2. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB143/1 and EB143/1 (annotated))

The CHAIRMAN declared open the 143rd session of the Executive Board.

In response to two comments from the representative of JAPAN, the CHAIRMAN said that the matter of the Thirteenth General Programme of Work, 2019–2023 would be taken up during the session and that document EB143/13, on the eleventh revision of the International Classification of Diseases and Related Health Problems, was a summarized version of a longer document that was available in the meeting room.

The agenda was adopted.

The CHAIRMAN suggested that the Board should proceed in accordance with Rule 28 of the Rules of Procedure relating to time limits, that it should take up its agenda items in numerical order, and that it should follow the proposed timetable, including the format of an open meeting in accordance with Rule 7 of the Rules of Procedure.

It was so agreed.

The DIRECTOR-GENERAL congratulated the Chairman on her election and thanked her predecessor for his work. He underscored WHO's capacity to give hope to those in need of health care and highlighted the key role of hope in the Thirteenth General Programme of Work. The Programme's adoption marked a milestone for WHO and Member States, whom he thanked for their work and support. Poliomyelitis eradication would remain a priority goal, and a smooth polio transition, to which he was committed, would ensure that WHO continued to benefit from the considerable investments that all partners had made.

The Organization had to work as "one WHO". The transformation plan he had agreed with the Regional Directors and Deputy Directors-General to that end included the strengthening of joint management, a new external engagement model to establish a sustainable future for WHO, and the development of an investment case, to show what a fully financed WHO could achieve. As part of efforts to proactively expand the WHO donor base, preparations were under way to establish a WHO Foundation, which would allow funds to be generated from new sources, such as the general public. He thanked Member States that had already committed to supporting WHO with flexible funds and expressed confidence that more countries would follow suit. As a participant in the United Nations reform process at Principal level, he stressed the importance of engagement at regional and country level. The Executive Board and the Health Assembly would be kept fully informed about, and involved in, any challenges that WHO faced in the course of that process.

Turning to governance reform, he thanked the Board for the work accomplished and proposals made and looked forward to its continued leadership on the issue. He proposed that Board members should visit selected countries, such as the Democratic Republic of the Congo, to see first-hand the impact of WHO's work.

In closing, he thanked Dr Shin Young-See, Regional Director for the Western Pacific, for his remarkable service and wished him success for the future.

Organization of work

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the

European Union should be invited to participate, without vote, in the meetings of the 143rd session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The CHAIRMAN took it that the Board wished to accede to the request.

It was so agreed.

3. OUTCOME OF THE SEVENTY-FIRST WORLD HEALTH ASSEMBLY: Item 3 of the agenda

The representative of MEXICO said that having fewer items on the Health Assembly agenda had led to more dynamic discussions and comprehensive analysis of issues. In addition, the categorization of progress reports had focused attention on relevant priorities, achievements and challenges. Progress had therefore been made in terms of the implementation of WHO reform, particularly in relation to governance and governing body efficiency.

The representative of BRAZIL applauded the diligent work of the Secretariat and the press team during the Health Assembly but said that there was still room for improvement, particularly in relation to agenda management. Limits on speaking times had allowed the Health Assembly to complete its work on many crucial global health issues on time, but had been challenging for some delegations.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, welcomed the positive changes introduced by the Director-General, such as the “Walk the Talk” event, the opening high-level segment and the organization of physical activities between meetings. Respect for limits on speaking times had allowed for more efficient time management.

The representative of IRAQ said that the Assembly had shown that with amicable collaboration and resolve, nothing was impossible. Thanks to their concerted efforts and well-allocated tasks, Committees A and B had completed their work within the agreed standard time frame, in spite of the heavy agenda. The physical activities organized between meetings in Committee A had also improved efficiency.

The representative of GERMANY, considering the outcome of the Assembly from a governance perspective, stressed the importance of informing Member States as early as possible on the running of the agenda and the potential number of interventions, as sufficient time was needed to adapt statements. He encouraged the continued use of the acoustic signal and welcomed the “Walk the Talk” initiative. Non-State actors had to be included, but it was illogical for their statements to be heard after the debate had ended; fresh consideration should therefore be given to the form of their participation.

The representative of JAPAN, while describing the Health Assembly as a success, said that the two-minute limit on statements at Committee meetings was a challenge for delegations not speaking in their mother tongues. The deliberations could be extended by half a day, in order to allow all delegations to speak. He asked for technical stands to be set up where information could be obtained, including guideline documents.

The representative of SRI LANKA said that the Health Assembly had provided an opportunity to share the insight and experience of health ministers from around the world. Universal health coverage would be achieved by working together with a shared vision to make the planet a healthier place.

4. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:

Item 4 of the agenda

WHO reform: governance: Item 4.1 of the agenda (documents EB143/2, EB143/2 Add.1, EB143/3 and EB143/4)

The CHAIRMAN drew attention to the draft decisions in documents EB143/2, EB143/3, and EB143/4. She also drew attention to the outcome of the informal consultations on governance reform, which could be summed up as follows:

7. Possible “low-hanging fruit”, which would not require any changes to the Rules of Procedure include the following:

- (a) Request the Chairman to use his/her discretion to ensure an effective and efficient discussion, including with respect to the time allotted for statements and the posting of statements on the website.
- (b) Encourage the Officers of the Board to meet in-person and as needed to carry out their mandate.
- (c) Develop a more robust methodology for determining the costing implications of proposed resolutions and decisions and devote more time to considering the costing implications during governing body meetings.
- (d) Encourage WHO to track and share information on gender balance in relation to the officers and presiding officers of governing bodies meetings.
- (e) Request WHO to establish an internal committee to recommend to the governing bodies end dates for resolutions and decisions with unspecified reporting requirements and streamline resolutions and decisions with multiple reporting requirements.
- (f) Invite the Secretariat to provide in advance of each session a document listing each agenda item, outlining the corresponding action requested of the Board and proposing how each item will be handled. In relation to this, the Secretariat would also be invited to provide more detail in its reports to the Board regarding the action requested, such as by outlining specific questions or identifying the points on which guidance is requested.
- (g) Decide that in the future governing body meetings will be paperless, unless documents are ordered in advance. Participants will be invited to access the documents using their mobile devices.

8. With respect to the analysis of the rules of procedure of the governing bodies provided in document EB143/3, and corresponding proposals outlined therein, possible

items that the Chairman of the Executive Board may wish to put to the Board to see whether consensus might be reached are the following:

- (a) The proposal to allow for the possibility of electronic voting, where appropriate systems are available, on the understanding that provision for electronic voting should in no way be seen as compromising the consensus-based approach usually taken by WHO's governing bodies. (Section C of document EB143/3)
- (b) The proposal to amend the rules so as to establish a process for consideration of credentials that relies exclusively on the scanned copy of credentials uploaded onto the Secretariat's online registration system instead of the hard copy originals of credentials. (Section D of document EB143/3)
- (c) The proposal to replace gender-specific language with gender-neutral language throughout the rules of procedure, as appropriate to each language version. (Section E of document EB143/3)
- (d) The proposal to amend the rules of procedure so as to clarify that only delegates and alternates may be designated to vote in plenary meetings of the WHA, while any member of the delegation may be designated to vote in committee meetings. (Section G of document EB143/3)
- (e) The proposal to make provision in the rules of procedure of the governing bodies for a "motion to suspend the debate" on an item under discussion. (Section I of document EB143/3)
- (f) The proposal to rename "open" meetings of the Board as "private", to align the terminology with that of the Health Assembly. (Section J of document EB143/3).

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro and Serbia, and the potential candidates Bosnia and Herzegovina and Georgia, aligned themselves with his statement. Strengthening the strategic role of the Executive Board required better preparation of sessions, efficient session management by chairmen, web-based guidance for delegations, rolling multiyear agenda planning and the use of annotated agendas, with priority given to issues requiring guidance from the Board. It was important to revitalize the distinction and relationship between the governing bodies. Agendas could be shortened in order to focus on the most important issues. A disciplined approach was needed in exercising the right to propose draft resolutions, which should be accompanied by a financial assessment. Instead of limiting the right to speak to Executive Board members, a shorter speaking time could be allotted to Member States not represented on the Board. The equality of official WHO languages must be respected, and the regional economic integration organizations footnote included in the Rules of Procedure.

Some of the proposals emerging from the informal consultations were procedural changes that should be immediately implemented. However, as the Board had not been informed in advance of those changes, further consultations would be required before the relevant draft decision could be adopted. Other proposals clearly required further discussion, and the Chairman should explain how the Board would proceed in that regard, and for an update on the broader reform process, including on when the transformation plan would be shared with Member States and how it would fit into the process of United Nations reform, to which due consideration should be given.

The duration of the Assembly was established by the Executive Board and should not be changed without consultation. Statements by regional groups took time to prepare and could not be adapted at short notice. Moreover, statements by non-State actors could not be taken fully into consideration, and another way should be found for those actors to contribute.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that documents EB143/2 and EB143/3 were interrelated and therefore had to be discussed together; the decision contained in one document could not be adopted without linking it to the decision contained in the other. He supported the proposal for a two-minute limit for statements by Member States not represented on the Board, whom he encouraged to participate in consultative meetings of their respective regions. He also supported the proposal to introduce mandatory explanatory memoranda for items proposed for direct inclusion on the provisional agenda of the Health Assembly under Rule 5 of its Rules of Procedure, but said that the final decision to include, defer or reject new agenda items should not lie with the Executive Board; under the WHO Constitution, all Member States were entitled to propose agenda items.

Governance reform proposals that did not require changes to the Rules of Procedure of the Executive Board could be discussed during the current session, but others required further consultation. He expressed support for the application, on a trial basis, of the prioritization tool proposed in document EB143/4 and suggested that the regional coordinators be included in the process.

The representative of BAHRAIN said that only members of the Board should be allowed to speak during meetings; they should coordinate with non-member representatives in their region so that the views of Member States not represented on the Board were also expressed. Thus redefining speakers' roles would distinguish the work of the Board from that of the Health Assembly. Referring to document EB143/2, she expressed support for the draft decision and said that she agreed with the proposals to change the deadline for submission of draft resolutions and decisions to two weeks before the beginning of each session; promote the participation of women in governing body meetings; focus on matters of strategic priority; make greater use of the website and produce fewer paper documents; and identify the points on which Member State guidance was requested in Secretariat reports.

The representative of FINLAND said that, although Member States could certainly take steps to improve governance, the Secretariat must also contribute by guiding the discussion and giving Member States more time to prepare, which would also allow them to put together more group statements. Common-sense improvements could be made without resorting to an expert group. For example, the experience and best practices of the regional committees could be applied at the global level. Although the slow pace of governance reform was disappointing, the process must be handled by the governing bodies themselves, not an expert group.

The representative of the UNITED STATES OF AMERICA agreed that the Board's advisory role should be enhanced and its effectiveness and efficiency improved, but said that those objectives would not be achieved by limiting the input of Member States not represented on the Board. Although regional statements were valuable, geographical proximity did not guarantee similar viewpoints; all Member States must be permitted to represent their own interests. He also agreed on the need for more accurate and timely information about the financial implications of draft resolutions; efficient collection and sharing of information about gender balance; and improving agenda management by sunsetting resolutions and decisions with unspecified reporting requirements. An enhanced role for the Officers of the Board merited further discussion, but questions remained as to how the costs of additional meetings would be borne. Delegations to additional meetings should be considered a sounding board for the Secretariat rather than representatives of their respective governments. He opposed establishing a new formal, intergovernmental procedure for governance reform and instead favoured an informal, consultative process on any issues that could not be agreed at meetings of the

Board itself. He supported the proposal to change the deadline for submitting draft resolutions and decisions.

The representative of JAMAICA said that the Board benefitted from hearing the viewpoints of non-members; while regional group statements had merit, they should not be privileged to the detriment of interventions by individual States. One possible solution was to reduce the speaking time for Member States not represented on the Board, which might result in more targeted interventions. More could be achieved in terms of agenda management, sunseting resolutions, management of meetings by the Chairman, and guidance as to the issues on which Member States should provide input. The proposals relating to the structure and length of the agenda, an enhanced role for the Officers of the Board and clearer financial implications of draft resolutions and decisions merited more thought. However, all reforms must reflect a careful balance between expediency and the principles of transparency, multilateralism and inclusiveness. She supported the draft decisions contained in documents EB143/2, EB143/3 and EB143/4.

The representative of AUSTRALIA said that effective governance reform would require changes, not only to the Rules of Procedure of the Executive Board, but also in Member State behaviour during meetings. Referring to document EB143/2, she said that further consultations were needed on the draft decision, centred on refocusing the Board on its intended role, setting manageable agendas, strengthening strategic decision-making, and exploring ways of differentiating the participation of members and non-members, starting with speaking-time limits. An expert group might add value in terms of the more complex strategic components of governance reform, so long as it reported to Member States via the Board. Measures that could be adopted without the need for a formal decision should be implemented immediately, especially those related to streamlining session management, but more clarity would be welcome regarding proposed changes to the role of the Officers, in particular the cost of additional face-to-face meetings.

Referring to document EB143/3 and the requirement for explanatory memoranda, she supported option (a), which better empowered the Board and was more in keeping with its intended role. As for the rest of the proposals set forth in the document, she supported making progress on those that had garnered general consensus in informal consultations, namely: electronic voting and credentials, better reflection of gender equity, deadlines for submitting draft resolutions and decisions, clarification of entitlement to vote, introduction of a motion to suspend the debate, and clarification of meeting terminology. Member States must be consulted on submission deadlines as broadly as possible during the January meetings of the Board and intersessional consultations, and she urged the Secretariat to be flexible in some circumstances, such as when documents on agenda items were published late. She supported continued use of the tool for the prioritization of proposals for additional items on the provisional agenda of the Board, to ensure transparency, ongoing improvement and efficiency in the Board's work.

The representative of IRAQ said that Member States not represented on the Board should consult with members from their region ahead of meetings to ensure efficient, prepared interventions. The agenda must be published early enough to allow for more pertinent modifications and be focused on priority items, especially those requiring renewal. Publishing documents electronically, with mechanisms for considering feedback, would streamline that process. More work was needed on equal gender representation. There must be effective and sustainable communication between Board members between sessions, to enable more effective and immediate feedback. The Health Assembly and the Executive Board should be harmonized in terms of preparation, execution and outcomes.

The representative of GERMANY said that governance reform should focus on whether or not the Board effectively provided oversight and guidance to the Secretariat, and in that regard there was room for improvement. Some important issues did not even appear on the Board's agenda, and for those that did, it was often unclear which specific aspects required Member State guidance, making it

difficult for the Chairman to steer the discussion. He expressed dismay at the length of the reform process, and suggested that measures that did not require changes to the Rules of Procedure be implemented at the discretion of the Secretariat and the Chairman without waiting for the recommendations of an expert group. The Board could not function effectively if its members only met twice a year to give prepared statements; there was a need to build trust among members during informal meetings, ideally outside Geneva so that representatives could get a better idea of WHO's work on the ground. He therefore supported the Director-General's proposal for country visits.

The representative of MEXICO expressed support for the draft decision contained in document EB143/2. The expert group on governance matters thus established should be intergovernmental, Member States should have a say in the choice of its members, and its work should be inclusive, open and transparent. She was glad that the experts would be selected based on the principle of equal representation in terms of geographical origin and gender and represent different approaches, practical experiences and backgrounds. Taking note of the financial implications, she enquired as to how many experts there would be. Referring to the proposals set out in document EB143/3, she expressed support for switching to electronic voting, so long as the system was operated in compliance with a clear regulatory framework and had proper security measures, access codes to avoid the possibility of duplicate votes, and protocols in case of technical problems. She supported the draft decisions contained in documents EB143/3 and EB143/4.

The representative of CHILE, referring to document EB143/2, supported the proposals to limit the time and number of oral statements by non-members, to hold more frequent meetings of the Officers of the Board, and to develop a more robust methodology for determining the cost implications of draft resolutions and decisions, with the possibility of stricter deadlines that could only be modified in exceptional circumstances. Expressing concern about the growing number of agenda items and reports, he agreed that a system was needed to determine which decisions would be submitted to the Board according to their end date and any unspecified requirements. He also agreed with the proposals relating to paperless meetings, efforts to promote the participation of women in governing body meetings and consultation of Member States as part of governance reform.

The representative of BRAZIL, referring to document EB143/2, expressed support for proposals to promote the participation of women in governing body meetings, move toward paperless meetings and empower the Chairman of the Board to stimulate efficient and effective discussions. Other proposals required more discussion and careful consideration, in particular those to enhance the role of the Officers of the Board; to change the deadline for submitting draft decisions and resolutions and revise the procedure for determining cost implications (any changes should not hinder Member States' ability to address issues relevant to global health); and to sunset resolutions and decisions, in terms of how that might affect mandates and agreed language.

Turning to document EB143/3 and proposed amendments to the Rules of Procedure, he noted that there appeared to be near consensus on gender-neutral language and electronic voting and credentials, among others. He preferred option (b) regarding the role of the Board in setting the agenda for the Health Assembly, but more discussion was needed. Allowing written statements might raise issues related to the right to reply, and the proposed changes in language policy for summary and verbatim records were not in accord with the principle of multilingualism.

Lastly, although he welcomed the transparency and simplified criteria presented in the report contained in document EB143/4, he cautioned against focusing solely or primarily on cost-related criteria when setting the Board's agenda; equity and development criteria were also needed.

The representative of ISRAEL said that he generally supported the draft decision contained in document EB143/2 and that it was essential immediately to implement proposals that did not require changes to the Rules of Procedure, in particular speaking-time limits of three minutes for Board members and two minutes for non-members and sunset clauses for resolutions and decisions without

clear reporting requirements. Expanding the role of the Officers, however, hinged on more fundamental issues of the Board's relationship to the Health Assembly and should therefore be discussed separately.

The representative of COLOMBIA expressed support for the draft decision set out in document EB143/2, but said that more detail was needed regarding the costs of the expert group that would thus be established, including the cost of meetings and other expenses. More clarity was also needed on the criteria for choosing the group's members. The draft decision stated that members would be chosen in accordance with the WHO Regulations for Study and Scientific Groups, Collaborating Institutions and Other Mechanisms of Collaboration, which stated that the Director-General had authority to determine the membership of such groups. He asked whether Member States would be able to put forward their own candidates. The group's mandate, as set forth in the draft decision, was too ambitious: a timeframe and a clear set of issues for it to examine should be defined. Virtual platforms should be used to facilitate its discussions, so as to optimize resources.

The representative of SUDAN said that some members had been speaking as if they were representing their governments. However, his understanding was that Board members were technical experts who represented the entire Organization, not individual countries. Meetings and discussions of the Board should be limited to members; other mechanisms could be developed for non-members to participate ahead of the session.

The representative of ALGERIA, referring to document EB143/2, expressed support for the following proposals: to reduce the amount of time allotted for statements by Member States not represented on the Board and publish longer versions of their statements online; to promote the participation of women in governing body meetings, without publishing the list of countries concerned; to have recourse, whenever necessary, to publish a document on how agenda items should be handled prior to sessions of the Board; to limit the number of pages of Secretariat reports; to facilitate management of the session by the Chairman; and to hold paperless meetings, with the possibility to order paper copies in advance and to use recycled paper. With regard to the establishment of an expert group to evaluate the proposals, he would welcome an open and inclusive intergovernmental process. The period of planning for the Executive Board sessions in January and May should also be discussed as part of WHO reform. The remaining sections of the document required further discussion.

The representative of CHINA, referring to the requirement of explanatory memoranda for items proposed for inclusion on the agenda of the Health Assembly (document EB143/3), said that option (b) better reflected the advisory nature of the Board as set forth in the WHO Constitution. She agreed with previous speakers that Member States not represented on the Board should continue to be allowed to speak, in the spirit of inclusiveness. Likewise, the practice of only including oral statements in the official record should be retained; written statements published on the website should not refer to other Member States or constitute part of the official record. She welcomed the proposals to change the deadline for submitting draft resolutions and decisions to two weeks before the beginning of each session and to sunset resolutions with no fixed end date for reporting requirements. Caution and a thorough feasibility study should precede the establishment of any expert group. She called for greater flexibility in how Member States participated in the Board's work, so as to foster deeper understanding of the work at hand and improve communication and the quality of discussions.

The representative of DJIBOUTI expressed concern at the number of topics addressed during the Board's current session and the time allotted to them; the discussion should be limited to essential issues, which should be identified by the Secretariat and allocated additional time. He also called for better geographical representation among experts and directors.

The representative of TURKEY endorsed the statement of the representative of China relating to the inclusion of written statements in the official record and opposed any reduction in the length of interventions. A place and time should be set aside for non-State actors, for example in an additional committee.

The representative of JAPAN, referring to document EB143/2, advised against restricting the participation of Member States in the Executive Board, as attempts to save time would have implications on the Health Assembly; those that were not represented on the Board should therefore be allocated additional time. He agreed with the representative of Sudan that Board members should remember that they were not representatives of their governments but public health specialists, and with the representative of Germany on the need to move forward, but with due caution. He expressed concern about the reporting line in the draft decision.

The representative of BURUNDI said that Member States represented on the Board should be given sufficient time to express their views and that the time allotted to Member States not represented on the Board should be reduced. A different forum was required for non-State actors, one which ensured that their views reached the governing bodies.

The representative of CHILE, referring to the requirement for explanatory memoranda for additional items in the provisional agenda of the Health Assembly (document EB143/3), said that the principle of transparency dictated that all Members should be informed of a Board decision to include, defer or exclude the proposed items. Expressing concern about the lack of interaction between Member States, he said that written statements should not restrict the right of delegations to deliver oral interventions; consideration should also be given to the right of reply to written statements. Although electronic voting represented an important development in the decision-making process, there should be a method for determining which decisions could be made electronically and which required the interaction of members. He welcomed the proposal for better reflection of gender equity in the language of the Rules of Procedure, for clearer terminology to describe public and private meetings of the Board, and for clarification of the voting rights of delegates, alternates and advisers attending the Health Assembly. He noted that time limits for submitting resolutions and decisions required further analysis, and expressed support for the alignment of the Rules of Procedure with the Framework of Engagement with Non-State Actors.

The representative of VIET NAM expressed support for the proposals to reduce the speaking time for Member States not represented on the Board and to develop clearer and more timely information about the costing implications of draft resolutions and decisions, for more informed decision-making. The election of a woman to chair the current Board session had helped to promote the participation of women in governing body meetings. With regard to the requirement for explanatory memoranda set out in document EB143/3, she expressed support for option (a).

The representative of GABON endorsed the proposal to limit the length of interventions by Member States not represented on the Board; he attributed the success of the Seventy-first World Health Assembly to the well-prepared agenda, not to the use of time limits. The agenda should comprise only strategic items; other topics should be discussed in a different context. He emphasized the need to respect multilingualism and expressed support for strengthening the participation of women in meetings of the Executive Board through equitable representation and the correct use of terminology.

The representative of the UNITED STATES OF AMERICA, referring to document EB143/3, expressed support for option (a) on the requirement for explanatory memoranda. The Executive Board had previously considered almost every resolution and decision and he would welcome a return to that practice. He agreed with previous speakers that additional time should be allocated to priority topics,

that written statements, if published online, should not be considered part of the official record, and that greater efforts should be made to take account of the views of non-State actors.

The CHAIRMAN said that the importance of agenda items was a subjective and political issue. One possibility would be to consider some items for decision and others for information, with different timelines and procedures followed accordingly.

The representative of FIJI pointed out that some representatives had travelled great distances to deliver statements prepared in advance; it was unfair to reduce the time allotted for their interventions. He suggested that the content of statements could be improved and that time limits could be shared prior to meetings, and expressed support for the proposal to establish an expert group on governance.

The representative of FINLAND, expressing support for the proposed changes to the Rules of Procedure, emphasized the need to make progress on governance reform and improvements to working methods. The statements delivered by representatives were usually carefully prepared and negotiated; she would therefore welcome advance warning of adjustments to speaking times so that any changes to statements could be planned. The wider implications of resolutions and decisions should be analysed from the point of view of staffing as well as financing. There should be flexibility and a transition period for the move to paperless meetings. She agreed that a trial should be conducted of the proposed tool for prioritization of agenda items for the Executive Board, but suggested that further consideration be given to the concept of a rolling agenda. She also expressed support for proposals for greater interaction between Board members and welcomed the Director-General's proposal for country visits.

The representative of MONACO¹ highlighted the decision-making role of the Executive Board under the WHO Constitution. Board members should work together to prepare the Health Assembly, but they should also remember that they were not regional representatives. Referring to document EB143/2, she said that informal consultations should be held with a view to implementing a number of proposals as soon as possible. Intersessional work was a possibility but would come at a cost. She expressed support for the sunsetting of resolutions, but opposed the establishment of an expert group that reported directly to the Director-General; it should report to the Executive Board and Member States instead. Referring to document EB143/3, she also opposed the Secretariat's proposal to amend Rule 20 of the Rules of Procedure of the Executive Board to formalize the practice of preparing summary records in English only, owing to the principle of multilingualism.

The representative of SWITZERLAND¹ said that governance reform efforts still lacked a clear strategic vision. The Executive Board played an essential role in preparing the Health Assembly and building consensus. Emphasizing the need for a transparent, democratic and inclusive process, she expressed support for the establishment of an expert group, provided that Member States were informed of progress in the discussions and that the experts were selected on the basis of their governance expertise. The group should consider suggestions from Member States and conduct a comparative analysis of different United Nations agencies. She reminded the Secretariat of its responsibility for the effectiveness of governing body discussions, including the publication of its reports in advance.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of PERU¹ said that, although he opposed the proposal to permit only Board members to take the floor, which could have a negative impact on the Health Assembly's work, different time limits could be introduced for members and non-members, and a clock used to indicate remaining time more accurately. Priority could also be given to items involving the adoption of a decision or a recommendation. Any recommendations made by the proposed expert group, or in the final report of a working group in which all Member States could participate, should be channelled through the Organization's governing bodies.

The representative of ALGERIA, referring to document EB143/3, agreed to voting by electronic means where appropriate systems were not only available, but also secured, and that a distinction should be made in the case of elections of the Director-General. He also agreed with the proposals relating to entitlement to vote of delegates, alternates and advisers, although he did not see the clear added value of the proposed amendment to the Rules of Procedure; to the introduction of a motion to suspend the debate; to clarification of terminology regarding public and private meetings of the Board; and to the alignment of the Rules of Procedure of the governing bodies with the Framework of Engagement with Non-State Actors. All other proposals required further discussion and consultation at the national, regional and global levels of the Organization.

The representative of THAILAND,¹ referring to document EB143/2, said that the proposal to limit the role of Member States not represented on the Board required further discussion, and therefore supported the establishment of an expert group given the terms of reference set out in the draft decision. With reference to document EB143/3, she expressed support for option (a) relating to the requirement for explanatory memoranda, and for the inclusion of written statements submitted by Member States in the official record; such statements should be limited to 350 words. The remaining proposals made in the document were measures that could be implemented immediately. Turning to document EB143/4, she welcomed the proposed amended prioritization tool and expressed support for the relevant draft decision.

The representative from the REPUBLIC OF KOREA¹ expressed support for the establishment of an expert group and for the draft decision set out in document EB143/3, in particular with regard to gender-specific language.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that she did not support the proposal that only members of the Board should be able to speak in Board meetings; instead, more should be done to improve preparations for meetings. Her Government was open to further discussion of an enhanced role for the Officers of the Board, but required greater clarity on what that would entail and assurances that any changes would be supported appropriately. It agreed that a more robust methodology was needed for determining the cost implications of draft resolutions and decisions, and that the relevant information had to be provided in good time. Its broad agreement with the proposals to streamline management of sessions contained in document EB143/2 did not preclude the need for further deliberations regarding use of the website. An expert group might help generate ideas for consideration by Member States, but more detail was needed on the Director-General's plans before its establishment was agreed. She expressed support for the draft decisions contained in documents EB143/3 and EB143/4, and for option (a) relating to the requirement for explanatory memoranda.

The representative of NORWAY¹ said that governance reform applied to both the Board and the Health Assembly, which were closely connected. He highlighted the primary role of Member States in

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

that endeavour and called for full transparency about relevant changes. Reducing the speaking time of Member States not represented on the Board was a good way to balance the need for efficient proceedings against the right of all Member States to express their views. Referring to the outcome of the information consultations, he said that most of the actions could be implemented, but that the role of the Officers of the Board and how to limit the number of agenda items in governing body meetings required further discussion. He was opposed to the establishment of an intergovernmental process on governance reform.

The representative of CANADA¹ said that the role of the Officers of the Board required further discussion as soon as possible, in light of their meeting in July 2018 and of the costly and burdensome shift to in-person meetings and the requirement for new mechanisms if the Officers were to serve as regional representatives. The Board should strive for efficiency and effectiveness, but should remain as inclusive and transparent as possible, even if sessions took longer. She agreed with previous speakers on the need to discuss how WHO governing bodies could take the views of non-State actors into account and to allot more time to discussion of strategic priorities. Document EB143/2 contained numerous complex proposals that required further consideration and discussion among Member States. She expressed support for the draft decision calling for the establishment of an expert group, but said that final decisions should continue to fall to the Member States. With respect to document EB143/3 and the explanatory memoranda, she expressed support for option (a).

The representative of the RUSSIAN FEDERATION¹, expressing support for the proposals made by the Secretariat, said that governance reform needed to ensure the inviolability of the rights of Member States and multilingualism. He endorsed the proposal made by the representative of Monaco, particularly as it related to the rights of Member States not represented on the Board. The other proposals required further discussion.

The representative of URUGUAY,¹ referring to document EB143/3, expressed support for option (a) relating to the requirement for explanatory memoranda, but said that the practice introduced in other organizations of publishing written statements on the website should not replace oral statements. Her Government was reluctant to change the deadline for submitting draft resolutions and decisions, particularly resolutions with budgetary implications requiring last-minute negotiations, and to align the Rules of Procedure with the Framework of Engagement with Non-State Actors without further discussion. Turning to document EB143/2, she said that governance issues were for all Member States to deliberate. Rather than establish the limited expert group called for in the draft decision, the open-ended consultations should be pursued. Making a distinction between Member States represented or not represented on the Board in terms of their basic right to take the floor and the speaking time allotted to them would restrict democratic participation in the governing bodies and have a negative impact on the work of the Organization. Other ideas could be explored to ensure that discussions were more focused, such as discussing substantive issues in both annual Board sessions and moving the second meeting to the second half of the year. Given that members of the Board did not represent their regions, Member States had to retain the possibility to present their views.

The representative of the DOMINICAN REPUBLIC¹ said that she was not opposed to the establishment of an expert group, but asked for further information regarding the number of members, the cost and respect for the principles of equitable geographical representation and gender balance. She also requested further information about the distinction that would be made between Member States represented on the Board, Member States not represented on the Board and non-State actors in terms of their right to participate. During her country's membership of the Board, she had benefited

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

from the views expressed by all non-members. Rather than limiting speaking times, it might be preferable to provide documents on time and in the official languages, and to limit the agenda to priority items. Calling on Member States to suit their actions to their words on the issues of gender balance in governing bodies and paperless documentation, she said that her country would appreciate further discussion and information on governance issues requiring amendments to the Rules of Procedure.

The representative of NEW ZEALAND¹ expressed strong support for the implementation of measures that did not require a formal decision and for the creation of a clear, wider process for further review of governance, with the outcomes being brought to the attention of the governing bodies for consideration and decision. He expressed support for the establishment of an expert group to conduct the review in consultation with Member States; the group should meet virtually, irrespective of available funds. He shared the concern of previous speakers about the role of the Officers of the Board and the need for them to meet in person, given the financial implications. Outlining his reservations about the prioritization tool and its approach to risk weighting, he said that he would rather see the prioritization mechanism open to all members of the Board to vote on between sessions via a secured application, rather than being limited to a subset of Member States. He agreed on the need to sunset resolutions and decisions with unspecific reporting requirements and to streamline those with multiple reporting requirements, with outcomes being brought back to the governing bodies for discussion and agreement, and on the need for clarity on specific aspects requiring Member State guidance. Dividing agenda items into those requiring a decision and those that were for information would be one simple step in that direction.

The representative of SPAIN¹ said that the proposed amendment to Rule 20 of the Rules of Procedure of the Executive Board and the proposed language for a new rule (72*bis*) to the Rules of Procedure of the World Health Assembly were both inconsistent with the principle of equality between working languages.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that the introduction of amendments should not be to the detriment of non-members of the Board and the governing bodies. Any reform process should be transparent, open, inclusive and democratic. The expert group should be an inclusive, intergovernmental and member-driven initiative that would allow all Member States to express their views; any outcomes should be submitted to the governing bodies for final decision. Referring to document EB143/2, he said that more time was required for Member States to deliberate the many proposals it contained and achieve an all-inclusive solution.

The representative of PANAMA¹ agreed with previous speakers that the Rules of Procedure should not be amended so that only members of the Board could take the floor. Member States not represented on the Board were entitled to express their views on issues of interest to them and regional coordination was not a function of the members of the Board. On the issue of face-to-face meetings between the Director-General and the Officers of the Board, she asked the Secretariat to provide an estimate of the consequent increase in spending and how it would be financed. She expressed support for the following proposals: to develop a more robust method for determining the financial implications of resolutions and decisions; to change the deadline for submitting resolutions and decisions; to promote the participation of women in governing body meetings; to produce a document on how each item of the agenda would be handled, along the lines of what was being done by the Bureau of the Conference of the Parties to the WHO Framework Convention on Tobacco Control; and

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

to hold paperless meetings. She endorsed the suggestion that a digital clock be used to time interventions.

The CHAIRMAN, having listened carefully to all points of view, proposed that a paper be prepared dividing the various proposals into three categories: those that could be implemented immediately; those that required clarification but might be decided at the current session of the Board; and those that required further discussion. The paper would be submitted to the members of the Board at the current session for approval and for a decision on the way forward.

It was so agreed.

(For continuation of the discussion, see the summary records of the third meeting, section 1.)

The meeting rose at 12:25.

SECOND MEETING

Monday, 28 May 2018, at 14:00

Chairman: Ms M. N. FARANI AZEVÊDO (Brazil)

later: Dr P. SILLANAUKEE (Finland)

later: Ms M. N. FARANI AZEVÊDO (Brazil)

OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 4 of the agenda (continued)

Appointment of the Regional Director for the Eastern Mediterranean: Item 4.8 of the agenda (document EB143/11)

**The meeting was held in open (private) session until 15:10,
when it resumed in public session.**

At the request of the CHAIRMAN, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for the Eastern Mediterranean adopted by the Board in open (private) session:¹

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for the Eastern Mediterranean at its special session on 19 May 2018,

1. APPOINTS Dr Ahmed Salim Saif Al Mandhari as Regional Director for the Eastern Mediterranean Region as from 1 June 2018;
2. AUTHORIZES the Director-General to issue to Dr Ahmed Salim Saif Al Mandhari a contract for a period of five years and eight months from 1 June 2018, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Al Mandhari on his appointment.

At the invitation of the CHAIRMAN, Dr Al Mandhari took the oath of office contained in Staff Regulation 1.10 and signed his contract.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN thanked the Executive Board for appointing him as Regional Director for the Eastern Mediterranean and for giving him the opportunity to implement his agenda for change towards a stronger, healthier and more cooperative Region. Paying homage to his predecessor, he conveyed his deepest condolences to the family of the late, former Regional Director, Dr Mahmoud Fikri.

¹ Resolution EB143.R1.

Recounting the Region's current challenges, he presented his vision for the future of the Eastern Mediterranean. The priorities for his term in office would be, inter alia, to promote appropriate planning and programme budgeting within the Organization; tackle health emergencies including disease outbreaks; improve control of communicable and noncommunicable diseases and their risk factors, and strengthen health systems to achieve universal health coverage. He would also take steps to address morbidity and mortality rates, which had been aggravated by the challenges facing the Region, strengthen country-level core capacities, maintain a dialogue with national health authorities to solve regional health problems, and encourage better communication and coordination, including with WHO partners.

At the invitation of the CHAIRMAN, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in open (private) session:¹

The Executive Board,

On the occasion of the appointment of Dr Ahmed Al Mandhari for the post of WHO Regional Director for the Eastern Mediterranean;

Commending the remarkable efforts made by the Acting Regional Director Dr Jaouad Mahjour to ensure continuation of the work and activities of WHO in the Eastern Mediterranean Region following the untimely death of Dr Mahmoud Fikri in October 2017, in particular, in facilitating the acceleration of the procedure to elect the next WHO Regional Director for the Eastern Mediterranean,

1. EXPRESSES its appreciation to Dr Jaouad Mahjour for his contribution and commitment to the Organization and implementing the regional and global health agenda, especially facilitating WHO's work in emergency settings that heavily affects countries of the Eastern Mediterranean Region;
2. ADDRESSES to him its sincere good wishes for his next appointment in service of the Organization.

The ACTING REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN REGION thanked the Executive Board for its resolution of appreciation and congratulated Dr Al Mandhari on his appointment as Regional Director. He also thanked the officers of the Regional Committee for the Eastern Mediterranean for their support and guidance which had expedited the election process, and the Director-General for the trust and responsibility bestowed on him to serve as Acting Regional Director. He applauded the staff members of the Region who had supported him to ensure the continuity of work during the transition period and the wider WHO workforce working in the field or in emergency settings. While acknowledging the challenges facing the Eastern Mediterranean, he highlighted the potential arising from the Region's commitment to the Sustainable Development Goals and the Thirteenth General Programme of Work. He remained committed to making progress in that regard and offered his full support to Dr Al Mandhari.

The DIRECTOR-GENERAL thanked Dr Mahjour for his leadership during the transition period. He congratulated Dr Al Mandhari on his appointment and wished him every success in his term of office.

¹ Resolution EB143.R2.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, congratulated Dr Al Mandhari on his appointment and assured him of his Region's cooperation. He also paid tribute to the late Dr Fikri for his contribution to the Organization and commended the work of Dr Mahjour, whom he wished every success in the future.

The representative of AUSTRALIA, speaking on behalf of the Member States of the Western Pacific Region, thanked Dr Mahjour for his leadership during difficult circumstances. She paid tribute to the dedication and professionalism of the late Dr Fikri, remembering his kindness and politeness, and recognized both men's work in addressing key health challenges and promoting health and well-being in their Region. She congratulated Dr Al Mandhari on his appointment and looked forward to working with him on shared areas of interest.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, congratulated Dr Al Mandhari on his appointment and expressed confidence in his leadership. She further commended the work of Dr Mahjour and expressed regret at the passing of Dr Fikri, who had made a profound contribution to the Eastern Mediterranean Region and WHO.

The representative of the NETHERLANDS, speaking on behalf of the Member States of the European Region, congratulated Dr Al Mandhari on his appointment and wished him every success in his role. He also thanked Dr Mahjour for his dedicated support to WHO.

The representative of CHILE, speaking on behalf of the Member States of the Region of the Americas, thanked Dr Mahjour for his work. He congratulated Dr Al Mandhari on his appointment and expressed confidence in his leadership to overcome the existing and emerging challenges in the Eastern Mediterranean. His Region fully supported the new Regional Director and wished him great success in his role.

The representative of IRAQ congratulated Dr Al Mandhari and wished him success. He also expressed appreciation for the work of Dr Mahjour and paid tribute to the late Dr Fikri. He called on Member States to commit to strengthening WHO activities, particularly in the Eastern Mediterranean Region.

Report of the Programme, Budget and Administration Committee of the Executive Board:
Item 4.2 of the agenda (document EB143/5)

The representative of NEW ZEALAND,¹ speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had considered reports from various internal and external audits which had noted continuous quality improvements within WHO. Although further progress was required, the Organization was on course to implement the changes needed to address the remaining financial and human resource issues. The Committee had called for the Independent Expert Oversight Advisory Committee to assess future WHO work programmes and the transformation agenda. It had also urged the Secretariat to provide further information on its implementation of the United Nations Joint Inspection Unit recommendations on actions to support small island developing States as part of the climate change and health agenda, and to update the Committee on the ways in which the Evaluation Office could secure the full amount of its approved budget and align its work with the United Nations Evaluation Group norms and standards, as well as incorporate and reflect the reforms required by the United Nations quadrennial comprehensive policy review.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MEXICO, speaking on behalf of Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Chile, Colombia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Ireland, Israel, Italy, Japan, Luxembourg, Mexico, Monaco, the Netherlands, New Zealand, Norway, Panama, Peru, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uruguay, commended WHO for its efforts to update policies to prevent and manage incidents of harassment and sexual exploitation and abuse and stressed the need to strengthen the existing procedures and human resources so as to address related complaints in a timely, effective and professional manner, in accordance with the principle of due process of law. She urged the Secretariat to implement the recommendations of the independent external review of the WHO investigation function with a view to holding perpetrators to account and creating a safe environment for reporting and whistle-blowing. Communication with beneficiaries, staff, partners and Member States should be open and transparent in order to implement robust preventive measures and support victims and survivors, who should be provided with adequate psychosocial support and protection and spared prolonged administrative processes wherever possible. Reporting on sexual exploitation and abuse, abuse of power and harassment in all its forms should be encouraged in order to uncover cases, with greater protection afforded to whistle-blowers. The Office of Internal Oversight Services should also be strengthened. Appropriate and ongoing training should be provided to all staff, including temporary personnel and interns, at headquarters and in field locations. A unified United Nations-wide approach should be adopted in which affiliated organizations, suppliers and implementers abided by the same principles and perpetrators were prevented from circulating from job to job. Welcoming WHO senior management's commitment on the issue, and in order to increase transparency and accountability, she requested that updates on the above issues be presented annually to the Executive Board as either a regular, standalone agenda item or as part of the annual report on compliance, risk management and ethics. In support of all those who worked for zero tolerance, she commended the Secretariat for its continued engagement and leadership to combat harassment.

The representative of INDONESIA, noting that the financial estimate for the Thirteenth General Programme of Work had been revised upwards, called on the Secretariat to strengthen dialogue with Member States and align WHO country programmes with national development agendas in order to ensure the successful implementation of the general programme of work.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, expressed support for the Programme, Budget and Administration Committee's recommendations concerning the Independent Expert Oversight Advisory Committee, the compliance, risk management and ethics function, hosted partnerships, and the draft evaluation policy (2018).

The representative of IRAQ, supporting the statement made by the representative of Mexico, said that harassment and sexual exploitation and abuse should be considered as part of the broader issue of gender-based violence. He urged WHO to work with the global community to address any practices that would prevent the attainment of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and the successful implementation of the Thirteenth General Programme of Work.

The Board noted the report.

Dr Sillanauke took the Chair.

Evaluation: annual report: Item 4.3 of the agenda (document EB143/6)

The CHAIRMAN drew attention to the summary of the discussion of the agenda item by the Programme, Budget and Administration Committee of the Executive Board, contained in paragraphs 11 to 14 of document EB143/5, and invited the Board to take note of the report and consider the draft decision contained in document EB143/6.

The representative of the NETHERLANDS, welcoming the draft evaluation policy (2018), said that an independent Evaluation Office would be integral to the success of the Organization's transformation agenda. Adequate resources would also be required to ensure effective organizational learning. He therefore wished to know what steps had been taken to allocate sufficient funding for the draft evaluation policy (2018) and the Evaluation Office in the programme budget for 2020–2021.

The representative of the UNITED STATES OF AMERICA urged the Secretariat to conduct cross-cutting evaluations that would enhance decision-making and organizational learning. Recognizing the effective work conducted by a comparatively small number of evaluation staff at WHO, she called for an increase in human and material resources. While she welcomed the proposed draft evaluation policy (2018), it lacked clear definitions of the roles and responsibilities to be assumed by evaluation stakeholders. She therefore proposed that a paragraph 43bis should be inserted, which would read as follows: "Additionally, the Director-General, regional directors, senior management and programme directors across the Organization also play a critical role in promoting a culture of evaluation. These roles and responsibilities are detailed in the evaluation practice handbook."

The representative of FINLAND agreed with the representative of the Netherlands regarding the need for sufficient funding. Priority should be given to evaluating WHO's key metrics- and information-related activities in the light of the vital role they played in assessing the progress made towards the Thirteenth General Programme of Work and the Sustainable Development Goals. The availability of relevant information across all levels of the Organization helped to support funding efforts and enhance Member States' health promotion and prevention capacities.

The representative of GERMANY said that strengthening evaluation and organizational learning should remain a key priority. Evaluation analyses, conclusions and recommendations should be systematically used to inform decision-making and future action. He wished to know when the Executive Board would discuss the outcome of the second annual evaluation of the implementation of the WHO geographical mobility policy. He expressed concerns regarding the budgetary constraints mentioned in the report and wished to know what percentage of WHO's resources had been allocated to the evaluation function.

The representative of AUSTRALIA expressed support for the continued efforts to improve organizational transparency and accountability and monitor the implementation of evaluation recommendations. She welcomed the recommendations of the comprehensive review of the United Nations system support for small island developing States and reforms aimed at addressing the burden of multiple reporting frameworks for those countries. WHO's approach to evaluation should reflect the focus of the Thirteenth General Programme of Work and promote more impact-related assessments. She shared the concerns that the evaluation function had been hampered by budgetary constraints and underscored the need for additional funding.

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the report, particularly the references to the mid-term evaluation of the transformation agenda of the WHO Secretariat in the African Region 2015–2020. The draft evaluation policy (2018) should be fully aligned with the Thirteenth General Programme of Work, and evaluation objectives consistent with countries' needs. The evaluation function should be transparent, independent and adequately resourced, and evaluation findings should be made widely accessible and recommendations effectively implemented.

The representative of MEXICO, noting the progress made in implementing the evaluation recommendations, said that action must be taken to align those recommendations with organizational objectives. With respect to recent evaluations, she hoped that the results of the preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases would include an evaluation of the work of the Independent High-level Commission on Noncommunicable Diseases. She urged the Secretariat to keep Member States informed of the outcomes of subsequent evaluations and to complete pending evaluations. She endorsed the draft decision.

The representative of JAPAN expressed support for the amendments proposed by the representative of the United States of America and the comments made regarding budgetary constraints and resources. He suggested that paragraph 43 of the draft evaluation policy (2018) should be amended to state that the Director-General should be responsible for securing the resources needed to support the work of the Evaluation Office.

The representative of SRI LANKA, welcoming the outcomes of the country office evaluations, said that the evaluation of regional programme directors remained an important issue for countries in the South-East Asian Region. Evaluation reports should be made available in a timely manner to allow for corrective action, where necessary. A comparative evaluation method would help regions learn from one another.

The representative of IRAQ, endorsing the draft evaluation policy (2018), stressed that evaluation resources should be allocated according to priority. Evolving standards in line with epidemiological and demographic variables should also be taken into account during the evaluation process. Evaluation should start with country offices and be harmonized across all three levels of the Organization. WHO should use its evaluation framework to make progress towards the implementation of the Thirteenth General Programme of Work.

The representative of NORWAY,¹ speaking on behalf of Australia, Belgium, Canada, Denmark, Finland, France, Germany, Luxembourg, Monaco, Norway and Sweden, proposed that the draft evaluation policy (2018) should be amended to include a paragraph 40bis, which would read: "The World Health Assembly shall approve the budget for the central evaluation function as a separate budget line in the biennial programme budget." In order to ensure direct reporting to the Executive Board, she suggested that, in subparagraph 42(k), the words "through the Director-General" should be deleted so as to read: "submitting an annual report on evaluation activities to the Executive Board." She also proposed that, at the end of paragraph 43, the sentence: "The head of the Evaluation Office serves for a fixed term of four years with a possibility of reappointment only once for a further term of four years, and is barred from re-entry into the Organization after the expiry of his/her term" should be inserted. That proposal corresponded to the recommendations made during the independent review of WHO's evaluation function. A term limit and prohibition of re-entry into the Organization were common practice in many United Nations organizations. As similar concerns had been raised

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

regarding the position of the Internal Auditor, amendments to the rules of appointment for the head of the Evaluation Office should also be applied to the Internal Auditor in due course. She supported the amendment proposed by the representative of the United States of America.

The representative of the NETHERLANDS expressed support for the amendments proposed by the representative of Norway.

The representative of JAPAN, noting that the proposed amendment would place a limit of two four-year terms on the appointment of the head of the Evaluation Office, said that he would like clarification regarding the legal and human resource consequences of that proposal in terms of the Staff Regulations and Staff Rules.

The representative of the UNITED STATES OF AMERICA, endorsing the proposal by the representative of Norway, said that the amendments would strengthen the independence of the Evaluation Office and reflected best practices in the United Nations system.

The LEGAL COUNSEL said that the appointment of the head of the Evaluation Office could be limited to two four-year terms, provided that the respective employment contract stipulated as much. It was also possible to bar re-entry to the Organization at the end of the second term. However, a clause barring re-entry could not be retrospectively inserted into an existing contract and would not be applicable to staff holding a continuing appointment.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) thanked the members of the Board and Member States for their support and insightful comments. A number of issues had been raised, including the value of strengthening evaluations and organizational learning, the ability to evaluate impact at the country level, and the importance of the independence of the Evaluation Office. Concerted efforts had been made to ensure the transparency of evaluations, and most evaluation reports had been made readily accessible online. Implementing evaluation findings remained a challenging, but important area. Evaluation findings had been taken into account in the formulation of the Thirteenth General Programme of Work. The Organization, under the stewardship of the Deputy Director-General for Corporate Operations, was in the process of establishing a mechanism to apply recommendations identified during audits, evaluations and reviews. Evaluation findings were also disseminated through the Evaluation *matters* newsletter and mission briefings.

The number of human resources dedicated to evaluation functions in the other organizations of the United Nations system varied. In agencies where the evaluation function had been embedded within internal oversight services, as had previously been the case at WHO, two or three staff members worked on evaluation functions. As evaluation offices became separate entities, they grew in size, and more well-established agencies had between 15 and 20 staff members. At WHO there were currently 6 staff members, with a budget of around US\$ 5 million.

The DIRECTOR-GENERAL said that, given the importance of the matter, he would have liked to have had more time to discuss the proposed amendments with senior management.

The SECRETARY read out the proposed amendments to the draft evaluation policy (2018). The new paragraph 40bis would read: “The World Health Assembly shall approve the budget for the central evaluation function as a separate budget line in the biennial programme budget.” In subparagraph 42(k), the words “through the Director-General” should be omitted, so that it would read: “submitting an annual report on evaluation activities to the Executive Board.” At the end of paragraph 43, the following sentence should be added: “The head of the Evaluation Office serves for a fixed term of four years with a possibility of reappointment only once for a further term of four years, and is barred from re-entry into the Organization after the expiry of his/her term.” A new paragraph 43bis would read: “Additionally, the Director-General, regional directors, senior

management and programme directors across the Organization also play a critical role in promoting a culture of evaluation. These roles and responsibilities are detailed in the evaluation practice handbook.”

The CHAIRMAN took it that the Board wished to suspend consideration of the draft decision to allow for further informal consultations on the proposals for amendments to the draft evaluation policy (2018).

It was so agreed.

(For continuation of the discussion, see the summary records of the fourth meeting, section 1.)

Hosted partnerships: Item 4.4 of the agenda

- **Report on hosted partnerships** (document EB143/7)
- **Review of hosted partnerships** (document EB143/8)

The CHAIRMAN drew attention to the summary of the discussion of the agenda item by the Programme, Budget and Administration Committee of the Executive Board, contained in paragraphs 15 and 16 of document EB143/5.

The representative of the UNITED STATES OF AMERICA said that Unitaid’s coordination function had led to improved procurement with decreased costs for medicines and diagnostics. He shared the Secretariat’s concerns with regard to the limited funding available for multidrug-resistant tuberculosis proposals and for tuberculosis projects in general. He requested additional information on the “enabler grant” functions. His Government firmly believed that WHO hosted partnership arrangements should benefit the work of both parties in order for the partnership to be considered successful. Unitaid must stick to its strategic objectives, namely to help innovators address the needs of underserved populations, and to work with partners to create the right conditions for scale-up so that better health products reached all those who needed them.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed WHO’s collaboration with Unitaid and other partners in the fight against HIV, tuberculosis and malaria. The African Region hoped that the Unitaid Strategy 2017–2021 would provide greater support to people in developing countries facing barriers of access to, and affordability of medicines. Overall progress in his Region remained insufficient and had failed to positively impact health indicators. He encouraged hosted partners to align their activities more closely with those of WHO, which, in turn, should coordinate its efforts and make optimal use of the available resources. It would be vital to strengthen and revitalize primary health care systems in order to achieve universal health coverage. In addition to serving as advocates, hosted partnerships should further contribute to the implementation of the Thirteenth General Programme of Work.

The representative of MEXICO urged WHO to continue its hosted partnerships with a view to strengthening innovative approaches to governance and administration, and to replicate those efforts at the regional level. Renewed efforts should be made to apply research and study findings to the management and planning work of the Organization and its partners. Future reports should include how work with hosted partnerships contributed to the achievement of the targets contained in the Thirteenth General Programme of Work in order to identify programmatic synergies. Unitaid’s efforts to improve access to treatments for HIV/AIDS, malaria and tuberculosis, and encourage price reductions for medicines and quality diagnostics were greatly appreciated. His Government hoped that those efforts would continue to have a positive impact and would be reflected in the Organization’s progress reports and workplan.

The representative of IRAQ said that hosted partnerships represented one of the most important pillars of all primary health care programmes, and would contribute to the achievement of the targets of the Thirteenth General Programme of Work. The cluster approach to emergency preparedness and response provided for unified efforts within countries to prevent outbreaks.

The representative of CHILE said that combating HIV/AIDs, malaria and tuberculosis remained a priority for her country, which was a founding member of Unitaïd. Unitaïd's work had had a direct impact on populations and markets in developing countries by leveraging price reductions on medicines and diagnostics, and it was vital to continue to promote such projects. Her Government looked forward to continue working with the organization to achieve global health targets.

The representative of BRAZIL said Unitaïd occupied a very specific niche in the health innovation chain. It focused on the fight against HIV/AIDS, tuberculosis and malaria, and had become increasingly active in related areas such as intellectual property. He welcomed the report's recognition of the fact that the hosting arrangement remained beneficial for both parties.

The representative of TURKEY said the report was informative but short. Other partners in the field including the Roll Back Malaria Partnership, the Global Health Workforce Alliance, UNAIDS and the WHO Framework Convention on Tobacco Control should be included in similar, future reports.

The representative of SPAIN,¹ welcoming the report, said that Unitaïd's programme of work was compelling and supported WHO's overall goals.

The ASSISTANT DIRECTOR-GENERAL (External Relations), responding to the points raised, said that Unitaïd provided enabler grants to WHO for activities that it could not carry out itself and that related primarily to the Organization's normative and prequalification activities. Those grants were combined so that each disease was covered by a single grant, resulting in a more coherent approach. The grants exceeded US\$ 60 million annually in total. Unitaïd had also recently launched a call for proposals on multidrug-resistant tuberculosis. In future, the Secretariat would endeavour to report on hosted partnerships' contributions to the Thirteenth General Programme of Work. While the report currently focused on hosted partnerships, additional information could be provided on other important partnerships, where appropriate.

The Board noted the reports contained in documents EB143/7 and EB143/8.

Ms Farani Azevêdo resumed the Chair.

Statement by the representative of WHO staff associations: Item 4.5 of the agenda (document EB143/INF./1)

The representative of WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC welcomed the Director-General's open-door policy and his engagement with elected staff representatives. The Director-General's readiness to address issues arising from the organizational culture survey and the Organization's commitment to following up on recommendations made at the 16th Global Staff/Management Council in October 2017 had been commendable. It was hoped that efforts would continue in that vein and that the Organization's initiatives in response to the report of the Ombudsman would be submitted for consideration by the Executive Board in a timely manner.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

She expressed appreciation for senior management's commitment to taking staff inputs and concerns into account when devising policies to prevent all forms of harassment and abuse of authority. The draft WHO policy on prevention of harassment and sexual harassment should be further revised to: incorporate a definition of harassment and sexual harassment aligned with the new United Nations system-wide definition; provide for access to due process for consultants, other contracted personnel and interns; eliminate barriers to filing formal complaints, and ensure follow-up on the recommendations made by the Office of Internal Oversight Services and the Global Advisory Committee on future actions in harassment complaints. It should also clearly set out the types of situations eligible for informal resolution and clarify the circumstances under which management, witnesses, and other parties not directly concerned could trigger an investigation. Deadlines for investigations and for the work of the Global Advisory Committee, as well as a commitment to track those deadlines and other key performance indicators for formal complaint mechanisms, should also be included. To be effective, the new policy would require strong related mechanisms and the confidence of staff. She called for further discussion on how the Office of Internal Oversight Services would follow up on recommendations from external assessments. Constructive dialogue on the ways in which to professionalize and uphold the independence of the respective adjudication panels would also be important.

Senior management should capitalize on the concrete opportunities that existed to modernize and expand the reach of approaches to learning and development. As the Organization prepared to scale up its geographical mobility policy, it was important that staff members had the chance to prepare for their new assignments. Greater efforts should also be made to promote women's leadership across WHO and monitor access to opportunity for all staff. The gender parity and diversity policy should be implemented at all levels of the Organization for all employment categories in a consistent, fair and transparent manner. While most of the dialogue on gender parity had focused on the recruitment and retention of younger women, consideration should also be given to older women.

The lack of local recognition of the WHO Staff Health Insurance scheme posed a serious risk. The global network of facilities that recognized the scheme urgently needed to be expanded and negotiated prices for health services offered. Staff, retirees and dependents should not have to provide up-front, out-of-pocket, cash guarantees. Health facilities in only 25 countries had signed agreements with the WHO Staff Health Insurance scheme to date.

Devaluation of local currencies affected staff in an increasing number of duty stations and had been felt most acutely by locally recruited staff. The United Nations had been slower than other development or foreign service employers to respond. The Federation of International Civil Servants' Associations had advocated for a mechanism that would respond to the effects of high inflation and currency devaluation on salaries and pensions. Action must therefore be taken at the earliest opportunity to uphold the purchasing power of all staff, regardless of where they served.

There had been deep concern and a loss of confidence in the independence and technical competency of the International Civil Service Commission, following a series of major failings. She therefore called on the Board's support for the urgent reform of the Commission and the restoration of its transparency and credibility.

The representative of the NETHERLANDS said that open communication between staff and senior management had helped to build a culture of transparency within the Organization. He commended the Secretariat for sharing the organizational survey results and actively soliciting the views of staff members. The findings of the survey should be integrated into the organizational culture in a sustainable and lasting manner. He welcomed the report's focus on harassment and sexual exploitation and abuse. He encouraged staff to address behaviour that crossed acceptable boundaries in a respectful, transparent manner so as to instil a safe and effective working culture. He encouraged the staff associations and senior management to continue their constructive dialogue with a view to developing and implementing effective anti-harassment policies.

The representative of ZAMBIA welcomed WHO staff associations' engagement in the drafting of the return to work and gender parity and diversity policies. It remained of great concern however that staff members continued to perceive harassment, harassment claims and abuse of authority as challenges to the Organization. WHO must therefore ensure that work on the draft WHO policy on prevention of harassment and sexual harassment did not stop at the policy's formulation. Concerted efforts should be made to guarantee that the policy set out a clear trajectory for implementation and evaluation and contained detailed guidance on how unacceptable behaviour would be addressed. She expressed concern that only 25 countries had signed agreements with the WHO Staff Health Insurance scheme. The Secretariat should engage with Member States to resolve that issue at the earliest possible opportunity. She supported the recommendation for a review of the International Civil Service Commission.

The representative of MEXICO agreed that mutually acceptable solutions must be found in order to ease the transition to mandatory geographical mobility. Staff mobility would be essential to enrich and strengthen the coordinated work at headquarters, regional offices and country offices.

The representative of FINLAND, welcoming the opportunity to engage in a constructive dialogue with WHO staff associations, said that WHO should continue to consider staff well-being and productivity as key assets. The efforts made to strengthen relations between senior management and staff across the Organization should be commended, particularly the introduction of the Respectful Workplace initiative and the gender parity and diversity policy. With respect to the draft WHO policy on prevention of harassment and sexual harassment, she echoed the earlier comments made in that regard by the representative of Mexico under agenda item 4.2. Maintaining open channels of communication with WHO staff associations would be essential to the success of the Organization's transformation agenda. The reported lack of confidence in the independence and technical competency of the International Civil Service Commission was therefore concerning. Prompt action should be taken to rectify that situation.

The representative of JAPAN welcomed the opportunity to consider the report by WHO staff associations in detail. He asked for a definition of the term "senior management" as used in document EB143/INF./1. The front-line supervisor for many staff was a mid-level manager. It would be useful to know how those mid-level managers had been involved in the dialogue between staff and management and how their specific needs had been addressed. He also requested clarification of the reference to WHO staff in Tokyo contained in paragraph 18 of document EB143/INF./1. To his knowledge, there were no WHO staff members based in that location.

The representative of ESWATINI commended the work of the Director-General and senior management in openly engaging with staff. The negative perception of, and lack of confidence in the International Civil Service Commission remained of grave concern. He wished to know what role the Executive Board would play in facilitating the requested review of the Commission and what the long-term implications would be of implementing the two measures requested in paragraph 17 of document EB143/INF./1.

The representative of GERMANY said that, as a knowledge-based organization, WHO's workforce remained its greatest asset. Noting that staff-management relations had been overwhelming positive in recent times, he expressed strong support for the continuation of the Respectful Workplace initiative. While acknowledging staff concerns regarding geographical mobility, he remained confident that constructive engagement on the part of WHO staff associations, Member States and senior management would lead to a win-win situation.

The representative of IRAQ reaffirmed his support for the statement given by the representative of Mexico on the prevention of harassment and sexual harassment under agenda item 4.2, and called for a stronger approach to combating gender-based violence. Greater attention should also be paid to

building a healthy working environment and promoting teamwork among all staff members: an equitable distribution of tasks and roles would help in that regard. The Secretariat should focus on staff capacity-building and conduct regular analyses of the Organization's strengths and weaknesses and the opportunities and threats facing it in terms of its workforce.

The representative of AUSTRALIA stressed that the International Civil Service Commission's decision on the post adjustment for Geneva-based staff members must be upheld. The post adjustment system remained a cornerstone of the United Nations system and had been designed to give all staff members equal purchasing power regardless of their location. Her Government welcomed WHO's prompt implementation of the Commission's decision pursuant to United Nations General Assembly resolution 72/255 on the United Nations common system, and would continue to work with the Secretariat to ensure that the Organization adopted holistic management policies and practices designed to drive excellence. As a knowledge-based organization, WHO's workforce remained its most important resource.

The representative of the UNITED STATES OF AMERICA said that staff members would play a key role in the Organization's future success and expressed his gratitude for their efforts to safeguard global health and well-being. Concerning the draft WHO policy on prevention of harassment and sexual harassment, he echoed the comments made by the representative of Mexico under agenda item 4.2 in that regard, and urged senior management and WHO staff associations to closely monitor the outcomes of cases of sexual exploitation, abuse and harassment. His Government would not support action that had the potential to undermine the work of the International Civil Service Commission or the United Nations common system. Reform of the Commission should only be discussed during the sessions of the United Nations General Assembly. WHO staff associations should engage the Commission in constructive dialogue. He strongly supported the WHO geographical mobility policy, which should be implemented as efficiently and effectively as possible.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that the Organization took a zero tolerance approach to cases of harassment, sexual harassment and abuse of power. Ongoing consultations between staff representatives and WHO senior management to revise the draft WHO policy on prevention of harassment and sexual harassment had been constructive and an updated version of the document would shortly be made available. Senior management would continue to address the concerns raised by WHO staff associations. Given the importance of the subject, several measures had been introduced to combat harassment, including the establishment of mandatory training modules on prevention of harassment for all staff members, the launch of a whistle-blower policy and reporting hotline, and the development of a staff toolkit. A pamphlet on the processes for reporting harassment would be distributed in June 2018. WHO had also actively contributed to the setting up of a United Nations high-level task force on sexual harassment.

A greater focus on staff development and learning was needed at all levels. The Secretariat intended to strengthen staff performance management and career counselling in order to ensure that the WHO workforce would be ready to deliver the Thirteenth General Programme of Work. Leadership and management development training, mentoring, career development workshops and coaching sessions had been made available to staff members, including managers, and their implementation would be scaled up. A new policy on short-term developmental assignments had also been adopted.

Some staff members had been unable to access treatment through the WHO Staff Health Insurance scheme owing to the failure of some health facilities to recognize staff members' insurance cards and shortcomings in local health services in certain locations. WHO had therefore taken steps to increase the number of hospitals that recognized the scheme as a means of addressing that situation.

With respect to staff concerns about exchange rate fluctuations, inflation and currency devaluations, he said that local salaries were based on local labour markets, and the International Civil Service Commission had developed ad hoc measures to safeguard staff members' purchasing power in exceptional circumstances such as conflict situations. The methodology used to review compensation

for locally recruited staff members would be further examined to improve conditions for staff members in different economic settings and ensure their remuneration was competitive. The United Nations Joint Pension Fund was in the process of reviewing its provisions in exceptional circumstances so as to help staff members make informed decisions on their retirement benefits in those cases. WHO also continued to work with other United Nations organizations and the Commission to address staff concerns. The Director-General and senior management team greatly valued their relationship with WHO staff associations and would look to further strengthen the channels of communication between staff and management for the benefit of the Organization.

The representative of WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC, said that the Director-General had held monthly consultations with staff representatives, which had focused on issues affecting staff members working at WHO headquarters. However, certain matters, such as mobility, concerned staff members posted elsewhere and the views of those staff members had not been presented in the latest briefing report submitted to the Director-General. That situation would be rectified in future. WHO staff associations had used the term “senior management” in the report to refer to the Office of the Director-General and the Human Resources Management Department, and on occasion staff members from the Office of the Legal Counsel and other departments. It remained of the utmost importance for staff representatives to be able to engage in regular dialogue with the Director-General.

The DIRECTOR (Human Resources Management) said that the International Civil Service Commission reported directly to the United Nations General Assembly. Member States should therefore discuss the Commission’s work in that forum.

The DIRECTOR-GENERAL acknowledged that WHO staff members had had different experiences of the WHO geographical mobility policy. Although staff members often expressed a preference to be posted to Geneva, as international civil servants they should be ready and willing to serve wherever their skills would be of best use. Some staff members had asked for mobility to be linked to career development, while others had said that promotion should be open and inclusive and that staff members should be involved in the development of guidelines to avoid favouritism and nepotism, a proposal that had received majority support from the Board. WHO could learn from organizations like UNICEF, which had already implemented such an approach. He underscored the importance of ongoing debate, which should remain open, collaborative and honest, even in the event of disagreement. The Organization’s workforce represented its most vital asset and staffing issues remained a central consideration; it was therefore crucial for senior managers to allocate time to listen to staff members, who would be motivated by transparent dialogue. His monthly meetings with staff representatives had helped to foster a supportive working environment which encouraged staff members to work to the best of their ability. He expressed his appreciation for the understanding and candour of WHO staff associations and his gratitude for staff members’ support in the swift drafting and early adoption of the Thirteenth General Programme of Work. The continued commitment of staff members and strong support of Member States would be essential to the implementation of the Thirteenth General Programme of Work and the attainment of the Sustainable Development Goals.

The Board noted the report.

Committees of the Executive Board: filling of vacancies: Item 4.6 (documents EB143/9 and EB143/9 Add.1)

The CHAIRMAN said that there were five vacancies to be filled on the Programme, Budget and Administration Committee, which was composed of 14 members: two members from each region, selected from among the members of the Board; plus the Chairman and a Vice-Chairman of the Board, as ex officio members. She asked whether the Board approved the proposals contained in paragraph 2 of document EB143/9 Add.1.

It was so decided.¹

The CHAIRMAN said that there were two vacancies to be filled on the Foundation Committees, and asked whether the Board approved the proposals contained in paragraph 2 of document EB143/9 Add.1.

It was so decided.²

The CHAIRMAN proposed that the Board should be represented at the Seventy-second World Health Assembly by the Chairman and the first three Vice-Chairmen. If any of them were not able to attend the Health Assembly, the other Vice-Chairman and the Rapporteur could be asked to represent the Board. In the absence of any objections, she took it that the Board wished to approve that proposal.

It was so decided.³

Future sessions of the Executive Board and the Health Assembly: Item 4.7 (document EB143/10)

The representative of VIET NAM supported the adoption of the second draft decision regarding the dates of the Seventy-second World Health Assembly. She proposed however that the 144th session of the Executive Board should be convened on Monday, 21 January 2019 in order to avoid the meeting falling at the same time as public holidays in her country.

The representative of JAPAN expressed support for that proposal. The programme budget for the biennium 2020–2021 and the eleventh revision of the International Classification of Diseases would be discussed at the 144th session of the Executive Board. Convening the Board earlier in the year would allow the Secretariat more time to finalize the documents relevant to those items before the Seventy-second World Health Assembly.

The CHAIRMAN took it that the Board wished to suspend the discussion on the first draft decision pending further consultations.

It was so agreed.

(For continuation of the discussion, see the summary records of the third meeting, section 1.)

The CHAIRMAN also took it that the Board wished to adopt the second draft decision contained in document EB143/10.

The decision was adopted.⁴

The meeting rose at 18:00.

¹ Decision EB143(1).

² Decisions EB143(2) and EB143(3).

³ Decision EB143(4).

⁴ Decision EB143(5).

THIRD MEETING

Tuesday, 29 January 2018, at 09:25

Chairman: Ms M. N. FARANI AZEVÊDO (Brazil)

1. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 4 of the provisional agenda (continued)

WHO reform: governance: Item 4.1 of the agenda (continued from the first meeting, section 4)
(documents EB143/2, EB143/2 Add.1, EB143/3 and EB143/4)

The CHAIRMAN recalled the previous day's discussions and drew attention to the revised list of proposals on governance reform, which read:

(1) During discussion in the morning session of 28 May 2018, the Chairperson identified the following items as “low hanging fruit” that **would not require any changes** to the Rules of Procedure:

(a) Discretion to the Chairperson to ensure an effective and efficient discussion, including with respect to the time allotted for statements. Both Executive Board Members and non-Members should have the opportunity to speak. Member States need adequate and timely notice of allocation of time for interventions.

(b) Officers of the Board may meet in person and as needed to carry out their mandate, with careful consideration to cost implications. Consistent with current practice, notes for the record of any such meetings would be made available on the WHO website.

(c) WHO should track and share information on gender balance in relation to the officers and presiding officers of governing bodies meetings.

(d) The Secretariat should provide in advance of each session a document listing each agenda item, outlining the corresponding action requested of the Board. The Secretariat should propose how each item will be handled. The Secretariat would also provide more detail in its reports regarding the action requested, such as by outlining specific questions or identifying the points on which guidance is requested.

(2) The Chairperson further identified the following items as “low hanging fruit” that would require changes to the Rules of Procedure:

(a) Proposal to replace gender-specific language with gender-neutral language throughout the Rules of Procedure, as appropriate to each language version.

(b) Proposal to allow for the possibility of electronic voting, where appropriate systems are available, on the understanding that provision for electronic voting should in no way be seen as compromising the consensus-based approach usually taken by WHO's governing bodies.

- (c) Proposal to amend the Rules of Procedure so as to establish a process for consideration of credentials that relies exclusively on the scanned copy of credentials uploaded onto the Secretariat's online registration system instead of the hard copy originals of credentials.
 - (d) Proposal to amend the Rules of Procedure so as to clarify that only delegates and alternates may be designated to vote in plenary meetings of the Health Assembly, while any member of the delegation may be designated to vote in committee meetings.
 - (e) Proposal to make provision in the Rules of Procedure for a "motion to suspend the debate" on an item under discussion.
 - (f) Proposal to rename "open" meetings of the Board as "private", to align the terminology with that of the Health Assembly.
- (3) The Chairperson identified the following items as matters that, while not requiring any changes to the Rules of Procedure, do require further information or clarification for informed decisions in the future. (The Chairperson may suggest some immediate courses of action to deal with these items).
- (a) Whether and how the Secretariat should develop a more robust methodology for determining the costing implications of proposed resolutions and decisions.
 - (b) Whether and how the Secretariat should propose end dates for resolutions and decisions with unspecified reporting requirements and streamline resolutions and decisions with multiple reporting requirements.
 - (c) Whether future governing body meetings will be paperless, unless documents are ordered in advance.
- (4) The Chairperson identified the following items as matters that **would require both changes to the Rules of Procedure and further information or clarification:**
- (a) Proposal to require that items proposed for direct inclusion on the provisional agenda of the Health Assembly under Rule 5 of its Rules of Procedure be accompanied by an explanatory memorandum, analogous to the procedure used to prepare the provisional agenda of the Board.
 - (b) Proposal to introduce stricter time-limits for the submission of draft resolutions and decisions.
 - (c) Proposal to align the terminology in the Rules of Procedure of the governing bodies with the terminology used in the Framework of Engagement with non-State actors.
 - (d) Consideration of possible further steps concerning the provision of written statements during governing body meetings.
- (5) Way forward ...

The CHAIRMAN, regarding proposal 3(b) said that to allay the concerns expressed by some Member States, she would request the Secretariat to consider which resolutions and decisions could fall under that proposal, and to seek best practice from other organizations, including WHO regional

committees. Concerning proposal 3(c), she would ask the Secretariat to consider the cost implications of accepting that proposal. The proposals under section 4 would require further consultation.

In addition, she drew attention to a revised version of the draft decision contained in document EB143/3 on proposed amendments to the Rules of Procedure of the Executive Board and the World Health Assembly, which read:

The Executive Board, having noted the report by the Director-General on governance reform,¹ decided:

- (1) to request the Director-General to present the necessary amendments to replace or supplement gender-specific language in the Rules of Procedure of the governing bodies to indicate both feminine and masculine, to the Executive Board at its 144th session in January 2019 for its consideration and appropriate action;
- (2) to amend the Rules of Procedure of the Executive Board as set out in Annex 1 to this decision, with effect from the closure of the 143rd session of the Executive Board in May 2018;
- (3) to request the Director-General to renumber the Rules of Procedure of the Executive Board, at an appropriate time, taking into account the amendments adopted through this decision;
- (4) to recommend to the Seventy-second World Health Assembly in 2019 the adoption of the following draft decision:

The Seventy-second World Health Assembly decided:

- (1) to adopt the amendments to the Rules of Procedure of the World Health Assembly, as set out in the report of the Director-General to the Seventy-second World Health Assembly,² with effect from the closure of that session of the Health Assembly;
- (2) to request the Director-General to renumber the Rules of Procedure of the World Health Assembly, at an appropriate time, taking into account the amendments adopted through this decision.

¹ Document EB143/3.

² The relevant document for consideration by the Seventy-second World Health Assembly in 2019 will reflect the amendments to the Rules of Procedure of the World Health Assembly contained in Annex 2 to this decision.

ANNEX¹

AMENDMENTS TO THE RULES OF PROCEDURE OF THE EXECUTIVE BOARD

Section in the present report	Rule number	Current version	Amended version
C.	45	The Board shall normally vote by show of hands, except that any member may request a roll-call which shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.	The Board shall normally vote by show of hands, except that any member may request a recorded vote roll call which shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot. Where an appropriate electronic system is available, the Board may decide to conduct any vote under this rule by electronic means.
C.	45 bis	NA	When the Executive Board conducts a recorded vote without using electronic means, the vote shall be conducted through a roll-call, which shall be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.
C.	46	The vote of each member participating in any roll-call shall be inserted in the records.	The vote of each member participating in a recorded vote any roll call shall be inserted in the records.
I.	33	During the discussion on any matter, a member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary cessation of the business of the meeting and “adjournment of the meeting” the termination of all business until another meeting is called.	During the discussion on any matter, a member may move the suspension or the adjournment of the meeting or the suspension of the debate . Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary cessation of the business of the meeting, and “adjournment of the meeting” the termination of all business until another meeting is called, and “suspension of the debate” the postponement of further discussion on the matter under discussion until later in the same session.

¹ Deletions are shown with strikethrough; insertions are shown in bold.

Section in the present report	Rule number	Current version	Amended version
J.	7(b)	<p>Attendance at meetings of the Board shall, in addition to members of the Board, their alternates and their advisers, be as follows:</p> <p>...</p> <p>Open meetings: Member States not represented on the Board and Associate Members and the Secretariat</p>	<p>Attendance at meetings of the Board shall, in addition to members of the Board, their alternates and their advisers, be as follows:</p> <p>...</p> <p>Open Private meetings: Member States not represented on the Board and Associate Members and the Secretariat</p>
		“”	<u>“”</u>

NA: not applicable.

ANNEX 2¹AMENDMENTS TO THE RULES OF PROCEDURE OF
THE WORLD HEALTH ASSEMBLY

Section in the present report	Rule number	Current version	Amended version
C.	72	The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot.	The Health Assembly shall normally vote by show of hands, except that any delegate may request a recorded vote roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot. Where an appropriate electronic system is available, the Health Assembly may decide to conduct any vote under this rule by electronic means.
C.	72 bis	NA	When the Health Assembly conducts a recorded vote without using electronic means, the vote shall be conducted by roll-call, which shall be taken in the English or French alphabetical order of the names of the Members. The name of the Member to vote first shall be determined by lot.
C.	73	The vote of each Member participating in any roll-call shall be inserted in the record of the meeting.	The vote of each Member participating in a recorded vote any roll-call shall be inserted in the record of the meeting.
D.	22	(a) Each Member, Associate Member and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives, including all alternates, advisers and secretaries.	Each Member, Associate Member, and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible not less than fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives. In the case of delegations of Members and Associate Members, such communications shall take the form of credentials, indicating the names of its delegates, alternates and advisers, and, including all alternates, advisers and secretaries.

¹ Deletions are shown with strikethrough; insertions are shown in bold.

Section in the present report	Rule number	Current version	Amended version
		(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State or by the Minister for Foreign Affairs or by the Minister of Health or by any other appropriate authority.	(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State, the Head of Government, or by the Minister for Foreign Affairs, or by the Minister of Health or by any other appropriate authority. Such credentials may be sent electronically or hand-delivered to the Director-General.
D.	23	<p>A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision. The Bureau of the Committee shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly.</p> <p>Meetings of the Committee on Credentials shall be held in private.</p>	<p>A Committee on Credentials consisting of representatives of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examineassess whether the credentials of delegates of Members and of the representatives of Associate Members are in conformity with the requirements of the Rules of Procedure and report to the Health Assembly thereon without delay. Any delegate or representative to whose admissionPending a Member has made objectiondecision by the Health Assembly on their credentials, representatives of Members and Associate Members shall be seated provisionally with all the same rights as other delegates or representatives, until the Committee on Credentials has reported andpertaining to their participation in the Health Assembly has given its decision. The Bureau of the CommitteePresident shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly received after the Committee on Credentials has met.</p> <p>Meetings of the Committee on Credentials shall be held in private.</p>

Section in the present report	Rule number	Current version	Amended version
G.	19	<p>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization.</p> <p>In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point.</p>	<p>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization.</p> <p>In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point, but the latter shall not vote in the name of his delegation on any question.</p>
I.	59	<p>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote.</p> <p>For the purpose of these Rules “suspension of the meeting” means the temporary postponement of the business of the meeting and “adjournment of the meeting” the termination of all business until another meeting is called.</p>	<p>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting or the suspension of the debate. Such motions shall not be debated, but shall immediately be put to a vote.</p> <p>For the purpose of these Rules “suspension of the meeting” means the temporary postponement of the business of the meeting, and “adjournment of the meeting” the termination of all business until another meeting is called, and “suspension of the debate” the postponement of further discussion on the matter under discussion until later in the same session.</p>

The representative of the UNITED REPUBLIC OF TANZANIA said that the second sentence of proposal 1(d) should be amended to include the idea that the Secretariat should propose how each item would be handled, “in consultation with the Officers of the Board”. He would accept the proposal if it could be reformulated to that effect. Proposal 2(c) on providing scanned copies of credentials should be amended to remove the word “exclusively” to allow for the use of hard copies in some circumstances, as it may not be possible for all Member States to upload scanned copies within the timeframe if technology failed.

The representative of the NETHERLANDS said that he accepted the proposals under sections 1 and 2. However, he expressed his disappointment as, in his opinion, most of the proposals under sections 3 and 4 could also have been implemented without delay.

The representative of ISRAEL expressed support for the majority of the proposals. Regarding proposal 3(a), which proposed refining the costing implications of proposed resolutions and decisions, he suggested introducing a mechanism such as the regulatory impact assessment process, as used in many other countries, whereby positive effects were calculated and presented against any possible or estimated costs. Regarding proposal 3(b), he said that the Secretariat should consult the Member State that had originally submitted each resolution or decision when deciding upon possible end dates for reporting. Concerning proposal 1(d), he suggested that a time limit of two weeks prior to meetings should be applied. Finally, he said that the list of proposals did not cover all of the points requiring a decision. For example, there was no clear proposal on the provision of written statements, as referred to in section B of document EB143/3; and his Government would not be in favour of such a proposal.

The representative of JAPAN said that it would be useful to reflect the Chairman’s explanation of the proposals in the record of the meeting for the benefit of those who had not been present. He agreed with the representative of the Netherlands that more steps could be taken, but it was time to take action and the current list of proposals was an excellent starting point. He encouraged the Chairman to facilitate discussion on section 5 on the way forward, which should include an assessment of the impact of the proposals in sections 1 and 2.

The representative of the UNITED STATES OF AMERICA said that, in general, he supported the categorization of the proposals and the next steps to be taken. He asked for clarification on whether the proposals in section 2 would require changes to both the Rules of Procedure of the Executive Board and the Rules of Procedure of the World Health Assembly, or just to one of the bodies, with particular regard to proposal item 2(e). While he would have preferred to have been closer to a decision on proposals 3(a) and 3(b), especially as it was possible to draw on the sunseting practices used in WHO regions and other organizations, he understood the need to ensure that everyone was in agreement. He noted the need for clarity and consistency in determining the costing implications of proposed resolutions and decisions across the Organization, as, in practice, different departments used different approaches. He therefore suggested that proposal 3(a) be amended by adding the word “accurately” before the words “determining the costing implications”. He was ready to engage in further discussions, which he hoped would have an impact on the preparations for the next session of the Executive Board in January 2019.

The representative of GERMANY said that, as the Board had previously been risk-averse in its attitude towards governance reform, he welcomed the shift towards taking action and expressed support for the proposals in sections 1 and 2. He said that no Member State disagreed with the need to develop a more robust methodology for determining cost implications as referred to in proposal 3(a) and thus suggested deleting the words “Whether and how” at the start of the sentence so that it would begin “The Secretariat should develop...”. In addition, the words “costing implications” should be replaced with “resource implications” in order to include human resources. Similarly, he suggested amending the start of proposal 3(b) so that it would begin “The Secretariat should propose...”. He recalled that a sound had been played during the World Health Assembly to indicate that a

representative had exceeded the time limit for their intervention. He considered that to be good practice, but it had not been included in the list of proposals. He asked whether it was covered by the management of the session by the Chairman, set out in section H of document EB143/2. He asked the Secretariat to provide proposals on how non-State actors contributed to the Health Assembly and the Executive Board as soon as possible, as the current procedure was insufficient and it was important that those contributions were not lost.

The CHAIRMAN agreed that some form of visual or aural cue should be used to indicate to representatives that their time was running out. She suggested adding a new proposal in section 4 on the participation of non-State actors.

The representative of MEXICO supported the list of proposals, which was a good starting point. He welcomed continued intergovernmental discussion on the items presented.

The representative of ROMANIA said that more time to reflect on the proposals would be welcome, as there were several points that still required further clarification, including the participation of non-State actors in governing body meetings. The proposals under discussion affected all Member States, not just members of the Board, and non-members should therefore be permitted to express their positions.

The CHAIRMAN confirmed that non-members of the Board would have an opportunity to speak.

The representative of AUSTRALIA expressed support for the swift implementation of the proposals in sections 1 and 2, as amended. In addition, the Secretariat should immediately develop a robust methodology for accurately determining costing implications, and should provide an update on the progress made towards replacing paper documents with appropriate technical arrangements. However, the list of proposals lacked a strategic view of the efficiency and effectiveness of WHO's governing bodies, and to that end she proposed establishing an expert group on governance, with clear terms of reference and an appropriate composition, to create a set of proposals for consideration by Member States. The group should work quickly to ensure that reforms could be aligned with the start of the Thirteenth General Programme of Work in 2019. The group's findings should therefore be ready for consideration at the 144th session of the Executive Board.

The representative of FINLAND echoed support for the immediate implementation of the proposals in sections 1 and 2. Concerning proposal 1(d), she agreed with the time limit proposed by the representative of Israel, and with the proposed amendment to include "in consultation with the Officers of the Board". She suggested amending the text of proposal 2(b) by adding the words "secure and" before "available", so that electronic voting would only be used where appropriate systems were secure and available. She agreed with the suggested amendments to proposals 3(a) and 3(b). The WHO European Region employed best practices in terms of setting end dates for reporting on resolutions and decisions. She agreed with the Chairman that the financial implications of paperless governing body meetings, referred to in proposal 3(c) should be examined, and said that the Secretariat should also explore how to improve procedures for drafting documents during meetings and for sharing the results of drafting meetings with Member States. She agreed that a proposal regarding the role of non-State actors in governing body meetings was also needed. There should be further discussion on whether an expert group should be created to continue discussions.

The representative of ESWATINI supported moving forward with the proposals in sections 1 and 2, as amended. Proposal 3(c) could also be implemented immediately. The timeline for addressing the items that still required clarification in sections 3 and 4 should not be left open-ended. Most importantly, all reform measures must be focused on making the governing bodies as efficient and effective as possible in carrying out their mandates.

The CHAIRMAN suggested that, in light of the comments made, proposals 3(a) and 3(c), as amended, should be moved to section 1 and considered for immediate implementation.

The representative of BRAZIL expressed support for moving forward with some of the proposals as the reform process had been under way for several years. It appeared that incremental gains could also be made on the proposals in section 3. Although he had reservations about only determining “how” costing methodology would be developed and not “whether” it should be done, he agreed that proposal 3(a) could be moved to section 1, as long as it was understood that public health gains must always prevail over questions of cost. On the suggested amendment to proposal 3(b), he said that clarification was still required as to whether the Secretariat should propose end dates for resolutions and decisions, as sometimes no end dates were provided intentionally.

The representative of IRAQ said that the three proposals contained in section 3 indicated that there were weaknesses in the current planning process in terms of cost, time and methodology, respectively. Improvements in that respect should therefore be made a priority.

The representative of BAHRAIN said that members of the Board should use digital platforms to work together in between meetings. Effective agenda management was essential for Member States to be able to participate actively in the Board. She reiterated her support for focusing on issues of strategic priority.

The representative of BURUNDI, referring to proposal 1(b), said that the possibility of using new or existing communication technologies for meetings of the Officers of the Board should be left open.

The representative of VIET NAM agreed that swift action should be taken on the proposals contained in sections 1 and 2, and on proposals 3(a) and 3(c), as amended. She agreed that all measures taken must have a meaningful impact on governance.

The representative of the UNITED STATES OF AMERICA, responding to the concern expressed by the representative of Brazil, said that there would still be opportunities for consultation on the methodology for determining costing implications, even if the Executive Board made a decision on proposal 3(a) at the current meeting. He agreed with speakers who had called for immediate implementation of proposal 3(c) on paperless meetings, but requested that conference papers containing draft resolutions and decisions that were still under discussion should still be distributed in hard copy. Reform was indeed an urgent issue, and it would be helpful if the issues under discussion were resolved before the January 2019 meeting of the Board.

The representative of TURKEY agreed that proposals 3(a) and 3(c) could be implemented without further discussion. A timeline should be decided upon for the proposals in sections 3 and 4, as suggested by the representative of Eswatini. She asked the Secretariat to prepare a document containing the cost implications of switching to electronic voting.

The CHAIRMAN said that there were two conference rooms at the Palais des Nations that were already equipped for electronic voting and that the Secretariat proposed that WHO governing body meetings would be held in those rooms whenever possible.

The representative of DJIBOUTI expressed regret that the list of proposals under discussion had only been made available in English, which prevented him from appreciating certain nuances in meaning. He acknowledged the time constraints involved, but requested that all such proposals should be made available in French in future.

The representative of CHILE strongly supported all the proposals. The proposals in section 3 were the most relevant as they would advance modernization of the Board. The addition of the word “accurately” to proposal 3(a) was welcome, and advancing proposal 3(c) would help to make the Board’s work quicker and more efficient.

The representative of ALGERIA, referring to proposal 1(b), asked the Legal Counsel what was expected of the Officers of the Board, that additional meetings may be required. Although he welcomed the clarification that records of any such meetings would be made available, it was more important for the items for discussion to be published beforehand to ensure that Officers could receive instruction from Member States and appropriately represent their regions. That was why the African Region had proposed that regional coordinators, who were seldom based in Geneva and thus disconnected from issues discussed at headquarters, should be involved in Officers’ meetings. He asked whether proposal 2(b) would also apply to future elections of the Director-General, and if so, expressed concerns about the security of electronic voting systems. He also asked whether a security risk analysis had been conducted regarding the use of scanned copies of credentials referred to in proposal 2(c). On proposal 4(b), he asked whether deadlines for the submission of draft resolutions and decisions would be fixed, or whether there would be an exception for emergency situations. Members of the African Region had long supported a move towards paperless meetings, as referred to in proposal 3(c), and he recommended that recycled paper should be used if documents must be printed. The volume of Secretariat reports should also be reduced. Proposal 4(d) required further discussion.

The CHAIRMAN, responding to the questions asked by the representative of Algeria, said that the aim of the meetings referred to in proposal 1(b) was for the Officers of the Board to get to know one another better in order to work more effectively and deliver on their mandate, not to expand that mandate. Proposal 2(b) on electronic voting would not apply to the election of the Director-General. She recognized the security concerns related to proposal 2(c), noted the suggestion to use recycled paper, and agreed that there was a need for further discussion on written statements.

The LEGAL COUNSEL, referring to proposal 2(b), said that the draft decision would allow votes to be conducted electronically instead of voting by show of hands or roll-call. Electronic voting would not replace votes by secret ballot, including the election of the Director-General, owing to security issues. He recalled that electronic voting in the context of the nomination and appointment of the Director-General would be duly considered by the evaluation of the process for electing the Director-General, which was ongoing. Regarding proposal 2(c), the planned mechanism would require the designated focal point for each delegation to upload a scanned copy of the credentials to the Secretariat’s meeting registration website, to which the Committee on Credentials would have access. That process was used in other organizations and the risks were minimal.

The representative of MONACO¹ expressed support for the statements delivered by the representatives of the Netherlands, Germany and the United States of America, and welcomed the revised draft decision on the amendments to the Rules of Procedure of the governing bodies. The meetings of the Officers of the Board in proposal 1(b) should consider only items related to their mandate and could involve individuals based in Geneva, as the Officers were not regional representatives as had been implied earlier. Regarding proposal 1(d), she advised the Secretariat to consider the example of UNAIDS, where the cover pages of documents included a summary and the action to be taken by its Programme Coordinating Board. She expressed support for electronic voting, particularly given the cost of having to extend meetings with a vote, in particular the cost of interpretation. Proposals 3(a) and 3(c) could be implemented immediately. Proposal 3(b) on setting

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

end dates for reporting had already been effectively implemented in the WHO European Region. She asked whether it would be possible to trial the stricter time limits in proposal 4(b) on an informal basis. Concerning section 5, she said that further discussions should be held in an informal setting.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ expressed support for the proposals in sections 1 and 2. She would also support proposals 3(a) and 3(c), provided that the Board was in agreement. She welcomed the confirmation from the Chairman that proposal 1(b) for the Officers of the Board to hold meetings in person was not intended to expand the Officers' mandate. There was a need to discuss the next steps for the governance reform issues that had not been addressed at that meeting.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that his understanding was that a revised version of the list of proposals under discussion would be produced to reflect the proposals and amendments made, which he would then send to his Government. The proposals that would not require any changes to the Rules of Procedure could be pursued so that the Board's work could be carried out more efficiently and effectively. He asked the Legal Counsel to provide further clarification on the process for amendments to the Rules of Procedure, including whether the Executive Board was able to amend its own Rules of Procedure or whether the approval of all Member States would be required.

The LEGAL COUNSEL said that the procedure for amending the Rules of Procedure of the Executive Board was contained in Rule 54, which read: "Subject to the provisions of the Constitution, the Board may amend or supplement these rules". He recalled that the Chairman had introduced a revised version of the draft decision contained in document EB143/3, through which the Board could make any agreed changes to its Rules of Procedure.

Proposed changes to the Rules of Procedure of the Health Assembly would need to be considered by a Committee of the Health Assembly and then adopted in plenary, in accordance with Rule 119 of the Rules of Procedure of the World Health Assembly. The revised draft decision contained a provision for any such amendments to be adopted during the Seventy-second World Health Assembly in 2019.

The representative of NEW ZEALAND¹ expressed support for the proposals in sections 1, 2 and 3, and the interventions made by the representatives of the United Kingdom of Great Britain and Northern Ireland and Australia on the meetings of Officers of the Board referred to in proposal 1(b). There was a need to discuss the role and mandate of the Officers, as part of a wider strategic debate on the functions of the governing bodies. He expressed support for the creation of an expert group, which should report to the Executive Board by its meeting in January 2019. Proposal 3(b) on setting end dates for reporting could also be moved to section 1 or 2, provided that the Secretariat developed a clear process for how it may be implemented.

The representative of CANADA¹ agreed with the proposals contained in section 1 and welcomed the suggestion to move proposal 3(c) to that section. She agreed with the proposed amendments to proposals 3(a) and 3(b). It was important to consider the costing implications of resolutions, in particular for resolutions that expanded the mandate of WHO, but factors other than cost may also need to be considered in order to achieve health equity. She requested that the Secretariat provide additional information regarding proposals 3(a) and 3(b) in time for discussion at the 144th session of the Executive Board. Proposals 4(c) and 4(d) could be included in section 2. It was logical that the Rules of Procedure of the Executive Board and the World Health Assembly should reflect the language of the Framework of Engagement with non-State actors, which had already been

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

adopted. She shared the concerns expressed by other Member States regarding expanding the mandate of the Officers of the Board, as referred to in proposal 1(b).

The DIRECTOR-GENERAL said that the Secretariat's proposals had highlighted the need for significant changes. In the long-term, a wider discussion on the structure of WHO and the nature of the Executive Board would be required. In the meantime, it was important to clarify the different roles and the division of work between the World Health Assembly, the Executive Board and the Officers of the Board in order for the governing bodies to be more effective. He acknowledged that there were still significant differences and concerns, including on the purpose of the meetings of the Officers of the Board referred to in proposal 1(b), and called for continued dialogue. He noted the amendments to the proposals in section 3, including the transition to paperless meetings. It was time for the Board to move forward. Many procedures had been established because they were fit for purpose at the time; however, it was important to question why changes were not made to those pre-established procedures, in particular if better technology made it possible to improve them. He emphasized the need to examine and modernize the Organization's governance structure.

The CHAIRMAN said that she took it that the Board wished to approve the proposals in section 1, with the following amendments: moving proposals 3(a) and 3(c) to section one; amending proposal 3(a) to read "The Secretariat should develop a more robust methodology for accurately determining the resource implications of proposed resolutions and decisions"; adding the words "in consultation with the Officers of the Board" to the end of the second sentence in proposal 1(d); and amending proposal 1(d) to take into account the comment made by the representative of Israel on the need for a deadline.

It was so agreed.

The CHAIRMAN said that she took it that the Board wished to approve the proposals in section 2, with one amendment: the word "exclusively" would be deleted from proposal 2(c).

It was so agreed.

The CHAIRMAN recalled that the Executive Board had before it a revised draft decision on the implementation of the agreed amendments to the Rules of Procedure.

The LEGAL COUNSEL explained that the two annexes to that revised draft decision contained the revised proposed amendments to the Rules of Procedure of the Executive Board and the World Health Assembly. He said that the annexes retained the proposed amendments relating to electronic voting, credentials, gender-neutral language, entitlement to vote, a motion to suspend debate, and renaming open meetings. However, the proposed amendments relating to the Board's consideration of the Health Assembly agenda, time limits for draft resolutions and decisions, summary and verbatim records and aligning terminology relating to the Framework of Engagement with Non-State Actors had been crossed out since the Board was not ready to make a decision on those amendments.

The CHAIRMAN said that she took it that the Board wished to adopt the revised draft decision.

The decision, as amended, was adopted.¹

¹ Decision EB143(7).

The CHAIRMAN said that proposal 3(b) would be renamed as proposal 3(a). She proposed that a paragraph should be added to that proposal to clarify that the Board was requesting that the Secretariat should explore the possibility of introducing end dates for resolutions and decisions with unspecified reporting requirements and examine the best practices of other bodies such as PAHO, to allow the Board to reach an informed decision.

The CHAIRMAN took it that the Board wished to approve the proposals in section 3.

It was so agreed.

The CHAIRMAN said that the only change in section 4 would be the inclusion of a new proposal 4(e), with reference to non-State actors. With regard to section 5 on the way forward, she said that the reform process should not be open-ended. She noted that some members supported the creation of an expert group, whereas others preferred other forms of intergovernmental dialogue. As a compromise, she suggested holding informal consultations, led by the Secretariat in Geneva, to discuss proposal 3(a) on setting end dates for reporting requirements and the five proposals contained in section 4. The outcomes of those informal consultations should be ready for presentation to the 144th session of the Executive Board in January 2019.

The SECRETARY suggested that the new proposal 4(e) on non-State actors could read: “Consideration of possible changes to the way non-State actors participate in the World Health Assembly”.

The representative of ALGERIA reiterated his request for clarification regarding the strict adherence to deadlines for the submission of draft resolutions and decisions in emergency situations referred to in proposal 4(b).

The CHAIRMAN said that the Board was not required to make a decision on that proposal at the current meeting, and agreed that the Secretariat would take emergency situations into account.

The representative of MONACO¹ welcomed the inclusion of a new proposal 4(e) on non-State actors, but recalled that the main objective of that proposal had been to facilitate the participation of non-State actors at the Executive Board and not the World Health Assembly. As such, the Secretariat’s proposal should be amended by replacing the words “participate in the World Health Assembly” with “participate in the Executive Board and the World Health Assembly”.

The representative of FINLAND, supported by the representative of JAPAN, asked the Chairman of the Board whether she could chair the informal consultations, as the process should be Member State driven.

The representative of the UNITED STATES OF AMERICA, expressing support for the proposed way forward, asked whether the outcomes of the informal consultations could be applied to the 144th session of the Executive Board, with particular regard to the methodology for determining resource implications. It was important to be able to implement any results quickly, even on a trial basis.

The LEGAL COUNSEL said that the proposals in section 4 would require amendments to the Rules of Procedure in order to be implemented formally, although some proposals could be implemented on a trial basis.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MEXICO asked whether the Secretariat could provide tentative dates for the informal consultations and clarify which proposals would be discussed.

The representative of NEW ZEALAND¹ said that discussions to date had focused solely on section 4, and not on the bigger, more strategic discussions raised by several members of the Board and by the Director-General. He asked whether the new round of informal consultations would include that strategic element.

The CHAIRMAN said that the mandate for the informal consultations would be to discuss the proposals contained in section 4, as well as proposal 3(b) when the Secretariat had completed its initial work.

She took it that the Board wished to approve the proposals in section 4 and the proposed way forward, as amended.

It was so agreed.

The CHAIRMAN invited the Board to consider the draft decision on the prioritization of proposals for additional items on the provisional agenda of the Executive Board, contained in the Annex to document EB143/4. She said that, following the adoption of the draft decision, the proposed prioritization tool would be applied by the Executive Board on a trial basis.

The representative of BRAZIL expressed his support for the draft decision, and the implementation of the prioritization tool on a trial basis. While he recognized that the Officers of the Board would be in a better position to assess and judge the new prioritization criteria and tool, he expressed the concern that too much emphasis was placed on costings and resources. It was true that costings were important. However, the Board should be mindful of how others perceived its work in dealing with health issues. It should not give the impression that WHO was a pay-to-play organization, as approximately 85% of funds for the programme budget came from voluntary resources, which were then allocated to essential programmes.

The representative of JAPAN proposed replacing the word “Yes” by “Agree”, and “No” by “Disagree”, in the column headings of the essential criteria marking sheet contained in Appendix 2 to document EB143/4, as some negative concepts were difficult to translate into Japanese. Turning to the fourth essential criteria listed in the marking sheet, he asked how Member States should determine whether WHO had a comparative advantage with regard to a particular issue. WHO’s mandate should be an important factor, but he asked whether the answer to that question could preclude the item being included on the provisional agenda.

The representative of FINLAND suggested that the Officers of the Board should first decide on the provisional agenda for its next session. The prioritization tool should then be retroactively applied to the agenda items selected, and the outcome compared with the planned provisional agenda. That would highlight whether any changes should be made to the proposed agenda.

The CHAIRMAN agreed that the suggestion made by the representative of Finland was in line with the spirit of the draft decision, which proposed implementing the tool on a trial basis and reporting back to the 144th session of the Executive Board.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ZAMBIA supported the application of the tool on a trial basis, because he had concerns regarding the tool itself and the challenges that would arise when using the proposed scoring system. He asked how an Officer of the Board would objectively decide between “yes”, “partially agree”, and “no” in the essential criteria marking sheet in Appendix 2. He expressed the hope that applying the tool on a trial basis would answer those questions.

The representative of GERMANY said that he was in favour of applying the tool on a trial basis as the Board did not currently have any criteria for prioritization. Once the criteria and the tool were being applied, improvements could be made if necessary.

The CHAIRMAN said that if the Board was unable to adopt the draft decision, the issue would have to be added to the agenda for its 144th session.

The representative of the NETHERLANDS, expressing his support for the proposed approach, said that it was important to move forward.

The CHAIRMAN took it that the Executive Board was ready to adopt the draft decision contained in document EB143/4.

The decision was adopted.¹

Future sessions of the Executive Board and the Health Assembly: Item 4.7 of the agenda (document EB143/10) (continued from the second meeting)

The CHAIRMAN, drawing attention to the informal consultations that had been held on the date for the 144th session of the Executive Board, said that a consensus had been reached for the session to begin on Monday 28 January and to finish no later than Tuesday 5 February 2019 at WHO headquarters in Geneva. She thanked the representatives of Viet Nam and Japan for their understanding in reaching that decision.

The representative of CHINA said that he was not aware that an agreement had been reached. He expressed concern that the proposed dates coincided with Spring Festival, which was a very important festival in China that was usually spent with family.

The representative of INDONESIA, supported by the representatives of TURKEY and IRAQ, said that the proposed dates for the World Health Assembly in 2020 not only coincided with Ramadan, but also Eid al-Fitr. He proposed postponing the start of the World Health Assembly in 2020 by one week, and asked the Secretariat to make adjustments accordingly.

The CHAIRMAN noted the request, but said that no decision would be made during the current meeting regarding the World Health Assembly in 2020.

The representative of GERMANY expressed concern regarding the availability of meeting rooms in Geneva. He assumed that the Secretariat had proposed dates when meeting rooms at the Palais des Nations would be available.

¹ Decision EB143(6).

The DIRECTOR (Governing Bodies), taking note of the issues raised, said that finding dates for governing body meetings that did not clash with at least one holiday or religious observance was difficult. Furthermore, he explained that the meeting rooms at the Palais des Nations would not be available in 2020 and other options were being considered.

The representative of JAPAN expressed concern that the annual meeting of the World Economic Forum may clash with the proposed dates for the 144th session of the Executive Board, which would place additional demands on the time of the Director-General.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the flexibility shown with regard to the dates for the 144th session of the Board and recognized that missing holidays and festivals was a sacrifice made by delegates and staff in international organizations. Recalling that discussions in the governing body meetings in 2019 would include the next programme budget, he said that it was important to schedule the meeting to ensure that the Secretariat had sufficient time to prepare the relevant documents in a timely manner, and that Member States had time to prepare for the discussions. Finally, he recognized the need to maximize the impact of the time spent by the Director-General at Executive Board meetings and other meetings.

The representative of CHINA agreed to be flexible, and said that the Secretariat should take into account the observance of festivals, the timing of the World Economic Forum annual meeting, and the need to prepare the documents for the meeting in a timely manner.

The CHAIRMAN, appreciating the flexibility demonstrated by Member States, proposed postponing the adoption of the draft decision to allow for further consultations.

It was so agreed.

(For resumption of the discussion, see section 3 below.)

2. MATTERS FOR INFORMATION: Item 5 of the agenda

Report on meetings of expert committees and study groups: Item 5.1 of the agenda (document EB143/12)

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, expressed his satisfaction with the methodology used during meetings of expert committees and study groups to reach evidence-based outcomes that informed the decisions made by the Director-General.

The representative of COLOMBIA, referring to the Sixty-eighth report of the Expert Committee on Biological Standardization, said that the biological qualifier scheme for biological and biotechnological medicines should be re-evaluated and potentially discontinued, as it led to an artificial segmentation of the market and distorted the role and usefulness of the international nonproprietary naming of medicines. The scheme may also compromise access to biological medicines and the financial sustainability of health systems. He said that it was important to continue implementing resolution WHA67.21 (2014). The Guidelines on evaluation of similar biotherapeutic products (2009) should be updated, and aligned with the Guidelines on procedures and data requirements for changes to approved biotherapeutic products (2017), with particular reference to the indication that a comparability exercise including clinical studies was not always necessary. Similar updated references already appeared in the draft WHO Questions and Answers: similar biotherapeutic products.

The representative of MEXICO noted the main recommendations resulting from each expert committee meeting; highlighting in particular the work undertaken in the quality assurance of medicines; residues of veterinary drugs in foods; the risks associated with psychoactive substances; and developments in the use of biological substances in human medicine. The advice provided by the expert committees facilitated the adoption of decisions and recommendations which guaranteed the quality, safety and efficacy of medicines.

The representative of the UNITED STATES OF AMERICA recognized the growing demand worldwide for the work of WHO's expert committees. He expressed strong support for the Joint FAO/WHO Expert Committee on Food Additives and called upon WHO and others to ensure that sufficient funds were devoted to the joint FAO/WHO food standards programme. Similarly, he appreciated the normative role played by the Expert Committee on Drug Dependence and noted that its recommendations made an important contribution to the control of dangerous substances. He encouraged the Secretariat to increase support for that Committee. The roster of experts used to constitute expert committees and study groups should be regularly updated with experts from diverse backgrounds and areas of expertise.

The representative of IRAQ said that the work of the expert committees would make a significant contribution to work on standardization, quality assurance and combating antimicrobial resistance.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that WHO had decided to wait until more evidence was available before implementing the biological qualifier scheme, to ensure that it did not hamper access to new technologies. That decision had been communicated to the WHO International Nonproprietary Name Expert Group. Finally, she said that the Guidelines on evaluation of similar biotherapeutic products (2009) were being revised, and would take into account the comments made by the representative of Colombia.

The Board noted the report.

International classification of diseases: Item 5.2 of the provisional agenda (document EB143/13)

The CHAIRMAN drew the Board's attention to document EB143/13 and the additional information provided regarding the process of adoption and entry into force of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (International Classification of Diseases), and the components to be adopted by the World Health Assembly, which read:

**INTERNATIONAL CLASSIFICATION OF DISEASES, ELEVENTH REVISION
(ICD – 11) PROCEDURE AND COMPONENTS FOR ADOPTION**

This document complements the document EB143/13 and provides additional information about the process towards adoption and coming into effect of ICD-11. It also includes a list of what specifically is adopted by the Health Assembly.

- The procedures for ICD-11 are the same as for past revisions of ICD. The procedures were last applied for ICD-10.
 1. ICD is revised based on
 - a. Experience with the previous version
 - b. Scientific progress
 - c. Needs of users

2. ICD draft is reviewed, commented and tested
 - a. A revision conference is held
 - b. Member State comments are taken into account
 - c. Testing and reviews inform the revision
 3. ICD version for implementation is the basis for the report submitted to the EB
 4. Executive Board recommends action to WHA
 5. Health Assembly adopts
 6. In January of the 3rd year after adoption, ICD comes into effect.
- ICD-11 would be presented for adoption in May 2019, following discussion at the EB in January 2019, and come into effect on 1 January 2022. From that date, the Secretariat would report its data with ICD-11.
 - Member States are encouraged to report their data with ICD-11 as soon as the new version comes into effect.

ICD-10 was adopted in 1990 and came into effect 1 January 1993. In 1997, 50% of the reporting countries reported their causes of death with ICD-10.

The Volume 1 of ICD-10 (Tabular list), was published in 1992

The Volume 2 (Rules, instruction manual) was published in 1993.

The Volume 3 (coding index) was published 1994
 - ICD-11 is being published with rules, categories and coding components, all at the same time.
 - Given all the supporting electronic tools that have been developed, ICD 11 will be maintained by WHO, continue to have the engagement of all stakeholders, overseen by technical experts and supported by WHO for incorporating in the health information systems of member states.
 - ICD-11 will be subject to updates, as was ICD-10, as per the following suggested time intervals:
 - changes to the rules => 10 years (high statistical impact)
 - changes to the categories => 5 years (possible statistical impact)
 - clarifications and improvements to user guidance => 1 year (no statistical impact)
 - Input for improvements of ICD-11 would come from implementation, use and related preparations. This is also true for the version planned for release in June 2018.
 - Preparations for implementation include national transition studies and testing of and in structures that need to be updated with the move to ICD 11.

WHAT WOULD BE ADOPTED BY THE HEALTH ASSEMBLY¹

(1) the detailed list of four-character categories and optional five and six-character subcategories with the Short Tabulation Lists for Mortality and Morbidity;

¹ (1), (4) and (5) adapted from previous revisions to match the new structure of ICD-11, and experiences with updating of ICD-10

(2) the definitions, standards and reporting requirements related to general, maternal, fetal, perinatal, neonatal and infant mortality;

(3) the rules and instructions for underlying cause coding for mortality and main condition coding for morbidity;

(4) the updating process within the ten-year revision cycle;

(5) the concept of the ICD-11 foundation (technical structure) and the derived family of the disease and health related classifications, with the International Statistical Classification of Diseases and Related Health Problems as the core classification surrounded by a number of related and supplementary classifications, extension lists and terminologies.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, and Georgia aligned themselves with the statement. He welcomed the eleventh revision of the International Classification of Diseases, and the fact that it would primarily be published and used electronically, which would facilitate its integration into national eHealth solutions. However, he stressed that alterations to country-specific secondary classifications and reporting requirements may require considerable, costly work by Member States to amend systems and legislation.

He expressed concern that the period between the launch of the version for implementation in June 2018 and the World Health Assembly in 2019 may be too short to collect and analyse the experience of the Member States that were implementing it. He expressed particular interest in the application of the eleventh revision to mortality data. An analysis of initial experiences must be completed prior to the 144th session of the Executive Board and he therefore suggested that the Secretariat should organize an interactive briefing for Member States on implementing and evaluating the eleventh revision before the end of 2018. He said that all necessary tools and supporting materials must be ready for use, in particular to facilitate their translation into different languages. Given its complexity, the timeline for the implementation of the eleventh revision would be very important, and he welcomed the additional information provided by the Secretariat in that regard.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, noted that the completion of the eleventh revision of the International Classification of Diseases had been significantly delayed due to the complexity of the work and the scarcity of necessary resources. He thanked all of the organizations that had supported the review financially and in other ways. Noting the additional information provided on the process for adoption by the Health Assembly, he expressed the hope that those timelines would be respected. He encouraged Member States to use the time between the launch of the version for implementation in June 2018 and the expected adoption of the eleventh revision in May 2019 to make appropriate preparations and share their experiences with the Secretariat.

The representative of IRAQ stressed the importance of ensuring that the eleventh revision of the International Classification of Diseases improved upon the gaps in the previous revision, specifically the problems with classification of cancers. With a view to balancing the practical and the scientific, the eleventh revision should be aligned with primary health care concepts. It should also be integrated into the Thirteenth General Programme of Work, 2019–2023, so as to enhance health information systems and make progress towards electronic governance.

The representative of JAPAN welcomed the fact that the eleventh revision would reflect developments in science and technology and would include elements of traditional Chinese, Japanese and Korean medicine, but expressed regret that the work had been delayed. It was disappointing that

the additional information provided by the Secretariat seemed to slow the implementation process, despite the vast amount of work done by Member States and experts to develop and field test the eleventh revision.

The representative of the UNITED STATES OF AMERICA recognized the complexity of completing the eleventh revision. Nevertheless, he expressed significant concern at the inclusion of gaming disorder. Experts from his country had recently concluded that there was insufficient evidence to categorize excessive gaming as a unique disorder, rather than a symptom of other disorders. He cautioned WHO against reaching premature conclusions, which could jeopardize its reputation as an objective decision-making body. He requested that gaming disorder be removed from the eleventh revision until sufficient evidence became available to warrant its classification.

The representative of FINLAND welcomed the eleventh revision of the International Classification of Diseases, which formed the basis of global disease monitoring. While Finnish experts had participated in the development of the eleventh revision, it had not been field tested in her country. The implementation of the eleventh revision would be a major endeavour for all Member States, regardless of the extent to which their health systems had been digitized. She looked forward to hearing the experiences of Member States, following the launch of the version for implementation in June 2018. She called on the Secretariat to share information regarding the new features of the eleventh revision with national experts in an effective manner, so as to facilitate fruitful discussions on the International Classification of Diseases at the 144th session of the Executive Board.

The representative of COLOMBIA said that preparations had already begun to implement the eleventh revision of the International Classification of Diseases. During a regional meeting to discuss the transition to the eleventh revision, Member States had been informed that the implementation of the eleventh revision could be postponed due to delays in testing and translation. Thus, he supported adopting the eleventh revision at the World Health Assembly in 2019, and making a version for implementation available in June 2018 to facilitate the transition to the new revision.

The representative of AUSTRALIA welcomed the focus on implementation support tools to assist Member States with the transition to the eleventh revision. Those tools should be developed by WHO in collaboration with experts, without interference from industry, advocacy groups or other external sources.

The representative of MEXICO emphasized the importance of continually updating the International Classification of Diseases. He looked forward to receiving the version for implementation in June 2018, and the final review at the Seventy-second World Health Assembly in May 2019.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that WHO, with experts from many countries, had been working on the eleventh revision of the International Classification of Diseases for ten years, and a version for implementation would be made available in June 2018, prior to the adoption of the eleventh revision at the World Health Assembly in 2019. The eleventh revision was a substantial improvement on the previous version, and included more diseases, causes of death and morbidity, and risk factors; and contained common language for recording, reporting and monitoring health problems. The eleventh revision would be available online and offline, and would provide for consistent and standardized data sharing across all types of health care facilities. It would also be available in multiple languages.

With regard to implementation, she said that an implementation support package would be provided, as had been requested by Member States, and that the Secretariat was planning to hold regional training sessions and would provide additional assistance if required. She said that the eleventh revision would be easier to implement than the tenth revision, particularly in those countries that did not have very advanced computer systems, where algorithms would not need to be updated. It

was envisioned that the eleventh revision would come into effect three years after its adoption at the World Health Assembly.

With regard to the inclusion of gaming disorder, she said that it had been included after careful consideration by experts, who believed that while gaming disorder could be a symptom of other psychiatric disorders, it was also a disorder in its own right. The relevant evidence was being collated and would be published online. She reiterated the Organization's openness to receiving new evidence, particularly in emerging areas of medicine.

The representative of THAILAND¹ said that the International Classification of Diseases was one of the most important tools for implementing universal health coverage and therefore urged WHO to invest in capacity-building at the country level to facilitate its implementation.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that, in spite of recent progress, many elements of the eleventh revision still needed to be clarified and tested before it would be ready to use. Statistical continuity had to be successfully assessed in 2018, and further tests conducted relating to mortality and morbidity statistics. A realistic timeline was required for implementation, one that reflected the need for technical development and system changes, which could take up to 10 years in many countries.

The Board noted the report.

3. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:
Item 4 of the agenda (resumed)

Future sessions of the Executive Board and the Health Assembly: Item 4.7 of the agenda (document EB143/10) (resumed)

The representative of CHINA, reiterating his flexibility, supported the proposal made earlier to change the date of the 144th session of the Executive Board. He appreciated the efforts made by the Secretariat to respect cultural diversity and requested that future governing body meetings be scheduled taking into consideration the most important festivals in each Member State.

The representative of VIET NAM also expressed appreciation for the effort to respect cultural diversity and proposed that the 144th session of the Executive Board should be held from 24 January to 1 February 2019, two working days ahead of the dates proposed in document EB143/10.

The meeting rose at 12:10.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

FOURTH MEETING

Tuesday, 29 May 2018, at 14:45

Chairman: Ms M. N. FARANI AZEVÊDO (Brazil)

1. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 4 of the agenda (continued)

Future sessions of the Executive Board and the Health Assembly: Item 4.7 of the agenda (document EB143/10) (continued)

The representative of GERMANY, supported by the representatives of VIET NAM, FINLAND, CHINA AND AUSTRALIA, proposed moving forward the meeting dates proposed in the first draft decision contained in document EB143/10. Under the revised schedule, the Programme, Budget and Administration Committee would meet from Monday, 21 January to Wednesday, 23 January 2019, and the 144th session of the Executive Board would convene from Thursday, 24 January to Saturday, 26 January 2019 and from Monday, 28 January to Friday, 1 February 2019.

The CHAIRMAN took it that the Board wished to adopt the revised draft decision.

The decision, as amended, was adopted.¹

Evaluation: annual report: Item 4.3 of the agenda (EB143/6) (continued from the second meeting)

The CHAIRMAN invited the Board to consider the proposed amendments² to the draft evaluation policy (2018) appended as an annex to document EB143/6.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, reiterated that monitoring and evaluation processes played a critical role both in strengthening the Organization and in ensuring accountability. While he recognized that the evaluation function was underfunded, he expressed concern that the draft evaluation policy appeared to provide for earmarked funding thereof; the Secretariat should have the prerogative to allocate funds as needed.

The representative of SUDAN said that the Executive Board should focus on strategic issues, while the Secretariat and the Director-General should be responsible for how funds were allocated.

The DIRECTOR-GENERAL explained that discussion of the draft evaluation policy had been deferred to ensure that the amendments reflected the nature of evaluation as an oversight function and that oversight was made as progressive and modern as possible as part of the transformation agenda. He stressed that the revised draft was a compromise that could be used until a better evaluation policy was instituted as part of the new operating model under development. The phrase “within the range

¹ Decision EB143(8).

² See summary record of the second meeting.

recommended by the United Nations Joint Inspection Unit” had been added after “adequate resources” in paragraph 37; that should be acceptable to Member States, because it would ensure that the evaluation workplan was funded in line with a study by that Unit. In paragraph 41(e), “including its budget” had been added after “workplan” and before “consider”, thus shifting responsibility for approving the evaluation workplan budget from the Health Assembly to the Executive Board. As the workplan itself was submitted to the Board, it made sense that the Board should also approve the associated budget. As WHO reform progressed, all oversight functions should be better positioned and considered as a package. Oversight and evaluation, both internal and external, would be essential going forward, as they would help the Organization to identify and address gaps and challenges.

In reply to a query from the representative of the UNITED STATES OF AMERICA, the DIRECTOR-GENERAL confirmed that the proposed amendments read out in the previous day’s session had been accepted.

At the invitation of the CHAIRMAN, the CHEF DE CABINET read out the proposed amendments agreed the previous day. A new sentence would be added to the end of paragraph 43, which would read: “The head of the Evaluation Office serves for a fixed term of four years with a possibility of reappointment only once for a further term of four years, and is barred from re-entry into the Organization after the expiry of his/her term.” A new paragraph 43bis would read: “Additionally, the Director-General, regional directors, senior management and programme directors across the Organization also play a critical role in promoting a culture of evaluation. These roles and responsibilities are detailed in the evaluation practice handbook.”

In response to a query from the representative of NORWAY, the DIRECTOR-GENERAL confirmed that subparagraph 42(k), “submitting an annual report on evaluation activities to the Executive Board”, had been agreed the previous day and was included among the proposed amendments.

The CHAIRMAN took it that the Board wished to adopt the draft decision approving the evaluation policy.

The decision was adopted.¹

2. CLOSURE OF THE SESSION: Item 6 of the agenda.

The DIRECTOR-GENERAL congratulated all participants on a successful session and thanked them for their advice, guidance and support.

After the customary exchange of courtesies, the CHAIRMAN declared the 143rd session of the Executive Board closed.

The meeting rose at 15:10.

¹ Decision EB143(9).