PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

WHO headquarters, Geneva
Thursday, 24 January 2019, scheduled at 14:30

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

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SECOND MEETING
Thursday, 24 January 2019, at 14:45
Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)

1. REPORT OF THE REGIONAL COMMITTEES: Item 3 of the agenda (document EB144/3)

The REGIONAL DIRECTOR FOR AFRICA said that the Region’s Member States, meeting at the sixty-eighth session of the WHO Regional Committee for Africa, had stressed the need to develop an implementation framework for the draft WHO global strategy on health, environment and climate change. Regarding the draft road map for access to medicines, vaccines and other health products 2019–2023, they had noted that there was a clear need for regional and subregional coordination to improve access to affordable, high-quality medicines and vaccinations, and that countries transitioning out of support from Gavi, the Vaccine Alliance, would require help with vaccine coverage. They had expressed support for the proposed programme budget for 2020–2021 and its “triple billion” goals, and welcomed the consultative, bottom-up approach used to develop them.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the Region’s Member States, meeting at the seventieth session of the WHO Regional Committee for the Americas, had considered inter alia a number of regional documents, the proposed programme budget for 2020–2021, the methodology used to develop indicators for the Thirteenth General Programme of Work, 2019–2023, regional issues such as road safety and maternal mortality, and global concerns, such as climate change and eHealth.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Region’s Member States, meeting at the sixty-fifth session of the WHO Regional Committee for the Eastern Mediterranean, had examined several papers on implementation of the Thirteenth General Programme of Work in the Eastern Mediterranean, including the “triple billion” strategic priorities. The unprecedented number of conflict-related health emergencies in the Region made it difficult to implement the Programme, and the Secretariat must therefore strengthen national capacities and adapt its work to regional specificities.

Member States had reaffirmed their commitment to universal health coverage, polio eradication and health promotion across the life course. They had expressed support for the approach to health emergencies outlined in the General Programme of Work and endorsed the development of a global action plan on the health of refugees and migrants, but noted that more technical support was required from WHO on emergency preparedness, detection, control, response and recovery, and on building resilient health systems.

The REGIONAL DIRECTOR FOR EUROPE said that the WHO Regional Office for Europe had endorsed a vision aimed at strengthening public health through legislation, governance, institutional structures and a competent workforce. It regularly reviewed the work of the country offices in view of the strategic role they played in advancing that agenda. Visits to country offices were therefore a fixture. Consideration should be given to extending that practice to other parts of the Organization and to discussing the country focus of WHO work, the United Nations reform and other elements of the WHO transformation process. In future, the Committee would insist that it be given the opportunity to review the programme budget in detail before it was submitted to the governing bodies.
The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the resolutions and decisions adopted by the seventy-first session of the WHO Regional Committee for South-East Asia included a decision calling on WHO to develop a regional action plan for the draft global strategy on health, environment and climate change and a resolution requesting that disease burden and population size of regions be considered in the proposed programme budget for 2020–2021. To reduce the data burden, the indicators for the Thirteenth General Programme of Work must be measured in a way that was aligned with the Sustainable Development Goals and other existing frameworks.

The Regional Committee had observed a clear link between Member States’ achievements, financial investment and Secretariat support, and therefore commended the practice of providing funding before the biennial workplan commenced. It had also recognized that health worker density in most Member States remained below the threshold for human resources for health set out in the Sustainable Development Goals. Efforts were therefore needed to enhance rural retention and transformative education, and to improve data collection and analysis on human resources for health, with a focus on frontline workers. Lastly, the Committee had confirmed its commitment to the global action plan on physical activity 2018–2030.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that the Region’s Member States, meeting at the sixty-ninth session of the WHO Regional Committee for the Western Pacific, had discussed conventional public health topics and more innovative subjects, endorsing a regional action framework on, for example, harnessing eHealth for improved service delivery and strengthening legal frameworks for health. As customary, all WHO country offices in the Western Pacific Region had participated in the lunchtime videoconference, which had discussed the importance of communication in implementing the “triple billion” targets.

The representative of INDONESIA said that the disease burden and population size of regions must be considered not only in the proposed programme budget for 2020–2021, but in all future budgets. The new challenges facing the South-East Asia Region – among them, communicable diseases, noncommunicable diseases and climate change – would require more sustainable financing based on value for money and the WHO Impact Framework for the Thirteenth General Programme of Work.

The representative of SRI LANKA reported that the WHO Regional Office for South-East Asia had been endeavouring to improve the efficiency of meetings by reducing the number of items on the agenda. The Regional Committee had therefore agreed to sunset outstanding resolutions from the period 2000–2015 that were no longer relevant. It had also pushed for “green” meetings where all documents were made available through an application. During sessions, the Regional Director had insisted on physical activities, such as yoga or dance.

The representative of FINLAND said that concise reports on the discussions of other regional committees helped delegates to better understand different approaches to topics of both regional and global significance. There might also be value in organizing visits to other regional committees.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, echoed calls for environmental surveillance to be part of the draft global strategy on health, environment and climate change. The draft road map for access to medicines, vaccines and other health products would be a key tool for achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and meeting the targets set out in the Thirteenth General Programme of Work. The Secretariat should support Member States’ efforts to implement a Health in All Policies approach, particularly regarding the environment and climate change, and to champion the sharing of best practices across regions.
The representative of JAPAN said that items of regional importance also fed the global debate. His Region’s activities were of particular relevance to countries for which international collaboration was shifting from technical assistance to service provision and national capacity-building.

The representative of SUDAN hoped that progress would continue to be made in the African Region in line with the Thirteenth General Programme of Work and the “triple billion” goals. Given that the Region was experiencing several emergency situations and conflicts, immense resources were needed to provide proper health care to refugees and migrants, especially in host communities. Experience had been gained from the “Walk the Talk” initiative, which he hoped would be adopted by all members of society and contribute to the fight against noncommunicable diseases.

The representative of GERMANY said that the regional committees played a crucial governance role and that it was important to take the views of all regions into consideration. The global governing bodies must nevertheless provide oversight and guidance on WHO’s work in countries, especially given the impact on the programme budget of the planned shift to a country focus. While exceptional circumstances had led to only a high-level proposed programme budget for 2020–2021 being submitted to the regional committees, in the past entire draft budgets had been made available for thorough review, and he requested that the practice be reinstated in the future.

The representative of JAMAICA said that the Regional Committee for the Americas had provided consistent support that had allowed countries to find effective ways to fight communicable and noncommunicable diseases and chart paths towards a stronger health sector.

The representative of ALGERIA said that the regional committee reports provided valuable information about activities in the regions. For example, the African Region’s functional review of country offices had taken countries’ needs and the expectations of governments and development partners into account, thus strengthening the evaluation culture. The resulting report had included recommendations for improving the governance and work of the International Coordination Group on Vaccine Provision that should be fully and effectively implemented.

The representative of ISRAEL said that all topics discussed at the regional level required commitments at the national level and guidance from the global governing bodies. The European Region’s decisions and resolutions outlined in the report were welcome, as was the Regional Director for Europe’s support for advancing cooperation between groups of countries within the Region and for monitoring among Member States within the Region and worldwide.

The representative of GABON said that WHO had a key role to play in matters of environmental health through the draft global strategy on health, environment and climate change and by supporting the strategic plan adopted at the Third Interministerial Conference on Health and Environment held in Gabon in 2018. As one of the middle-income countries ineligible for support from Gavi, Gabon was affected by the issue of access to medicines and vaccines, and he fully supported making improvements to the related draft road map.

The representative of PANAMA1 said that the possibility that diseases would be imported into transit and destination countries must be reflected in a draft global action plan on the health of refugees and migrants and that there must be effective coordination between all agencies and programmes concerned. She reiterated the importance of consultation with national authorities and WHO officials at

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
the country level during the priority-setting process for the proposed programme budget for 2020–2021 and recommended using the Hanlon Method for prioritizing health problems.

The representative of SOUTH AFRICA\(^1\) said that the issue of access to medicines continued to impede attainment of universal health coverage. The Secretariat must support local production of medicines, with technical and financial support coordinated at the regional and subregional levels. In that respect, the role of country offices in supporting health ministries should be reviewed. The Secretariat should also support local manufacturers, particularly in low-income countries, so that a greater number could submit their products for prequalification by WHO.

The representative of THAILAND\(^1\) said that WHO regional committees enjoyed a unique level of independence among United Nations technical bodies that must be respected. A Member State that did not belong to the South-East Asia Region had recently used informal channels to intervene in the Region’s decision to hold its next committee meeting in the Democratic People’s Republic of Korea. The Region was now forced to await a decision from the United Nations Security Council. He called on Member States to leave political conflicts out of health work and show the solidarity required to meet the “triple billion” goals. The Director-General should resolve the issue as soon as possible.

The representative of the REPUBLIC OF MOLDOVA,\(^1\) noting that the regional offices’ activities were essential to the work of WHO as a whole, said that information from the regions should be exchanged more often. The European Region was at the forefront of health development and had experience worth sharing at the global level in areas such as integrating the 2030 Agenda for Sustainable Development and the Thirteenth General Programme of Work into regional strategies; building coalitions, partnerships and platforms aimed at implementing the 2030 Agenda; and addressing the role of gender in health, as evidenced by its ground-breaking policy document aimed at reducing the number of premature deaths of men from noncommunicable diseases.

The Board noted the report.

2. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB144/4)

The representative of ZAMBIA, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had appreciated the regional focus of the Independent Expert Oversight Advisory Committee’s report and hoped that it would be maintained. While the pursuit of new, innovative funding mechanisms in the biennium 2018–2019 was a positive development, it was unfortunate that funding still did not match up with the Organization’s priorities. The draft proposed programme budget for 2020–2021 contained a welcome focus on measurable impact, capacity and integrated systems at the country level, and it was encouraging that fundraising was ahead of where it had been at the same time in the previous biennium. He also outlined the Committee’s recommendations regarding the Organization’s response to sexual harassment, the mobility policy, organizational learning, the primary health care review and implementation of the Framework of Engagement with Non-State Actors.

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\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of SRI LANKA stressed the size of the gap between funding and WHO priorities, particularly the lack of funding for noncommunicable diseases. The Committee’s report should be borne in mind when discussing the draft proposed programme budget for 2020–2021.

The representative of MEXICO said that the draft proposed programme budget for 2020–2021 and the indicators contained in the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 were highly relevant issues that deserved further analysis.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that the Secretariat should take into consideration the recommendations on prioritization of expenditures and activities that could be reduced in the event of a budget shortfall, especially in the light of his Region’s vulnerability in the underfunded categories of communicable and noncommunicable diseases. He requested further information on a number of points: measures taken with regard to information technology and cybersecurity; pending direct financial cooperation reports; polio transition planning; challenges facing the WHO Health Emergencies Programme; and implementation of the Framework of Engagement with Non-State Actors. The Secretariat should also explain how it planned to guarantee sustainable, predictable financing for priority issues such as transition planning and the full implementation of the WHO Impact Framework.

The representative of ZAMBIA, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that he would take the comments and suggestions made into consideration and that the Committee remained open to advice from members of the Board.

The CHAIRMAN took it that the Board wished to conclude the discussion of the item.

It was so agreed.

3. FINANCIAL MATTERS: Item 8 of the agenda

Overview of financing and implementation of the Programme budget 2018–2019: Item 8.1 of the agenda (document EB144/43)

The representative of AUSTRALIA said that she remained concerned by the serious underlying challenges that WHO faced, including the mismatch between funding and agreed priorities, uneven funding across offices, programmes and projects, and a continued lack of flexible funding. The Secretariat had made significant efforts to overcome those challenges in the draft proposed programme budget for 2020–2021, but Member States would be unable to assess the effect thereof unless they had a full understanding of the financing and implementation of the current programme budget. She was eagerly awaiting the completion of the resource mobilization strategic framework for 2019–2023, and suggested that further details on the three segments and related targets would help to clarify how WHO planned to deliver on the Thirteenth General Programme of Work, 2019–2023 and inspire confidence in agreeing a programme budget for 2020–2021. More detail on growth projections for emerging Member State contributors would be particularly useful. She also stressed the importance of the Independent Expert Oversight Advisory Committee’s advice to senior management to prioritize spending requirements and determine which activities could be reduced or eliminated in the event of a funding shortfall.
The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that a coordinated plan needed to be put in place to allow all outstanding financial projections to be realized and to ensure the availability of the funds needed to fully implement the programme budget in 2019. He looked forward to the finalization of the resource mobilization strategic framework in the first quarter of 2019 and endorsed its implementation to ensure the full financing of the draft proposed programme budget for 2020–2021. He welcomed WHO’s willingness to use innovative fundraising methods, promote flexibility and predictability of funding and support targeted resource mobilization efforts to increase country capacities. For the Organization to consolidate its global leadership and decision-making power, it must consider reducing its dependence on voluntary contributions from a few donors by encouraging flexible voluntary contributions, expanding the donor base and maximizing the positive effects of the Framework for Engagement with Non-State Actors. All options for strengthening investment in health should be explored in depth, particularly the use of innovative financing mechanisms and more dialogue on funding.

The representative of FINLAND thanked the Secretariat for its work to develop the programme budget web portal and to update the information quarterly. Although more funding was available for the Programme budget 2018–2019 compared to the same time in the previous biennium, the unevenness of funding across major offices and work areas remained a major concern. The disparity was particularly visible – and posed a serious risk – in activities related to noncommunicable diseases, identified as a global high priority. In relation to the Secretariat’s guidance on resource mobilization, she asked whether the Secretariat held discussions with donors to try to better align funding with the priorities set out in the general programme of work, and whether it ever refused funding for overfunded programmes or projects not included therein. Noting the ambitious goals for the development of the resource mobilization strategic framework, she requested further information about the basis for the forecast contributions and about the Partners’ Forum planned for April 2019.

The representative of GERMANY observed that, although projected financing exceeded the Programme budget 2018–2019, certain programmes continued to suffer shortfalls, indicating that the underlying structural problem had not been addressed effectively. In the past, the Secretariat had focused on trying to mobilize flexible resources, by increasing either assessed contributions – an approach for which the political appetite was currently limited – or core voluntary contributions. Since the latter were highly unlikely to increase, other solutions needed to be found. He agreed with the representative of Finland that the Secretariat should adopt a corporate approach to resource mobilization, so as to eliminate the ongoing unevenness in funding. The Organization’s core functions, such as the normative and enabling functions, were heavily dependent on flexible resources, and it would be useful to know whether they were currently well funded. It would also be useful to know the criteria for the distribution of resources throughout headquarters and whether the Partners’ Forum would replace the financing dialogue.

The representative of IRAQ, echoing the concerns of the representatives of Finland and Germany about the large disparities in programme funding, asked the Secretariat to explain its strategies for increasing earmarked contributions, particularly in relation to funding the additional increase in the base segment for the draft proposed programme budget for 2020–2021, given that most voluntary contributions currently provided were earmarked.

The representative of CHINA noted the funding imbalances across the different technical programmes, particularly the chronically underfunded area of noncommunicable diseases. The Secretariat must improve its analysis of poorly funded areas, strengthen fundraising and adopt relevant measures. Referring to the development of the programme budget web portal, she hoped that the Secretariat would provide a clearer, more direct report on how flexible funding was being used. She
noted that data were presented more clearly under the new resource mobilization framework, and trusted that the Secretariat would take concrete steps to push the framework’s implementation forward.

The representative of JAPAN questioned the logic of continuing to accept contributions to fully funded budget areas when others were so poorly funded. He asked what efforts were being made to have donors consider making contributions to underfunded areas and suggested that the sustained underfunding of certain programmes was indicative of either an inappropriate fundraising strategy or the unattractiveness of the programme itself.

The representative of MEXICO said that it was encouraging that more funds were available for base programmes at 31 October 2018 than at the same point in the previous biennium; the fact that category 2 (Noncommunicable diseases), a priority area, was underfunded nonetheless clearly indicated that resource allocation was not focused on programme needs. The new emphasis on improving health according to specific priorities would help to focus efforts on areas of interest and allow assessed and voluntary contributions to be redirected to strategic programmes. She urged the Organization to pursue its efforts in respect of the new resource mobilization strategy framework and to maintain the same level of commitment to achieving full funding of the programme budget for future bienniums. She looked forward in 2019 to innovative funding strategies and fundraising among existing and new donors, within the Framework for Engagement with Non-State Actors.

The representative of PANAMA said that more information was needed for in-depth analysis of the funding situation and accurate decision-making. Permanent mechanisms were needed to monitor and control resource allocation and implementation; available resources were far less than the approved budget, yet the implementation rate was low. Regarding the disparity in resource allocation in terms of both budget areas and available resources, she noted that donors had for years shown little interest in implementing certain programmes, such as noncommunicable diseases, and wondered whether a results-based focus was seen as a possible solution to the issue. If the Organization failed to act on noncommunicable diseases, it would not be able to meet the goals of the Thirteenth General Programme of Work. She stressed that the Framework for Engagement with Non-State Actors had to be applied throughout the process.

The representative of MONACO said that she shared the concerns of the representatives of Germany, Iraq and Japan on overall financing. Regarding the implementation rate, she noted that the rate for the base segment of the Programme budget 2016–2017 had been 85%, whereas for the current Programme budget it had averaged 32% at 31 October 2018 and should be approximately 41% if sufficient funding had been available. The implementation rate was fundamental in budgetary matters because it served as the basis for drawing up the next budget. She asked why the Secretariat proposed to increase the budget when the average implementation rate was so low and whether it was sure that 100% implementation was possible under the new proposed budget framework if funds were mobilized.

The representative of THAILAND, referring to the implementation of the resource mobilization strategic framework, pointed out that paragraph 4 of decision EB137(7), on strategic budget space allocation, requested the Director-General to work with regional directors to strive towards the use of WHO country budgets and the Organization’s social and intellectual capital to leverage additional resources at the country level in order to implement and sustain national priority programmes effectively. Rather than trying to mobilize funds from donors and being held hostage to their earmarked voluntary contributions, WHO should focus on using its social and intellectual capital, together with the

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
small country budgets, to leverage greater social, intellectual and financial resources to implement the programme budget and thereby obtain more independent resources.

The CHAIRMAN noted that dissatisfaction with the clarity of the presentation of the programme budget had already been discussed by the Programme, Budget and Administration Committee of the Executive Board, with several Member States having highlighted the unevenness of programme funding. That put the Secretariat in an uncomfortable position, because without clarity there could be no trust or confidence.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that a more detailed analysis of programme budget implementation and the Organization’s financial situation would be provided in future. In an effort to address the long-term underfunding of certain programmes and major offices, the Secretariat had adopted an integrated approach in the programme budget with a view to allocating funds at a higher level. It could not resolve the issue on its own, however, since 80% of the funding it received was tightly earmarked. While it was important to make underfunded programmes more attractive to donors, the disconnect between Member States’ priorities and the funding provided by donors also needed to be addressed. That being said, the Secretariat was aware that it had to improve its recognition of and reporting to donors that provided flexible funding. In addition, it had decided to review donor agreements before they were signed, so as to ensure that funding was not allocated to major offices that already had sufficient financial resources.

Regarding the budget approval process, Member States approved the budget for each category, which was then broken down into budget ceilings. The Secretariat was looking at ways to facilitate negotiations on ceiling adjustments, in response to criticisms that the budget ceilings were too rigid, but it could only change them temporarily and following strategic discussions on the general programme of work.

The fact that the Programme budget 2018–2019 was 101% funded did not mean that certain programmes were overfunded, as the amount included projected and non-allocated funds as well. The implementation rate, which was expected to be 85% for the biennium 2018–2019, was not radically low, but could be better. It was calculated based on the approved budget rather than on available funds, which explained why underfunded programmes that had made use of all available resources had a low implementation rate. The implementation rate therefore served as an indicator of how realistic the approved budget ceilings were, raising questions as to whether budgeting should indeed be based on projected income or whether more strategic guidance was needed from Member States. If calculated based on available funds, in 2016–2017 the implementation rate was over 90% for all but three budget categories.

The ASSISTANT DIRECTOR-GENERAL (External Relations) said that the new approach to resource mobilization had paid off so far: in 2018, nearly US$ 46 million had been raised in voluntary contributions from 76 donors that had not contributed in 2017; 12 donors had increased their contributions by over US$ 10 million; and 32 donors had more than doubled their contributions. The Secretariat was also working to improve its end-to-end processes, which would make the allocation of funds more effective and transparent. To that end, a resource allocation committee was being set up.

The Partners’ Forum would serve as a platform for high-level strategic discussions between WHO and its partners on ways to mobilize predictable and flexible funding and build long-term partnerships. Rather than being a pledging platform or a substitute for the financing dialogue, it would be an innovative and fast-paced forum supported by a core group of Member States and involving inspirational speakers and group discussions.
The DEPUTY DIRECTOR-GENERAL (Corporate Operations) said that the Secretariat was taking action and not simply waiting for the new resource mobilization strategy and programme budget to have an impact. Since the Director-General had taken office, for instance, all strategic dialogues had included discussions on the nature, as well as the amount, of funding. In addition, the Secretariat had taken steps to ensure that strategic dialogues with individual Member States involved all government ministries and agencies, as well as all WHO departments working with them; Member States had responded positively to that approach. Finally, some donors had already agreed to review their forthcoming donor agreements with a view to ensuring that funding was allocated in accordance with WHO priorities.

The DIRECTOR-GENERAL said that the underfunding of certain programmes was a result of the large amount of earmarked funds that WHO received. In addition, the Secretariat had to manage 3000 separate grants, 46% of which amounted to less than US$ 500 000 each. That put the system under pressure and was not cost-effective or time-efficient, resulting, among other things, in delays in the submission of reports to donors. A structural solution was needed, with fewer, more manageable grants, freeing up time and resources for programme implementation. The Secretariat was therefore shifting resource mobilization to the corporate level in an effort to reduce the number of grants and ensure that donors and other partners had a single point of contact within the Secretariat. Member States were encouraged to communicate with the Secretariat at the corporate level and to provide predictable, multiyear funding that was either unearmarked or earmarked at the highest possible level. That would make it possible to focus on priority areas and channel funding to them in order to bring about large-scale, high-quality and timely change. Finally, the Secretariat and Member States needed to work together as partners to mobilize resources. He asked Members States for their continued support in that regard and invited them to join the group of Member States volunteering to promote and support non-earmarked, predictable multiyear funding.

The Board noted the report.

4. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 7 of the agenda

WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: Item 7.1 of the agenda (documents EB144/31, EB144/32, EB144/33, EB144/33 Add.1, EB144/34, EB144/34 Add.1 and EB144/INF./4)

The CHAIRMAN recalled that the Board had agreed to address item 7.1 through two separate debates. During the first such discussion, she invited the Board to consider WHO reform and the transformation agenda.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) reaffirmed that the goal of transformation was to modernize the Organization so that its work could be seamlessly carried out both horizontally across programme areas and vertically across the three levels of governance, thereby optimizing relevance, quality and impact. Transformation was a long-term endeavour, with the focus in 2019 being on optimizing the set-up of the Organization across all three levels to deliver the Thirteenth General Programme of Work, 2019–2023. Recalling the previous comments from Member States on the need for greater transparency on the transformation as it evolved, both in the context of formal proceedings and informal briefings, he assured Member States that their comments had been taken on board.
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, as well as Ukraine aligned themselves with his statement. While the information provided on the implementation of the transformation agenda was appreciated, greater clarity was needed on how the agenda helped WHO to work better as a global leader in health and to fully and firmly implement United Nations development system reform. Given the importance of the transformation’s aims and the need for greater clarity and transparency, the Secretariat should provide more information on the concepts resulting from the conclusions of the Global Management Meeting, held in Nairobi in December 2018, on the new WHO Values Charter and on how the goals set by senior management would be implemented and measured. It should also provide a detailed organizational chart to help Member States understand the roles of individuals at WHO and how to contact relevant experts. In view of the cases of bullying, harassment and abuse of power within the United Nations family, he understood the need to strengthen the prevention mechanism within the Secretariat and to promote the organizational structure to better reflect WHO values and ethical principles.

The representative of AUSTRALIA commended the action taken to implement Organization-wide change, with the Thirteenth General Programme of Work as the overall guiding strategy. She looked forward to the finalization of the next stage of work on the WHO Impact Framework, the delivery of the new organizational structure by the end of February 2019, and more information on the work being done to enhance the relevance and development of WHO norms and standards. As the country level was so central to the transformation agenda, she urged WHO to ensure country offices had the right capacities to deliver on the agenda. In that regard, more strategic reporting was required on the performance and functioning of WHO country offices.

The representative of the NETHERLANDS, commending the Secretariat for tying the transformation agenda to the United Nations reform agenda and the development of United Nations Resident Coordinators, asked for further information on the link with the United Nations, especially in regard to the new, stronger focus on WHO country-level operations and the more political role that was anticipated for WHO. Recalling the discussions on the Thirteenth General Programme of Work, he said that a clear assessment should be carried out of how the operational skills and technical assistance of the other United Nations agencies tied in with the work of WHO. He asked what stage the process had reached and whether the need for a change in mindsets noted in document EB144/31 also applied to members of the Executive Board, who were likewise part of the reform process and needed to feel comfortable with it. To that end, they needed information about structure, such as an organizational chart of the new WHO.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, noted that WHO had been engaged in the process of reform for 15 years, which raised the question of how it proposed to avoid repeatedly reforming as opposed to continuously improving. At what point should Member States expect the transition to occur? Noting the extensive and active engagement of WHO staff at all levels, he encouraged senior management to lead the transformation process from the front. To successfully align and optimize WHO’s operating model, closer working relationships were needed between country offices and the ministries of health of Member States. He looked forward to seeing the Region’s leadership and management capacity-building programme expanded to other regions.

The representative of FINLAND said that WHO should focus its resources on issues to which it brought added value, including providing guidance to other United Nations agencies on their health-related work. She found it hard to see how the apparent attempt to transform WHO into more of an implementing agency would bring added value to what was a crowded field. Given that one of the most
notable changes being introduced was the transformation of WHO operations at the country level, a strategy should be developed for the Organization’s work in and with countries, and understanding enhanced of how the country offices integrated their work with other partners and the Resident Coordinator. She asked for more information on the appointment of a chief scientist and the establishment of a science division and a WHO museum, foundation and academy, and suggested that the Secretariat draw up quarterly reports on implementation of the general programme of work, the financial situation and projections relating to the biennium.

The representative of the UNITED STATES OF AMERICA welcomed the review and harmonization of WHO’s normative function and guideline development processes. She applauded the focus on innovation, but said that, for innovation to thrive, WHO had to be able to work effectively with all relevant partners. Although it used the Framework of Engagement with Non-State Actors to protect its reputation with regard to such engagements, the Framework was fundamentally a tool to promote appropriate engagements. Regarding the Resident Coordinator system, the accountability of WHO representatives to Resident Coordinators must be defined in such a way that it did not undermine their accountability to WHO management and the governing bodies.

The representative of CHINA expressed appreciation for the four-pronged approach to transformation, but asked for more information on the core processes, including how the new “one WHO” ways of working were reflected. The Secretariat should encourage more inclusive participation in the transformation of processes and the WHO culture, and should continue to encourage efficiencies in governing body meetings. As it moved forward with governance reform, it was important that the Organization maintain its intergovernmental character while providing opportunities for civil society to participate in decision-making. Care must also be taken to ensure that the normative function remained free of undue influence.

The representative of ISRAEL said that the decision to allocate 15% of non-core development funding to joint activities should be implemented only once the potential efficiency gains for WHO of enhanced coordination with the United Nations development system were fully understood.

The representative of GERMANY said that WHO needed to sharpen its focus as a coordinating and leading authority in global health. He applauded the Secretariat’s efforts to redesign and harmonize the process underpinning WHO’s core functions across major offices. WHO’s present activities in countries needed to be discussed on the basis of a document, to be submitted to the Seventy-second World Health Assembly, so that the governing bodies could address the issue and provide oversight and guidance. He asked for further information on the new transformation targets for 2019 established by the Director-General and the Regional Directors, and agreed with others that a robust new structure was needed.

The representative of INDONESIA said that the United Nations development system reform would ultimately avoid programme duplication and result in better alignment and coordination between related United Nations agencies. The Resident Coordinator would play a vital role, but strong leadership was also needed to ensure the smooth implementation of reform.

The representative of MEXICO commended the Secretariat for its ongoing analysis of the reforms and changes undertaken, ensuring that the Organization consolidated its position as a leading and coordinating authority in global health. Similarly, he welcomed the alignment and communication at the three levels of governance, the contributions from WHO staff members to institutional change, and the communication with the United Nations Secretariat on its positioning. However, achieving the health goals of the 2030 Agenda for Sustainable Development required assessment of the progress made. In that regard, in parallel with the implementation of the Thirteenth General Programme of Work, new
working methods should be reinforced that focused on transparency, efficiency and accountability at all levels, and on achieving alignment between the Organization and regional offices. A clear definition of responsibilities and roles at all three levels of the Organization would also ensure shared accountability for country impact.

The representative of CANADA\textsuperscript{1} expressed support for the transformation agenda and the importance placed on country impact and on strengthening country office capacities. However, attention should be paid to human resources management to ensure results. The normative function should continue to be enhanced and preserved while the transformation agenda was being implemented. Regular communication with Member States on the changes being undertaken as part of the transformation process was important, and relevant updates, in particular on the new structure and operating model, and the findings of the normative review should be provided in advance of the Seventy-second World Health Assembly. The WHO transformation process should be fully aligned with the United Nations development system reform to ensure greater cross-sectoral collaboration and coordination across the United Nations system. He encouraged WHO to continuously seek efficiency gains through common business operations, and to ensure that systems were in place to secure the application of the 1% coordination levy.

The representative of THAILAND\textsuperscript{1}, expressing support for the Resident Coordinator system, said that the role of the WHO representative should not be overlooked. His Government stood ready to intervene at the country level to ensure that it was meaningful. It was a pity that, after one and a half years, the transformation agenda remained a work in progress. Prompt decisions were needed, before the current window of opportunity disappeared.

The representative of FRANCE\textsuperscript{1} expressed full support for the United Nations development system reform and WHO’s normative role. She asked for information on how WHO was implementing the reform in practice, beyond its participation in working groups, how it intended to help finance the Resident Coordinator system, and what tangible progress had been made in respect of the transformation agenda, in particular with regard to the structure of WHO.

The representative of the RUSSIAN FEDERATION\textsuperscript{1} expressed support for the transformation agenda and the proposed programme budget for 2020–2021, implementation of which would be crucial to the achievement of the ambitious goals set out in the Thirteenth General Programme of Work. It was unfortunate that further information on the new operating model would not be available until February 2019. Consultations should be held with Member States after the current session of the Executive Board, to consider the proposed models prior to the Seventy-second World Health Assembly. A consultation process should be launched after the Health Assembly to allow country-level discussions, not only on WHO internal procedures and corporate processes, but also on a strategy for working with countries.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND\textsuperscript{1} said that a clear case existed for transformation with a view to delivering on the Thirteenth General Programme of Work and the Sustainable Development Goals; integration across the Organization; and a focus on delivering results. More information was needed on anticipated timelines and the ways in which activities would link together to achieve an overarching vision. The Secretariat should therefore provide a comprehensive transformation implementation plan to clarify the connections between elements to be discussed at the current session of the Board, such as the programme budget and

\textsuperscript{1} Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
human resource reform. She welcomed the Secretariat’s action on staff engagement, but asked for more information on its plans to incentivize changes in organizational culture.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) assured Member States that WHO’s technical and normative functions, role as a coordinating global health authority and efforts to align with the United Nations reform would be safeguarded and enhanced during the transformation process. The Secretariat would provide further information to Member States in the form of a report to be produced before the Seventy-second World Health Assembly; a series of briefings on specific issues, such as the Organization’s work to strengthen normative processes and global goods; and an implementation plan to be prepared by mid-2019.

With regard to the Organization’s country presence, the Secretariat had engaged in extensive discussions within the United Nations system and partners at the global level, in the context of Sustainable Development Goal 3, and at the country level; the functional review launched by the African Region was one example. For countries to take advantage of the Organization’s technical and normative expertise, they needed WHO to have a predictable presence at the country level and the technical expertise to fulfil its health security and universal health coverage responsibilities; the capacity to act as a convening partner; the data monitoring and evaluation capacity to help guide the work of others; and the ability to be a provider of last-resort in emergency contexts. The Secretariat would provide a document and briefings on the WHO country presence at the Seventy-second World Health Assembly and welcomed input from Member States on their needs for WHO capacities at the country level.

With regard to timelines, 2019 would be critical since it was the last budget year in the Twelfth General Programme of Work, 2014–2019, and the first year for implementation of the strategy set out in the Thirteenth General Programme of Work. The Secretariat therefore aimed to have the key elements in position by the end of 2019 to support a move towards continuous improvement as opposed to a series of major reforms.

The DIRECTOR-GENERAL said that the transformation was already being implemented, in particular in the process of formulating the programme budget. Involving the relevant people in the preparations, rather than simply handing them a previously prepared plan, empowered management teams and encouraged a sense of ownership; headquarters and the regional offices had therefore decided to wait until after the appointment of the new leadership team before implementing reform processes and to include staff from the areas affected by the structural changes.

WHO would not seek to step up its role in country-level implementation but would continue to strengthen its technical and normative capacities to enhance its relevance to all countries. It engaged in policy dialogue on the basis of its country profiles, which were developed using country input and projections. It brought added value in the form of its technical and normative functions, such as surveillance, and therefore its practical support at the country level was usually small in scope, time-limited and in line with its technical and normative functions. After sufficient progress had been made, it wound down its country-level operations, and partners such as nongovernmental organizations stepped in to provide continued practical support in line with their implementation capacities and comparative advantage.

The Secretariat would intensify consultations on mobility with Member States in Geneva over the transition period and would make arrangements for staff to travel to countries to observe the situation on the ground. The arrangements should ideally be made in advance, although that would not be feasible in emergency situations and staff wishing to join such missions should be prepared to travel on short notice.

Responding to Member State concerns on engagement with non-State actors, he said that appropriate engagement should be encouraged and any potential risks managed rather than avoided. WHO should proactively engage with civil society organizations, governments, the private sector and other United Nations agencies to achieve change; indeed, active engagement between development partners was a cornerstone of the Sustainable Development Goals. Although concerns had been raised
regarding the Organization’s recent partnership with Google, that initiative had allowed WHO to reach millions of individuals and address risk factors for several noncommunicable diseases. In addition, the Secretariat had worked with civil society partners on ways to leverage their comparative advantage to enhance WHO activities and better serve target populations.

Regarding the appointment and promotion of WHO scientists, who did not necessarily have the management skills needed to rise through the ranks, the Secretariat was considering the creation of a new professional pay grade with equivalent benefits to the lowest director pay grade, to encourage competition for promotions among scientists, promote excellence in WHO’s technical capacities and demonstrate respect for its scientists.

The founding of a WHO academy would meet the need to train trainers and build capacities at the country level in areas such as emergency response. The academy would be a state-of-the-art educational institution that would leverage technology to reach millions of individuals and enhance WHO’s influence. It could be an external institution, with headquarters in one location, and provide training focusing on local health issues in partnership with leading institutions in the regions. Given the vast number of health workers worldwide, initial efforts should focus on a small proportion before expansion was considered. It would be difficult for WHO to undertake such a project alone; working with partners would allow a wider reach and greater use of technology. The establishment of a WHO foundation would help address conflicts of interest in raising funds from some partners.

Lastly, concrete change would not be brought about by abrupt changes in structure, but by shifting strategy, enhancing processes and focusing on qualitative issues, all of which required significant investments of time. The best outcomes would only be achieved if the requisite best processes were in place. It would be crucial to benchmark best practices and potentially redesign processes to ensure excellence and value in WHO’s work.

The meeting rose at 18:55.

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