



**World Health  
Organization**

**EXECUTIVE BOARD  
Special session on WHO reform  
Provisional agenda item 3.1**

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## **WHO reform**

The Director-General has the honour to transmit to the Executive Board the report provided on behalf of the Regional Committee for South-East Asia, in line with operative paragraph 4 of decision EB129(8). The report is provided in the annex.



## ANNEX

**Discussion at South-East Asia Regional Committee 64 on Programme of Reform for WHO (*Agenda item 3*)**

1. Presenting the introductory remarks on agenda item 3.1 on 'Future of financing and programme of reform for WHO, the Deputy Regional Director (DRD), using a power point presentation developed by WHO HQ, presented the background, expected outcomes, core business areas, and scope and process of proposed reform.
2. The Committee was informed that the rapidly changing environment in which WHO worked required changes in terms of new ways of working and improved clarity on the Organization's role in relation to other global players. When WHO was established in 1948 it was the only global health player. The situation has since changed, and WHO now needs to identify what it does best. The ongoing global financial crisis adds urgency to the need to effect suitable reforms, the expected objectives of which are to:
  - i) achieve greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples;
  - ii) improve health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus; and
  - iii) ensure that the Organization pursues excellence; and is effective, efficient, responsive, objective, transparent and accountable.
3. The vision for WHO remains unchanged: It is the "attainment by all peoples of the highest possible level of health". The five pillars of primary health care provide the strategic approaches for achieving this vision. These are:
  - i) reducing exclusion and social disparities in health;
  - ii) organizing health services around people's needs and expectations;
  - iii) integrating health into all sectors ;
  - iv) pursuing collaborative models of policy dialogue; and
  - v) Increasing stakeholder participation.
4. The five core business areas for WHO's future work are (i) Health systems and institutions; (ii) Health and development; (iii) Health security; (iv) Evidence on health

trends and determinants; and (v) Convening for better health. The task now is to identify:

- i) the priorities in each area of core business ;
  - ii) the expected outputs and outcomes; and
  - iii) the proposed measurements of performance.
5. The 129th Session of the Executive Board had requested the Director-General to prepare three concept papers on “Governance of WHO”; “independent evaluation of WHO”, and “World Health Forum”, which have been shared with Member States.
  6. The Regional Director, while introducing his Annual Report on the work of WHO in the SEAR, stated that under the leadership of DG, WHO has embarked on a programme of reform aiming to make the Organization more effective and efficient in its response to the needs of Member States within the context of a rapidly changing global health landscape. He also underscored his commitment to steer WHO-SEAR through this period of reform so that WHO emerges as a stronger, and more effective partner of Member States in SEAR.
  7. The Director General (DG) WHO emphasized that the proposed reforms will enable WHO to position itself to face the new global challenges, while dealing effectively with multiple stakeholders and players in health.
  8. The DG WHO clarified that the reform process was intended to improve the performance of WHO and was a long-term process to be taken up in a phased manner. Guidance from the Committee was sought on the content and process of reform. She stated that similar guidance would be sought from Regional Committees of other regions of WHO and the summaries of these discussions in Regional Committees would be reported to the Special Session of the Executive Board in November 2011.
  9. Some of the misconceptions on the concept paper on ‘independent evaluation of WHO’ were clarified by the Director General at the very outset. She stated that this would focus on WHO’s capacity to support member countries in health systems strengthening and *not* on the capacity of Member States.
  10. Country representatives applauded the DG’s effort to bring change into WHO with the objective of making the organization more efficient and effective in responding to country requests. They were of the unanimous view that reforms are timely and will enable WHO to emerge as a stronger organization while overcoming the financial constraints being faced. The Committee suggested that greater transparency, accountability and operational efficiency might be brought about through effective and sustainable implementation of WHO reforms.
  11. The discussions on proposed ‘World Health Forum’ revealed that the expectations of countries of this forum are different. While the representative of Thailand stated that WHO may change current processes to bring deliberations of ‘World Health Forum’ into the organization’s decision making process, other countries were clear in their

view that the supremacy of decision making should lie exclusively with Member States.

12. The Delegation from Thailand suggested that the WHO Constitution should be revised to ensure the effective input of non-state stakeholders into its decision-making processes. The Director-General responded to this suggestion by reminding delegates that any revision to the WHO Constitution would require 70 per cent majority approval through a vote. She also cautioned that opening up the Constitution to debate might open various other issues, which may not be advisable.
13. The Committee observed that a World Health Forum with defined goals and criteria for participation of non-state actors could be acceptable. The Committee suggested that WHO take a lead role in coordinating with civil society and other stakeholders with the objective of efficient use of resources. Efforts to support Member countries to deal with these stakeholders/partners efficiently and effectively to ensure that there is no duplication of resources and efforts was mentioned. The Committee also suggested that the issue be discussed further at subsequent forums such as the next session of the Regional Committee.
14. The Committee agreed to the involvement of other stakeholders subject to the condition that decision-making in the health sector was vested in the Member States.
15. The Director-General addressed the apprehensions of some Member States about the involvement of civil society groups and other stakeholders in the World Health Forum, confirming that WHO decision-making would continue to rest with Member States.
16. The Committee emphasized that WHO should develop more effective work procedures and ensure more efficient and transparent management of funds. This would make WHO more accountable and enable it to fully achieve its goals. The Committee also proposed that WHO develops a mechanism to ensure the required capacity to support Member States and avoid irrelevant programmes and activities at the regional and country level. The Committee also observed that WHO should not only respond to donors' demands but also be more flexible about funding effective strategies to achieve its health objectives and those of Member States.
17. The Committee was of view that WHO should continue to exercise authority in the health sector through the formulation of more international health regulations and framework conventions on a variety of health issues. In this context, the Committee recommended that more funds be channelled to areas that deal with non-communicable diseases, maternal and child health, and health systems, which it considered as being of overriding importance.
18. The Committee suggested that WHO identify and adopt quicker ways of achieving health development and stressed for vertical and horizontal collaboration and coordination.

19. The Committee also suggested that WHO provide funds to Member States on the basis of actual need and not on the basis of global income rankings.
20. The Committee was assured that its concerns with respect to WHO's programme of reform would be addressed. Such reforms would enable the Organization to effectively engage with partners within the context of a rapidly changing global health landscape.
21. The Committee was informed that guidelines on rapid assessment of health system strengthening are being revised. However, health information systems needed to be improved at the country level for better planning and management of health programmes.
22. The Committee recognized the importance of strengthening country capacity. It took note of Member States' concern that activities undertaken by various UN and other international agencies in countries should be appropriately coordinated so as to avoid wasteful resource duplication.
23. The Director-General of WHO, Dr Margaret Chan stated that the supremacy of the World Health Assembly should be preserved. She reassured Member States that WHO would continue to provide whatever technical assistance was required to support and strengthen specific requirement of countries, be it health financing; access to commodities or procurement methods. She also called for better planning and coordination of activities for effective global health governance at local level.
24. On the topic of strengthening internal governance, there was need to set priorities, so that WHO could work in tandem and harmony with the countries. This would facilitate broadening of the funding base of the Organization without compromising the best interests of the Member States. The Director-General stated that the Organization is seeking more sustainable funding and means to ensure that funding is better aligned with organizational priorities.
25. On the issue of governance, the Director-General clarified that there are two aspects of governance. The first was WHO's global governance, (i.e. how the Organization is governed at global level). The second aspect of governance concerns governance of the health sector at country level (i.e. stewardship and coordination of health actors at country level). The DG stressed that there are multiple problems associated with health governance at country level and made clear that the reform agenda must therefore consider both aspects.
26. The Director-General clarified that WHO reform does not only refer to reform of the Secretariat. The scope of the reforms, she insisted, would impact both the Secretariat and its member states.

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