



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

SPECIAL SESSION ON WHO REFORM

GENEVA, 1–3 November 2011

DECISIONS

SUMMARY RECORDS

LIST OF PARTICIPANTS

GENEVA
2011

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	– <i>Office International des Epizooties</i>
ASEAN	– Association of Southeast Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination (formerly ACC)	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
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	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
		WMO	– World Meteorological 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

A special session of the Executive Board on WHO reform was held at WHO headquarters, Geneva, from 1 to 3 November 2011. The present volume contains the decisions, the summary records of the Board's discussions, and the list of participants.

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AGENDA¹

1. Opening of the session
 2. Adoption of the agenda and method of work
 3. WHO reform
 - 3.1 Overview of WHO reform
 - 3.2 Programmatic priorities
 - 3.3 Governance
 - 3.4 Managerial reform
 4. Next steps
 5. Closure of the session
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¹ As adopted by the Board at its first meeting (1 November 2011).

LIST OF DOCUMENTS

EBSS/2/1 Rev.1	Agenda ¹
EBSS/2/1 Add.1	Proposed programme of work
EBSS/2/2	WHO reforms for a healthy future
Information documents	
EBSS/2/INF.DOC./1	High-level road map for reform
EBSS/2/INF.DOC./2	Financing of the World Health Organization
EBSS/2/INF.DOC./3	Outcomes of the consultative process: Regional Committee for Africa
EBSS/2/INF.DOC./4	Outcomes of the consultative process: Regional Committee for South-East Asia
EBSS/2/INF.DOC./5	Outcomes of the consultative process: Regional Committee for Europe
EBSS/2/INF.DOC./6	Outcomes of the consultative process: Directing Council of the Pan American Health Organization (Regional Committee for the Americas)
EBSS/2/INF.DOC./7	Outcomes of the consultative process: Regional Committee for the Eastern Mediterranean
EBSS/2/INF.DOC./8	Outcomes of the consultative process: Regional Committee for the Western Pacific
EBSS/2/INF.DOC./9	Opening address to the Executive Board by Dr Margaret Chan, Director-General
EBSS/2/INF.DOC./10	Programmatic priorities: introductory remarks by the Director-General
EBSS/2/INF.DOC./11	Governance: introductory remarks by the Director-General
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¹ See page vii.

PART I

DECISIONS

DECISIONS

EBSS2(1) Programmes and priority setting

The Executive Board, having considered the section of the report by the Director-General¹ relating to programmes and priority setting,

(1) decided to establish a Member State²-driven process, to take place following the 130th session of the Executive Board in January 2012, with a view to providing recommendations on methods for programmes and priority setting for the consideration of the Sixty-fifth World Health Assembly in May 2012;

(2) in support of the process decided upon in paragraph 1, requested the Director-General to develop a background document for the Executive Board at its 130th session in January 2012 to include:

- (a) a detailed description of current criteria and mechanisms for priority setting, and the relationship between country-level, regional and global priorities, including elements of bottom-up and top-down prioritization;
- (b) a description of the current activities carried out at headquarters, regional and country level, including the programmes as well as the financial and human resources allocated to each level and cluster;
- (c) a description of the application of criteria and priorities to planning and the impact of criteria and priorities on resource allocation and results;
- (d) proposals for how criteria and priorities could be set and applied in the future;
- (e) a detailed proposal, with a timeline, for the Member State-driven process established by this decision.

(Fifth meeting, 3 November 2011)

EBSS2(2) Governance

The Executive Board, having considered the section of the report by the Director-General¹ relating to governance,

(1) agreed on the following principles:

- (a) governance needs to be a fully inclusive process, respecting the principle of multilateralism;

¹ See document EBSS/2/2.

² Including, where applicable, regional economic integration organizations.

(b) WHO's governing bodies have a key role in priority setting, with the Health Assembly playing a policy and strategic role and the Executive Board playing a strengthened advisory, executive and oversight role;

(c) WHO should seek to strengthen and make maximum use of existing mechanisms and structures;

(d) the general programme of work should guide the work of the governing bodies;

(e) engagement with other stakeholders should be guided by the following:

(i) the intergovernmental nature of WHO's decision-making remains paramount;

(ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest;

(iii) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective;

(iv) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes;

(2) further agreed that:

(a) the Programme, Budget and Administration Committee of the Executive Board should be strengthened: in particular, its role should also include overseeing the monitoring and evaluation of programmatic and financial implementation at the three levels of the Organization;

(b) the duration, timing and sequencing of the sessions of the Executive Board and the meetings of the Programme, Budget and Administration Committee should be optimized, relocated in time or extended, as appropriate, rather than additional sessions of the Executive Board being held;

(c) the Executive Board should play a role in limiting the number of draft resolutions on the basis of an assessment of their strategic value, financial and administrative implications, and reporting requirements and timelines;

(d) the following proposals for improving the methods of work of the Executive Board and Health Assembly do not require amendments of the Rules of Procedure and should be immediately implemented: debates should become more disciplined in order to discourage lengthy national reports and focus on the substance of the item; and institute as the norm a "traffic light" system and enforcement by chairmen of time-limits;

(e) the linkage between the work of the Regional Committees and that of the Executive Board and the Health Assembly should be enhanced and strengthened;

- (f) the Director-General shall strengthen support to Member States in their preparation for, and participation in, the work of the governing bodies in collaboration with Regional Offices, with particular regard to the timely provision of quality documentation in all official languages;
 - (g) dialogue and collaboration with other stakeholders should be strengthened as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest;
 - (h) WHO should, based on Articles 2(a) and 2(b) of the Constitution of the World Health Organization, engage and where appropriate lead and coordinate across the United Nations system and with other international agencies on issues that impact health;
 - (i) in the longer term, options for a framework to guide interaction between all stakeholders active in health should be explored;
- (3) requested the Director-General to submit to the Executive Board at its 130th session in January 2012:
- (a) a proposal for revised terms of reference for the Programme, Budget and Administration Committee in order to strengthen its role as referred to in paragraph 2(a) above;
 - (b) further analysis of ways to increase linkages and alignment between Regional Committees, the Executive Board and the Health Assembly as well as of proposals to harmonize the practices of Regional Committees;
 - (c) proposals for a revision of the annual timeline of the meetings of governing bodies in order to optimize their synergies and effectiveness;
 - (d) further analysis of proposals to promote engagement with other stakeholders;
 - (e) further analysis of modalities to improve Member State involvement with and oversight of partnerships including the possible expansion of the mandate of the Standing Committee on Nongovernmental Organizations in this regard;
 - (f) proposals on how to streamline national reporting in accordance with Articles 61 to 65 of the Constitution of the World Health Organization, using modern tools.

(Sixth meeting, 3 November 2011)

EBSS2(3) Managerial reforms

The Executive Board, having considered the section of the report by the Director-General¹ relating to managerial reforms,

- (1) welcomed the Director-General's proposals and, while recognizing the need for complementary work, especially on the strategic allocation of resources, requested that the proposals be taken forward in the following areas:

¹ See document EBSS/2/2.

- (a) organizational effectiveness, alignment and efficiency;
 - strengthen country offices
 - promote alignment, synergy and collaboration
 - improve knowledge management
- (b) financing of the Organization;
 - improve financing of administration and management costs
 - strengthen financial controls
 - improve Organization-wide resource mobilization
- (c) human resources policies and management;
 - revise the workforce model and contract types
 - streamline recruitment and selection processes
 - improve performance-management processes
 - implement a mobility and rotation framework
 - enhance staff development and learning
- (d) results-based planning, management and accountability;
 - implement a new results chain
 - sequence planning to reflect country needs
 - prepare a realistic programme budget
 - create a new resource allocation mechanism
 - improve monitoring and reporting
 - strengthen the internal control framework
 - increase the capacity of audit and oversight
 - strengthen the conflict of interest policy
 - establish an information disclosure policy
- (e) strategic communications;
 - build communications capacity
 - develop communications platforms
 - improve public and stakeholder understanding of the work of WHO;

(2) urged caution and recognized that further analysis and consultation would be needed before action could be considered in several areas of reform, notably the proposals relating to:

- (a) strategic relocation of staff, resources, programmes and operations;
- (b) introduction of an annual “budget re-costing mechanism” to protect against currency fluctuations;

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- (3) requested the Director-General to develop further:
- (a) a detailed proposal for mechanisms to increase predictability of financing and flexibility of income, which supports priorities set by Member States, and a report on this to the Executive Board at its 130th session in January 2012;
 - (b) a detailed proposal to establish a contingency fund for public health emergencies, and a report on this to the Executive Board at its 130th session in January 2012;
 - (c) proposals for a timeline for development of the programme budget and general programme of work for the period 2014 onwards, taking into consideration the good experiences of the Medium-term strategic plan, with an analysis of the advantages and disadvantages of changing the periodicity of the programme budget to three years, and a report on this to the Sixty-fifth World Health Assembly in May 2012;
 - (d) a draft formal evaluation policy, including a mechanism for oversight of evaluation by the governing bodies informed by insights provided by the Independent Expert Oversight Advisory Committee, and a report on this to the Executive Board at its 130th session in January 2012;
 - (e) clarification on the proposals with respect to enhancing the networks and relationships between regional offices, and between groups of country offices within and across regions; and on enhancing capacity for effective resource mobilization, particularly at the country level;
 - (f) a proposal for a new resource allocation mechanism, to be considered by the Programme, Budget and Administration Committee of the Executive Board at its sixteenth meeting in May 2012;
- (4) decided to proceed with an independent evaluation to provide input into the reform process through a two-stage approach, the first stage of which will consist of a review of existing information with a focus on financing challenges for the Organization, staffing issues, and internal governance of WHO by Member States, following up where possible to produce more information in response to questions arising from the Executive Board at its special session – ideally, stage one should be completed in time for the Sixty-fifth World Health Assembly;
- (5) decided further that the first-stage review will also provide a road map for stage two of the evaluation, the goal of that second stage being to inform the Sixty-sixth World Health Assembly, through the Executive Board at its 132nd session, as an input into the general programme of work. Stage two of the evaluation will build on the results of stage one and further consultations with Member States,¹ focusing in particular on the coherence between, and functioning of, the Organization's three levels. As one input into reform, this evaluation will proceed in parallel with other aspects of the reform;
- (6) requested the Director-General to identify the appropriate entity for the first stage of the evaluation and to develop further, in consultation with the Joint Inspection Unit of the United Nations system, the External Auditor and the Independent Expert Oversight Advisory Committee, an approach to the two-stage evaluation, in consultation with Member States,¹ and present it to the Executive Board at its 130th session in January 2012 for consideration;

¹ Including, where applicable, regional economic integration organizations.

(7) in the context of relations with the Joint Inspection Unit of the United Nations system, requests the Joint Inspection Unit to update its reports on:

(a) Decentralization of Organizations within the United Nations System – Part III: the World Health Organization;¹

(b) Review of management and administration in the World Health Organization.²

(Sixth meeting, 3 November 2011)

¹ Document JIU/REP/93/2.

² Document JIU/REP/2001/5.

PART II

SUMMARY RECORDS

LIST OF MEMBERS AND OTHER PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

MOROCCO

M. R. EL MAKKAOUI, Secrétaire général, Ministère de la Santé, Rabat (**Chairman**)

Alternates

M. O. HILALE, Ambassadeur, Représentant permanent, Genève

M. J. HAZIM, Directeur de la Planification et des Ressources financières, Ministère de la Santé

Dr A. BELGHITI ALAOUI, Directeur des Hôpitaux et des Soins ambulatoires, Ministère de la Santé, Rabat

Advisers

M. A. LAASSEL, Ministre, Mission permanente, Genève

M. A. SAMRI, Ministre, Mission permanente, Genève

Dr S. AGHNAJ, Chef, Division de l'Approvisionnement, Ministère de la Santé, Rabat

Dr T. LAHLOU, Conseillère, Secrétariat général du Ministère de la Santé, Rabat

ARMENIA

Professor A. BABLOYAN, Chair, the Standing Committee on Health Care, Maternity and Childhood of the National Assembly, Yerevan

Alternate

Mrs S. ABGARIAN, Deputy Permanent Representative, Geneva

Adviser

Mr G. KOCHARIAN, Counsellor, Permanent Mission, Geneva

BARBADOS

Mr D. INNIS, Minister of Health, Bridgetown

Alternate

Dr J. ST. JOHN, Chief Medical Officer, Bridgetown

Advisers

Dr M. WILLIAMS, Ambassador, Permanent Representative, Geneva

Dr C. BABB-SCHAEFER, Counsellor, Permanent Mission, Geneva

BRUNEI DARUSSALAM

Mr A.S. MOMIN, Permanent Secretary, Ministry of Health, Bandar Seri Begawan (**alternate to Mr P.D.A. Yusof**)

Alternate

Ms N. JUMAT, Chargé d'affaires a.i., Permanent Mission, Geneva

Advisers

Ms Z. HASHIM, Acting Director of Policy and Planning, Ministry of Health, Bandar Seri Begawan

Ms N. MANAP, Assistant Director of International Affairs, Ministry of Health, Bandar Seri Begawan

Ms N. ZAINI, Second Secretary, Permanent Mission, Geneva

Dr F. OSMAN, Health Facilities Officer, Ministry of Health, Bandar Seri Begawan

BURUNDI

Dr N. BIRINTANYA, Secrétaire permanent, Ministère de la Santé publique et de la Lutte contre le SIDA, Bujumbura

Alternate

M. B. NTAHIRAJA, Deuxième Conseiller, Mission permanente, Genève

CAMEROON

Dr M. BAYE LUKONG, Technical Adviser n°3, Ministry of Public Health, Douala

Alternate

Mr A.F.M. NKOU, Ambassador, Permanent Representative, Geneva

Adviser

Mr F. NGANTCHA, Minister Counsellor, Permanent Mission, Geneva

CANADA

Dr P. GULLY, Senior Medical Adviser, Deputy Minister's Office, Health Canada, Ottawa

Advisers

Ms E. GOLBERG, Ambassador, Permanent Representative, Geneva

Ms A. LECLAIRE CHRISTIE, Deputy Permanent Representative, Geneva

Ms G. WISEMAN, Director, Multilateral Relations Division, Health Canada, Ottawa

Ms J. HAMILTON, Deputy Permanent Representative, Geneva

Mr P. BLAIS, Manager, AIDS and Health Institutions Unit, Canadian International Development Agency, Gatineau

Ms C. PALMIER, Counsellor, Permanent Mission, Geneva

Ms M. MODARESSI, Junior Policy Officer, Permanent Mission, Geneva

CHILE

Sra. M. J. RONCARATI, Coordinadora de Proyectos. Oficina Cooperación y Asuntos Internacionales, Ministerio de Salud, Santiago (**alternate to Dr M.T. Valenzuela**)

Advisers

Sr. P. OYARCE, Embajador, Representante Permanente, Ginebra

Sr. H. ZERAN, Tercer Secretario, Misión Permanente, Ginebra

Sra. X. VERDUGO, Primera Secretaria, Misión Permanente, Ginebra

Dr. G. FONES, Asesor, Misión Permanente, Ginebra

CHINA

Dr REN Minghui, Director-General, Department of International Cooperation, Ministry of Health, Beijing

Alternates

Dr LIU Peilong, Special Adviser, Department of International Cooperation, Ministry of Health

Ms LIU Hua, Counsellor, Permanent Mission, Geneva

Dr NIE Jiangang, Director, Department of International Cooperation, Ministry of Health, Beijing

Mr CHU Guang, Third Secretary, Permanent Mission, Geneva
Mr TENG Fei, Attaché, Permanent Mission, Geneva

ECUADOR

Dr. D. CHIRIBOGA, Ministro de Salud Pública, Quito

Alternate

Dr. J.M. MOREIRA, Director General de Salud, Ministerio de Salud Pública, Quito

Advisers

Sr. A. MORALES, Representante Permanente Alterno, Ginebra

Sra. V. POVEDA, Asesora de Relaciones Internacionales, Ministerio de Salud Pública, Quito

Sra. C. LAMMENS, Asesora del Despacho Ministerial, Ministerio de Salud Pública, Quito

Sra. V. AGUILAR, Consejera, Misión Permanente, Ginebra

Sr. J.C. SÁNCHEZ, Primer Secretario, Misión Permanente, Ginebra

Sra. C. LUNA, Cooperación y Relaciones Internacionales, Ministerio de Salud Pública, Quito

ESTONIA

Dr M. JESSE, Director, National Institute for Health Development, Tallinn

Alternate

Mr J. SEILENTHAL, Ambassador, Permanent Representative, Geneva

Advisers

Ms M. REINAP, Counsellor, National Institute for Health Development, Tallinn

Ms L. ROOVÄLI, Head, Department of Information and Analysis, Ministry of Social Affairs,
Tallinn

Ms M. HION, Counsellor, Permanent Mission, Geneva

FRANCE

Dr J.-Y. GRALL, Directeur général de la Santé, Ministère du Travail, de l'Emploi et de la Santé, Paris

Alternate

M. J.-B. MATTEI, Ambassadeur, Représentant permanent, Genève

Advisers

M. J. PELLET, Représentant permanent adjoint, Genève

Mme B. ARTHUR, Chef, Bureau international, Santé et Protection sociale, Délégation aux
Affaires européennes et internationales, Ministère du Travail, de l'Emploi et de la Santé,
Paris

Mme G. CHEDEVILLE-MURRAY, Conseiller Santé, Mission permanente, Genève

Mme G. BONNIN, Chargée de Mission, Bureau international Santé et Protection sociale,
Délégation aux Affaires européennes et internationales, Ministère du Travail, de l'Emploi et
de la Santé, Paris

Mme S. BRANCHI, Chargée de Mission, Sous-direction de la Santé et du Développement
humain, Direction générale de la Mondialisation, du Développement et des Partenariats,
Ministère des Affaires étrangères et européennes, Paris

M. B. REDT, Chargé de Mission, Délégation aux Affaires européennes et internationales,
Ministère du Travail, de l'Emploi et de la Santé, Paris

Mlle J. THISSE, Chargée de Mission, Sous-direction des Affaires institutionnelles et des
Contributions internationales, Ministère des Affaires étrangères et européennes, Paris

M. P. LE GOFF, Attaché Santé, Mission permanente, Genève

M. S. CHATELUS, Conseiller Questions budgétaires, Mission permanente, Genève

M. L. STEFANINI, Chargé de Mission, Sous-direction des Affaires institutionnelles et des
Contributions internationales, Ministère des Affaires étrangères et européennes, Paris

GERMANY

Dr E. SEEBA, Deputy Director-General, Federal Ministry of Health, Berlin

Alternates

Mr U. SCHOLTEN, Deputy Director-General, Federal Ministry of Health, Berlin

Mr K. SCHARINGER, Chargé d'affaires, Permanent Mission, Geneva

Advisers

Mrs D. REITENBACH, Head, Global Health Division, Federal Ministry of Health, Berlin

Ms B. WENDLING, Adviser, Federal Ministry of Development Cooperation, Bonn

Dr D. BLUM, Adviser, Federal Ministry of Foreign Affairs, Berlin

Mr B. KÜMMEL, Adviser, Federal Ministry of Health, Berlin

Mr T. IFLAND, Adviser, Federal Ministry of Health, Bonn

Dr B. GEHRMANN, Health Attaché, Permanent Mission, Geneva

Mrs A. CHAMMAS, First Secretary, Development Policy, Permanent Mission, Geneva

Mr N. VON HOFFMANN, Adviser, Federal Ministry of Health, Berlin

Ms L. FIEDLER, Permanent Mission, Geneva

INDIA

Mr A. GOPINATHAN, Ambassador, Permanent Representative, Geneva (**alternate to**

Mr K. Chandramouli)

Advisers

Mr K. DESIRAJU, Additional Secretary (Health), Ministry of Health and Family Welfare, New Delhi

Mr P. SATPATHY, Minister, Permanent Mission, Geneva

JAPAN

Dr M. MUGITANI, Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo (**alternate to Dr S. Omi**)

Advisers

Mr K. SUGANUMA, Ambassador, Permanent Representative, Geneva

Mr M. SAKATA, Counsellor, Permanent Mission, Geneva

Dr S. TAKAOKA, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

Mr T. HASEGAWA, Deputy Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Tokyo

Mr Y. OTAKE, First Secretary, Permanent Mission, Geneva

MEXICO

Sr. M. LIMÓN GARCÍA, Titular de la Unidad de Coordinación de Vinculación y Participación Social, Secretaría de Salud, México

Alternates

Sr. M.A. TOSCANO VELASCO, Ministro, Misión Permanente, Ginebra

Sr. J.J. GÓMEZ CAMACHO, Embajador, Representante Permanente, Ginebra

Advisers

Sr. U. CANCHOLA GUTIERREZ, Representante Permanente Adjunto, Ginebra

Sra. H. DÁVILA CHÁVEZ, Directora General de Relaciones Internacionales, Secretaría de Salud, México

MONGOLIA

Mrs J. TSOLMON, Vice Minister of Health, Ulaanbaatar (**alternate to Mr S. Lambaa**)

Alternate

Ms B. YANJMAA, Director, Division of International Cooperation, Ministry of Health,
Ulaanbaatar

MOZAMBIQUE

Dr M.O. DE ASSUNÇÃO SAÍDE, National Director of Public Health, Ministry of Health, Maputo

Alternate

Ms F. RODRIGUES, Ambassador, Permanent Representative, Geneva

Advisers

Mr E.J. ZIMBA, Minister, Permanent Mission, Geneva

Mr J.A. DENGGO, First Secretary, Permanent Mission, Geneva

Mr M.R. TUNGADZA, Second Secretary, Permanent Mission, Geneva

MYANMAR

Dr PE THET KHIN, Union Minister for Health, Nay Pyi Taw

Alternates

Mr MAUNG WAI, Ambassador, Permanent Representative, Geneva

Mr YE MYINT AUNG, Deputy Permanent Representative, Geneva

Advisers

Dr KO KO NAING, Director, International Health Division, Ministry of Health, Nay Pyi Taw

Mr CHAN AYE, Counsellor, Permanent Mission, Geneva

Dr NYI NYI LATT, Assistant-Director, Ministry of Health, Nay Pyi Taw

NIGERIA

Dr T. FAKEYE, Director, Department of Health Planning, Research and Statistics, Ministry of Health,
(**alternate to Mr L. Awute**)

Alternate

Dr U.H. ORJIAKO, Ambassador, Permanent Representative, Geneva

Advisers

Mrs C.O. YAHAYA, Minister, Permanent Mission, Geneva

Mr G.O. ASAOLU, Minister, Permanent Mission, Geneva

Mrs OGBULAFOR, Assistant Director, Ministry of Foreign Affairs, Abuja

Mrs R.I. OCHENI, Assistant Director, Ministry of Foreign Affairs, Abuja

NORWAY

Dr B.-I. LARSEN, Director-General, Directorate of Health, Oslo

Alternates

Mr S.D. KONGSTAD, Ambassador, Permanent Representative, Geneva

Ms B. STIRØ, Minister Counsellor, Permanent Mission, Geneva

Mr T.E. LINDGREN, Counsellor, Permanent Mission, Geneva

Advisers

Ms H.C. SUNDREHAGEN, Deputy Director-General, Ministry of Health and Care Services,
Oslo

Ms A.-S. TROSDAHL-ORAUG, Assistant Director-General, Ministry of Health and Care
Services, Oslo

Mr A.P. SANNE, Deputy Director-General, Norwegian Directorate of Health, Oslo

Ms S.C. MOE, Senior Adviser, Ministry of Foreign Affairs, Oslo
Mr H. STORBEKKRØNNING, Senior Adviser, Ministry of Foreign Affairs, Oslo
Ms A.M. GHEBRESELAISE, Adviser, Ministry of Health and Care Services, Oslo
Mr E.B. WEIBUST, Adviser, Ministry of Health and Care Services, Oslo
Ms B. SKOTHEIM, Adviser, Norwegian Directorate of Health, Oslo
Ms S. JOHANSSON, Intern, Permanent Mission, Geneva

PAPUA NEW GUINEA

Mr J. MAXTONE-GRAHAM, Minister of Health, Port Moresby

QATAR

Dr A.K. AL-QAHTANI, Minister of Public Health and Secretary General, Supreme Council of Health, Doha

Alternate

Dr S. AL-MARI, Assistant Secretary-General for Medical Affairs, Supreme Council of Health, Doha

Advisers

Dr M.H. AL-THANI, Director of Public Health, Supreme Council of Health, Doha

Mr A.A. AL-ABDULLA, Manager, International Health Relations, Supreme Council of Health, Doha

Mr A.M.I AL SHEEB, Head, Patient Affairs, Supreme Council of Health, Doha

SENEGAL

Dr B.S. DANKOKO, Conseiller technique Numéro 1 du Ministre de la Santé, de l'Hygiène publique et de la Prévention, Dakar

Advisers

M. F. SECK, Ambassadeur, Représentant permanent, Genève

M. M. GUEYE, Ministre-Conseiller, Mission permanente, Genève

Mme M. SY, Deuxième Conseiller, Mission permanente, Genève

SERBIA

Professor T. MILOSAVLJEVIĆ, Former Minister of Health, Belgrade

Alternate

Ms J. DJURIČKOVIĆ-TUVIĆ, Minister Counsellor, Permanent Mission, Geneva

SEYCHELLES

Dr B. VALENTIN, Principal Secretary, Ministry of Health, Victoria

SIERRA LEONE

Dr K. SHEKU DAOH, Chief Medical Officer, Ministry of Health and Sanitation, Freetown

SOMALIA

Dr A.I. ABDI, Senior Adviser, Ministry of Health and Human Services, Transitional Federal Government, Mogadishu

Alternate

Mr Y.M.I. BARI-BARI, Ambassador, Permanent Representative, Geneva

SWITZERLAND

Dr G. SILBERSCHMIDT, Ambassadeur, Vice-Directeur, Chef de la Division des Affaires internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur, Berne

Alternate

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Ms J. TEO, Assistant Director, International Cooperation Branch, Ministry of Health, Singapore

Mr D. HO, Senior Health Policy Analyst, International Cooperation Branch, Ministry of Health, Singapore

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Stichting Health Action International

Dr T. REED
Mr P. DURISCH

Thalassaemia International Federation

Dr V. BOULYJENKOV

**The World Federation of Acupuncture-
Moxibustion Societies**

Dr HU WEIGUO

The World Medical Association, Inc.

Dr J. SEYER

**World Association of Societies of Pathology
and Laboratory Medicine**

Dr U. MERTEN

**World Federation of Public Health
Associations**

Professor B. BORISCH
Dr M. LOMAZZI

World Self-Medication Industry

Dr D. WEBBER

World Vision International

Dr S. GERMANN
Mr T. LUCHESI
Mrs R. KEITH
Mrs J. PHILPOTT NISSEN

SUMMARY RECORDS

FIRST MEETING

Tuesday, 1 November 2011, at 09:40

Chairman: Mr R. EL MAKKAOUI (Morocco)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA AND METHOD OF WORK: Items 1 and 2 of the provisional agenda (Documents EBSS/2/1 (annotated) and EBSS/2/1 Add.1)

The CHAIRMAN declared open the special session of the Executive Board and welcomed all participants, in particular three new members of the Board: Dr Al Halki (Syrian Arab Republic), Mr Limón García (Mexico) and Mr Maxtone-Graham (Papua New Guinea). He invited the Board to consider the annotated provisional agenda, bearing in mind that discussion would be limited to the items listed therein, in accordance with Rule 6 of the Rules of Procedure of the Executive Board, which stipulated that the agenda of a special session should be limited to the questions that had necessitated the session.

He took it that the Board wished to adopt the provisional agenda contained in document EBSS/2/1 and the proposed programme of work contained in document EBSS/2/1 Add.1.

The agenda was adopted¹ and the programme of work agreed.

Dr JESSE (Estonia), speaking on behalf of the Member States of the European Union, recalled that, as agreed in the 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 Executive Board as an observer. However, under Rule 4 of the Board's Rules of Procedure, observers were not automatically invited to participate in the work of subcommittees or other subdivisions of the Board. She therefore requested that, at the current special session, as at previous sessions, the European Union should be invited to participate as an observer without vote in meetings of the Executive Board and of its committees, subcommittees or other subdivisions that addressed matters falling within the European Union's competence.

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

It was so agreed.

¹ See page vii.

2. WHO REFORM: Item 3 of the agenda

Overview of WHO reform: Item 3.1 of the agenda (Documents EBSS/2/2 and EBSS/INF.DOC./1–9)

The DIRECTOR-GENERAL emphasized the unprecedented opportunity that the special session would provide for Member States to shape the future of WHO, and, implicitly, to improve health and reduce misery in the world. WHO was embarking on reform from a position of multiple strengths, not least the esteem in which it was held worldwide.¹

The Organization was not afraid to speak out against entities with far greater wealth, power and political influence than the health community would ever have. Hence, it was crucial to guard against real or perceived conflicts of interest and to continue to ensure that the health agenda was given due prominence in international negotiations. Taken in their entirety, WHO's functions were genuinely unique. The world needed a global health organization that safeguarded and defended both health and the right to health. Those functions had become even more vital at a time when differences, within and between countries, in life expectancy, access to care, and health outcomes were greater than at any time in recent history.

Although the deepening economic downturn had added urgency to the reform process, the need for fundamental programmatic, governance and managerial reforms pre-dated 2010 when the effects of devastating fuel, food and financial crises had first been felt. WHO must, therefore, continue to operate within the reality of a new era of financial austerity at a time when the health of millions of people hung in the balance. Against that background, many of the proposed reforms were driven by a desire for efficiency and measurable results, especially at the country level.

Document EBSS/2/2 contained proposals reflecting radically different ways of interlinking responsibilities at headquarters, regional and country levels, albeit with the same objective, namely measurably improving health outcomes in countries, through direct technical support, the alignment of partners behind clear national priorities and plans, or the development of norms, standards and treatment guidelines. WHO needed to become a more integrated, networked organization in order to be able to respond to new and emerging threats to health.

Some Member States favoured a rapid process while others advised caution. Given the diversity of reforms being proposed, both views were appropriate. However, there was consensus that the process should be inclusive and driven by Member States. At the January 2010 consultation on financing, WHO had considered ways of matching expectations for WHO's contribution to health with the resources that would be needed. What had begun as a debate centred on money had evolved into a discussion of the areas where WHO could have the greatest impact at the regional and country levels.

In a landscape crowded with global health initiatives and partnerships, Member States wanted WHO to improve its ability to show and measure results and to communicate the nature and impact of its work. Above all, they wanted WHO to retain its leadership role in global health and to put forward concrete proposals for management systems that supported enhanced performance, especially at the country level.

In May 2011, she had presented to the World Health Assembly an analysis of global health challenges and opportunities, and set out the rationale and main elements of reform. Three concept papers on governance, independent evaluation and a proposed world health forum had been circulated and discussed by the Executive Board at its 129th session and subsequently by the regional committees. An overview paper had also been circulated. In response to requests, in September 2011 a more detailed set of proposals specifically focused on managerial reform had been issued. The document now before the Board (EBSS/2/2) amalgamated all the elements of the reform programme and reflected the comments that had been received on the three concept papers and the first draft of the managerial reforms. The fact that some reforms could progress rapidly and others demanded a cautious approach was made clear in the section on governance, which contained options that might

¹ See document EBSS/2/INF.DOC./9 for the full text of the Director-General's opening remarks.

need further discussion and elaboration. Rapid progress had been made on managerial reforms, generating specific proposals for consideration and approval by Member States, but the subject of independent evaluation appeared to require further discussion and the proposal for a world health forum had received little support and would not be pursued.

The case for reform was clear. The world needed a strong WHO to lead global efforts to improve, safeguard and protect health. Stronger leadership by WHO would promote greater coherence in the actions of multiple health partners, maximize their impact, align actions with priorities and capacities in recipient countries in ways that built self-reliance, and add value to investments in health. Reform was also needed for a healthy future in which gaps in health outcomes would be narrower and access to universal health care broader, and in which many more developing countries had the resilient health systems, based on primary health care, needed to achieve the health-related Millennium Development Goals, prevent noncommunicable diseases, and cope with disease outbreaks, natural disasters and the health hazards of a changing climate.

The CHAIRMAN, thanking the Director-General for her comprehensive address, agreed with her that the special session provided a valuable opportunity to undertake an inclusive reform process driven by Member States and to adopt decisions to that end.

Dr DANKOKO (Senegal), speaking on behalf of the Member States of the African Region, said that with health assuming ever-increasing importance globally, it was fitting to reflect on ways of improving the delivery of health services. The need for WHO reform was urgent. He strongly supported the approach outlined by the Director-General, with its focus on programmatic work, governance, financing and management. Fundamental questions had been raised in the lead-up to the special session and the answers would help to remodel WHO in a rapidly changing environment. At the Sixtieth and Sixty-first sessions of the Regional Committee for Africa health ministers in the Region had supported the idea of WHO continuing its leading role in global health governance. In situations involving several health bodies, or where coordination between different financing streams was lacking, WHO's leadership was urgently needed.

The Organization's most pressing problem was its means of financing, as was clearly shown in document EBSS/2/INF.DOC./2. The current climate did not favour an increase in assessed contributions and the Organization had failed to persuade donors not to earmark their funding. Such budgetary constraints called for serious consideration to be given to innovative financing mechanisms that would enable WHO to mobilize sustainable, flexible resources at both country and global levels.

The definition of priorities should not depend on considerations of resource availability. Instead, resources should be sought to meet the priorities. Furthermore, priority setting had to be based on scientific data, which meant that WHO should collect reliable data from all Member States.

In the area of governance, WHO's existing governing bodies should be strengthened and their work better coordinated; the Health Assembly should remain the principal decision-making body and cease to be called on solely to rubber-stamp the Board's decisions. The work of the regional offices should be made more visible through increased transparency in the management of financial resources, stricter oversight of activities and periodic evaluations. The strengthening of country offices was essential to meet increased needs and expectations, and to enhance collaboration with national and local authorities. WHO would also benefit from greater transparency and equity in its communications with Member States, in particular developing countries.

An expert group charged with carrying out an independent evaluation should be established under the aegis of the Member States before any important decisions were taken. Such an evaluation would be objective and cover the whole Organization, including technical activities, management and governance. It would identify gaps where reform would improve WHO's effectiveness in meeting the needs and expectations of countries. Irrespective of cost and the time necessary, such an exercise would be eminently worthwhile.

Dr DAULAIRE (United States of America) expressed support for the WHO reform process, which was crucial for the purpose of ensuring a healthy world population based on the principles of equity and solidarity. Although that purpose was as valid in 2011 as it had been six decades earlier, the global context was very different. Therefore, his Government broadly supported the Director-General's proposals. The international community relied on WHO for the promotion of global health, its convening authority, its standard-setting activity and its rapid response in times of health crisis. The Director-General's vision for reform should ensure that it continued to fulfil those commitments. If the reform process was to be successful, it should be transparent and involve Member States. The Executive Board should truly serve as the voice and vehicle of all Member States. He also expressed support for promoting a culture of evaluation. The proposals on managerial reform should produce a more effective, efficient and flexible organization and provide meaningful opportunities for its staff.

Dr GULLY (Canada) welcomed the Director-General's proposals for a comprehensive organizational reform process that would enable WHO to maintain its role as the world's leading technical authority on health, while improving its internal operations and management. It was important to strike a balance between a reform process driven by Member States and the need to ensure that the Director-General retained the flexibility to shape the Organization in accordance with her vision of its role in terms of leadership and excellence in response to collective and individual public health challenges.

In the reform process the Board should act as a bridge between the Director-General and Member States. The areas for reform had been well chosen. A refined framework for priority setting was of fundamental importance, while establishing the relevant criteria would require the active engagement of the Organization at all levels in order to produce the results expected by Member States. Linked to that was a need for new programme instruments and means of technical cooperation to facilitate intercountry and cross-regional cooperation. He drew attention to the challenge of dealing with new or newly emphasized issues, such as noncommunicable diseases, which would require stronger intersectoral and other partnerships.

He strongly supported strengthening WHO's governance mechanisms as they were vital for more effective priority setting, planning, oversight and evaluation. Many Member States acknowledged that, with their current method of work, the governing bodies considered a plethora of resolutions without adequately taking account of their alignment with medium-term priorities or their strategic value.

The management reforms were necessary for enhancing organizational effectiveness, alignment and efficiency. Delegation of authority at country level and vertical integration of accountability, as well as achieving the right skill mix, would become increasingly important. Any decisions relating to human resources would have to take account of both current and future needs and circumstances.

He supported the proposals for increasing the reliability and flexibility of income through the institutionalization of a collective financing approach. He also supported the reform process as a whole, provided that it was done in a way likely to achieve the desired results. Enough time should be allocated so as to ensure that all contingencies were considered and only the most promising proposals implemented.

Professor MILOSAVLJEVIĆ (Serbia) welcomed the important reform process. Reforms should be prepared and agreed in a spirit of consensus and implemented carefully, step by step, with the aim of improving the quality of the Organization's work. In shaping the future of WHO, Member States would be fulfilling the duty of shaping a healthier future for their populations.

Dr VALENTIN (Seychelles) said that the proposed reforms should ensure that WHO remained the world's leading health authority. He supported the decision not to pursue the idea of a world health forum, which would have caused duplication of work, something which the reforms aimed to eliminate. However, all health actors should be involved in debates on world health, and a way should be found to enable them to make their voices heard within the framework of existing WHO regional

and international organs. One issue that was not raised in the session documents but should remain on the reform agenda was the idea of electing the Director-General on a rotational basis.

Ms RONCARATI (Chile) welcomed the Director-General's report which incorporated input from all the regional committee consultations. It provided a realistic overview of WHO's current situation with regard to its responsibilities in the area of global health and the need to harmonize objectives with available resources efficiently. Through fundamental restructuring, the Organization would be able to face the challenges of the twenty-first century – numerous stakeholders, financial crises and countries at different stages of development – which all impacted on world health. The report would serve as a starting point for discussions on WHO reform, which would need detailed work before decisions were made on fundamental changes. Member States must take ownership of and participate in the reform process. Issues identified and highlighted at regional and subregional level should be prioritized and used by WHO as a basis for developing health policies for Member States. Financial issues must not take precedence over the policy aspects of world health, and priority setting was an essential element of the reform process.

Dr REN Minghui (China) commended the report, which included several specific points not covered in previous documents on the reform process. However, the analysis of specific issues was not sufficiently detailed. There should have been a greater focus on governance. Planning and priority setting were important and required comprehensive discussion, after which there could be step-by-step implementation. In addition, suggestions made through the web platform should be compiled into separate documents for discussion.

Dr JESSE (Estonia) speaking on behalf of the Member States of the European Union, commended the inclusiveness of the preparations for discussion of the reform process, including the web-based consultations. WHO should be in a position to lead and to respond to the challenges of the twenty-first century with a view to securing its main objective, namely the attainment by all peoples of the highest possible level of health. The aim of the reform process should be to strengthen the Organization's role as the lead agency for health worldwide, including cooperation with other United Nations entities. WHO should be driven by Member States and maintain a strong focus on its core business and comparative advantages, with due regard for the mandate contained in the Constitution of WHO and the role of its counterparts in Member States. One aim of the reform agenda was to correct inconsistencies between resources and priorities and to propose, decide and implement possible solutions to achieve more predictable funding. Greater accountability and transparency, with effective risk management and robust internal controls, were also needed. Adequate time should be allotted to discussion of each component of the reform process during the current session, with efficient methods of work and avoidance of excessive involvement in detail.

Mrs HANJAM SOARES (Timor-Leste), welcoming the informative report, said that since May 2011 three interconnected fields of work had emerged in the area of WHO reform: improved health outcomes; greater coherence in global health, under WHO's leadership; and the pursuit of excellence in an organization that was effective, responsive, objective, transparent and accountable. Reform was essential to assist the Organization in adapting to the changing complexity of public health issues in the contemporary world. WHO's programme of reform would enable it to fulfil its role as the world's leading public health agency more effectively and efficiently and to become more flexible. Specifically, it would assist the Organization to tailor different approaches to different regions according to their circumstances: South-East Asia, for example, needed to catch up in several sectors, such as standard of living, poverty and availability of basic infrastructure, education, and communication and information. She expressed strong support for the proposed reforms.

Mrs TSOLMON (Mongolia) supported the Director-General's proposed reforms. There had been many changes in international politics, the business environment and disease patterns since the establishment of the Organization. Deepening globalization and interdependence meant that it was no

longer possible to control diseases within national borders. In order to meet current demands and future challenges, the Organization must adapt its strategy, thinking and functioning. She emphasized that the reform's components, namely programmatic priorities, governance and management, were in line with the views expressed in pre-session consultations with and between Member States. WHO must continue to concentrate on areas where it had strong expertise and relative strengths. The reform required vigorous planning, detailed costing and accurate indicators for tracking progress. She requested a detailed implementation plan for consideration by the Board at its next session.

Dr SEEBA (Germany) welcomed the comprehensive report as an excellent basis for discussion, presenting a structured and detailed way forward for WHO reform and setting out feasible policy options for each of the challenges faced by the Organization. Some of the policy options were clear, but others required further explanation. He commended the Secretariat's frank assessment of shortcomings in WHO's working methods. Handling a reform process in such a transparent and inclusive way could not be taken for granted among international organizations. He was confident that the forthcoming discussions would reflect that inclusive and constructive spirit.

Dr LARSEN (Norway) congratulated Member States and the Secretariat on the successful outcome of the intergovernmental negotiations on medical products the previous week, which should serve as an inspiration for the work of the current session. The Director-General's report (document EBSS/2/2) provided an excellent platform for discussion. It reflected the maturing of ideas and proposals under discussion since the 129th session of the Executive Board and the Member State-driven nature of the process. Although Member States had different concerns and priorities with regard to both procedures and content, the reform process appeared nevertheless to have broad cross-regional support. The current challenge was for Member States to provide direction for the next steps, ensuring sufficient progress without undue haste. Questions had been raised about the interests served by the reform process, and it was true that donors had a large *de facto* influence on the process of setting priorities. In order to change that situation and enable Member States to exert greater influence, the democratic dimension of WHO should be strengthened to ensure that the priorities set by Member States were matched by financial provision. As the only truly representative and democratically governed organization in global health, WHO was uniquely placed to build trust and confidence among Member States. Norway's focus at the current session would be on issues regarding financial reform and internal governance. One clear challenge was the number of proposals in the consolidated report, especially in the area of management reform. To facilitate understanding of the implications of each proposal and how the proposals were interlinked, it might be necessary to provide for parallel processes of discussion based on a variable-speed approach.

Dr AL-QAHTANI (Qatar), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the purpose of the reform process should be to enhance WHO's capacity to respond to epidemics and disasters, particularly in poor and developing countries. He expressed appreciation for the Director-General's report which presented a clear vision of the obstacles to reform and reflected the aspirations of Member States. WHO was facing a crisis that restricted its freedom of movement and inhibited its response capacities. The reasons for the crisis included the appearance of organizations and alliances that competed with WHO in the areas of its core competencies and skills. Moreover, the international financial crisis and exchange rate fluctuations were having an adverse impact on the contributions of Member States and the Organization's budget. There was also a growing dependence on donors, who linked their donations to their preferred projects. The increasing burden of bureaucracy was a further hindrance to fulfilment of WHO's mission.

In the context of the reform process the Organization should focus on its core competencies and establish evaluation mechanisms in order to ensure consistency between objectives and accomplishments; it should define criteria and indicators to facilitate assessment of the progress achieved at national, regional and global levels; it should decide on strategies and programmes and provide matching resources; and every effort should be made to strengthen cooperation with existing

alliances and create new partnerships with other agencies in the health field. In keeping with its role as the world's leading health organization, WHO should act as a catalyst for the achievement of public health outcomes. Partnerships with the private sector were to be welcomed, but they should not compromise WHO's independence or international credibility in respect of epidemiological issues; the Organization should consolidate cooperation with Member States by strengthening capacities at regional, national and global levels and providing corresponding technical and financial support. Reform should not prejudice the current structure of WHO and should allow for measures of further centralization. Moreover, the Organization should carry out analytical studies concerning the allocation of financial resources in accordance with its Constitution.

Mr INNIS (Barbados) welcomed the report, which provided a good framework for the work in hand. The process of reform must be inclusive so as to ensure that Member States owned the reform outcomes. The Executive Board must therefore take a more proactive and determined approach to the development of a more effective WHO to give the Organization a better chance of leading the global health agenda at a time when many non-health players were becoming increasingly influential in the health arena. Reform must be sustainable and must start with a decision on evaluation of how the different levels of the Organization were related to each other and to Member States. WHO must first look inwards to determine what worked and what needed changing urgently. The deteriorating world economic climate only added to the pressure for long-overdue reform.

Mr GÓMEZ CAMACHO (alternate to Mr Limón García, Mexico) said that the reform process must go beyond the recent global economic crisis to take a long-term view, with forward-looking initiatives that took into account new and re-emerging communicable diseases, noncommunicable diseases, the health effects of climate change and health emergencies. In that respect, the Rio Political Declaration on Social Determinants of Health adopted at the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 21 October 2011) was an exemplary model. The reform process should be led by Member States to ensure ownership, especially by developing and least developed countries, and should be inclusive, permitting all stakeholders to contribute through clear channels of communication. WHO should strengthen its presence in the regions and in countries with the greatest needs. He acknowledged the leadership of the Director-General in the reform initiative and supported her focus on a comprehensive reform package that ensured transparency and accountability. The future effectiveness and efficiency of the Organization would be a good indicator of the political responsibility exercised in the reform process. He supported independent evaluation of WHO and suggested that the implementation of strategic evaluations might be a useful tool as long as they did not place undue strain on the Organization's resources.

Mr DESIRAJU (adviser to Mr Chandramouli, India) said that the reform discussions had started in the context of the Organization's financial crisis caused by the unpredictability of funding: assessed contributions represented not more than 25% of revenue, and voluntary contributions were heavily earmarked. Suggestions had been made to move towards private funding. Paragraph 130 of the Director-General's report (document EBSS/2/2) highlighted WHO's inability to take advantage of resource mobilization opportunities. The Board needed a clear sense of what those opportunities might be and should urge countries in a position to do so to increase their non-earmarked voluntary contributions. WHO should look to Member States for resources before looking elsewhere, ideally setting a target for assessed and untied voluntary contributions of at least 50% of the budget within the next five years. Wider stakeholder participation was necessary, but that should be within a system driven by Member States, with the Health Assembly remaining the supreme decision-making body. The Board clearly had a crucial role to play in giving substance to the priorities set by the Health Assembly, but he cautioned against it being given the authority to regulate access to the Health Assembly. He supported the strengthening of regional offices, regional committees and country offices, subject to the need to recognize that there were differences in the situations obtaining in those entities and that some might not be in a position to participate in intersessional work. Giving the governing bodies a role in independent evaluation of the Organization would strengthen those bodies.

Financing and governance were linked, not least in that Member States would be more willing to contribute to a WHO with strong internal governance in which they had a recognized role and which helped them in their national efforts to attain universally recognized goals. WHO needed its partners and should make greater efforts to reach them through clear communication policies and strategies. However, as was indicated in paragraph 96 of the Director-General's report, partnerships could give rise to questions regarding accountability; there should be greater clarity as to how partnerships might affect decision-making. The Organization's integrity must not be compromised and its unique position in promoting health for all must remain unquestioned.

Dr SILBERSCHMIDT (Switzerland) endorsed the reform proposals as a good basis for the Board's discussions and supported the call by the member for Mexico for a long-term vision. The Board should consider methods of priority setting on the basis of the five core areas of work suggested in the Director-General's report rather than trying to undertake a detailed priority-setting exercise. The Board should examine the governance proposals and give clear guidance, although many of them would require further debate. The Board should be able to take decisions on many of the management proposals, however, as only a few required further elaboration.

WHO should develop a culture of evaluation and should put the proposals into practice. However, progress in other areas of reform should not be held up by delays in the evaluation process. He welcomed moves to enhance predictable funding even if it was unlikely that resources could be increased. Donor constraints should be analysed and mechanisms should be sought to ensure that assessed contributions were not used to subsidize donor-funded projects in the future. Decisions that required further consideration should not be rushed, but some decisions could be taken during the current special session. The Health Assembly, the Board and the Secretariat should fulfil their joint responsibilities for carrying out WHO's work as stipulated in Article 9 of the Constitution. The Board should not hesitate to use the Constitution as a reference tool in its discussions.

Dr MUGITANI (Japan) acknowledged the comprehensive consultation process before the special session, conducted under pressure of time constraints, and endorsed the reform efforts. Reform was indeed needed to ensure that WHO was fit to serve all stakeholders and promote health for all. Human resource cuts were not the main purpose and should not be made in haste, although they might be needed in the longer term. The backdrop to WHO's activities as a specialized international health agency had changed significantly over the previous decade and health had become an integral part of the development agenda. The Board should ensure that WHO's contribution to development focused on its health expertise. The Board should not be distracted by specific details, however important those might be in the long term, but should aim at providing clear guidance to the Secretariat on the main areas of reform.

Mr MAXTONE-GRAHAM (Papua New Guinea), speaking on behalf of the Member States of the Western Pacific Region, drew attention to the rise in noncommunicable diseases, which, as shown at the United Nations General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases (New York, 19 and 20 September 2011), was becoming a major challenge to economic development. WHO should be clear whether it was serving the peoples of the world, governments or multinational corporations. Some Member States were in effect subsidizing the increasing penetration of unhealthy foodstuffs into the markets of others, such as his own small island country. It was vital to ensure supplies of wholesome, natural and nutritious foods to all countries.

Dr PE THET KHIN (Myanmar) welcomed the documentation for the special session as a comprehensive basis for the reform discussions and noted that many of the points raised had been discussed previously in various WHO forums. The main challenges were to ensure that the proposals were implemented as soon as possible at the three levels of the Organization and to set priorities that accorded with the specific needs of the six regions and headquarters. Action taken by the Secretariat should be reported to the Board at its regular sessions over the coming years to ensure continuity in the reform process. It was important to align collaborative activities with WHO core functions, taking into

account the relative strengths of regional offices in terms of availability of competent and well-motivated staff, regional and national requirements, and availability of resources. Too many programmes were implemented on the basis of a blanket approach rather than being targeted according to country needs. Moreover, countries sometimes had to decline certain activities even though they were global WHO priorities. WHO should therefore pay greater attention to bottom-up joint planning and to the need to discontinue programmes in certain regions and countries. He endorsed the view expressed by the member for Norway that there should be greater coherence between the priorities set by Member States and subsequent financing; donors currently had too great an influence on priority setting.

Dr MOREIRA (alternate to Dr Chiriboga, Ecuador), expressing appreciation for the preparatory work undertaken on the reform process, emphasized that the main aim of reform was to strengthen WHO's role as the leading coordinating authority in the international health field. The programmatic priorities approved by the Member States through the governing bodies should be geared to the attainment of the highest possible level of health for all peoples. An independent evaluation of WHO should be conducted to determine whether the Organization's work was indeed directed towards that goal. Resources should be channelled in accordance with agreed WHO objectives and priorities, and further efficiencies should be sought. He endorsed the view expressed by the member for India that the bulk of funding should come from Member States. Moreover, it was essential to ensure that nongovernmental organizations did not interfere in WHO's work of formulating public health policy.

Dr MBOYA OKEYO (Kenya)¹ said that the documents before the Board, together with the consultations held in the lead-up to the special session, demonstrated a strong commitment to WHO reform. In resolution WHA64.2 the Health Assembly requested the Director-General to develop an approach to independent evaluation of WHO and present a first report to the Sixty-fifth World Health Assembly in May 2012. He supported the proposals for the next steps set out in paragraph 198 of the Director-General's report. The two-stage approach would enable the Director-General to gather evidence for her first report while allowing adequate time for a later in-depth analysis of WHO reform priorities, which might require amendments to the Constitution, in particular the proposals on governance reform affecting the budget process and the efficiency and effectiveness of the governing bodies. The first stage could be accomplished quickly through a review of published reports and unpublished documents, interviews with key informants and field visits by a high-level independent review panel. However, efforts were needed to gain further insight into the Organization's financing problems, human resource management and the requirements for strengthening WHO country offices, which were critical for improving coordination and strengthening national health systems. WHO was the only international health organization with the mandate to develop health treaties and conventions. Several of the Director-General's reform proposals could be implemented without delay within existing mandates, including: Article 8.2 of the Financial Regulations in respect of charges on extrabudgetary contributions and direct costs of implementing programmes funded by extrabudgetary contributions; and Articles 28, 38, 48 and 58 of the Constitution in respect of strengthening its committees, establishing a committee to manage involvement with partners, a mechanism to influence the agenda and policies of other United Nations agencies and a contingency fund for health emergencies, and providing effective guidance to the Secretariat at all levels on identifying and implementing priority reforms. The Director-General had shown the way; the Executive Board must now assume leadership of an inclusive WHO reform process driven by Member States.

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

Mrs FARANI AZEVÊDO (Brazil)¹ said that Brazil welcomed the holding of the special session, but pointed out that WHO reform was a subject that should also be debated in an open-ended forum to enable all Member States to express their views. As the sole international institution dedicated to global health, WHO should strengthen its multilateral nature through an inclusive, Member State-driven reform exercise in order to adapt to and operate in a changed global health landscape. Issues addressed by WHO, such as noncommunicable diseases and social determinants of health, were of increasing political importance and global character, and the reform process should make it possible to enhance interaction between the political and technical dimensions of WHO so as to enable the Organization to strengthen its leading role in global health.

WHO must focus on what it did best, namely its coordinating and advocacy roles, and its normative function. It had recently played an important role in two major events highlighting the growing importance of health in the international agenda, namely the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases and the World Conference on Social Determinants of Health. It should strengthen its presence at the regional and national levels, and good practices in the regions should be applied at headquarters.

Although the biggest challenge facing WHO was financial, the solution was political. WHO relied on voluntary contributions to implement most of its activities, and the majority of such funds were earmarked. Voluntary contributions should be used to facilitate the implementation of decisions taken at the multilateral level. A collective effort should be made to change the perception of WHO as a donor-driven organization. WHO should never act as an agency to rubber-stamp national projects and should strive to align its strategies, priorities and objectives with resources. The establishment of a committee to enable all Member States to decide collectively on administrative and budgetary matters might be worthy of consideration.

She expressed concern that it had already been decided to downsize certain units in the Secretariat: such action should only be taken following proper consultation with Member States once the direction of the reform had been decided upon.

The documents before the Board were a good starting point for further discussion. Decisions should not be taken in haste. All Member States must understand the implications and have the opportunity to put forward their views through a transparent and inclusive process. Although the reform was government-driven, governments should listen to all interested parties. The suggestion to ensure increased participation of civil society, including nongovernmental organizations and the private sector, was welcome, but would require further consideration.

Mr DEMIRALP (Turkey)¹ emphasized that the reform should not weaken WHO's unique mandate. Furthermore, it should not endanger WHO's capacity to operate in the five core areas of its work that should be clearly linked to the public health challenges currently faced by Member States. Although priority setting was not entirely desirable, it had become essential, and a detailed proposal on priority setting should be prepared by the Secretariat for submission to the Executive Board at its session in January 2012 in order to facilitate its deliberations.

The discussions leading up to the current session had revealed a certain degree of scepticism about the way the governing bodies operated. However, the governing bodies were fundamental components of WHO and its work, and it was neither fair nor correct to question their legitimacy. However, there was obvious room for improvement in their operation: for example, the Board's executive functions should be strengthened and its working methods improved; the Health Assembly should focus on the provision of strategic guidance rather than engaging in lengthy debates.

With regard to global health governance, it was essential to preserve the intergovernmental nature of WHO's decision-making, and fully respect the main principles outlined in the Director-General's report (document EBSS/2/2). However, it was not possible to take decisions on an issue as critical as health without the engagement of all stakeholders, and WHO should make use of existing

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

channels as well as innovative and cost-effective new methods to engage stakeholders, including civil society and industry.

For managerial reforms, there should be a better definition of roles and responsibilities at the country, regional and headquarters levels. There was a clear and urgent need to increase the predictability of financing, and consideration should be given to synchronizing the programme budget cycle and general programme of work's priorities, and to preparing a budget based on realistic assumptions.

Although the scope, timeline and modalities of an independent evaluation of WHO had yet to be decided, WHO should develop a culture of independent evaluation, and an established oversight mechanism.

Ms HINTON (New Zealand)¹ said that WHO faced a time of challenge and change. Externally, it must be better positioned to respond to global health challenges and play a leading role in fostering coherent international action to improve the health of all communities. Internally, consideration should be given to organization and finance to ensure that it was properly placed to meet global demands, and to respond to evolving health needs.

She welcomed the proposals for reform set out in document EBSS/2/2, which provided a strong basis for further work. The high-level road map for reform contained in document EBSS/2/INF.DOC./1 was likewise particularly useful.

Dr NICKNAM (Islamic Republic of Iran)¹ commended the Director-General's report, which gave a clear account of the challenges to be overcome and provided a good basis for discussion.

In the reform process, the intergovernmental nature of WHO must not be forgotten and decision-making should be driven by Member States. Particular attention should be paid to priority setting, which was an exclusive right and responsibility of Member States. It was important to ensure that the suggested proposals for reform were conducive to achieving the goals of efficiency, effectiveness, transparency, accountability and objectivity, but the initial objective of the reform – namely to improve the financial situation of WHO – should remain paramount. He called upon donor countries to be more flexible in allowing WHO to decide how best to use financial resources, and noted that, although the sustainability and predictability of funding were important, the independence of WHO must not be compromised.

The reform process should serve to maintain and enhance WHO's central role in global health governance and to revitalize its standard-setting and health promotion functions. The exclusive role of the decision-making bodies, especially the Health Assembly, should not be undermined.

Mr ROSALES LOZADA (Plurinational State of Bolivia)¹ welcomed the Director-General's report and the decision not to pursue the proposal for a world health forum. He attached great importance to the reform process and appreciated the opportunity to discuss WHO's role in the current international context.

In order to ensure the best possible outcome, decisions should not be taken in haste. More details on the problems facing the Organization, and more time to consider them, would be useful, in particular for developing countries with smaller institutional capacities. It was imperative that WHO remain a Member State-driven organization, and that its normative capacity be strengthened. Technical, financial and political considerations should be addressed in a balanced manner, and a transparent and inclusive approach, providing for the participation of civil society, should be adopted.

He endorsed the comments made by the member for India with regard to financing.

Ms PATTERSON (Australia)¹ strongly supported the WHO reform agenda and the leadership of the Director-General in driving forward the process. She welcomed the focus on: strengthening

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WHO's core business; ensuring that strategic objectives most relevant to the Millennium Development Goals were properly resourced; results and accountability; greater clarification of roles and responsibilities between headquarters, regional and country offices; and ensuring appropriate staffing in regional and country offices.

She commended the leadership role played by the Regional Office for the Western Pacific in pioneering reforms at the regional and country levels, and had recently committed funding to support the implementation of critical work under the Office's strategy for enhancing performance at country level.

Mr JACOBSON (Sweden)¹ said that, if WHO was to be able to tackle the serious challenges it faced as the leading standard-setting health actor, it must take a number of steps including: strengthening the governance of its operations and budget through the introduction of a results-based model; focusing on its core functions; clarifying the division of responsibilities between headquarters, regional and country offices; tailoring the skills of the workforce to the tasks faced; and strengthening contacts with other global health actors, civil society and the private sector. The Director-General should be held accountable for the final results achieved.

In Sweden's view, several of the managerial reform proposals, including strengthening country offices, including the quality of staff, and a more rational division of labour, could and should be put into practice without further delay. More detailed analysis and consultation would, however, be required to address the important issue of the financing model.

Ms TEO (Singapore)¹ said that WHO must endeavour to demonstrate its relevance and adapt to challenges in a changing and increasingly complex global environment, in which public health crises were no longer isolated: the reform and strengthening of WHO could not be more timely and urgent.

She welcomed the efforts of the Director-General to provide a comprehensive and objective evaluation of the role and functions of WHO, and suggest ways to improve performance. Difficult decisions would have to be taken if, in the fight for the survival of the fittest, WHO was to grow stronger and become a truly indispensable global institution of the twenty-first century.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland)¹ said that her country continued to support the reform process and welcomed the excellent report (document EBSS/2/2). A Member State-driven, democratic WHO with the confidence, flexibility and credibility to be the guardian of health on the global stage was needed more than ever before.

The business model that supported WHO needed to be fit for purpose. The multilateral aid review conducted by the United Kingdom's Department for International Development had shown where improvement was needed, but clearly underlined the critical role of WHO, particularly in regard to the health-related Millennium Development Goals.

Although certain aspects of the reform required more detailed discussion, there were some areas, including managerial reforms, in which the Director-General should be allowed to proceed and exercise her delegated authority.

It was to be hoped that the special session would conclude with the Director-General being given a clear mandate to continue to make WHO more effective in the pursuit of health for all peoples.

Mrs NYAGURA (Zimbabwe)¹ said that WHO must adapt to the rapidly changing environment if it was to continue to provide credible leadership in global health. She therefore supported the reform agenda, which must be Member State-driven, and considered that outcomes would be maximized if the agenda was implemented in a strategic and integrated manner.

The need to find a lasting solution to the financial challenges facing WHO should remain central to the reform agenda. Priorities should be identified by factors such as the challenges faced by

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countries and disease burden, not by financial considerations alone, which could undermine the intergovernmental nature of WHO. Efforts should also be made to achieve complementarities among the flagship priorities. Governing bodies and regional committees should be streamlined to facilitate implementation of constitutional priorities. Caution should be exercised with regard to the establishment of additional structures, which would increase the financial burden on WHO. Although partnerships, special projects and other forms of collaboration were essential, they should not be used as vehicles for advancing the narrow interests of the various interested stakeholders.

The meeting rose at 12:45.

SECOND MEETING

Tuesday, 1 November 2011, at 14:40

Chairman: Mr R. EL MAKKAOUI (Morocco)

WHO REFORM: Item 3 of the Agenda (continued)

Overview of WHO reform: Item 3.1 of the Agenda (Documents EBSS/2/2 and EBSS/2/INF.DOC./1–9) (continued)

Dr WARIDA (Egypt)¹ welcomed the comprehensive and incisive report on WHO reform, which was of particular relevance given the current global crises and health challenges facing all Member States. He supported Organization-wide reform and appreciated the measures taken thus far. The Organization was at a crucial juncture in the reform process: many suggestions for reform had been presented, some of which could be implemented without further discussion, while others required more careful consideration.

Reform should build on the successes achieved by the Organization, in order to enable it to continue its essential and effective work in delivering global health services, especially to citizens in developing countries. The activities of the Organization should be determined by the needs and priorities of its Member States, based on a participatory bottom-up approach, thereby ensuring equitable access to health for all. The current governance structure of WHO was the key to its unique standing in the global health arena; reform would allow the Organization to maintain that position. Reform should guarantee that the priorities of WHO continued to be Member State-driven, in accordance with its Constitution. The role of the Executive Board should be developed to enable it to better assist the Organization to fulfil its mandate. Managerial reform was essential to ensure that the work of personnel at headquarters and in the regional offices was effective.

Sustainable financial resources were required, together with independent oversight of funding. Donors and international partners should assume their responsibilities and provide un-earmarked voluntary contributions in order to ensure WHO's ability to match funds with programmes and priorities. The Secretariat should also have the flexibility to meet developing countries' needs and maximize health benefits against expenditure. WHO should establish a clear framework for reform, in accordance with its Constitution and mandate.

Dr MAKUBALO (South Africa)¹ expressed appreciation for the consolidated reform proposals contained in the Director-General's report. The Organization should continue to take the lead in global health, implementing its programme of work through a strong Secretariat and building on the strengths and achievements of the past decades that had given it worldwide influence and credibility. Effective priority setting and adequate financial resources were the key to achieving the goal of equitable access to health care for all. Creative solutions were needed for the challenges currently faced by WHO, including in the area of funding, concerning which she supported the comments of the member for Norway.

There appeared to be a consensus that the reform process should be Member State-driven; that sources of funding should be predictable; and that WHO should maintain its standard-setting role. The

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reform process had given Member States a unique opportunity to provide clear guidance on how to reshape WHO so that it could better fulfil its mandate.

Mr NEBENZIA (Russian Federation)¹ supported Organization-wide reform, which should be driven by Member States. Reforms should be implemented expeditiously but without undue haste. The elements that required reform must be clearly established by consensus, and in that connection it was important to listen to the views of all Member States and identify divergences of opinion. The Director-General could introduce several managerial reforms immediately without the need for decisions by the governing bodies. He supported the creation of a mechanism for the independent evaluation of the activities of WHO, which should be authoritative and representative; a decision on that subject should be made at the current session. Any areas of disagreement between Member States regarding the funding of the Organization should also be resolved at the current session. He did not support the idea of increasing assessed contributions, but underfunded goals could be met if donor countries refrained from earmarking their voluntary contributions. He welcomed the report on WHO reform, which was much more comprehensive than any previous report on the subject.

Ms QUACOE (Côte d'Ivoire)¹ thanked the Secretariat for the quality of the documents. Their translation into the working languages of the Organization had facilitated discussion among Member States during the preparatory meetings. She supported the reform process as a vehicle for shaping the future activities of WHO in the context of global health challenges. In order to ensure that the future activities of the Organization were as effective as possible, and that the limited funds available were allocated where they were most required, it was essential to strengthen both the coherence of policies and the alignment of health initiatives through better coordination; to improve data collection and the availability of reliable data; and to strengthen the capacity of country offices to adapt to national needs and shape national health systems.

Mr VAN DE PAS (Medicus Mundi Internationalis), speaking at the invitation of the CHAIRMAN, urged an in-depth analysis of WHO in order to identify the areas that required reform; the Board should establish a committee for that task. The reform process might undermine the constitutional mandate of WHO and its core functions, but the Secretariat and Member States should remain accountable for their actions in the sphere of global public health policy-making and should not abdicate their role in favour of public-private partnerships. WHO's public-interest vocation should be reaffirmed, and the reform process provided Member States with an opportunity to improve the dialogue with public-interest civil society organizations. The Board might wish to ensure that the recommendations on the relations between nongovernmental organizations and WHO, proposed through the Civil Society Initiative, were implemented and that safeguards were put in place to ensure that the Organization was protected from potential conflicts of interest, as stipulated in the policy on WHO engagement with global health partnerships endorsed in resolution WHA63.10.

The CHAIRMAN expressed satisfaction at speakers' positive and optimistic comments. Consensus appeared to have already been reached on the important role played by the Director-General in initiating the reform process and in the process itself. Broad support had also been expressed for the Director-General's proposals, which formed a good base for future discussion. The need had been confirmed for the reform process to be inclusive and Member State-driven. Decisions regarding some of the proposed reforms could be taken at the current session, but others required more careful consideration. Some speakers had underlined the importance of an independent evaluation of the Organization. The legitimacy of WHO and its mandate, seen as a relative strength, had also been discussed, as had the need to strengthen the role of the governing bodies, especially the Board, and the

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important role played by the Director-General. Emphasis had also been placed on the need for flexible and sustainable financing.

The DIRECTOR-GENERAL thanked participants for their constructive comments, which reflected their strong support for the reform process. Member States evidently took their responsibilities as Members of the Organization seriously and had a clear understanding of the consequences, which were of immediate importance and of long-term value. She intended to act on the instruction given to her by Member States to move ahead in specific areas that were constitutionally mandated, in her capacity as the chief technical and administrative officer of the Organization. At the same time, she was well aware that the reform process should be Member State-driven. WHO was a unique organization; it was multilateral, global and democratic. Although its many strengths should be preserved, some of them could be further refined and improved. Member States had clearly expressed their concerns with regard to funding and some had stated that donors should not guide the priority-setting process in a truly democratic organization. Developing and least developed countries, which stood to gain the most from the work of WHO, must have an equal voice.

As a democratic and public organization, WHO should be publicly funded. She acknowledged the wish of Member States that the Organization should remain independent and neutral in order to guard against vested interests. In certain circumstances, it was necessary for the Organization to take a strong stand against powerful corporations when tackling the globalization of unhealthy lifestyles, including the marketing of junk food.

She thanked participants for their support for the report contained in document EBSS/2/2, which some had referred to as a consolidated document. It provided Member States with a basis on which to make decisions and would guide the work of the Secretariat during the current session. Some of the proposed reforms would require further consideration; Member States had underlined the need for consensus to be reached prior to their implementation.

Programmatic priorities: Item 3.2 of the Agenda (Documents EBSS/2/2 and EBSS/2/INF.DOC./10)

The DIRECTOR-GENERAL, presenting her views on programmatic priorities (see document EBSS/INF.DOC./10), said that the Board's comments on the five core areas of work would be considered in the preparation of the Twelfth General Programme of Work. Priority setting should drive all reforms; in turn, resources would be allocated to agreed priorities. The flagship priorities reflected the current major global health challenges, including noncommunicable as well as infectious diseases, and required the full engagement of both the Secretariat and Member States. The five core areas of work were broad functions within WHO, forming a framework for priority setting and decision-making. Priority must be given to unmet health needs, not dictated by the availability of funding. For example, the Organization's technical guidelines and advocacy had contributed to the dramatic lowering of the price of antiretroviral medicines, demonstrating WHO's convening power, its capacity to generate evidence and the impact of its advice on health development. Health system strengthening was another area that must remain a core function of WHO.

WHO's programmes and priorities depended on the current health context: the new threats to health arising from the interdependence of nations and policy spheres; and the creation of new global health initiatives, innovative funding mechanisms, and strategic public-private partnerships for the development of vaccines, medicines and diagnostics for diseases of the poor. Responses had included the Global strategy and plan of action on public health, innovation and intellectual property, the WHO Framework Convention on Tobacco Control and the International Health Regulations (2005). The report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009, whose recommendations the Health Assembly had urged Member States to support in resolution WHA64.1 in May 2011, constituted a further contribution to global health security.

The changes and challenges of the previous decade would determine the success of international health collaboration over the coming years. Some considered that the progress made towards the Millennium Development Goals showed the value of investment in health development: others felt

that the proliferation of health initiatives had led to a loss of coherence, focus and integrity, or doubted whether existing public health provision matched the real needs of countries. Priority setting was the collective responsibility of the Secretariat and all Member States, and the Secretariat needed guidance in that area from the Executive Board.

Dr JESSE (Estonia), speaking on behalf of the Member States of the European Union, welcomed WHO's proposal to focus its work on a limited number of clearly identified priorities. Norms and standards – both the public health standards required by national health systems and the norms that guided the Secretariat's support for Member States in the development of their own health policies – were core elements of WHO's work, along with the establishment of good practices. Norms and standards should remain within the remit of WHO headquarters and should be emphasized in priority setting and resource allocation.

The scope of the flagship priorities, core areas of work, core functions and strategic objectives referred to in the Director-General's report should be clarified, as should the hierarchy of the various elements and their differences and linkages. In particular, would the existing strategic objectives be replaced by the five core areas of work?

She asked how, when and by whom the criteria for priority setting referred to in paragraph 46 of the report would be identified, and what their relationship to WHO's programmatic and finance-related activities would be. She proposed two further basic criteria for inclusion in the list, namely public-health importance and the value added by the activities of WHO. Which criteria were used for priority setting at present?

Dr GULLY (Canada) supported the initiative to strengthen priority setting within WHO. The high-level priorities established at headquarters level should be directly linked with specific country priorities. The criteria for priority setting, including factors such as the burden of disease, the needs of Member States and WHO's mandate, should be used in the development of the Twelfth General Programme of Work. However, the recent regional consultations had revealed a diversity of opinions about the Organization's priorities and a need for standardization of methods for priority setting at global, regional and country levels. A new process was required that would enable Member States to develop and refine appropriate criteria for priority setting, as had been done in the preparation of the document "PAHO in the 21st Century", which had led to reforms in PAHO between 2003 and 2005.

In their efforts to tackle the root causes of ill health, the Secretariat and Member States must decide how to influence other sectors that had an impact on health, in the area of noncommunicable diseases, for example. He noted with interest the increased emphasis on noncommunicable diseases and asked about its implications, particularly for the relevant cluster in the Secretariat. Paragraph 22 of the Director-General's report referred to a set of high-level, measurable targets in global health: how could such targets be linked to existing targets such as those in the Millennium Development Goals?

WHO's governing bodies must be stronger and more focused in ensuring that processes and priorities were consistently implemented. Under the current methods of work, Member States had approved a wide range of resolutions without adequate consideration of their strategic value and compliance with the Organization's medium-term priorities. It was essential to strengthen the role of the Board and its Programme, Budget and Administration Committee, although the ultimate responsibility for decision-making lay, of course, with the Health Assembly. The Secretariat should prepare a proposal for a priority-setting mechanism involving Member States and other stakeholders, to be submitted to the Board at its next regular session in January 2012.

Dr PE THET KHIN (Myanmar), referring to paragraph 10 of the Director-General's report, said that WHO, through its regional offices in particular, must make adequate and practical provision in its planning process for facing up to challenges and opportunities in global health. WHO country offices had an essential role to play in tackling the common threats to the health of the populations they served, many of which extended beyond the health sector (see paragraph 11 of the report). The capacity and capability of the country offices must be strengthened accordingly, and thought should be given to ways of supporting countries that did not have their own country offices.

Much remained to be done to eliminate communicable diseases, but WHO should beware of excessive spending on attempts at disease eradication and elimination, which could compromise other priority programmes. Regarding information and communication technology (paragraph 14), particular emphasis should be placed on using the relevant data for decision-making at different levels of the health system, especially at the provincial and country levels.

Paragraph 25 stated that WHO's work encompassed strategies for addressing the environmental, economic and social determinants of ill health. However, WHO should determine whether it enjoyed a comparative advantage over the many other agencies and organizations that were also active in those areas. He welcomed the two-pronged approach to noncommunicable disease control (described in paragraph 28).

WHO should give priority to strengthening health systems and institutions (paragraphs 32–36), an activity that offered considerable potential long-term and short-term benefits. It would be useful, especially at the country level, to map out the geographical areas of work of the many other organizations active in supporting health (paragraph 34), with support from headquarters and the regional offices, and ensure that WHO continued only with activities in which it enjoyed a comparative advantage.

WHO should monitor decisions made in other forums that might affect health (paragraph 40). Relevant WHO units should be asked to review such decisions and take any action necessary. The Secretariat should promote healthy public policies in all Member States.

Currently WHO spread its resources thinly over a wide range of technical programmes (paragraph 42). It must pay urgent attention to priority setting; the demands and needs of Member States were paramount (paragraph 46). Given that its leading role in health was under threat from a number of country-level organizations, WHO must not be complacent about its achievements.

He supported the recommendations contained in the Director-General's report, but doubted whether it would be possible to consult all stakeholders and draw up the necessary high-quality proposals in time for the Board's 130th session in January 2012.

Mrs TSOLMON (Mongolia) fully agreed with the proposed flagship priorities and the five core areas of work. The prevention and control of communicable and noncommunicable diseases should be the top priorities of WHO for the coming years. WHO should also prioritize attainment of the health-related Millennium Development Goals. However, when defining Member States' individual priorities, it was vital to take into account the national health agenda, essential health statistics, country cooperation strategy, experience from previous programmes, and pressing domestic demands. That would require close cooperation with Member State governments and WHO country and regional offices, thereby reducing the involvement of staff members based at the Organization's headquarters, whose role would be to ensure that priorities were aligned with WHO's overall priorities and core functions.

Dr LARSEN (Norway) endorsed the aim of setting global health targets as a basis for evaluating WHO's work. The Organization had a broad mandate and could not ignore any topics of importance to health in its Member States, but its scarce resources should be assigned on the basis of priorities. Thus, the current non-prioritized decision-making processes, involving such mechanisms as the general programme of work, the medium-term strategic plan and the biennial programme budgets, and more priority-oriented mechanisms, such as resolutions and the formulation of core areas of work and core functions, should be streamlined into a more systematic approach to priority setting. He emphasized that the earmarking of funds could undermine the governing bodies' efforts at democratic prioritization.

The Director-General's report suggested that priority setting could be improved through the development of flagship priorities and a five-year programme of work, but it was not clear how that suggestion tied in with the existing six core functions and five core areas of work, or with the priorities identified in budget documents and resolutions. Another approach might be to define priorities in the proposed three-year budget, and to set out strategic priorities in the general programme of work. That would increase the coherence of decisions made by the governing bodies.

Furthermore, the Board should ensure that the Health Assembly's agenda was in line with the priorities established in the budget and the general programme of work, and that resolutions could be implemented with available resources. A sound priority-setting framework was vital to WHO's standing as a democratic and consensus-driven organization.

Ms RONCARATI (Chile) said that meeting a country's needs at the local level was the principal method of ensuring the attainment of health for all. The proposals relating to priority setting should be examined in an inclusive consultation process involving Member States, regional and subregional organizations such as PAHO, and the WHO country offices. It was important to eliminate duplication of effort in that process. More information was required on how priority setting was to be broken down at the national, regional and global levels.

She questioned whether the establishment of flagship priorities and priorities within the five core areas of work was the best approach, as it did not take account of country priorities, and therefore prevented the harmonization of global, regional and local priorities, which should be one of the aims of the reform process. She stressed the need for increased PAHO representation in the Region of the Americas. The outcomes from the regional committees should feed into the provisional agenda of the Health Assembly. In that way the reform process, by improving priority setting, would be realized from the local to the global level, engaging the appropriate entities at subregional and regional levels. Moreover, WHO should offer training in the prioritization of health problems at the country level.

She welcomed the focus on access to health care within the five core areas of work, but emphasized the need for access to good-quality health care. Likewise, with reference to ageing populations, the report should have emphasized the importance of healthy ageing. Finally, greater clarity was required concerning the normative aspects of strengthening health systems and institutions.

Mr HAZIM (alternate to Mr El Makkaoui, Morocco), speaking on behalf of the Member States of the Eastern Mediterranean Region, emphasized that priorities should be defined at the national and regional levels, taking into account the availability of resources. He welcomed the proposal to prioritize objectives within the five core areas of work, but the framework outlined in the Director-General's report was not sufficiently detailed and should be expanded to include other areas in which priority setting was required.

He proposed that a working group comprising members of the Board should be established to assist the Secretariat in the area of priority setting, and to discuss a strategic policy for the following nine years. Member States and the regional committees should be asked to provide feedback on the document produced by the working group before it was presented to the Board. The group should primarily focus on priorities for the three years immediately following the current programme budget. To rank the defined priorities would facilitate improved resource allocation. If there was a consensus on his proposals, he requested that they be included in an amended version of the report.

Dr ORJIAKO (alternate to Dr Fakeye, Nigeria), speaking on behalf of the Member States of the African Region, acknowledged the importance of priority setting as a means of enabling WHO to obtain maximum impact and results. He welcomed the priority areas identified in the report, but emphasized the need to strengthen the Organization's country presence in order to ensure that those areas benefited from technical assistance and support.

Since many stakeholders were involved in global health, WHO had to clarify its roles and functions with particular regard to norms and standard setting, which should remain a focus of the Organization's work. Furthermore, the technical and managerial support that WHO provided at the national, regional and global levels should be strengthened.

He welcomed the focus on communicable and noncommunicable diseases, which would ensure proper management of the disease burden, and the prevention of those diseases that were likely to increase and have a negative impact on communities in the future, especially in developing countries.

Dr REN Minghui (China) requested clarification about the five core areas of work, as two, namely "evidence on health trends and determinants" and "convening for better health", differed

conceptually from the other three. In addition, the descriptions of the areas of work were inconsistent; each description should include the following: its importance, WHO's relative advantage in that area, WHO's past work in that area, and the future direction of WHO's work.

Furthermore, the distinction made in the report between flagship or Organization-wide priorities and priorities within the five core areas of work was not logical. All core areas were valid for the entire Organization, regardless of whether they encompassed priorities at the global, regional or national level. The distinction that should be made was between short-term and long-term priorities.

With regard to the criteria for priority setting referred to in paragraph 46, some areas of work could not be measured by burden of disease.

Mr MOMIN (Brunei Darussalam) said that programmatic priorities, which were central to the work of WHO, were a means of ensuring that national activities were streamlined according to available resources, and prevented duplication of work at the national level. Two priority areas identified in the Director-General's report were particularly important: strengthening health systems and institutions, and evidence on health trends and determinants. Member States should be supported in their efforts to sustain strong health systems focusing on disease prevention and primary health care.

Among the criteria for priority setting, evidence on health trends and determinants was of particular importance in enabling WHO to address the root causes of ill health in Member States and provide appropriate assistance in capacity building to produce sustainable results in that area. It was important to ensure that any programmatic priorities adopted were translated into action at the national and regional levels.

Dr SILBERSCHMIDT (Switzerland) said that the chapter on programmes and priority setting provided a good starting point for discussion. The five core areas of work constituted one of many possible ways of dividing and defining WHO's role, which did not need to be discussed at length. Underlying all of them was the cross-cutting priority of normative work, which WHO was well positioned and best qualified to do. The flagship priorities also addressed the current key challenges. However, he asked for clarification on the specific consequences of their possible adoption.

The result of reform in the area of priority setting should be a structure that was understandable to all, but that target was already threatened by the complicated interaction among five core areas of work, six core functions, five flagship priorities and thirteen strategic objectives, as well as regional and country priorities. He supported the view expressed by the members for Mongolia and Norway that the system of priorities should be kept as simple as possible.

WHO faced a particular challenge in setting priorities as, unlike a business or some other types of organization, it could not abandon areas of responsibility. But such a complex range of commitments could also be an advantage, as there was no need to rush into defining non-priority areas of work. Instead there should be a focus on the actual process of priority setting, with regard to which he had several questions. What part of priority setting would take place under the general programme of work and what part under the programme budget? How could the governing bodies make the best use of their time? How could resolutions be reduced in number and better used to set priorities? And how could it be ensured that the priorities set by the governing bodies were maintained and not overridden by, for example, those of donors?

With those caveats, he fully supported the report's recommendation for endorsement of the direction for WHO's work set out in the chapter on programmes and priority setting.

Dr ST. JOHN (alternate to Mr Inniss, Barbados) generally agreed with the five core areas of work. In the area of health development, noncommunicable diseases should be the main focus of attention and resources, being the main global cause of illness and death. In particular, that area offered the best potential for the establishment of mechanisms for intersectoral action. Noncommunicable diseases affected the development agenda and should be taken into account by WHO in defining its global agenda-setting role. At the same time, an appropriate balance should be struck with communicable diseases, the better to determine how to redirect flows of financing and other resources.

It was more important to focus on the mechanisms to be used for setting priorities than to agree on a list of priorities. A common core of work should apply across regions and subregions, based on the needs of Member States, and particular regional strengths should be recognized and exploited for achieving results and sharing best practice. She expressed the hope that consensus would be reached at the current session on strengthening the roles of the Board and the Programme, Budget and Administration Committee in guiding, monitoring and evaluating how priorities were set and allocating resources.

Dr SEEBA (Germany) stressed that setting priorities was only a means to an end. The key was to ensure that WHO used its limited resources first for its core business and then for purposes believed by Member States to be of the most relevance to its mandate.

A long list of priorities had been identified over the past two years, but not a single area that WHO should drop from its remit in the future. The report suggested criteria for priority setting – such as burden of disease, need and demand of Member States, and current capacity and mandate at different levels of WHO – but it would be difficult to use those criteria at the level of the 13 strategic objectives. To be in a position to set priorities, it was important that Member States had a common understanding of the actual scale of WHO's activities at the programme level. He supported the proposal by the member for Canada to initiate a process for developing procedures for priority setting.

Ms ARTHUR (adviser to Dr Grall, France) said that the review of core activities and priorities was essential to the reform of WHO. It was not clear how the proposed five core areas of work interacted with the six core functions, particularly in relation to the production of norms and standards, which was an essential cross-cutting field of activity. The review should be an opportunity to decide on a common vision for WHO, along the lines of the approach suggested in paragraph 18 of the report.

How would the flagship priorities be linked to the strategic objectives? WHO was the intergovernmental forum best placed to define flagship health priorities, even though global concerns might exceed WHO's capacities to address them. Before the Twelfth General Programme of Work was agreed, it would be important to clarify the procedures for defining flagship priorities and related targets. Member States could only commit themselves to targets voluntarily and consensually.

The definition of priorities within the five core areas of work would require WHO to make strategic decisions, refocusing its programmes on the areas where it had a particular mandate and expertise. The selection of such priorities had to be based on clear criteria, such as the requirements of Member States and the mandate and current capacities of WHO in terms of financial and other resources. Public health criteria were also fundamental in that connection, and not just the burden of disease, a term that did not reflect the complexity of public health issues. For example, in some areas where prevention was effective, the work of WHO continued to be essential regardless of the burden of disease. More qualitative criteria should be included relating to the extra value that WHO added and the level of public health risks.

Dr VALENTIN (Seychelles) said that, in undertaking reform, WHO should take into consideration the particular concerns of smaller Member States, such as small island countries whose priorities were significantly different from those of larger countries. It would be to the detriment of WHO and the world if the special circumstances of very small countries were overlooked. Those countries were struggling to cope with noncommunicable disease problems without the resources to train or retain health-care workers, which in turn made health development impossible. In that connection, WHO was in a position to step up its support for health-worker training in smaller countries and to advocate for innovative ways of achieving that objective.

Mr LIMÓN GARCÍA (Mexico) supported the views expressed by the member for Chile on the importance of access to good-quality health care and the member for China on the distinction between short- and long-term priorities. Universal health coverage, including enhanced equitable access to medicines, should be a flagship priority.

Mrs HANJAM SOARES (Timor-Leste), speaking on behalf of the Member States of the South-East Asia Region and acknowledging that the proposed core areas of work were in line with the needs of most Member States, pointed out that regional and national diversity also had to be taken into account. Global flagship priorities had to be identified, but the regions should also be given the opportunity to identify regional top-level priorities, and the performance of regions and regional offices could be linked to the achievement of targets in relation to such priorities. In that connection, the shift of focus from communicable to noncommunicable diseases seemed inappropriate to some Member States, such as her country, which was still struggling with communicable diseases and a range of other issues such as neglected tropical diseases, malnutrition, poverty, an ageing population and demographic changes.

Member States needed to strengthen partnerships in order to mobilize resources at the national, regional and interregional levels. The importance of primary health care as a basic and comprehensive approach should be emphasized. The establishment of frameworks and standards was the prerequisite to work on funding solutions. Non-health sectors in matters relating to gender, health equity and human rights also had to be involved.

Dr DAULAIRE (United States of America) supported the proposal to establish flagship priorities as well as priorities within each of the five core areas of work, an approach that should streamline the work of the governing bodies and provide clear mandates for the Secretariat's activities. In the interest of reducing the number of guidance documents, the general programme of work should include the priorities defined at both those levels. Future programme budgets would then reinforce that trend. As it was crucial to retain flexibility in the setting of priorities so that WHO could respond adequately to new situations, he suggested that general programmes of work should be adopted for a period of five or six years, rather than the current ten years.

He appreciated the suggestion made by the member for Canada that a process be initiated to develop procedures for setting priorities and stressed that that work would require a dedicated effort led by Member States. Although the work might not be completed by January 2012, the 130th session of the Board could be used to refine the proposal ahead of the Sixth-fifth World Health Assembly.

The core areas of work set out in the report were largely consistent with his country's priorities. WHO's role and capacity in those areas were clear and well established. He appreciated the argument made by the member for Switzerland that it was not necessary to discuss at length the many ways in which priorities could be defined or divided, but health development was a cross-cutting area that might lend itself to a discussion of better and clearer ways of facilitating priority setting.

He asked for clarification on the meaning of the reference in paragraph 37 to stakeholders being held accountable for resources committed in connection with evidence on health trends and determinants.

Dr DANKOKO (Senegal) broadly agreed with chapter 1 of the report, particularly with regard to the need to exploit the potential of information and communication technologies to ensure better access for poor populations to health, along with the need to strengthen capacities for transferring technologies and knowledge.

The five proposed core areas of work should place more emphasis on support for the strengthening of national research and development systems, as research was increasingly essential to developing countries in their efforts to find local solutions to specific health problems. He welcomed the reference in paragraph 22 to the need for results-based management that would make WHO more accountable.

Ms QUACOE (Côte d'Ivoire)¹ proposed, at the level of programmatic activity, the development and strengthening of food safety standards given the growing impact of chemicals on human and animal health.

Mrs ESCOREL DE MORAES (Brazil)¹ commended the report but said that Member States would need time to propose specific and creative solutions in response. She asked how the ideas and proposals emanating from the Board at its special session would be incorporated into future discussions, and whether a revised report would be produced. She agreed in principle with the five core areas identified, but proposed the addition of a sixth, namely the "comprehensive coordination of global health". Convening for health was not sufficient: WHO's role should be to coordinate global health.

She asked how the five core areas of work related to the constitutional functions of WHO and the Medium-term strategic plan 2008–2013. Why and how had the first core area, "health development", evolved from the original, more readily understandable concept of "health and development". She expressed regret that the social determinants of health, as an essential component of health and development, were not given more prominence in the report and included among WHO's flagship priorities. WHO should be an active advocate for the social determinants of health, in recognition of the important outcomes of the recent World Conference on the Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011). She asked why the report referred to high-quality rather than simply "quality" medical products. She emphasized the need for separation between regional and global level priorities. She also requested clarification of the way in which the priority-setting process was to be implemented.

Mr MARUTA (Namibia)¹ echoed the views expressed by previous speakers on the need for the process of priority setting to be transparent, coherent and driven by Member States. WHO should develop a framework for priority setting, and, in view of the importance of inclusiveness, priority setting must not be linked to financing, but should reflect the national health needs of Member States. He agreed with the Director-General on the need to pay attention to new threats in public health, including both communicable and noncommunicable diseases.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland)¹ said that prioritization meant determining from across a broad, inclusive and democratically agreed remit – such as health for all – those things that Member States wanted WHO to do, exercising its relative strengths, at an agreed time, with an agreed set of resources, through an agreed mechanism, and measured against an agreed set of outcomes. Prioritization should not involve restating the core purposes of WHO, but was a matter of work planning, and as such was closely linked to other areas of reform. As the chapter on programmatic priorities was the least developed in the report, more detailed proposals in that area were most needed before the 130th session of the Board, included a simpler and more democratic model for priority setting. The process should start at that session, when Member States would be given space to submit their views, followed by an iterative and consultative process between Member States and the Secretariat, culminating in a draft set of priorities for consideration by the Health Assembly. Emphasizing that priorities should be based on a transparent set of agreed criteria, she agreed with the member for Canada on the need for a separate process to develop those criteria, which would allow all Member States to participate more fully in the priority-setting process and enable the Secretariat to align its resources in the most appropriate way.

Ms MVILA (Congo)¹ said that priority setting must reflect the needs of countries and regions, especially the needs of developing and least-developed countries. Strengthening the capacities of the various actors in the health field was vital for tackling certain communicable diseases to which rural

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

populations on the African continent were particularly prone. The priorities for developing countries should be technology transfer and technical support for research and development. She expressed support for the proposal of establishing a working group to define priorities.

Dr CUYPERS (Belgium)¹ stressed that a clear and objective methodology should be established for priority setting and the concrete definition of priorities. A standardized methodology must be based on WHO's goal and strategic objectives, complemented by analysis of existing health reports and knowledge worldwide to identify risk and gaps. Concrete priorities should be further developed for the next programme budget and long-term programme, as suggested by the member for Norway. However, the number of priorities should be strictly limited.

Ms NYIRAHABIMANA (Rwanda)¹ emphasized that global priorities should be shaped by the national priorities of Member States. As part of their coordinating role, the regional committees should distil regional from national priorities before Organization-wide priorities were determined. She recommended that research and development be made a key sector of WHO's work, and that it should be strengthened and accompanied by the transfer of medical technology and expertise to developing countries. She added that capacity building in health, and data collection for the creation of national-level databases for better planning, should also be taken into consideration when formulating priorities.

Dr NICKNAM (Islamic Republic of Iran)¹ said that the wording of paragraph 21 did not define a clear and precise mandate for direct intervention by WHO in circumstances such as emergencies, the threat of disease outbreaks or the failure of national systems. Priority setting was the prerogative of Member States, and one way of dealing with the diverse health needs and expectations of countries might be to give more weight to regional and subregional health problems. He emphasized that priority setting was not a one-size-fits-all exercise and was heavily influenced by differences in level of development, geographical situation, susceptibility to natural disasters, or crisis situations affecting individual countries. The current division of WHO into six regions did not sufficiently reflect the diversity of country needs. Member States should be reclassified in terms of regions and subregions suffering from common problems.

Dr FERNANDEZ DE LA HOZ ZEITLER (Spain)¹ said that establishing priorities was a strategic part of the reform process and was a matter that would require further in-depth consideration by the Secretariat and Member States. She emphasized prevention, health promotion and the determinants of health; the prioritization exercise should not just focus on illness but should include a public health vision. As a prerequisite to drawing up a list of priorities, a process and a mechanism for priority setting should be defined.

Ms UPHAM (CMC – Churches' Action for Health), speaking at the invitation of the CHAIRMAN, said that her organization had prepared a detailed commentary that it was keen to share with Member States. She noted with concern the absence from the chapter on programmes and priority setting of any reference to multinational corporations, which straddled national borders and for that reason enjoyed a great deal of autonomy. Such corporations were major players in the global health field and WHO must confront the challenge of regulating them for public health policy purposes.

Another cause for concern was the proposition that WHO should focus on what it did best, since the unstated corollary of that was that WHO should withdraw from areas where its work was duplicated by other, new organizations. The proliferation of narrow, specialized, vertically-oriented partnerships fragmented the health system and weakened donor coordination, which could offset the benefits of their technical specialization.

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

Limiting the scope of global health governance to policy and priority-setting for health, in the manner suggested in paragraph 85, would exclude trade, global finance and the regulation of transnational corporations. Ignoring WHO's responsibilities in relation to those determinants of health was a major weakness of the report. The five core areas of WHO's work were insufficiently focused. Moreover, as the anarchic funding practices of recent years had been partly due to the structural autonomy of the clusters, structural reform was needed in order for fund-raising to be more coherent.

The CHAIRMAN, noting the agreement on the need to adopt a mechanism for the priority-setting process, said that it was for Member States to drive that process, and urged them to put forward specific proposals in that regard.

The DIRECTOR-GENERAL, responding to the various comments made by participants, agreed on the importance of the integration of priority-setting at the global, regional and country levels, and the need to respond to the concern that country-level priorities were not fully reflected at present. Increased support for countries was a specific objective; a bottom-up approach should be taken. National priorities should be relayed to regional offices through the country cooperation strategy or national health policies, strategies and plans; they should then be taken into account in the discussions held by regional committees or other groups to determine regional priorities; and headquarters should provide the regional offices with the necessary support for their efforts to serve the countries.

The suggestion by the member for Brazil that coordination should be added as a sixth core area of work was a sensitive matter; her preferred term was "facilitation". There had to be country-driven, country-owned national health plans, and the WHO reforms should ensure that country offices played a coordinating role in their implementation. Development partners and donors should be encouraged to support domestic investment in national plans, instead of turning their attention to more short-lived projects that bypassed the national authorities. It was up to Member States to decide whether they wished to add coordination as a dedicated area of work. Concerning the social determinants of health, she said that they were given prominence in paragraph 25.

The current Medium-term strategic plan was due to conclude in 2013, and the Board had to decide whether to formulate another such plan or to rely exclusively on the next general programme of work. The Secretariat therefore urgently needed guidance from Member States before it began work on drafting the respective documents and the Proposed programme budget 2014–2015. The Programme budget 2012–2013 had already been approved by the Health Assembly in May 2011, and the priorities were broadly reflected in document EBSS/2/2. Nevertheless, the Board might wish to refine them.

Regarding the various criticisms expressed, she said that the member for China in particular had been correct to draw attention to the confusion between the six core functions and five areas of work set out in her report. Greater clarity was required, especially with respect to those terms; and a simplified framework was needed to guide Member States and the Secretariat in their collective responsibility for priority setting. She asked the Board to revisit the six core functions in the Eleventh General Programme of Work and provide guidance. It should also re-examine the many existing criteria for priority setting with a view to determining whether they were still relevant. Citing the example of "disease burden" as a means of attracting attention and funding to countries, she said that WHO was not a funding agency but its role, in line with its core functions, was to provide technical support, for example, in preventive measures to support Member States in ensuring the preparedness of national health systems for crises or emergencies, and to convene parties.

She urged the Chairman to consult with the Officers of the Board in order to decide on the best way for the Board and the Secretariat to fulfil their constitutional duty of preparing the next medium-term strategic plan and general programme of work before the Sixty-sixth World Health Assembly.

The CHAIRMAN, noting the support for the proposal that a working group be set up to consider, and provide guidance on, the priority-setting process, said that, in the absence of any objection, he would take it that the Board wished to hold informal consultations on the matter beginning immediately after the current meeting.

It was so agreed.

Mrs ESCOREL DE MORAES (Brazil),¹ referring to the Director-General's replies, said that the focus of her original remarks had been not so much on considering coordination as another core area of work but on the constitutional function of WHO to act as the directing and coordinating authority on international health work. WHO should provide leadership not only at the country level; it should also position itself as a strong global leader in the areas of funding, initiatives, partnerships and so on. Other questions she had raised remained to be answered, including her request for clarification of the new concept of "health development".

The DIRECTOR-GENERAL said that country-level coordination was a matter for the countries themselves. At the global level, however, many global health initiatives had their own governing bodies, and WHO could not be expected to issue instructions to them, even though that would help to avoid fragmentation and duplication. It was the responsibility of Member States that had representatives on the boards of those bodies to deal with any differing policy directions.

The purpose of using the term "health development" was to prevent WHO from being mistakenly identified as a development agency as opposed to a normative organization whose standard-setting and policy-making work served to support health systems and, hence, national development. In the field of child immunization, for example, WHO set the policies and recommended key programmes, but the work of vaccine procurement was left to UNICEF, and the mobilization and allocation of resources was the responsibility of funding mechanisms such as those provided by the GAVI Alliance. As for the difference between quality and high quality, although enjoyment of the highest attainable standard of health was a basic principle under the Constitution, the intention in the report was to stress the importance of continuous improvement in the quality of medical products and to prevent the provision of substandard care.

(For continuation of the discussion, see the summary record of the fourth meeting.)

The meeting rose at 17:25.

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

THIRD MEETING

Wednesday, 2 November 2011, at 09:40

Chairman: Mr R. EL MAKKAOUI (Morocco)

WHO REFORM: Item 3 of the Agenda (continued)

Governance: Item 3.3 of the Agenda (Documents EBSS/2/2 and EBSS/2/INF.DOC./11)

The DIRECTOR-GENERAL recalled that contributions on governance reforms had been made through the web-based consultation and in the regional committees, discussions with the Geneva-based missions and many conversations during the previous five months. Since May 2011, the proposals for action on WHO's internal governance and the Organization's role in global health governance had evolved considerably. Proposals on the former aimed to introduce changes in the structure and functioning of the governing bodies to make them more effective, strategic, focused and efficient. At the request of Member States, the Secretariat had produced a consolidated report that covered global health governance. The proposals focused mainly on engagement and coherence, with the aim of strengthening WHO's leadership. She confirmed that the Organization would not pursue the option of a world health forum.

Other specific proposals, reflecting the views and suggestions of Member States, and a set of principles to guide reform, including retention of the primacy of the intergovernmental nature of WHO's decision-making, were set out in paragraphs 87 to 97 of her report. They covered three main areas: the engagement of a wider range of actors through different means but with the full engagement of governing bodies in those processes (such as the Open-ended Working Group of Member States on Pandemic Influenza Preparedness); the strengthening of coordination within the United Nations system and with coalitions and alliances; and work in partnerships to achieve greater coherence and complementarity in public health policies and strategies.

Dr GULLY (Canada) acknowledged the need to strengthen WHO's governance mechanisms, which were crucial for the success of reform. He recalled that PAHO, as part of its own reform, had set up a working group on streamlining governance; a similar approach could be adopted by WHO.

Although the Executive Board would benefit from a more robust basis for priority setting (as outlined in paragraph 61 of the report), he requested clarification as to how the proposed four- or five-year plan of work would align with the revised planning time frame outlined in paragraph 168. He supported the roles of the Board outlined in paragraph 62, specifically with regard to ensuring that proposed items and resolutions fell within the strategic workplan, and the development of criteria to limit the number of resolutions submitted to the Health Assembly. There should be a comprehensive annual timeline for WHO governance sessions based on the proposals in the report. Should the meeting of the subsidiary bodies of the Board be moved from January to November, as proposed in paragraph 64(1), the additional session of the Board proposed in paragraph 63(1) might not be necessary. The options outlined in paragraph 63(3) should be further explored, except option (ii) on the establishment of a new committee on monitoring and evaluation; that work fell within the mandate of the Programme, Budget and Administration Committee. He supported the proposal in option (iii) to expand the mandate of the current Standing Committee on Nongovernmental Organizations to cover partnerships rather than to create a new committee. He strongly supported the proposals contained in subparagraphs 64(2) and 64(3) regarding the enhanced use of communications technologies for virtual meetings, and the enforcement of time limits for speakers.

He supported the proposals contained in paragraphs 72 and 73 to improve the work of the Health Assembly. It would be preferable to evaluate the results of the enhanced priority-setting role of the Board before considering the establishment of a new resolutions committee (subparagraph 73(1)), and he strongly supported exploring alternative means for Member States to provide direction beyond the adoption of resolutions, as highlighted in subparagraphs 73(3) and 73(4). The subject could perhaps be considered by a working group. He agreed with the proposal in paragraph 74 to limit the number of intergovernmental working groups; that might produce significant cost-savings, but would need to be balanced by the application of criteria for selection of issues that needed an intergovernmental working group and those that could be dealt with by the Board. He welcomed the proposals contained in paragraph 75.

Regarding regional committees, he welcomed the proposals in paragraphs 79 to 81 regarding linkages and recommended that they be presented to the regional offices for consultation and refinement in advance of the 130th session of the Board. Although the proposal in subparagraph 80(1) sought regular reporting by regional committees to the Board, what they would report on was unclear. Currently each regional office participated in WHO's governing body sessions. How would the proposal modify that approach? He also sought clarification regarding the rationale for the proposals outlined in subparagraphs 81(1)–(4) but not explicitly defined on harmonizing the practices of the regional committees and the consequence of the Board not endorsing them.

With regard to global health governance, he endorsed the principles outlined in paragraph 87 on WHO's engagement with external stakeholders. He supported a focused approach to widening engagement in specific priority areas aligned with WHO's programme of work; a combination of consultations described in paragraphs 90 and 91 would best meet that need. He endorsed the proposals on better coordination in paragraphs 92 to 95.

In view of comments made the previous day, WHO's leadership in collaborating with other sectors, particularly within the United Nations system, would be extremely valuable. Rather than coordinating, it would be better to encourage other sectors to take responsibility for how they dealt with health, while WHO provided leadership in those discussions.

He agreed that existing partnerships needed a more structured review and evaluation. Also, clear criteria were needed for new partnerships and they should focus on ensuring that all partnerships were aligned with and provided value to the priorities agreed by Member States. He supported the proposal to establish a framework to guide interactions between stakeholders, as described in paragraph 97, even though it was unclear how it would be developed and adopted.

Dr DE ASSUNÇÃO SAÍDE (Mozambique), speaking on behalf of the Member States of the African Region, said that the Regional Committee for Africa, in its extensive discussion of WHO's governance at its sixty-first session, had made several observations. WHO's work at country level needed better coordination between the work of WHO and its partners and alignment with the priorities of Member States, and WHO's engagement with major partners needed examination. WHO country offices had to be strengthened so as to enable them better to provide support to governments in solving health-related problems and participating more actively in regional deliberations and Health Assemblies.

There was no clear mechanism for monitoring the implementation of the decisions of the governing bodies. Also, the roles and responsibilities of the different levels of the Organization lacked clear definition. He called for stronger links between headquarters, regional offices and country offices; improved alignment and implementation of governing body decisions; and more structured discussions and linkages between regional committees, the Health Assembly and the Board – he supported the proposal in paragraph 80 of the report on regular reporting by the regional committees to the Board and their contribution to governing bodies' deliberations. The deadline for the submission of draft resolutions to the governing bodies should also be reviewed, and he asked for information on the criteria for selection of draft resolutions to be considered by the Health Assembly; the criteria should be defined in accordance with the different priorities of countries.

The composition of the Board did not adequately represent Member States in making final policy decisions. The Board's role could be reinforced by a review of the process of appointing its

members; naming the same expert for the period of the mandate limited the effectiveness of representation of the Member State.

The oversight role of the Board should be reinforced. Working in accordance with the Constitution and its Rules of Procedure it should provide extensive guidance to the Secretariat. Existing committees should be strengthened. Creating new ones would weaken the Organization, cause duplication and waste scarce resources.

He endorsed the current practice of convening multi-stakeholder forums mandated by the Health Assembly on specific public health issues of global concern, as exemplified by the recent World Conference on Social Determinants of Health and the Open-ended Working Group on Pandemic Influenza Preparedness. Such consultations with different stakeholders worked well but must be sanctioned by Member States in the interests of transparency and inclusiveness.

Dr DAULAIRE (United States of America) acknowledged the merit of the proposals for reforming WHO's internal governance, as set out in paragraphs 49 to 84 of the report. In particular, he supported the proposal to align the work of the governing bodies with the priorities established by a four- or five-year plan of work, which could streamline the work of the governing bodies and provide a mandate for the Secretariat's activities. Shorter time spans for the plan of work than the current 10 years would give the Organization sufficient flexibility to adapt and respond to new trends and events; a six-year planning cycle might provide the right balance between flexibility and stability. He expressed concern that the proposed criteria for setting priorities within each core area of work might give rise to conflicts, as the Organization's financial capacity was not always aligned with Member States' priorities. Moreover, there might be conflicts in priorities at regional and country office levels, owing to the differences in disease burden and financial and human resource capacity. He requested elucidation on that matter.

He supported the proposals to bolster the roles and clarify the functions of the governing bodies. Improved links between the work of the regional committees and the governing bodies would increase policy coherence across the Organization. However, some proposals needed refining and further consideration. Regarding the proposals for the Board, he favoured taking forward the "method of work" agenda. He agreed with the member for Canada that speaking time should be more tightly managed; Member States had a responsibility to be more focused and disciplined.

In the interests of rationalization of governance, the Organization needed to reflect on ways to reduce the number and duration of intergovernmental working groups, which entailed significant costs. The proposals to increase the number of meetings (of the Board, for example) required further discussion. The proposals for new committees were creative, but he agreed with the member for Mozambique that full use must be made of existing committees through their taking on additional responsibilities. The proposal in subparagraph 63(3)(ii) to establish a monitoring and evaluation committee could entail duplication with the existing Independent Expert Oversight Advisory Committee which had auditing functions. The proposal for a committee to guide WHO involvement in partnerships was intriguing; increased scrutiny and oversight were welcome in principle, but further information on the concept was needed. He endorsed the idea of strengthening WHO's interaction with stakeholders.

In relation to WHO's role in global health governance (paragraphs 85–97), some proposals also required further consideration. Certain topics had benefited from wide stakeholder input, such as the WHO Global Forum on Noncommunicable Disease Control convened before the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28–29 April 2011). In terms of improved support by the Secretariat, he welcomed the proposal to provide more briefings for Member States (subparagraph 84(2)), especially if the practice could lead to fewer documents.

Dr REN Minghui (China) said that the Board should guarantee the coherence of the Health Assembly agenda and global health priorities. He requested clarification from the Secretariat regarding the revised planning framework to strengthen the Board's strategic role. The proposal (paragraph 61) for a four- or five-year plan of work was not consistent with the proposals in paragraph 168 for a

three-year programme budget and a nine-year general programme of work. He agreed with the proposal in paragraph 62 to limit the number of resolutions submitted to the Health Assembly. Resolutions should as a rule emanate from the Board, and only exceptionally be submitted directly to the Health Assembly by a Member State. That would require an amendment to the Rules of Procedure of the Executive Board. He expressed reservations with regard to the proposal in subparagraph 63(1) to hold an additional session in the third quarter of the year; what would its agenda be? The Board should make the most of the January session and expand its agenda. The May session of the Board, which was limited to administrative issues, need not be expanded, and could even be eliminated. He endorsed the proposal in subparagraph 63(3)(ii) to establish a new monitoring and evaluation committee, which could become part of the independent evaluation mechanism. However, it was not necessary to establish a new committee to guide WHO's involvement in partnerships, as proposed in subparagraph 63(3)(iii), and he supported the proposed expanded remit of the Standing Committee on Nongovernmental Organizations to include partnerships.

He endorsed the proposals to discourage lengthy national reports (which could be posted on the Internet) and enforce time limits for speakers (paragraph 75). Consideration should be given to increasing the frequency of meetings of the Programme, Budget and Administration Committee and the Standing Committee on Nongovernmental Organizations. Exploration of the proposal to improve the methods of work through the use of modern communication technologies for virtual meetings (subparagraph 64(2)) should take into account the different situations in countries so as to ensure equitable participation. Board members should participate in the Health Assembly as part of their country delegations.

It was important to strengthen the Health Assembly's strategic focus and priority setting and to find ways to set Health Assembly agendas that were consistent with agreed priorities (paragraph 72). The Board should be responsible for creating provisional agendas that reflected the medium-term strategic plan and programme budget. Progress reports should be considered by the Board so that the Health Assembly could devote its efforts to strategic issues. Supplementary agenda items should be accepted only in exceptional circumstances and with the approval of Member States.

The number of resolutions to be considered by the Health Assembly should be reduced but he did not agree that the General Committee should be the body to scrutinize resolutions or that a new committee should be established for that purpose (paragraph 73(1)); that task should be performed by the Board. The General Committee should be involved only in exceptional circumstances when new resolutions were proposed during the Health Assembly. Moreover, Member States wishing to propose draft resolutions should submit an analysis demonstrating their potential value in comparison with previous resolutions in the same area and assessing the financial implications. Further details were needed on the proposals in subparagraphs 73(3) and 73(4) on "agreed conclusions" and "omnibus" resolutions. Referring to paragraph 74, he agreed that the Board could play a role in guiding negotiations for intergovernmental working groups and establishing specific procedures for such negotiations.

The links between the regional and global governing bodies should be better coordinated and the practices and procedures of the regional committees should be harmonized. The regional committees provided a vital channel for Member States to make regional proposals for resolutions to be submitted to the Board and the Health Assembly and for national programmes within their region. Those considerations should be reflected in the relevant reform proposals. He endorsed the proposals set out in paragraph 81.

He supported the proposals for improving the Secretariat's support (paragraph 84); they were the prerogative of the Director-General and should be implemented as soon as possible. WHO's regional and country offices should strengthen technical support in accordance with country needs.

WHO should broaden and strengthen partnerships, with regard to which he supported the ideas set out in paragraph 96, but it should retain its leadership role in global health governance.

Dr AL-HALKI (Syrian Arab Republic), speaking on behalf of the countries of the Eastern Mediterranean Region, said that governance had not been given sufficient attention in the past. WHO reform should include strengthening the role of the governing bodies and improving their methods of

work to ensure the full participation of Member States in the decision-making process. The Director-General's report provided a realistic and relevant analysis. The proposals on governance were generally acceptable, but it would not be desirable to hold an additional Board session each year in view of the financial implications; an enhanced focus on intersessional work or extension of the May Board session were preferable options. It would be better to expand the mandate of the Standing Committee on Nongovernmental Organizations than to establish a new committee on partnerships (subparagraph 63(3)(iii)). Referring to subparagraph 64(2), he said that virtual meetings should not be necessary. He requested clarification of the reporting by regional committees mentioned in subparagraph 80(1).

Dr MOREIRA (alternate to Dr Chiriboga, Ecuador), speaking on behalf of the countries of the Union of South American Nations, expressed appreciation of the Director-General's efforts to respond to the comments and proposals submitted by Member States during the consultation process. The proposals were extensive and required careful consideration, but the reform process certainly offered the opportunity to ensure that WHO would retain its Member State-driven leadership role in global health matters in a world of multiple stakeholders. WHO reform was an intergovernmental process and should also be driven by the Member States. The regional committees should be strengthened to ensure coordination between regional stakeholders and the definition of priorities that reflected regional needs, taking into account the need to promote strategic alignment between the regional and global governing bodies and to develop mechanisms to reflect regional discussions in the governing bodies' sessions. The proposals on engagement and coherence in WHO's role in global health governance were innovative but should be considered in depth.

Ms RONCARATI (Chile) agreed that there was room for improvement in WHO governance. She supported the proposals for the strengthening of regional committees with the exception of the proposal set out in subparagraph 79(1), which did not reflect a bottom-up approach; priorities should be developed from the local to the global level, and the Health Assembly agenda should include the main topics addressed at regional level. She requested clarification of the reasons for the proposals for harmonization of regional committee practices and what benefits they might bring, especially at the regional level. Referring to the proposals set out in paragraph 75, she suggested that delegates needed guidance in the preparation of their interventions, so as to improve efficiency in the discussions. In respect of global health governance, WHO must first clarify global health priorities before it could assess priorities proposed by Member States. She requested further clarification regarding the proposed framework to guide stakeholder interaction (paragraph 97).

Dr JESSE (Estonia), speaking on behalf of the Member States of the European Union, emphasized that the governing bodies should be guided by agreed priorities and that decision-making processes should remain intergovernmental. Member States should commit themselves to compliance with agreed rules and priorities to ensure the smooth working of those bodies. The driving principle for reform should be that the use of existing structures should be maximized; she therefore supported the proposals for strengthening the roles of the Board and the Programme, Budget and Administration Committee. Reform of the role of civil society in WHO and the rules that applied to its participation should aim at achieving more effective interaction.

Although a four- or five-year plan of work for the governing bodies would be useful (paragraph 61), it would have to be linked to the programme budget, the general programme of work and priority setting. Best practices in other United Nations bodies should be considered.

The proposals for strengthening the Board's management of resolutions were along the right lines. The number of resolutions should be decreased but their content and implementation should be improved. Responsibility for scrutinizing resolutions should rest with the Board and not the General Committee as proposed (subparagraph 73(1)). Draft resolutions should be submitted early enough to allow consideration by the Board and should only be accepted for consideration when submitted during the Health Assembly under exceptional circumstances and, in such cases, after scrutiny by the General Committee. A standard framework for resolutions would be a useful tool

(subparagraph 73(2)); it should be developed and applied as soon as possible. The proposal concerning “omnibus” resolutions was worth exploring, but further clarification of its benefits was required. Member States should not adopt resolutions requesting action by WHO for which funds were not available. She questioned the need to set criteria for limiting the number of resolutions as criteria governing that matter and the inclusion of additional items in the provisional agenda already existed (resolution EB121.R1) and should be applied.

The Programme, Budget and Administration Committee should be strengthened and its terms of reference should be clarified. She did not support the establishment of a new monitoring and evaluation committee (subparagraph 63(3)(iii)); it would be better to establish an interactive dialogue between the Programme Budget and Administration Committee, the Independent Expert Oversight Advisory Committee and audit bodies. The Board would need to receive more regular and detailed information on the financial situation on an annual basis, well in advance of sessions, if it were to increase its executive and oversight role. The Secretariat should also submit appropriate proposals for amending the terms of reference of the Programme, Budget and Administration Committee for the Board to consider at its 130th session.

Proper governance required time, but the proposal for an additional regular session of the Board had financial implications and should only be considered after the potential of the existing mechanisms had been fully explored, including changing the schedule of meetings. Supporting the proposals to improve the Board’s methods of work (paragraph 64), she said that the method for enforcing time-limits for speakers should be implemented from January 2012.

For the Health Assembly, she did not support the establishment of a new resolutions committee and requested further clarification of the “agreed conclusions” mentioned in subparagraph 73(3). Delegates should give due consideration to the financial implications of all resolutions before adopting them. Resolutions should include a clause regarding reporting requirements and consideration should be given to setting time-limits for the implementation of resolutions so as to avoid obsolescence.

Greater harmonization of the regional committees was desirable but it should be recognized that one size did not fit all. She proposed the organization of a side event during the Board’s 130th session to present the working methods of all the regional committees so that Member States could learn from the regional experience before proceeding to consider reforms.

She endorsed the proposals about the Secretariat’s support in general but wished to see multilingualism covered under that heading. New documentation should be made available well in advance of meetings and consideration should be given to the creation of an electronic library of old documentation to support access by new Board members to previous discussions on a particular topic, as well as the related resolutions by the different governing bodies on that topic.

The principles presented in relation to WHO’s role in global health governance appeared to be along the right lines but further clarification was needed and they should take into account the United Nations initiative “Delivering as One” to ensure effective coordination. She supported collaboration with stakeholders but criteria for private-sector collaboration should be clearly defined and transparent, together with a sound policy on conflict of interest. The options presented for widening engagement should be further explored, giving due attention to any financial implications.

Mrs TSOLMON (Mongolia) said that greater coordination and alignment between the Health Assembly and regional committee sessions would strengthen the executive and leadership roles of the governing bodies. In order to improve performance, regional committees should propose agenda items for the Board and report to the Board. It was not necessary, given the cost implications, to establish a committee to guide WHO’s involvement in partnerships or to hold an additional session of the Board. It would be preferable to expand the role and functions of the Programme, Budget and Administration Committee and the Standing Committee on Nongovernmental Organizations.

It was to be hoped that the changes would result in improved accountability regarding the agenda items and draft resolutions submitted to the Health Assembly.

Dr AL-MARI (alternate to Dr Al-Qahtani, Qatar) said that it was important to set priorities and agree on a time frame for the submission of proposals, which should be practical and easy to implement in order to facilitate monitoring and evaluation.

He requested clarification of the proposal in subparagraph 80(1) on reporting by regional committees to the Board, which, as currently worded, could be interpreted in various ways.

Dr LARSEN (Norway), noting with satisfaction the proposals for improving internal governance, strongly supported the objectives of fostering a more strategic and disciplined approach to priority setting, enhancing the oversight of programmatic and financial aspects, and improving efficiency and inclusiveness in consensus building. He supported the proposed multi-year plan of work for the governing bodies in order to improve prioritization, but timelines should be set out and an indication given of how the proposals related to the programme budget and the general programme of work. Greater attention should be given to priority setting in WHO, and the mechanisms developed should be based on available resources.

He supported the proposal to hold an additional session of the Board and to give Officers of the Board a clearer and more active mandate. He welcomed the proposals to improve the working methods of the Health Assembly; strengthen the linkages between the regional committees, the Board and the Health Assembly (paragraphs 79 to 81); and improve the support from the Secretariat to guide the changes. Further consideration should be given to how the executive and oversight role of the Board could be strengthened within existing structures, and to the meeting schedules of the governing bodies. The proposal to expand the role of the Programme, Budget and Administrative Committee was interesting.

Several proposals on good governance were not elements of reform but could streamline the conduct of meetings. They included the timely provision of accurate information in preparation for meetings and the introduction of a system to limit speaking time (subparagraphs 64(3) and 75(2)).

For global health governance, he emphasized the role of WHO as the only democratic and consensus-driven organization in global health, and endorsed the principles set out in paragraph 87. Coordination within the United Nations system was crucial, and he highlighted the importance of the principle of “Delivering as One” at the country level in order to facilitate policy consistency.

WHO’s dual role as both host and a member of partnerships was problematic, and he drew attention to the need for clear guidelines ensuring accountability and transparency.

With regard to widening engagement, stakeholder forums provided a means of obtaining input from a broad range of partners and fostered transparency and accountability. The experience from the WHO Global Forum on addressing the challenge of noncommunicable diseases (Moscow, 27 April 2011) had been positive.

Ms ARTHUR (alternate to Dr Grall, France) supported the proposal for a multi-year plan of work, which would give greater coherence to the work of the governing bodies, including the regional committees. The programme budget should retain its two-year periodicity in order to facilitate the regular review of commitments in the light of the results achieved. The strategic workplan should cover a period of six years.

Strengthening the authority of the Officers of the Executive Board and the Health Assembly would help to ensure discipline and prevent politicization of the discussions. She welcomed the idea of expanding the work of the Programme, Budget and Administration Committee, and supported the proposals aimed at decreasing the number of resolutions and standardizing their format. However, she did not support the holding of an additional Board session in view of the cost implications.

With regard to global health governance, she supported consideration of mechanisms other than a world health forum to widen engagement, provided that no additional costs were incurred, WHO’s intergovernmental nature was respected, and WHO’s expertise was protected from sectoral interests. It would be preferable to use existing mechanisms rather than to establish new structures.

As multilingualism was a statutory obligation, the Secretariat should ensure the swift translation of publications and good-quality interpretation services throughout the reform process.

Dr SEEBA (Germany) said that the Programme, Budget and Administration Committee should have a more important role, with Member States participating more actively and showing greater commitment. The Committee was the appropriate forum to monitor programmatic and financial implementation at all levels of WHO, and he opposed the creation of an additional body. Efforts should focus on improving the current strength of that Committee, rather than on broadening its mandate. As a forum of administrative and financial experts, it should not be given programmatic tasks; programmatic planning should remain a fundamental responsibility of the public health experts in the Board.

Dr ST. JOHN (alternate to Mr Inniss, Barbados) said that Member States must have a sense of ownership of WHO mechanisms and guidelines, and there must be greater coherence in regional committees' interaction with headquarters and Member States. Thus, it might be advisable to establish a working group consisting of representatives of WHO regions to refine the relevant proposals.

Concerning the Board, a cost-benefit analysis of holding of an additional session in November should be undertaken. The role of internal and external audits should be expanded to support oversight by the Programme, Budget and Administration Committee, and the work of the Standing Committee on Nongovernmental Organizations should be expanded, as it was preferable to limit the establishment of new committees where possible.

The proposals regarding the Health Assembly in paragraphs 72 to 75 had merit, but clear guidelines and criteria should be agreed upon through consultation.

The section on regional committees in paragraphs 76 to 81 needed clarification, and it would be useful for regional committees to put forward criteria in relation to the proposals contained therein.

In the matter of global health governance, she endorsed paragraphs 90 and 91. With regard to coordination within the United Nations (paragraphs 92 to 94), WHO's global agenda must be the point of reference for engagement in the United Nations setting. WHO should use its reputation to best advantage in providing guidance and leadership and in collaborating with non-health partners.

For the framework to guide stakeholder interaction, targets must be set and a code of conduct outlining rights and responsibilities established.

Mr MOMIN (Brunei Darussalam) commended the coverage of both internal and global health governance issues. He supported the proposals for improving the work of the governing bodies but had some concerns about the holding of an additional session of the Board in view of the financial implications; it would be preferable to optimize the existing sessions of the Board. More effective programme monitoring and evaluation should be undertaken by the existing Programme, Budget and Administration Committee.

The objective should not be to decrease the number of resolutions of the Health Assembly, but to ensure that value and cost were taken into consideration before adopting new resolutions.

On widening engagement, he particularly supported the holding of multi-stakeholder forums, which gave all relevant parties an opportunity to address priority health issues of global concern. Broader use of information and communication technologies could facilitate greater collaboration in health at the global level.

Mr DESIRAJU (adviser to Mr Chandramouli, India) requested further information on funding and potential savings before any decision was taken on holding an additional Board session. Such a session should not jeopardize programme funds or intergovernmental working groups.

Harmonization and standardization were excellent management practices but might not be appropriate to the regional committees, which needed to be able to adapt to the situation of their Member States. The Board's task was to put in place a structure strong enough to establish general principles but which allowed differential decision-making at appropriate levels. The linkages between global and regional levels of governance referred to in paragraph 78 should be strengthened. Regional committees had an important role to play, and, at the risk of adding to the workload of the Board, consideration might be given to ensuring that the most significant decisions taken by regional committees were adequately reflected in the Board's agenda and discussions at its January session. He

asked whether regional directors had been consulted on the proposals affecting their remit. With regard to the harmonization of practices, he recalled that the Regional Committee for South-East Asia had, at its recent session, decided that interviews should not be held for regional director nominations.

In view of the suggestions made during the discussions, a working draft might be produced to clarify the proposals concerning regional committees that were to be endorsed.

Dr PE THET KHIN (Myanmar), referring to the governance proposals concerning the Executive Board, agreed that it was advisable to strengthen the Board's strategic role and to provide a more robust basis for priority setting. However, the Board should have a balanced role, and the feasibility of a four- or five-year plan of work should be reconsidered. He supported the proposals in paragraph 62, all of which would help to reduce the workload of the Health Assembly. In view of the cost implications, it would be preferable to prolong the Board session immediately after the Health Assembly in May of each year, rather than to hold an additional session in the third quarter of the year.

He urged the development of formal mechanisms to align the Health Assembly's agenda with global priorities. In selecting the provisional agenda items for the Health Assembly, the Board should give priority to issues proposed by Member States rather than by the technical units of WHO. Proper screening criteria might also be developed. The Secretariat should review the usefulness of previous Health Assembly resolutions and the extent to which they had been implemented.

With regard to the regional committees, the link between global and regional levels of governance had to be strengthened if WHO's impact was to be clearly felt. Strategic alignment between the regional and global governing bodies was required, and he suggested that Board members attend regional committee sessions as observers.

Efforts to strengthen coordination within organization of the United Nations system were important and should be continued.

Dr MUGITANI (Japan), referring to paragraph 96, said that a more coherent strategy should be developed to improve WHO's contribution and effectiveness with regard to partnerships outside the Organization. The report should have specified the difference between the two types of partnership hosted by WHO. The vast majority of partnerships were informal arrangements that had no separate governance structure and came under the programme budget. Formal partnerships had a separate governance structure, and had the potential to enable WHO to convene other stakeholders beyond health ministries. WHO could do more to take advantage of the additional flexibility offered by such partnerships. The proposal to expand the role of the Standing Committee on Nongovernmental Organizations, so as to foster dialogue and continuity between the Board and formal partnerships hosted by WHO, deserved serious consideration.

Dr SILBERSCHMIDT (Switzerland) said that the establishment of a formal working group to define priorities should be delayed while the Secretariat drew up clear terms of reference for the proposed working group and working methods. He supported strengthening and clarifying the roles of both the Board and the Programme, Budget and Administration Committee. He also supported the proposals outlined in paragraphs 61 and 72 for a multi-year programme of work to guide the governing bodies, and in subparagraphs 62(2) and 72(2) for the development of enforceable criteria to limit the number of resolutions submitted directly to the Health Assembly. The practicability of omnibus resolutions warranted further investigation. He endorsed the idea of sunset clauses for resolutions and the creation of a web-based library of resolutions. An additional session of the Board was worth considering as two opportunities to consider difficult issues were sometimes needed and could lead to a reduction in the number of intergovernmental working groups. Rather than prolonging the May session of the Board that immediately followed the Health Assembly with its heavy workload, it could be replaced by a session in November. He joined other speakers in urging no increase in the number of subcommittees. The role of the Programme, Budget and Administration Committee could be expanded to include an evaluation function and that of the Standing Committee on Nongovernmental Organizations to cover partnerships.

He strongly supported the enforcement of a system to limit speakers' interventions (subparagraph 75(2)), but had misgivings about the proposal for discouraging national reports (subparagraph 75(1)) unless an alternative mechanism could be introduced. He proposed that the Secretariat should elaborate further criteria on national reporting in conformity with Chapter XIV (Reports submitted by States) of WHO's Constitution. He agreed with the member for China on the desirability of a modern, Internet-based national reporting mechanism, and endorsed the view expressed by the member for India that harmonization of the regional committees should not be pursued for its own sake. It would be more appropriate to improve the interaction between the regional committees and the global governing bodies and establish ways to document good practices that might be generally adopted. He joined the member for Myanmar in encouraging the Secretariat to elaborate further on countries' progress in implementing resolutions. He supported the proposal in paragraph 84 on improving support by the Secretariat, but suggested the inclusion of a section on the role and expectations of Member States. The latter needed guidance on how best to prepare themselves for the sessions of the governing bodies.

Stakeholder involvement was crucial to global health governance. Switzerland had favoured a world health forum or a council in which stakeholders could engage in dialogue, but as there was no consensus on that idea, he supported the steps proposed for improving stakeholder involvement as set out in paragraphs 90 to 97. The main tasks for WHO would be to resolve conflicts of interest and balance its normative role with that of a listening organization.

Mr LIMÓN GARCÍA (Mexico) expressed support for strengthening the strategic role of the Board by aligning resolutions with WHO's priorities and reducing their number. He particularly endorsed the proposals for limiting the duration of speakers' statements. Although regional committees should maintain their individual characteristics, there should be uniformity in their basic functions for better coordination. He agreed with the member for Canada that there was no need to establish a monitoring and evaluation committee; however, the Organization's ongoing work needed continuous and independent evaluation and he asked the Secretariat to explain how it envisaged such a mechanism. Given the importance of communication between the relevant stakeholders, there was a need for flexible linkage mechanisms, such as those mentioned in paragraphs 89–91. Lessons could be learnt from past successes, such as the negotiations on pandemic influenza preparedness.

Mrs HANJAM SOARES (Timor-Leste), speaking on behalf of the Member States of the South-East Asia Region, said that the proposals contained in paragraph 73 required further discussion. The proposal for filtering Health Assembly agenda items (subparagraph 72(2)) was commendable. She supported reducing the number of resolutions and the proposal to strengthen linkages contained in paragraph 78. Participants had to be well prepared for governing body meetings, but the late arrival of documents made that difficult. She therefore associated herself with previous speakers who had called for Member States to be adequately supported so that they could fully participate in governing body meetings. She supported the engagement of a wide range of stakeholders as proposed in paragraph 87, as long as WHO's intergovernmental character was not compromised.

Dr BAYE LUKONG (Cameroon) endorsed the reform proposals, which should contribute to making support to Member States more equitable. Referring to paragraph 95 on coalitions and alliances, she said that WHO's effective leadership at country level in facilitating the alignment of various technical and financial partners on the priorities of national development plans and policies was crucial and should be reinforced.

Dr MOREIRA (alternate to Dr Chiriboga, Ecuador) said that the scope of the proposals was limited as they only touched on themes related to improving the working methods of the governing bodies and ignored more important matters, such as interference by nongovernmental actors in policy making through earmarked funding and the erosion of the Organization's global leadership. Some of the proposed changes to strengthen the strategic role of the Board could result in policy directions being determined by the Officers of the Board or ad-hoc bodies, further restricting the input of

Member States. The Secretariat and the Board had clearly differentiated functions and should remain independent of each other. The Board should retain its leadership role in drawing up the agenda and in technical matters addressed by the governing bodies.

The proposal for a workplan of four or five years was acceptable. In paragraph 62, an additional subparagraph should call for the Board to set aside time every two years for an in-depth analysis of the global health situation and relevant international actions. He supported changes to give the Board a more important role on programmatic issues, and the additional task of evaluating policies should be assigned to the Programme, Budget and Administration Committee. The proposal for an additional session of the Board (subparagraph 63(1)) was acceptable and the associated travel and subsistence costs could be covered by the individual Member States. If the monitoring and evaluation committee mentioned in subparagraph 63(2)(ii) was intended to replace the Independent Expert Oversight Advisory Committee, that would be acceptable although consideration should be given to supporting regional and local evaluation mechanisms in order to avoid duplication. A wide-ranging consultation should be carried out before expanding the Board's work with partnerships. There had already been too much dispersal of effort and waste of resources in the Organization's work. More information, including the results of a cost-benefit analysis, was needed from the Secretariat before any expansion of the Standing Committee on Nongovernmental Organizations to include partnerships was agreed.

Among the proposals to improve the strategic focus and priority setting of the Health Assembly he drew attention to paragraph 68 and asked whether the increase in the number of agenda items had been due to specific requests from Member States or reflected the Secretariat's own requirements. With regard to subparagraph 73(1), if it was decided to hold an additional session of the Board in the third quarter of the year, it would not be necessary to establish a resolutions committee. As a general rule, there should be constant monitoring of the resolutions adopted by the governing bodies to achieve the medium- and long-term objectives of world health, by means of a mechanism best suited to ensuring compliance with Article 62 of the Constitution. Concerning the proposal in paragraph 74 for the rationalization of the mechanism of intergovernmental working groups, he strongly disagreed with any suggestion to discontinue them, as they ensured full representation and entailed no great additional costs to the Organization since Member States themselves bore some of the costs. He suggested that they should be convened when Member States deemed it necessary.

WHO headquarters was responsible for defining overall guidelines and top priorities, but the regional committees needed to strengthen their role in defining priorities that best responded to the needs of individual countries and regions, thereby establishing a basis for the dovetailing of priorities, policies and programmes at the different levels.

Support from the Secretariat should remain at the level of technical assistance. He also called for the establishment of a limit on the length of Secretariat documents.

WHO's role in global governance should be extended beyond national governments to include other interested parties. An analysis of WHO's impact on global health should also be conducted. He supported the principles set out in paragraph 87, however, the omission of conflicts of interest gave cause for concern. Among the options for engaging with stakeholders referred to in paragraphs 89 to 91, the web-based forum model was preferable to multi-stakeholder forums, which did not appear to be viable from the cost-benefit standpoint.

With regard to paragraph 92 on strengthening coordination within the United Nations, WHO should consider where its work overlapped with that of other bodies in the system. The need to focus on the highest levels (paragraph 93) was most important as that touched on sensitive issues such as joint United Nations action at global level on intellectual property, trade and health, migration, and social determinants of health. WHO's work with other United Nations bodies should be shaped by the social determinants of health.

Referring to the participation of multiple stakeholders in global health and its implications for the governance of WHO, he suggested that a framework to guide interactions between all stakeholders active in health was the most suitable way forward.

Mr FILLON (Monaco)¹ supported most of the governance proposals aimed at improving efficiency and effectiveness. Regarding the Board's strategic role, he took issue with the timeline envisaged in paragraph 61 for the plan of work and suggested that six years would be more compatible with the budgetary cycle. It would, however, be acceptable for the Programme, Budget and Administration Committee to prepare the first draft of any such plan. He endorsed paragraph 62. With regard to holding an additional session of the Board, the cost needed further consideration. For monitoring and evaluation he favoured subparagraph 63(3)(1), but the Programme, Budget and Administration Committee could fulfil the roles outlined in option (ii). Regarding subparagraph 64(1), if the subsidiary bodies were to meet in November, the Board would have more time to examine the proposed recommendations, thereby avoiding the need for a third session. If necessary, the May session could be extended. The proposals in subparagraphs 64(2) and 64(3) would increase efficiency and effectiveness.

For the proposals concerning the Health Assembly, he endorsed paragraph 72, but advised coherence between the work cycle and the future work programme. He asked about the additional cost of a new committee mentioned in subparagraph 73(1). With regard to subparagraph 73(2), it would be helpful to have a comparative table showing the added value that would be generated. He supported the proposal in paragraph 74 to limit negotiating procedures and entrust some of them to the Board.

Turning to the regional committees, he endorsed subparagraphs 79(1) and 79(2). With regard to subparagraphs 80(1) and 80(2), he supported the strengthening of linkages between the regional committees and the Board, but the proposals put forward would not serve to rationalize the latter's work. On the other hand, it could be useful for regional committees to transmit to the Board reports on subjects of international relevance, such as the European regional strategy on noncommunicable diseases. Paragraph 81 appeared to raise some difficult issues.

For improving support by the Secretariat, he agreed with all the points contained in paragraph 84, but the translation of documents should be included in subparagraph 84(6), as multilingualism was fundamental to the functioning of the Organization. He supported the establishment of a virtual library, as proposed by the member for Estonia.

He endorsed the principles on WHO's role in global governance (paragraph 87). Paragraphs 89 and 90 could be amalgamated. More information was required on the proposals contained in paragraph 97, in particular on the nature of the proposed framework and its legal status.

Ms QUACOE (Côte d'Ivoire)¹ supported the idea of elaborating a plan for priority setting within the Organization. She agreed on the need to limit the number of resolutions in order to allow them to be better managed and evaluated. Furthermore, resolutions should be aligned with the Organization's priorities and managed by the Board and the Health Assembly, as proposed. She asked for more information on the establishment of new structures and holding additional sessions. The existing structures and mechanisms should be strengthened in order to reduce costs. She supported better linkages between the regional committees, the Board and the Health Assembly (paragraph 80).

Ms OSUNDWA (Kenya)¹ said that the Board could better fulfil its constitutional mandate within current structures, including the Programme, Budget and Administration Committee and the Standing Committee on Nongovernmental Organizations. She stressed the need to improve the Board's executive role in guiding the Secretariat. The number of resolutions submitted to the Health Assembly had to be reduced, but the options provided should be considered carefully. She agreed with the need to strengthen linkages with country offices and regional committees, but echoed the comment made by the member for India that more emphasis should be placed on regional committees. She suggested that WHO organize orientation programmes for new diplomats in Geneva.

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

Mrs NYAGURA (Zimbabwe)¹ agreed on the need to streamline and reform the working practices of the governing bodies, but noted that some of the proposed options had legal implications. The proposals could be grouped into two categories. Those that fell within the existing rules of procedure could be implemented in the short term.

Many of the problems faced by WHO emanated from Member States' conduct of business; sometimes they exerted undue influence on the Secretariat. It was therefore crucial to reform the governing bodies and the oversight entities. Any reform of the Board would have to be clearly linked to existing plans, and she suggested that a clear schematic hierarchy be established.

The large number of resolutions submitted to the governing bodies placed a significant burden on the Secretariat and should be limited in such a way as to ensure that they were in line with the Organization's priorities. The proposal to hold a third session of the Board each year carried cost implications; instead, the January session could be prolonged in budget years to allow detailed discussion of the budget. Enabling regional committees to submit resolutions through their Executive Board members would ensure: that regional specificities were addressed; clearer linkages with those committees, and better alignment of global and regional priorities; and detailed discussion within the regions would be facilitated. Furthermore, some resolutions could be translated in the regions, reducing the workload at headquarters. Regional virtual informal consultations could be held by the chairmen of the regional committees to ensure coherence, avoid duplication of work and share best practices.

On the matter of rationalizing intergovernmental working groups (paragraph 74), she recalled that those groups existed to ensure transparency and the consideration of divergent views, although they were costly. Any rationalization would need to ensure that transparency and equity were maintained.

Dr NICKNAM (Islamic Republic of Iran)¹ recognized the need to enhance the executive role of the Board, but recalled that only the Health Assembly guaranteed all States an equal voice and equal rights. He did not oppose the idea of holding an additional session of the Board in the third quarter of the year, but suggested that another option was to extend the January and May sessions of the Board, or to hold a parallel session of the Board with the Health Assembly in May. With regard to the Board's role in programme monitoring and evaluation, he agreed that the mandates of existing bodies such as the Programme, Budget and Administration Committee and the Standing Committee on Nongovernmental Organizations could be expanded, but that should be guided by a comprehensive framework for interaction with stakeholders, to be developed by the Member States. A standard framework for resolutions would be a useful tool, but the proposal to decrease the number of resolutions should be considered cautiously. More clarification was needed on the implications of the proposals contained in paragraphs 72–74.

The proposals on WHO's role in global health governance (paragraph 84) were acceptable; one further proposal could be to improve the quality of documents provided to Member States. He supported the principles set out in paragraph 87, particularly the one relating to retention of the intergovernmental nature of WHO. Of the proposed options for widening engagement, he considered consultations with different groups of stakeholders (paragraph 90) to constitute the best alternative.

Mr KAYITAYIRE (Rwanda)¹ said that all existing bodies of the Organization, from the country offices to the Health Assembly, should be strengthened. The Health Assembly should retain its constitutional supremacy, as the Board, a select group of 34 States, could not make policy on behalf of the Organization. WHO's central coordinating role in global health should also be reinforced. The committees had a role to play in deciding which resolutions should be submitted to the Board and the Health Assembly, as proposed in subparagraph 73(1) of the report, and ensuring that resolutions were substantial and could be effectively implemented. To facilitate negotiations in meetings, a network

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between the six regional committees should be created, to carry out informal preliminary consultations on complex issues.

Ms EKEMAN (Turkey)¹ supported the proposals contained in the report for strengthening the executive and oversight functions of the Board, including the use of a “traffic light” system to enforce speaking time if speakers’ discipline weakened. Board members should remain representative and accountable not only to countries but to the regions that had nominated them. Better mechanisms were required for Board members to report back to their regions and consult countries of the regions before sessions of the Board. Although costly, intergovernmental working groups were an important mechanism as they were more representative and inclusive than the Board and had the additional advantage of drawing upon the technical expertise of all Members of the Organization. As an alternative to holding an additional session of the Board, the timing of the Board’s second session in a year could be changed so that it followed the regional committee sessions; she did not support the holding of an additional session of the Board.

In order to strengthen the Health Assembly’s strategic functions, she supported a six-year programme of work to guide the governing bodies, building on a three-year budget cycle. In seeking to reduce the number of resolutions, it was important to eliminate the duplication caused by considering the same or similar resolutions at different times, to ensure effective follow-up to previously adopted resolutions, and to provide clear and effective thematic linkages between previously adopted resolutions within the proposed web-based library.

Regional committees provided valuable linkages between the global and regional levels, and should therefore report regularly to the Board and the Health Assembly. Given the differences in dynamics and priorities between the regions, it might not be possible to harmonize the practices of those committees.

On the subject of widening engagement, consultations with different groups of stakeholders was the best of the options proposed in paragraphs 89 to 91, having produced good results in the past, for example in relation to pandemic influenza preparedness.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland)¹ recalled that the Board managed the Organization’s budget of US\$ 4000 million; membership therefore carried significant responsibility. The timely preparation and provision of meeting documents would ensure that States could adequately prepare for meetings of governing bodies, and a clear summary of conclusions should be produced after each meeting. She supported the proposal made by the member for Canada that an annual timeline for meetings should be issued. The current schedule of meetings could be made more efficient by moving the January session of the Programme, Budget and Administration Committee, allowing more time for action and amendments to be taken between its meeting and the session of the Board. An additional session of the Board would not reduce the need for intergovernmental working groups. Other ways should be sought of preventing the proliferation of such groups, the use of which should in any case be a last resort.

She strongly supported the proposal for a standardized framework for resolutions, and stressed that the Board should carefully consider the financial implications of any resolution to ensure its feasibility before it was submitted to the Health Assembly. She did not favour the “omnibus” option for resolutions proposed in subparagraph 73(4), but considered that resolutions should be precise and focused. The proposal of discussions without resolutions (subparagraph 73(3)) also deserved further consideration. Once adopted, resolutions should be reported on for a maximum of three years, and should only be re-tabled in exceptional circumstances.

The accountability of regional committees needed to be improved by ensuring active participation in governing body meetings. She welcomed the creation of the Global Policy Group, and suggested inviting the Regional Committee for Europe to report on the improvement in relationships

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between the regional directors and headquarters. She asked about other initiatives that might build on those relationships.

She recognized the advantage of a three-year budget cycle, as long as that did not adversely affect the existing mechanisms for financial reporting and accounting. She supported a six-year period for the general programme of work; nine years would be too long to ensure meaningful accountability.

Referring to the comments made by the member for Japan on partnerships, she accepted the desire for harmonization, but emphasized that, as all partnerships were different, the standardization of staffing arrangements would go against the principle of recruitment on merit. The decision not to hold a world health forum showed that the Organization was responding positively to Member States' comments. The proposed options should be developed further. WHO had a vital role to play in encouraging the involvement of other stakeholders, which was essential in global health governance.

Mrs ESCOREL DE MORAES (Brazil)¹ asked whether the four- or five-year plan referred to in paragraph 61 was the same as the multi-year programme in subparagraph 72(1), and how that plan related to the medium-term strategic plan. She welcomed the proposals to strengthen the Board's executive and oversight role (paragraph 63), for example through informal intersessional consultations, including intergovernmental working groups (paragraph 74). Unlike certain other members, she took a positive view of intergovernmental working groups, which were able to discuss complex issues within a flexible time frame.

She emphasized the importance of improved linkages between global and regional governing bodies. Concerning the proposals contained in paragraph 79, she said that priority items should not automatically be referred to regional committees, but agreed that items of particular regional interest could be referred to the Board. She supported the proposals in paragraph 84 for improving support by the Secretariat and endorsed the principles contained in paragraph 87 on guiding WHO's involvement in global health governance.

She strongly supported the idea of holding at least one world health forum, having successfully organized similar national events in the past. However, she recognized that the separate consultations on pandemic influenza preparedness had been useful, and that strategy could be replicated.

It was the Organization's responsibility to ensure that the whole United Nations system was aware of the importance of a multisectoral approach to health and the particular relevance of social determinants of health when addressing global health issues. Her Government was a strong supporter of the health agenda at the United Nations General Assembly.

With regard to partnerships, and recalling the comments made by the member for Japan, she said that the Standing Committee on Nongovernmental Organizations should not be responsible for developing partnerships, and an alternative mechanism should be sought. She agreed with the comments made by the members for Mexico and Canada that there should be a permanent independent mechanism to evaluate WHO's work, and options should be considered in that regard.

She asked the Secretariat to produce a clear list of the proposals made by Member States on governance to enable decisions to be taken on them.

The DIRECTOR-GENERAL, summing up the discussion, said that there were some proposals that Member States were clearly not willing to accept, others on which they required further clarification, and yet others on which there was consensus. It was clear, for instance, that Member States did not wish to establish a new monitoring and evaluation committee or to introduce a third session of the Board every year without assuring themselves that they were making the best possible use of the two existing sessions.

Many issues clearly required further clarification. The Secretariat had proposed that the Board should adopt a four- or five-year plan of work, to fit in with a nine-year cycle for the general programme of work. Following comments from Member States, it was being proposed that the general

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

programme of work should extend over six years, covering two three-year programme-budget cycles, or three cycles if the programme budget period was left at two years. The question then remained whether the intermediate layer of planning, the medium-term strategic plan, would be required at all: abolishing it would create a clearer link between the general programme of work and the programme budget.

The Secretariat's proposal to introduce "omnibus" resolutions had been prompted by its experiences with issues such as health system strengthening, which had been the subject of five separate Health Assembly resolutions. An omnibus resolution would help to maintain clarity and focus in the resolution while upholding Member States' right to propose resolutions and items for discussion as they saw fit.

The proposal to harmonize the practices of the different regional committees referred both to the application of the rules of procedure, for instance the procedure for verifying delegates' credentials, and to the desire of some regions to share experiences and best practices, particularly in the nomination of new regional directors. At present, for instance, only the Region of the Americas, the European Region and the African Region required candidates for the post of regional director to make a formal presentation before Member States in support of their application. The Secretariat would take further action to standardize such procedures if Member States so wished.

Member States had sought clarification of the proposal to draw up a framework to guide interactions between all stakeholders active in health. The Secretariat did not consider the issue to be a short-term priority. If such a framework or code of conduct were to be drawn up in future, several issues would have to be considered, including conflicts of interest, rules of engagement and the distinction between public-interest and business-interest nongovernmental organizations. The declaration-of-interests system was being strengthened, and further work would be undertaken to identify best practices. In the meantime, the Secretariat would continue to apply the principles laid down in the Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and other Benefits, which some speakers had commended. The main priority was to ensure that policy-making and decision-making remained the prerogative of Member States, without undue influence from any vested interests.

Board members had an important role to play in strengthening the links between the regions and headquarters. There were various ways in which the regions might ensure that Board members represented their interests and kept them informed of the debate at Board sessions. Some speakers had suggested that Board members should undertake pre-session consultations with the regions so that they could reflect regional positions in the debate, while in some regions the WHO representative briefed the Board member before the session. If Member States wished, the Secretariat could study current practices in the regions and suggest ways of harmonizing them.

Turning to the Health Assembly's methods of work, she noted that Member States appeared to agree with the Secretariat's proposals to impose time-limits on speakers using a "traffic light" system, to use a standard format for resolutions and to limit the duration of reporting on follow-up to resolutions. Member States also seemed to accept the proposals for promoting multilingualism, producing documents on time and creating an electronic library of resolutions. A database of resolutions already existed, but it needed better links between the various elements. The Secretariat would also investigate ways of enabling Member States to report to the Board and the Health Assembly on health issues and achievements in their countries in a more efficient way.

The Programme, Budget and Administration Committee dealt mainly with administrative matters, although it did have the mandate to consider the technical programme if necessary and, indeed, provided a valuable link between funding issues, the Organization's priorities and the programme budget. The Board could take over the job of technical oversight, although she understood that Member States did not wish to create any new subsidiary bodies. Member States had asked the Secretariat to review the terms of reference of the Programme, Budget and Administration Committee and the Board with that task in mind, and sought to entrust the Standing Committee on Nongovernmental Organizations with further work on partnerships. The Secretariat would also prepare a report on the latter issue. The Independent Expert Oversight Advisory Committee would continue to support the Programme, Budget and Administration Committee. The Secretariat would provide more

information on harmonization of practices and links between the regional and headquarters levels – an area in which Member States had identified a need for further action. The Global Policy Group of senior health policy-makers in the Secretariat met during major meetings such as the current session of the Board and held an annual retreat to promote connections and coherence. The regional directors did much to foster links with other United Nations bodies, regional economic entities and the growing number of subregional organizations. Although the decision-making and policy-making authority was vested in the 194 Member States, there was further room for interaction with other stakeholders in public health such as civil society. She stressed that no vested interest should influence the decision-making of the governing bodies. More work also needed to be done in another area – that of the reporting by Member States.

She suggested that the Officers of the Board and the Secretariat should prepare a summary of the points raised by Member States during the debate, showing the proposals they had accepted, those they had rejected and those which required further clarification, for discussion the following day.

It was so agreed.

The CHAIRMAN said that the Secretariat would prepare further information on the points that remained to be clarified, so that the Board could discuss them again at its next regular session in January 2012. There would be no need to return to the points that had already been agreed.

The meeting rose at 13:30.

FOURTH MEETING

Thursday, 3 November 2011, at 15:00

Chairman: Mr R. EL MAKKAOUI (Morocco)

later: Mrs HANJAM SOARES (Timor-Leste)

later: Mr R. EL MAKKAOUI (Morocco)

WHO REFORM: Item 3 of the Agenda (continued)

Governance: Item 3.3 of the Agenda (Documents EBSS/2/2 and EBSS/2/INF.DOC./11) (continued)

Mr MUSHTAQ (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN, welcomed the process of self-reflection, evaluation and reform. WHO was the only institution able to provide a balanced platform for global and regional discussions on the future of health, while taking into account diverse interests and priorities. He supported the proposals to reduce to a manageable number the draft resolutions submitted to the Health Assembly and to ensure that they had clear implementation strategies and realistic and measurable outcomes. He urged WHO to use new communication technologies in order to optimize internal consultation and resource management. He applauded the proposal to widen engagement with civil society in the area of global health, which should be done with efficient and cost-effective methods such as web-based consultations.

On programmatic priorities, he shared the view of the representative of Brazil that action on the social determinants of health and reducing health inequities would not be taken unless the governing principles of the social determinants of health approach were explicitly adopted by Member States, for example as one of WHO's core priorities.

Member States and the Secretariat should not forget young people, particularly in view of resolution WHA64.28, which referred to the involvement of young people in shaping public policy. Young people were not just beneficiaries or recipients of health care but partners in health and inheritors of the present global health system. They could offer fresh ideas and perspectives, dynamism, and unwavering commitment.

Ms UPHAM (CMC – Churches' Action for Health), speaking at the invitation of the CHAIRMAN, said that she was also speaking on behalf of the People's Health Movement and the Democratizing Global Health Coalition. The governance of WHO and WHO's role in global health governance were central issues of reform. She expressed reservations about the proposal that the Board control access to the Health Assembly. Not all draft resolutions were strategically oriented or well-structured, or included consideration of financial implications, but the solution lay in working to improve the quality of the resolutions not restricting access. There was a need to strengthen the executive role of the Board and to ensure that it more effectively oversaw the work of the Secretariat. The relevant proposals required further elaboration and discussion.

She expressed concern about the proposals to impose tighter time limits on speakers at both the Board and the Health Assembly, to limit the number of draft resolutions submitted to the Health Assembly and to filter draft resolutions on a priority basis. The privilege of Member States to submit draft resolutions was part of the democratic spirit of WHO's Constitution and should not be lightly compromised. She expressed reservations about the proposal to standardize the work of regional committees, although some process of benchmarking to find and share best practice models with respect to regional practice would make sense.

The report failed to deal with WHO's relations with public-interest nongovernmental organizations. WHO should relaunch its Civil Society Initiative in order to deepen dialogue and foster better cooperation with public-interest nongovernmental organizations at all levels of WHO's work. The criteria and processes to be applied in relation to organizations entering into official relations with WHO needed to be reviewed, and a clear distinction introduced between public-interest and business-interest nongovernmental organizations; the latter had wide-ranging access (to Member States, the Secretariat and other bodies) but generally did not deliver health services to people, whereas public-interest nongovernmental organizations, including some of those she represented, provided health care to millions of people on a daily basis.

Mrs KEITH (World Vision International), speaking at the invitation of the CHAIRMAN, welcomed the focus on greater coherence in global health as an objective of the reform. She supported the statements by the member for Norway and the representatives of Brazil and Turkey, sharing in particular the concern about the use of the term "convening" (paragraphs 39–41). The Board should adopt the changes suggested relating health coordination and leadership, and Member States should give WHO the leadership role its Constitution mandated. She endorsed the proposal in subparagraph 84(5) in relation to the skill mix in the Secretariat.

The Board should have an expanded role in programme monitoring and evaluation, as outlined in paragraph 63, but it would not be appropriate for the remit of the existing Standing Committee on Nongovernmental Organizations to be extended to cover partnerships. Instead, a special framework should be created for reviewing the effectiveness of partnerships and tracking their implementation of agreed principles separately from nongovernmental organizations. Partnerships should also be obliged to submit yearly or two-yearly reports as did nongovernmental organizations.

She endorsed closer alignment between the provisional agenda of the Health Assembly and global health priorities, with fewer items on the agenda, and the proposed improvements in the method of work. However, she did not support the replacement of resolutions with summaries of discussions or the preparation of fewer but broader resolutions, among other changes proposed in paragraph 73, as resolutions were essential mechanisms for holding States to their promises.

She agreed with the principles set out in paragraph 87 and suggested that reference should also be made to the need to implement the principles of the Paris Declaration on Aid Effectiveness.

Multistakeholder forums (paragraphs 88 and 89) were not useful ways of widening engagement, as participation therein tended to be limited to those who could afford to attend. Consultations with stakeholders had to be transparent, with clear criteria for participation agreed and transcripts of the discussions made available on the website of WHO. Web-based consultations, as suggested in paragraph 91, would be more inclusive and less expensive.

Programmatic priorities: Item 3.2 of the Agenda (Documents EBSS/2/2 and EBSS/2/INF.DOC./10) (continued from the second meeting)

Dr LARSEN (Norway) summarized the discussions of the informal working group set up to produce a proposal for the Board on establishing a process for determining criteria for priority setting. The group had been informed that a Member State-led process could not be organized before the Board's 130th session in January 2012. The group had highlighted the links between the issues of priority setting and managerial reform and noted that the proposed Member State-driven process for priority setting could similarly be linked to processes working on other aspects of organizational reform. The group had agreed that the priority-setting process should be driven by Member States and take place between the Board's 130th session and the Health Assembly in May 2012. The Secretariat should be requested to prepare a new background document for the Board at its 130th session, with a detailed description of current criteria and mechanisms for priority setting and the relationship between national, regional and global priorities, including elements of bottom-up and top-down prioritization. The document should also describe how criteria and priorities were applied in planning and the impact on resource allocation and results; propose how criteria and priorities should be applied

in the future; and submit a detailed proposal for a Member State-driven process for priority setting to take place between January and May 2012.

The CHAIRMAN proposed that the Board request the Secretariat to draw up a draft decision that took into account the observations and proposals made by the informal working group.

It was so agreed.

(For adoption of the decision, see the summary record of the fifth meeting, section 2.)

Managerial reform: Item 3.4 of the Agenda (Documents EBSS/2/2 and EBSS/2/INF.DOC./12)

The DIRECTOR-GENERAL explained that the purpose of managerial reform was to improve the impact of WHO, as measured by better health outcomes. The proposals in document EBSS/2/2 aimed to make WHO more effective, efficient and responsive to the needs of Member States. They also sought to enhance transparency and accountability. The proposals built on earlier reforms, for example in the areas of results-based management, the global management system, and accountability and oversight. Three proposals were of particular note: making financing for WHO's work more predictable, developing a sustainable approach to the financing of administration in the Secretariat, and independent evaluation.

WHO needed a new financing model. The proposed "collective financing" approach would be: firmly linked to the programme budget; inclusive, involving all Member States in setting out priorities, plans and budgets and discussions of how they would be financed; transparent; and led by Member States, with the Programme, Budget and Administration Committee taking responsibility for the process. After approval of the programme budget by the Health Assembly, the process would entail negotiations with Member States and donors. Commitments to finance the programme budget would follow, securing predictable financing at the start of the programme budget cycle, supporting timely implementation, and minimizing the extension of funding agreements.

As a knowledge-based organization, WHO needed experienced professional staff; as a result, about half of its expenditure was on staff salaries. Adequate funding for administration costs had to be accepted by donors as an integral part of keeping WHO running. The Secretariat would do its best to keep those costs low. In addition to its general management functions, WHO also had to finance meetings of its governing bodies, its Legal Office, its Office of Internal Oversight Services and other essential services. Given all those commitments and compared with many other national and international knowledge-based organizations, WHO spent a relatively small proportion of its total budget on administration: around 15%.

Certain recent trends had made it increasingly difficult to finance administration costs adequately. She was therefore proposing a detailed review in order to provide evidence to justify the level of programme support costs and determine a sustainable and transparent mechanism for financing administration on the principle of full cost recovery with no cross-subsidy from assessed contributions.

Three proposals related to independent evaluation. The Secretariat would develop a formal evaluation policy for endorsement by the Board. Secondly, it suggested that the Board establish a mechanism for the provision of oversight, by means of: the Board itself directly commissioning independent evaluations; the Board mandating the Office of Internal Oversight Services to conduct evaluations; or the Board establishing a new, separate evaluation unit, as had been done at the World Bank. Thirdly, WHO was ready to conduct some rapid short-term evaluations, either through a thematic evaluation process, perhaps focusing on WHO's work to strengthen health systems, or through a two-stage evaluation, beginning with a broad overview of WHO's performance before focusing on a specific area.

The managerial reforms outlined were ambitious yet realistic. Some were already being implemented and she expected to be able to report on the progress of those to the Board at its 130th

session. Others required the Board's endorsement before they could be implemented. Still other reforms needed further development before their endorsement could be sought.

Dr NASHER (Yemen), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that a full reform of WHO should take into account financial aspects and that managerial reform should be undertaken as swiftly as possible. The proposal to strengthen country offices was especially important, as they contributed towards national capacity-building and needed the expertise to do so effectively. He supported a better exchange of experience and knowledge among the various offices and the proposal (paragraph 119) to relocate some of WHO's functions to lower-cost sites. Coordination of national priorities between countries was essential. Agreeing with the proposals related to human resources, he drew attention to the importance of results-based management.

He supported proposals on greater flexibility and predictability in the funding of WHO's activities and the establishment of a contingency fund for public health emergencies, as the Region had suffered serious natural disasters over recent years. The use of modern electronic media was essential to the dissemination of information and knowledge. Information about WHO reform had to be disseminated widely so that all concerned could be made aware that WHO was adapting to the challenges of the twenty-first century.

Dr IKRAMOV (Uzbekistan) supported all the proposals in the Chapter on managerial reforms. Just one year before, it had not seemed possible that such progress could be made in the consideration of issues related to reform.

In connection with the question of whether issues of financing or organizational effectiveness were more important, in times of global economic crisis the role of WHO grew, and as less money might be available it had to be used more effectively and carefully. It was not timely to attempt to save money on country offices when they had been vital to important recent WHO activities such as the quick and effective responses to the influenza pandemic and the poliomyelitis epidemic in Tajikistan.

Connections among countries were important besides those between headquarters, regional and country levels. Consultations between countries with similar problems could make for more efficient use of resources. The effective and accountable use of resources could best be monitored at the annual sessions of regional committees, and then reported to the Board, thereby making it possible to assess the actual flows of resources.

Dr GULLY (Canada) stressed the urgency of the proposed measures for strengthening country offices and increasing their effectiveness. He sought guarantees that appointed WHO representatives met all the requirements of the position and that an effective process was in place for measuring performance. It was vital that country teams possessed a mix of skills and knowledge that matched country needs. He supported greater independence and more accountability for country offices. Clear targets and milestones would be needed to ensure a sufficiently fast rate of progress, which should be tracked through the Programme, Budget and Administration Committee.

WHO's programmes and operations should not be strategically relocated without an evaluation of the returns on investment and the opportunity for synergies presented by any move, which were factors not captured by cost alone.

He supported the collective financing approach (paragraphs 131 and 132) and requested further analysis of the feasibility and mechanics of that approach before the 130th session of the Board. He also supported the proposal to establish a contingency fund for public health emergencies.

He endorsed the proposal for a central control and oversight system to monitor agreements for adherence to programme support costs for voluntary contributions (paragraph 135); his preferred option would be to expand the mandate of the Office of Internal Oversight Services.

The desire to make savings by reducing the size of the staff at headquarters (paragraph 138) must be balanced against the need to ensure an appropriate staff mix at headquarters, as detailed by the revised workforce model. He endorsed the proposal to develop an enhanced financial control framework for crucial administrative processes and to ensure accountability, and recommended that

the External Auditor be requested to examine that component and report to Member States. He also supported the proposal to improve Organization-wide resource mobilization (paragraph 142).

The Organization faced a considerable challenge in realigning financing and sustainable staffing, and the revised workforce model must not impair its ability to attract and retain the best and most qualified employees (paragraph 150). Staff mobility should be a consideration in the selection process but not an “essential minimum requirement for employment eligibility at the professional level” (paragraph 155). A tiered workforce model should be used with requirements for mobility that depended on the expertise a position required.

Although the new results chain (paragraphs 166 and 167) would provide clearer linkages from input to impact, it would always be difficult for WHO to attribute impacts to its activities, particularly when other partners were involved. He endorsed the proposed new timeframes for the programme and budget planning cycles, and the proposal that the general programme of work should subsume the current medium-term strategic plan. A revised resource allocation mechanism should be developed and he supported the proposal for a new mechanism to be submitted for consideration through the Programme, Budget and Administration Committee at its meeting in May 2012.

He strongly supported WHO’s efforts to improve monitoring and reporting and endorsed the directions proposed in paragraphs 185–189. He also strongly supported expanding the mandate of the Office of Internal Oversight Services (paragraph 197) but cautioned that such an expansion must be accompanied by an appropriate increase in resources.

Evaluation should be internalized and embedded in the culture of the Organization, but he distinguished between internal and external evaluation. The latter would be independent and respond to requests from the governing bodies. He asked for a proposal to be put to the Board at its 130th session. He fully supported the proposals to build communications capacity but noted with regret the failure to mention risk communication, which was a fundamental part of the work of WHO.

Dr JESSE (Estonia), speaking on behalf of the Member States of the European Union, said that managerial reform could move faster. Country offices (paragraphs 107–111) should be strengthened in line with their assessed functioning and national health needs, and should focus on improving the quality and efficiency of work rather than volume or increasing finances and staff numbers. They should be established or maintained only in those countries that needed them, and alternative models for collaboration with other countries should be explored. Furthermore, they should focus on the overlap between the priorities agreed by the WHO’s governing bodies and those of the host country.

She welcomed the proposals to define roles and responsibilities at the three Secretariat levels, with clearly attributed accountability, which was an essential part of managerial reform (paragraph 112). National and regional contexts must be taken into account and WHO should not adopt a one-size-fits-all approach. Under WHO’s Constitution, the Director-General, subject to the authority of the Board, was the chief technical and administrative officer of the Organization, and the Director-General must therefore be effectively empowered to exercise that role at all levels of the Organization. She welcomed the proposal for the next programme budget to present a more detailed breakdown of functions and outputs at each level.

Careful consideration should be given before strategic relocation was put into practice. The core areas to be kept at WHO headquarters must be defined and the benefit of any relocation, in terms of both strategic implications and cost, must be carefully weighed. Such relocation should not be guided by cost alone and must be approved by the governing bodies.

The current financing model did need improving (paragraphs 131–132). However, the goal must be to improve the use of resources at the current level; additional resources should not be expected. It was important to distinguish between assessed and core voluntary contributions, which were largely predictable, and voluntary contributions that were more unpredictable and highly earmarked. She announced that the Member States of the European Union had agreed to move gradually away from earmarked funding towards funding WHO’s general budget. She asked whether other organizations in the international system had experience of collective financing; the proposed approach would improve transparency, but falling out of line with the budgeting cycles of Member States and other stakeholders might result in soft pledging rather than securing real funds. The financing dialogue with all donors

should not be allowed to deviate from the priorities agreed by Member States, and the Secretariat should be able to redirect proposed donations towards agreed priorities and, if necessary, refuse donations inconsistent with its priorities. The options for collective financing should be developed further and submitted to the Programme, Budget and Administration Committee in January 2012.

She asked whether the proposed contingency fund (paragraph 133) would cover humanitarian as well as public health emergencies, what would be its planned level, and how it would be administered. She asked also for information on WHO's access to other emergency funds, suggesting that it be submitted to the Executive Board at its 130th session.

Detailed information and analysis of administration costs should be provided to the Programme, Budget and Administration Committee before decisions were taken on the proposals to improve administration and management costs (paragraphs 134–137).

A distinction should be made between different kinds of programmes and their need for relevant currency, and the currency of contributions should be aligned, as far as possible, with the currency of expenses (paragraph 138). Some Member States in the European Union would appreciate the option of paying contributions in euros. She asked for more information on existing hedging mechanisms and risk management and expressed concern that the budget re-costing mechanism might have adverse consequences.

Strengthening financial controls (paragraphs 139–141) must include measures to counter corruption and fraud. There should be a formal track of delegation of financial authority and related responsibilities, and a draft decision in that sense should be submitted to the Board for consideration at its 130th session through the Programme, Budget and Administration Committee.

With regard to resource mobilization, contributions from nongovernmental donors should not lead to deviation from priorities set under the intergovernmental decision-making procedures. In the context of the current debate in the United Nations on capacity to pay, WHO should further mobilize contributions from emerging countries. In order to ensure alignment and coherence between all levels of the Organization, mobilization of resources at country level (paragraph 142(3)) should be in line with global strategies and priorities. Co-financing of activities at country level could be explored, provided that attention went to avoiding conflicts of interest in the case of private donors.

In general, she supported the proposals made on human resources. The workforce model adopted should optimize the mixed use of short-, medium- and long-term employment contracts and balance flexibility and security for staff members, according to available financial resources. Greater attention must be paid to performance management, in particular the performance of managers. With those provisos, the Secretariat should put the proposals into practice.

WHO should draw on the best practices of other organizations with recent experience of introducing a results chain. Had the Secretariat given consideration to joining the quadrennial comprehensive policy review of the United Nations General Assembly? She strongly supported the proposal that an annual budget and results review be considered by the Programme, Budget and Administration Committee (paragraph 169). She requested further analysis of the proposed changes to the planning cycle, including information on whether other United Nations organizations had three-year budgets, and the relative advantages and disadvantages of a six- or nine-year planning cycle (paragraph 168). Financial planning must be fully in line with programmatic plans.

The proposals to improve monitoring and reporting (paragraph 185) needed further information and she underlined the need for transparent reporting of results and resources. An Organization-wide accountability framework needed to be set up, with reporting on relevant issues to the Board. Many of the proposed solutions were nevertheless acceptable.

She strongly supported the development of an internal evaluation policy; evaluation was a crucial function of the Organization, and creating an evaluation culture helped to identify strengths and weaknesses of programmes. However, the option of adapting or strengthening existing structures should be explored before looking to establish any new evaluation unit. Any evaluation mechanism should be applied at all three levels of the Organization and consideration should also be given to the possibility of joining forces with the United Nations Office for Oversight Services in New York. Should consideration eventually be given to establishing a new evaluation unit, assessment would

have to be made of the value added of doing so. She detailed questions that would have to be answered in deciding the mandate and operation of any such unit, including follow-up.

She requested clarification of the differences between the two options for the independent external evaluation of WHO's work, in terms of scope, timing, costs and expected results. She saw merit in both a swift evaluation that could inform the reform process and an independent evaluation able to assess the impact of that process.

She fully supported the proposals on strategic communications (paragraphs 202–204).

Dr BIRINTANYA (Burundi), speaking on behalf of the Member States of the African Region, praised the quality of the report and the preceding consultation process. The reform process, which he supported, should focus on and strengthen the Organization's core activities. The reforms would have to proceed at different paces: priority setting required time for reflection and a gradual introduction, whereas other aspects of reform could be effected immediately.

He endorsed the proposals made in the four specific areas for improvement as well as the global approach intended to strengthen organizational effectiveness, alignment and efficiency. He encouraged the Secretariat to develop such proposals in collaboration with regional and country offices, in particular with regard to strategic relocation.

The global financial crisis had exacerbated an already precarious financial situation, and the proposals would make financing of resources more predictable and flexible. However, should the collective financing model (paragraph 131) be pursued, thought must be given from the outset to what would be done if the expected financing failed to materialize. The Regional Committee for Africa had approved, in resolution AFR/RC61/R3, the African Public Health Emergency Fund and thus he strongly supported the proposal to establish a contingency fund. He supported the logic of proposals to improve the financing of administrative and management costs, protect against exchange-rate fluctuations, strengthen financial controls and improve the mobilization of resources across the entire Organization. Noting that more work was needed on the costs and benefits of the proposals and their feasibility, he suggested that, where appropriate, immediate action be taken within the current mandates of WHO's governing bodies.

He had noted with interest the five areas targeted by the proposals on human resources reform. Those proposals that fell within current mandates should be implemented and the results should be reported to the Board at future sessions in order to prompt further measures. However, he expressed concern that staff cuts might affect priority programmes such as malaria, tuberculosis and HIV/AIDS.

With regards to results-based management, the adoption of a revised bottom-up planning process that took into account the real needs of beneficiaries would need clear guidelines in order to ensure harmony between interventions, despite country differences. He supported the revision of the planning cycle to move to a system of three-times-three years. He looked forward to specific proposals on a new model of financing, and urged that equity based on the real needs of beneficiaries, in particular developing countries, should be taken into account.

He welcomed the proposal to strengthen the policy on conflict of interest and asked for more information about the nature of the proposed ethics unit in (paragraph 188). Evaluation was crucial for the Organization; it complemented and gave meaning to results-based management. Independent evaluation would inform the results of the internal evaluation and control. As the governing bodies were accountable for the management of the Organization, they should monitor its implementation. Taking note of the options proposed for oversight by the governing bodies of independent evaluations, he added that evaluation should be an integral part of reform.

Communication, as a cross-cutting function, must accompany all aspects of reform. Consideration should be given to both internal and external communication. The current process was a good example of internal communication that deserved improvement and perpetuation. He encouraged the Secretariat to continue its efforts to make multilingual documentation available to Member States in sufficient time. He welcomed the proposed direction. In general, the managerial reform proposals were acceptable.

Mr PELLET (adviser to Dr Grall, France) welcomed the Secretariat's thorough analysis of the Organization and its functioning. He supported the proposals to strengthen the capacity and increase the efficiency of country offices, giving their activities more relevance to national circumstances. However, the strengthening of country offices should not follow a systematic model, but should be adjusted in accordance with the results of a cost-benefit analysis of each office and with the national need for a permanent WHO presence. Where offices, as a result of that process, were deemed to have persistent problems of mismanagement or for which a national need could not be demonstrated, the possibility of closing them should exist. It was essential to increase the accountability of country offices through regular publication of their work. With regard to the proposals to clarify the role and responsibilities of the three levels of the Organization, the report provided a clear evaluation of the six core functions of WHO. He accepted the proposal to allocate the programme budget in line with each level and function of the Organization, but did not support the proposal for interregional bodies, which could create confusion in an already complex governance structure.

The commendable objective to improve the predictability and flexibility of funds ran counter to the frequent practice of earmarking contributions for short-term activities. In that regard, it was not proper that the Organization should recover such a small percentage (7% as opposed to the official rate of 13%) of its project administration costs. Predictability of financing could provide better coverage against exchange-rate risks, by encouraging income and expenditure to be fixed in the same currency. The proposal to open a financing dialogue with donors should not allow them to steer the Organization away from the priorities agreed upon by the Health Assembly. Private-sector contributions should be flexibly assigned in order to achieve the programmatic priorities of the Organization, and should be predictable and transparent in order to preserve the independence and credibility of the Organization.

The proposals on human resource management reform were a step in the right direction, but could be strengthened by establishing an employment and wage ceiling. The difficult staff cutbacks that had been made within the Organization should not be cancelled out by the recruitment of equal numbers of new staff at country offices, or through the additional cost of funding ever-increasing numbers of working groups or the unjustified holding of a third annual session of the Executive Board. Efforts to cut costs should be borne by all Member States.

He supported the proposal to establish a long-term independent evaluation mechanism. In the short term, it was important to continue consideration of the priorities concerning governance strengthening without impeding reform.

Dr REN Minghui (China) supported the proposals to strengthen the links between headquarters, regions and countries and to increase the authority of country offices. National needs and capacities determined the varying levels of assistance required by country offices; any decisions made by WHO regarding the strengthening of country offices should therefore be adapted to each office. The Secretariat should enhance its strategic advisory role by assisting countries in the creation and implementation of their cooperation strategies to improve alignment of national actions. Staffing levels at country offices should also be adjusted in line with national needs and capacities.

He supported the suggestions contained in paragraph 131 on increasing the predictability of financing and the flexibility of income. The Organization's level of income had to match its agreed priorities. The Secretariat should refuse any voluntary contributions inconsistent with WHO's priorities and should clearly explain how contributions were allocated. The uses of a proposed contingency fund for public health emergencies should be expanded to cover the effects of currency fluctuations. The suggestion (paragraph 138) that donors make payments in Swiss francs was a short-term solution that did not solve the fundamental funding problems of the Organization, as 70% of its financial resources was used in other currencies.

He supported the proposed human resource reforms, but asked for clarification of the functions referred to in paragraph 151(1) on the workforce model. He agreed with the proposals regarding results-based management, in particular the revision of the current framework. He asked how the medium-term strategic plan would link with the 10-year general programme of work.

The programme budget did not currently reflect the needs and capacities of countries; country-level planning should be based on the country cooperation strategies, as suggested in paragraph 172.

He sought clarification on the proposed establishment of a separate evaluation unit (paragraph 197). He supported the proposals for independent evaluation (paragraph 198(2)) and those concerning strategic communications.

Mrs BELO (alternate to Mrs Hanjam Soares, Timor-Leste), speaking on behalf of the Member States of the South-East Asia Region, acknowledged the work done in preparing the proposed managerial reforms. The Secretariat provided technical assistance to countries, thereby strengthening national systems and helping countries to deal with emergencies. The proposals for reform might increase the efficiency and improve the alignment of the Organization, but it had to continue adapting its activities to the situations prevailing in, and limitations of, each country. She supported the proposals in paragraph 111 on strengthening country offices, but an evaluation of the requirement for WHO's support must be based on country needs and capacities. Focus on the five core areas identified, which she strongly supported, would lead to more efficient management of staff and a culture of accountability, for instance for the funds allocated to human resources and staff efficiency.

She welcomed the proposal to establish a contingency fund for public health emergencies. A similar regional fund, the South-East Asia Regional Health Emergency Fund, already existed. She agreed with the proposal to reduce the period of the general programme of work from 10 to nine years and to change the frequency of the programme budget from two to three years. However, the document made no mention of the frequency of operational planning, which could significantly affect the workload of country offices; further clarification was therefore needed in that respect.

Mr SCHOLTEN (alternate to Dr Seeba, Germany), observing that his country had often called for financial reform of WHO, expressed satisfaction that that issue, and others that he considered to be most problematic, were being tackled. He acknowledged that the views of Member States had been taken into account. A realistic budget would solve the problem of mismatches between the political will of the Health Assembly and available funding. In order to solve that problem it would be necessary to differentiate between available and flexible funds, and those that were aspirational and likely to be specified. The proposed collective financing approach required further definition. It could help the Organization to fulfil its mandate, but only if it was properly aligned with the budgeting process, which should meet five criteria: the Health Assembly must approve a budget based on current and realistic estimations of the available resources; the programme budget must not be under- or over-funded; the process must be transparent; there must be no cross-subsidies of voluntary contributions with assessed contributions; and governing bodies must be able to revise the budget on the basis of new information.

With regard to organizational effectiveness, alignment and efficiency, he fully supported the clearer definition of the roles and responsibilities of the three levels of the Secretariat and their interaction. On the empowerment of country offices, he stressed that WHO was primarily a leader in setting global health standards and norms and not an implementing body. The fact that its central tasks were done at headquarters should continue to be reflected in the allocation of resources to the three levels of the Secretariat.

WHO's decentralized structure was both an advantage and a challenge. The spirit of the reform process could also be used to consider ways of improving possible shortcomings. The Joint Inspection Unit had studied the decentralized structure of WHO in 1993. The Board should formally ask the Unit to update its report and recommendations, which would be useful in the reform process.

Dr LARSEN (Norway) welcomed the advance of the reform process from an analysis of challenges to concrete recommendations for action. Ensuring a greater degree of predictable financing should be a main goal of the reform. The proposal to establish a collective financing dialogue could help to ensure a more open and transparent budget process and contribute to better alignment of priorities and funds. However, he questioned whether the dialogue between individual donors and WHO was consistent with the democratic nature of the Organization. He asked for the collective financing approach to be refined before the Board's 130th session. He noted the soft focus on flexible, non-earmarked funding in the report; did that represent a shift in policy? His Government was finding

it increasingly difficult to continue to provide flexible funds to WHO given the tendency of major donors to provide fully earmarked funds. The reform should include mechanisms to increase the number of donors contributing flexible funds. The current reporting system made it almost impossible to track flexible voluntary contributions.

He questioned the need to establish a contingency fund for public health emergencies, given that the Central Emergency Response Fund already served that purpose. He supported the proposals to revise the planning framework in order to make it simpler, clearer, more accessible and with fewer overlapping layers. The proposals to extend the budget cycle from two to three years and to change the time frame for the general programme of work to nine years were acceptable, but he preferred a six-year cycle for the general programme of work. At the same time, it was important to establish an annual results and budget review, including possibilities for the Board to make adjustments to the budget. Priority setting should be driven by the budget.

Gender equality should be better reflected in the proposed managerial reform. Coherent WHO policy depended on the integration of women's rights and gender equality throughout WHO's work and along more than one track.

With regard to organizational effectiveness and alignment, he supported the strengthening of country offices and the proposals in paragraphs 107–111. He expressed concern that the possibility of moving functions from headquarters, as discussed in the concept note on independent evaluation of the work of WHO, might entail a weakening of capacities at headquarters and at regional offices.

Supporting the proposal in paragraph 136 for the commissioning of a detailed analysis of the actual costs of administration and management within the Organization, he encouraged the Secretariat to ensure that administrative costs were adequately covered. He also encouraged it to implement an Organization-wide fund-raising policy based on the principles outlined in paragraph 142.

Regular internal and independent external evaluations were central to improving the performance of WHO. According to the report, WHO was one of the few United Nations specialized agencies that lacked an evaluation policy endorsed by its governing bodies; nor did it routinely make its evaluation report public. He therefore supported the proposal for an evaluation policy for WHO. That process should begin with the commissioning of an independent thematic evaluation; a decision thereon should be reached at the current session. The results from the evaluation, which should be presented to the Sixty-fifth World Health Assembly, would be useful for both the reform process and the development of an evaluation policy. Further reflection was needed on the proposals on institutional arrangements for the oversight and involvement of governing bodies in future evaluations. The first step in that process was to formulate an evaluation policy, which could be followed by a decision on the institutional arrangements. He supported the proposal to strengthen the Executive Board's executive and oversight role.

Dr AL-THANI (adviser to Dr Al-Qahtani, Qatar) said that the report reflected the aspirations of Member States and showed that the proposals for reform were practicable. The strengthening of country office capacities would in turn strengthen the provision of global health care. Communications platforms should be developed: videoconferencing could be adopted in order to reduce travel costs and to ensure that the opinions of more participants were included in decision-making. Future meetings could be broadcast in real time to allow participants' comments to be directly noted.

Results-based management was important given its impact on the use of financial resources. Donor countries would be more likely to continue contributing funds if given proof that their contributions had been used effectively. The funding of successful programmes and activities should be defended. WHO was the leader in global health: if the Organization required additional funding to do its work, all Member States should provide financial assistance. The contributions from donors were a sound investment in global health, given that they represented but a minute fraction of total global health-care expenditure. He expressed satisfaction that WHO had initiated its reform, which should ensure that it became even stronger and more effective.

Dr DAULAIRE (United States of America), endorsing the African Group's call the previous day for the strengthening of country offices, said that some of the proposals in the report would help to

advance that goal. As it would require a precise and analytical approach and possibly more, and a more diversified range of, resources, he agreed with the member for Nigeria on the link between WHO's priorities and country offices.

He welcomed the clear delineation provided in paragraphs 99–120 of roles at the country, regional and headquarters levels, which, together with the proposed breakdown of functions and outcomes at each level in the next programme budget, would help to improve clarity, transparency and accountability. He supported a practical approach to determining the location of programmes and operations, especially if that led to cost savings. The well-meaning proposal on relocation, however, potentially represented a significant step backwards. Sharing the concerns of the member for Norway that, failing a clear understanding and analysis of the impact of previous moves, further diffusion of expertise could dilute the Organization's reputation for technical excellence, he asked for more details before a decision could be taken.

The collective financing approach proposed in paragraph 131(1) could be a useful tool for transparent and inclusive priority setting and should be developed further, possibly through a dialogue with interested Member States. The proposal to establish a contingency fund for public health emergencies should include details on the option of a voluntary model, along the lines of a similar United Nations fund. Given that administrative costs for activities largely funded by voluntary resources should not be subsidized by the regular assessed budget, he supported all the measures outlined in paragraphs 134–137. The proposal on an annual budget-recosting mechanism outlined paragraph 138(2), however, must be revisited as it would place the risk related to currency exchange rates entirely on Member States; a middle ground should be sought. He supported an enhanced control framework to reduce financial risk to WHO; a more systematic approach to risk management would enable the Organization to make informed decisions on how to address the risk. He would examine proposals to that end as soon as they could be provided. All the proposals aimed at improving Organization-wide resource mobilization were practical, useful and able to be implemented right away as a priority first step towards addressing the financing challenges.

On human resources, he endorsed the proposals to revise the workforce model and contract types; comprehensive skills profile at each level of the Organization would be a useful means of identifying areas of greatest need in order to revise the skill sets sought in WHO staff members and, hence, of improving effectiveness and flexibility. He also endorsed the measures proposed to improve recruitment and selection and the performance management processes outlined in paragraphs 152–154. He supported a framework approach to mobility and rotation, although the emphasis should be put on incentives rather than mandatory rotation, which would entail significant additional associated costs. In order to enhance staff development and learning, WHO should explore the greater use of twenty-first century practices that promoted a better work-life balance, such as telework and flexitime.

On results-based management, he supported the proposal for a new results chain with a standard set of indicators and welcomed the definitions provided. He endorsed the proposed changes to time frames for planning and implementation: increasing the budget period to three years, subsuming the medium-term strategic plan into the general programme of work and changing the time frame for the latter to encompass two to three programme budget cycles. An annual budget and results review would be a useful means of ensuring more frequent oversight and accountability, and he agreed on the need for a realistic budget. He supported a new resource allocation model or mechanism, but urged the Director-General not to implement all the proposed changes before providing clarification on how the strategic priorities would be decided.

He supported all the proposals on accountability and transparency, especially the establishment of an ethics unit, together with those for an evaluation policy involving a mechanism for oversight by the governing bodies. An expanded mandate for the Office of Internal Oversight Services was the preferred option, with the Board reviewing and approving its workplan, and receiving and considering the evaluation reports. The Secretariat needed to foster an Organization-wide culture of evaluation and learning, with emphasis on ensuring that performance assessment of operational units and their leadership was firmly based on evidence that they consistently employed and acted on those processes. He opposed the proposal to set up a separate evaluation unit; the Independent Expert Oversight Advisory Committee and the Programme, Budget and Administration Committee might play a useful

part, and he suggested that the Secretariat should consult with the United Nations Evaluation Group in order to ensure that WHO's evaluation procedures conformed with its norms and standards and with best practices within the United Nations system. Endorsing the proposal by the representative of Kenya to implement a two-stage approach, he said that the United States was willing to continue working with colleagues after the current special session of the Board to refine the proposals, to secure a consensus and to move forward to action.

Dr ST. JOHN (alternate to Mr Inniss, Barbados) said that the results of a collective financing approach would be positive but slow to appear, owing to the current global financing challenges, and that clear conditions must be laid down for voluntary funding from donors in order to keep the focus on countries' needs as opposed to donor priorities. The establishment of a contingency fund for public health emergencies was especially important, given her region's vulnerability to natural disasters and the fact that it lacked the capacity to respond to the frequency of such events.

As to the idea of increasing Swiss franc income, she sought further clarification in view of concerns about the implications. She agreed in principle with the proposals for increasing the period covered by the programme budget to three years; for subsuming the medium-term strategic plan into the general programme of work; and for introducing a new results chain, bearing in mind the need to ensure its congruence with regional results chains.

Regarding the proposal to revise the workforce model, a balance had to be struck between strengths at headquarters and those at the country and regional levels, and any drastic changes to ensure the outcomes of the reform had to be underpinned by the right skills mix in the context of the new general programme of work.

She agreed with the idea of a two-stage approach to independent evaluation; a rough initial review would guide the choice and scope of a more detailed evaluation, and could also inform the direction of the reform process. The Board could craft and oversee the process, the Secretariat should provide a document on the matter in time for the January session, and the Director-General had the capacity to develop an evaluation culture within, inter alia, the Office of Internal Oversight Services. Regarding the proposals to improve accountability and transparency, WHO should evaluate the impact of its programmes at all levels, especially in the light of the uncertain global financial and economic circumstances and the resulting threats to public health.

Mrs Hanjam Soares took the Chair.

Dr CHIRIBOGA (Ecuador), further to the comments by the members for Barbados, Estonia, France, Germany and Norway, expressed regret that the proposed reforms were diverting attention to financing and fund-raising and away from the crucial issue of the Organization's weakened role under Article 2(a) of its Constitution, namely to act as the directing and coordinating authority on international health work. Member States, by their silence, had allowed its actions to be guided by other entities, and it was unacceptable to say that progress in the implementation of the governing bodies' decisions, or efforts to ensure that voluntary contributions were channelled into what Member States had identified as the priority areas, could not be discussed at meetings such as the current special session.

On managerial reforms, he supported the proposal to institute a collective financing approach, which would help to coordinate the actions of interested parties and ensure that voluntary assessed contributions were aligned with achievement of the Organization's objectives. As for establishing a contingency fund for public health emergencies, it would be advisable first to review the application of Article 58 of the Constitution, which gave the Board discretionary powers to create such a fund, and to define the minimum contributions required for its gradual capitalization.

The proposal to revise the workforce model for long-term recruitment (paragraph 150) was appropriate in view of the current discrepancies between the duration of contracts and functioning of programmes. It would help to improve consistency by making it possible to offer short-, medium- or longer-term contracts.

Given the complexity of the current planning framework noted in paragraph 160, links between the various planning layers should meanwhile be strengthened in order to secure an integrated, coordinated and transparent programme budget, with the Health Assembly initiating an integration process to identify the priorities of Member States and to formulate a programme budget in keeping with medium- and long-term strategic plans. Long-term planning was crucial in order to maintain a focus on the Organization's main objectives in the short and medium term.

The report generally offered a positive set of measures to improve the performance of headquarters, but it did not deal with crucial issues underlying the true nature of the Organization's financing problem. He therefore requested two key studies: the first on the sources and use of funds, which would provide a useful basis for reflecting on ways to detect and deflect, in a positive and transparent manner, any possible interference by cooperating bodies in global health policy-making and the effective level of government of Member States; and the second on operating costs as a proportion of total costs, which would help in assessing the Organization's efficiency in fulfilling its mission and in adopting a decisive approach to managerial reform. It was essential to strengthen financial controls, while improving transparency and accountability at the level of both the Board and the Health Assembly, in order to make Member States aware of the full extent of the problem and to enable them to develop joint solutions aimed at bolstering the identity of WHO as an organization led by society represented, in turn, by its Member States.

If WHO lacked the necessary financing to complete its mission, other means could be found such as increasing assessed contributions; redirecting voluntary contributions to what Member States had identified as priority activities; restructuring the Organization with a view to cutting waste; making staff recruitment procedures more flexible; reassessing the benefits of working with inflexible funds that entailed higher costs for an organization such as WHO; providing public funding to cover the costs of sending delegates to meetings; and considering the use of third-party service providers. One could not avoid the need to reform and democratize the Organization so as to prevent determined outside interests from setting the course of social change. Until formal mechanisms were put in place to monitor implementation of its decisions, however, the success of its policies and efforts to achieve agreed goals would be compromised. Strengthening the Organization on its own would increase confidence and enable it to attract more non-earmarked contributions and so concentrate on its own priorities.

Mr El Makkaoui resumed the Chair.

Dr SILBERSCHMIDT (Switzerland) said that managerial reform was the work of management and that the Board should not seek to micro-manage in the Director-General's areas of responsibility. Endorsing the proposals to improve alignment within the Organization, he said that paragraph 105 should include a reference to the greater use of WHO collaborating centres. On the strengthening of country offices, he supported the proposals contained in paragraphs 107–111 but the offices did not necessarily need to be enlarged. Some might require fewer yet more senior staff with a wider range of competencies and skills, including diplomacy and an ability to advise health ministers, to negotiate and to act as an acceptable convener, coordinator and communicator. All 194 Member States should benefit from the Organization's country work but should strive to progress beyond the need to have a country office. Switzerland, for example, did not have a country office, and the recent WHO-OECD study on its national health system would provide the Swiss parliamentarians responsible for approving the payment of contributions with evidence of the Organization's relevance to not only development cooperation but also every aspect of global health.

He was open to the idea of strategic relocation of programmes and operations as long as it was not based on short-term considerations; it had to be well thought through and backed by analyses that showed that it would leave the Organization in a stronger position in 10 years' time, rather than just the following year. On the proposal for improving knowledge management, he strongly supported efforts to increase transparency within the Organization. He suggested the introduction of an extranet tool providing ministries with access to information on what was being done, together with a platform to facilitate correspondence with Member States.

On the financing proposals, he welcomed the focus on predictability but requested clarification on how the 70% predictability target could be met. The idea of instituting a collective financing approach was interesting, but questions remained as to how the number of donors, and the amounts, of core voluntary contributions could be increased; what the overhead figures were; whether the 13% standard programme support cost should be increased, including that for voluntary contributions in lower priority areas; and how collection procedures could be improved. Derogations should be transparent and the Secretariat should provide the Programme, Budget and Administration Committee with an annual report on each and every derogation together with the reasons why it had been granted; that might also serve to discourage donors from requesting them.

On the matter of protection against currency fluctuations, he drew attention to the challenges faced by Switzerland and the action taken by the Government and central bank on the issue of parity of the Swiss franc and the euro, which had helped to increase predictability for WHO in comparison to the situation a few months earlier. He supported proposals to increase income in Swiss francs but cautioned that long-term measures should not be based on short-term problems; a basket of currencies should be considered for assessed contributions, as opposed to a single currency; and a study should be made of collection practices at other Geneva-based organizations.

He supported the proposal to establish a contingency fund for public health emergencies, but endorsed the comment by the member for Ecuador on the need to link it to Article 58 of the Constitution. He supported the proposals to improve Organization-wide resource mobilization, which should include efforts to remove the need for technical programmes to make themselves attractive to donors; and agreed with the idea of an annual financing dialogue involving the relevant ministries of donor Member States, as suggested by the member for the United States of America.

He supported the proposals on human resources and suggested that efforts to enhance staff development and learning should include a focus on the mix of the technical, managerial, communication and health diplomacy skills required to meet twenty-first century needs. That would mean training within the Organization.

As to the planning framework, he was open to the idea of a six-year general programme of work, without a separate medium-term strategic plan, which could include two three-year budget cycles with minor annual adjustments. It might also be worth considering the inclusion of the multi-year programme of work for governing bodies discussed at the previous meeting, together with a chapter for each regional office proposed in consultation with the respective regional committees, which would not call for direct monitoring of what each committee was doing. Interregional transparency would be a way forward in efforts to improve alignment within the Organization. Given that a realistic budget could not, in the current economic climate, be expected to anticipate budget increases, other non-compromising funding sources should be considered. The Secretariat could, for example, explore ways in which to build on the WHO brand without undermining the Organization's independence, such as encouraging wealthy individuals to leave non-earmarked legacies.

Regarding independent evaluation, he supported the Director-General's proposal to prepare a report on fostering a culture of internal and external evaluation. It could also cover the possible roles of the Executive Board and Programme, Budget and Administration Committee, and include a detailed description of what had already been done and respective mandates within the Organization.

Dr MUGITANI (Japan) said that the proposals on a collective financing approach and a financing dialogue contained interesting ideas for boosting the Organization's resources and ensuring that they were aligned with the Organization's priorities. It was essential to explore ways of securing more funding for flexible use, even if it was earmarked. Most organizations, such as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, were required by their mandates to earmark their contributions, and some Member States needed to do likewise for the sake of transparency and accountability. As long as the funds were aligned with the priorities, earmarking was not a problem. In any event, the idea was still being developed and required further clarification from the Secretariat. Meanwhile, it was essential to analyse the financial situations of every cluster and programme, which were at present unclear, so as to discover why some programmes were underfunded and not receiving a share of assessed contributions. The Secretariat should provide a cluster or programme-level

breakdown of distribution of salary and activity costs as a percentage of total expenditure as presented in Figure 4 in document EBSS/2/INF.DOC./2.

The strength of any organization was commensurate with the quality of its staff, and one of the main strengths of WHO's staff was its international nature. Its efficiency and effectiveness could be enhanced by making it a policy requirement for country and regional offices to recruit a portion of their staff from other countries or regions.

Mr MAXTONE-GRAHAM (Papua New Guinea), speaking on behalf of the Pacific island States, asked what policies or guidelines WHO had, apart from the declaration of interests for external experts, to deal with both individual and institutional conflicts of interest and where those were accessible to Member States, nongovernmental organizations and the wider public. Present policies did not allow a clear distinction between public-interest nongovernmental organizations and business-interest nongovernmental organizations, and he asked what mechanisms would be put in place to ensure that the Secretariat and Member States were protected from unacceptable conflicts of interest. Also, what definitions of institutional and individual conflicts of interest were currently used by WHO, and were there any policies in place to prevent post-employment conflict of interest, such as a cooling-off period for high-level WHO officials before they were allowed to take employment with transnational corporations or other private sector entities? He asked for an exhaustive list of the formal and informal partnerships with which WHO was involved to be provided and whether such a list was in the public domain. Further, what progress had been made on the operational framework for partnerships that the Health Assembly in resolution WHA63.10 had requested the Director-General to create?

Mr HAZIM (alternate to Mr El Makkaoui, Morocco) welcomed the interesting proposals on managerial reform. With regard to increasing organizational effectiveness, alignment and efficiency, he supported the proposal to strengthen country offices, giving them greater authority to enable them to fulfil their mandate and mobilize all stakeholders. The proposal would also reinforce links between country and regional offices, and between country offices, other bodies in the United Nations system and the Organization. The establishment of global centres of excellence could enhance the technical expertise of the Organization, streamline expenditure and bolster action by local stakeholders.

He supported the collective financing approach and the establishment of a contingency fund for public health emergencies, given that the number of emergencies was likely to increase. He also supported multi-year framework agreements, which should be implemented at national and regional levels in order to enable adequate funding of the Organization. He suggested the commissioning of a study to explore other means of financing and whose findings could be submitted to the Board at its 130th session. Agreement would need to be reached on a strategy before implementation of the proposal to increase the predictable portion of the Organization's budget to at least 70%. Human resources should not suffer as a result of financial reform, especially in the light of the need to strengthen country offices. Long-term operational planning should allow the Secretariat to increase competencies of staff members. He agreed with the comment in paragraph 162 on accountabilities in relation to results-based management. He supported the proposal to increase the period covered by the programme budget to three years. However, how the budget would be financed should be more clearly defined. Independent evaluation should become an integral part of the functioning of all levels of the Organization and would lead to greater transparency and effectiveness, and the fulfilment of the Organization's mandate. He therefore supported the establishment of a separate evaluation unit, to be financed through the streamlining of expenditure across the Organization.

Mr SATPATHY (adviser to Mr Chandramouli, India) said that the Director-General's report contained radical new proposals that would need further analysis before they could be approved. From a management-theory perspective, WHO's reforms should improve profitability, resolve stakeholders' concerns and enhance the corporate profile. The first issue was vital: only 25% of income was derived from assessed contributions and the remaining 75% from voluntary contributions, and nearly all that income was disbursed at headquarters and the regional level (20% and 70%, respectively) rather than

at country level. The Organization's financial mechanisms were not sufficiently rigorous. Future budgets must be more realistic and predictable. In particular, WHO must seek to increase the proportion of assessed contributions in the budget in the long term – ideally to around 50% over the next 5–10 years. He asked the Secretariat to investigate possible measures to achieve that end.

Turning to resource mobilization, he noted that the Programme, Budget and Administration Committee had been entrusted with mobilizing resources from voluntary or other donors, a role that was not appropriate. An Organization-wide approach to resource mobilization had been proposed; however, it was essential to ensure that resource mobilization did not take precedence over WHO's organizational goals. The proposed approach must be worked out in detail and approved by the governing bodies before it was applied. WHO should not model itself on public–private partnerships like the Global Fund to Fight AIDS, Tuberculosis and Malaria or the GAVI Alliance; it was an intergovernmental organization that must maintain its credibility as the arbiter of all public health issue; it could only do that if its financing was clear, predictable and transparent.

He asked whether the idea of establishing a contingency fund for public health emergencies had emerged from the report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009.¹ If so, that would do a great deal to define its scope of application. Many aspects of the proposed fund, including its resource base, management and how and in what situations it would be used, still remained to be determined.

The suggestion that funding might be sought from philanthropic foundations was potentially valuable, but any donations must be used to further WHO's core priorities.

The corporate profile of WHO, its "brand", was crucial. The Secretariat had prepared materials on a range of important issues for strategic communications, which the media had put to good use during the influenza pandemic of 2009 and other public health emergencies. Strategic communication activities must be expanded in order to achieve an Organization-wide focus and establish WHO in the public eye.

He asked what the rationale was of the proposal to increase the programme budget period to three years from the current two. Other management mechanisms adopted by WHO, such as the International Public Service Accounting Standards, had a shorter reporting period, not a longer one.

It would be premature to establish an independent evaluation unit. Evaluations had been done for individual programmes, and he could see the value of a pilot evaluation of a commonly agreed thematic area, but it was too early for an evaluation covering the whole Organization.

The reforms must preserve WHO's unique profile, decided by the Organization itself. Even though donors provided 75% of the budget and financed many key areas of activity, WHO must resist all pressure to adapt itself uncritically in order to suit their expectations.

The meeting rose at 18:00.

¹ Document A64/10.

FIFTH MEETING

Thursday, 3 November 2011, at 09:50

Chairman: Mr R. EL MAKKAOUI (Morocco)

1. WHO REFORM: Item 3 of the Agenda (continued)

Managerial reform: Item 3.4 of the Agenda (Documents EBSS/2/2 and EBSS/2/INF.DOC./12) (continued)

Professor BABLOYAN (Armenia) said that WHO, as it embarked on the process of comprehensive reform, was at an important moment in its history, having for many decades been the world leader in public health. Board members had a responsible role to play in the discussions to define acceptable reform approaches for the new WHO, which might take months to do. WHO could not let donors call the tune when it came to protecting public health worldwide. Voluntary contributions must match the Organization's priorities. He supported the strengthening of country offices and endorsed the call for staff training in not only professional knowledge and skills but also diplomatic and organizational capabilities. Links between headquarters, regional offices and country offices should be strengthened so as to ensure more effective joint activities based on consensus, synergy and cooperation.

Ms QUACOE (Côte d'Ivoire)¹ supported the establishment of a contingency fund for public health emergencies to improve WHO's capacity for rapid response. She endorsed the proposal in paragraphs 131 and 132 to institute a financing dialogue, which would raise awareness and promote the alignment of resources with the Organization's priorities. She supported the establishment of independent evaluation mechanisms for periodic measurement of performance, which would identify the adjustments needed for maintaining effectiveness. Evaluation should be conducted at the three levels of the Organization and be an integral part of the reform process. The Secretariat should continue its efforts to provide multilingual documentation.

Mrs LANTERI (Monaco)¹ welcomed the incorporation in the Director-General's report of comments made by Member States during the consultations and regional committee sessions that had preceded the special session. The pertinent analysis of the five main categories of managerial reform reflected the symptoms of WHO's problems. In seeking to improve performance and respond better to country needs, for example through greater decentralization, it was important to avoid overlap, and to increase synergy and cooperation across all levels of the Organization and with Member States and partners. WHO's country presence should be tailored to national needs, determined through dialogue with Member States, with greater mobility of staff to ensure appropriate deployment, and synergies with the country offices of other organizations in the United Nations system should be strengthened. The clarification of roles and responsibilities (paragraph 113) was a step in the right direction and should be reflected in the next programme budget in order to facilitate understanding of the budget document. With regard to the interesting proposals on the strategic relocation of programmes and operations (paragraphs 117–119), she noted that UNHCR had made considerable savings through

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

relocation over recent years without compromising functioning or the quality of services provided. She supported the establishment of a contingency fund for public health emergencies in principle and requested further details of how it would function. Predictability of financing was a major challenge. In that context, Monaco had had successful experience of a multi-year framework agreement, with an annual meeting to consider the various lines of cooperation, and the model should be easy to reproduce. The collective financing approach was of interest and further information regarding its practical implementation should be submitted to the Board for consideration at its 130th session. It should be tested for one to two years and evaluated before being institutionalized. Regarding protection against currency fluctuation, the budget re-costing mechanism proposed in paragraph 138(2) would be difficult to accept and no mention was made of the possibility of insurance against currency fluctuation risks. She requested further details of the proposal in paragraph 142(3) regarding enhanced capacity for effective resource mobilization, particularly at country level, as that would appear to risk reducing consistency in resource mobilization across the different levels of the Organization. Safeguards would be needed to ensure careful financial and managerial controls. She supported the proposals for revision of the planning framework in general but would prefer a time frame for the general programme of work of six years, as suggested at the previous meeting by the member for the United States of America, which would permit a more flexible response to changing situations. WHO should institute an external independent evaluation policy. Evaluations should be reviewed by the governing bodies; no new mechanism was needed for that purpose. Such a move would provide valuable contributions to the reform process and establish an evaluation culture. Evaluation should begin as soon as possible and the proposed topic – health system strengthening – was therefore appropriate.

Mr KAYITAYIRE (Rwanda)¹ said that WHO reform should explore innovative, flexible and sustainable financing systems in order to deal with budget constraints and ensure greater financial independence. Improved communication, transparency and accountability should be the key principles in management of the Organization. He supported a Member State-driven process of independent evaluation that would guide reform in the short, medium and long term.

Ms EKEMAN (Turkey)¹ supported the strengthening of WHO country offices, which, as the member for Switzerland had indicated at the previous meeting, were the most visible representation of the WHO “brand” and could demonstrate the Organization’s technical capacity in the field. They could also provide a useful communication channel for the sharing of experiences and expertise among regions. However, any increase in their authority should be matched by an increase in accountability. She attached great importance to WHO’s capacity to respond to emergencies and therefore supported the establishment of a contingency fund for public health emergencies. It should include mechanisms to permit Member States to contribute technical and operational capacity in addition to financing. She agreed with previous speakers that WHO should develop a culture of evaluation and expressed a preference for expanding the mandate of the Office of Internal Oversight Services (paragraph 197 (2)), provided that adequate resources were allocated for the purpose. As Board members appeared to favour a two-stage approach to implementation, she asked the Secretariat to submit further information on that approach to the Board for consideration at its 130th session.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland)¹ said that the Director-General had the authority to act on many of the proposals on managerial reform, particularly in relation to internal structuring and standard management, including management of human resources, and she should use that authority to proceed with improvements. Strengthening of country offices did not automatically mean increasing their resource allocation. As mentioned by the member for Armenia, it was also a question of ensuring requisite staff skills. Country cooperation strategies should

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

identify a small number of priority areas where WHO's support should be concentrated, which, as mentioned by the member for China at the previous meeting, would differ in different offices. Those priorities should form the basis for the results chain at country level, with measurable indicators and targets that could be reported at the corporate level. She urged realistic budgeting based on a detailed understanding of costs and income and would support moves in that direction, including analysis of administrative costs across the Organization. Financing mechanisms must be linked to the corporate results framework, in turn based on the priorities determined by the governing bodies. Programmes should be implemented on the basis of full cost recovery so as to ensure transparent budgeting and accounting and the elimination of cross-subsidies. Stronger financial controls should be implemented, with robust and detailed accounting, under the oversight of the Programme, Budget and Administration Committee. Member States should also contribute by improving the predictability, certainty and flexibility of funding provided to WHO, which should include better management of currency fluctuations. Human resources management was vital to ensure that WHO had the right staff in the right place at the right time. The Director-General should develop and implement practicable proposals for workforce models and performance management, reporting to the Board on progress in January 2013 as proposed. The proposed results chain appeared to provide an appropriate mechanism for monitoring the impact of WHO's activities, with clear links between input, impact and outcome, and should allow a transparent annual review. She endorsed the proposals for strategic communications as part of measures to improve accountability and transparency. As a first step towards establishing a culture of evaluation across WHO, the Secretariat should formulate a draft policy on Organization-wide evaluation for consideration by the Board at its next session. However, that evaluation should not be made by the Office of Internal Oversight Services, which should focus on its core mandate of audit and inspection. She supported the proposed evaluation as presented in the concept note but was willing to consider the two-stage approach as proposed by the representative of Kenya. It was important to make progress in WHO reform and it should be possible to proceed with most of the proposals on managerial reform without delay.

Dr FERNÁNDEZ DE LA HOZ ZEITLER (Spain),¹ welcoming the positive spirit of the discussions, endorsed further exploration of the collective financing approach described in paragraph 131(1), which should improve predictability and transparency of funding and promote closer alignment of activities with WHO's priorities, with assured coverage of administrative costs. She supported the proposals to streamline the planning framework (paragraph 168). She also supported the establishment of an evaluation culture across the Organization and the implementation of periodic external independent evaluations, which should contribute further to the reform process. It was important to make progress and the reform measures should proceed in parallel.

Dr NICKNAM (Islamic Republic of Iran)¹ said that he would welcome the institution of a collective financing approach predicated on an inclusive, proactive, systematic, coordinated and transparent process to ensure predictable financing, but needed more information. Non-earmarked and flexible resources would remain necessary in any new approach to enable WHO to fulfil its mandate. He supported the establishment of a contingency fund for public health emergencies, and looked forward to receiving a more detailed proposal from the Secretariat.

It was crucial to strengthen country offices, but he agreed with the member for Switzerland that, in order to be stronger, they did not necessarily have to be larger.

With regard to independent evaluation, WHO's evaluation policy must be endorsed by the governing bodies. The arrangements proposed in paragraph 197 were not mutually exclusive, and the scope and terms of reference of such evaluations should be agreed upon in advance by Member States.

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

Mr JAZAÏRY (Algeria),¹ drawing attention to inconsistencies in the privileges and immunities received by staff members in the country offices of different United Nations agencies in developing and developed countries, recalled Article VI, Section 18, of the Convention on the Privileges and Immunities of the Specialized Agencies and resolution WHA12.41, which stated that WHO approved the granting of the privileges and immunities referred to in Articles VI and VIII of that Convention to all WHO officials, with the exception of those recruited locally and assigned to hourly rates. WHO should align its staff regulations for country offices with those of other United Nations agencies and ensure that all staff members of such offices received the same privileges and immunities.

Dr SHEKU DAOH (Sierra Leone) endorsed the comments expressed by the representatives of Kenya, Rwanda and the United Kingdom of Great Britain and Northern Ireland. Evaluation was necessary to provide input into the reform process. He proposed the following draft decision that focused on a two-stage approach and read:

The Executive Board,

Decides to proceed with an independent evaluation to provide input into the reform through a two-stage approach, the first of which will consist of a review of existing information with a focus on financing challenges for the Organization, staffing issues, and internal governance of WHO by Member States, following up where possible on questions forwarded from this Executive Board for more information. Stage one will be completed in time for the Sixty-fifth World Health Assembly.

The first-stage review will also provide a roadmap for the stage two evaluation, the goal of which will be to inform the Sixty-sixth World Health Assembly through the 132nd Executive Board as an input into the revised general programme of work. The stage two evaluation will build on the results of stage one and further consultations with Member States, focusing in particular on the functioning of the Organization at its three levels. As one input into reform, this evaluation will proceed in parallel to other aspects of the reform.

1. Requests the Director-General to direct the External Auditor to conduct the stage one evaluation.
2. Requests the Secretariat to further develop an approach to the stage two evaluation, in consultation with Member States, and present it to the 130th Executive Board for consideration. Requests the Director-General to invite the Joint Inspection Unit to conduct follow-up studies to the 2001 review of management and administration of WHO, and the 1993 review of decentralization in WHO.

Mrs ESCOREL DE MORAES (Brazil)¹ welcomed the proposal by the member for Sierra Leone regarding a two-stage evaluation process. The evaluation process to be decided upon would provide extremely important input into the reform process. Consensus appeared to have been reached on the importance of recommending programmes and priority setting through an intergovernmental mechanism immediately after the 130th session of the Executive Board. For the sake of greater efficiency, the Director-General should refrain from any further structural and staffing changes at headquarters and regional and country offices until clear instructions had been received from the intergovernmental process on how to proceed and until priorities had been set.

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

Mrs NYAGURA (Zimbabwe)¹ welcomed the proposal of the member for Sierra Leone and underlined the importance of a two-stage approach, which would help to focus attention on the priorities of WHO. She could agree to the first stage being conducted by the External Auditor, which would help to reduce costs and expedite the process.

Dr MUKUKA (Zambia)¹ favoured an independent evaluation to provide input for the reform. She supported the two-stage proposal and agreed that the initial focus should be on financing challenges, staffing issues and internal governance. In view of time constraints, a more detailed evaluation should be conducted later.

Ms OSUNDWA (Kenya)¹ said that the proposal by the member for Sierra Leone should be given active consideration.

Ms UPHAM (CMC - Churches' Action for Health), speaking at the invitation of the CHAIRMAN and also on behalf of the Peoples' Health Movement and the Democratizing Global Health Coalition, supported the proposals for improving organizational effectiveness, in particular the strengthening of country offices. The recommendations aimed at increasing the predictability and flexibility of funding, long-term commitments and non-earmarked contributions were welcome, but would need greater commitment of Member States to WHO. Governments must be made aware that WHO was in a financial crisis, and that a relatively small increase in contributions could restore to good health an institution critical to achieving the health-related Millennium Development Goals.

No rationale had been given for encouraging mobility (paragraph 155) or for the suggestions to revise the planning framework (paragraphs 168-170). Longer planning time frames should not reduce WHO's agility. The section on an independent evaluation was not clear, and priority might be given to developing an evaluation policy clarifying logic and processes. The proposals on strategic communications appeared to be more about public relations than on effective two-way cooperation.

Mrs EGGERMONT (Medicus Mundi Internationalis), speaking at the invitation of the CHAIRMAN and also on behalf of the Peoples' Health Movement and other organizations that were part of the Democratizing Global Health Coalition, recalled that interaction, consultation and cooperation with nongovernmental organizations were encouraged under WHO's Constitution and governed by the Principles governing Relations between WHO and Nongovernmental Organizations adopted in resolution WHA40.25. However, the criteria for the admission of nongovernmental organizations into official relations with WHO had not been followed strictly enough and, as a result, some business-interest nongovernmental organizations had entered into official relations with WHO.

The findings of a review by WHO's Civil Society Initiative had highlighted a lack of distinction between public-interest nongovernmental organizations and business-interest nongovernmental organizations. Safeguards were also lacking to prevent conflicts of interest. As part of the reform process, WHO should take steps such as reviving the Civil Society Initiative, initiating regular dialogue with public-interest nongovernmental organizations, defining strict but simple criteria and processes for organizations to enter into official relations with WHO, distinguishing clearly between public-interest and business-interest nongovernmental organizations during WHO meetings, and allowing nongovernmental organizations to hold technical briefings and side events during meetings of the governing bodies. A decision to expand the current Standing Committee on Nongovernmental Organizations to include partnerships would further blur the lines between public-interest and business-interest actors.

Mr DURISCH (Stichting Health Action International), speaking at the invitation of the CHAIRMAN, said that he feared what he saw as a knee-jerk reaction to what was basically a financial

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

crisis. A radical and far-reaching reform without a baseline would be essentially flawed. The global norm-setting and public-health role of WHO was being marginalized in the proposed reforms, and WHO's unique role as the coordinator of global health should be recaptured and emphasized. WHO's world-class technical expertise and project work was being undermined through poor decisions on budget allocation, and life-saving projects were being stifled. WHO was losing technical expertise on a massive scale, and the situation would deteriorate as staff – the backbone of the Organization – continued to work under a cloud of uncertainty and marginalization. Action must be taken to ensure that WHO's core function as a norm-setting agency and expert technical leader was not compromised by the reform process.

Dr GULLY (Canada), commenting on the proposal by the member for Sierra Leone, said that a two-stage evaluation process was acceptable as long as the second stage built on the results of the first, thereby leading to specific objectives for the second stage. With regard to directing the External Auditor to conduct the first stage, such an evaluation would need to be in the terms of reference of the External Auditor. Concerning the request for the Joint Inspection Unit of the United Nations system to follow up studies from 1993 and 2001, the exercise could be valuable provided that it was clearly recognized that WHO was operating in vastly different conditions, and that the resulting information was regarded as complementary rather than central to the evaluation. The proposals should be seen as an attempt to improve the evaluation culture within WHO; it was a core function and should therefore be reflected in policy, as the representative of the United Kingdom of Great Britain and Northern Ireland had recommended. The two stages would constitute a continuous programme of evaluation. Replying to the member for Brazil, he said that there was a thirst for reform at a time of budgetary pressure. Any limitation of the Director-General's authority would not be desirable given the expectations of Member States. A balance was essential between increasing the engagement of governing bodies and the core work of the Director-General and the Secretariat.

Dr SILBERSCHMIDT (Switzerland) associated himself with the comments made by the previous speaker in support of the proposal submitted by the member for Sierra Leone as a basis for further discussion on evaluation, and the intervention by the representative of Brazil. With regard to proposal of the member for Sierra Leone, he suggested that, together, the member and the Secretariat should draft a proposal, in the light of other comments, for consideration with the other decisions.

The DIRECTOR-GENERAL said that she had noted the comments made by Member States. With their agreement, some of the points would be clarified in the documents that they had requested; the others she would deal with herself. The Legal Counsel would reply to the questions raised by the member for Papua New Guinea. In response to the member for Norway regarding the difference between the Central Emergency Response Fund and the contingency fund, she said that the former was a multi-donor trust fund administered by the United Nations Office for the Coordination of Humanitarian Affairs that responded rapidly to humanitarian emergencies in all sectors; its scope was narrow, being used mainly to initiate a humanitarian response, mainly through the provision of commodities, and WHO derived minimum benefit from it. She would provide Member States with more information in response to their requests about the contingency fund with its broader scope.

Replying to the member for Sierra Leone, she said that the conduct of an evaluation would incur costs whether it was done by the Joint Inspection Unit of the United Nations system or the External Auditor. In the case of the Joint Inspection Unit, provided the work was performed in Geneva, no extra cost would be involved, but any visits to countries would incur costs. During the next two months the Joint Inspection Unit would be finalizing its workplan and would be willing to include requests from Member States as a priority, provided that she was informed of the Board's desire during the current session.

There was no contradiction between an Organization-wide coordinated approach to resource mobilization and encouraging country offices to mobilize their own resources. Many developing countries expected WHO to bring together development partners and the various ministries at country level in order to contribute resources to countries' national health plans, as in the case of the

Millennium Development Goals Achievement Fund partly financed by the Government of Spain. WHO helped countries to tap into multi-donor trust funds to implement their programmes.

Turning to the points raised by the members for Canada and Switzerland and the representative of Brazil, she considered that all three speakers were correct. The Health Assembly had given her, as chief administrative officer of the Organization, the mandate to implement the Programme budget 2010–2011, and, in May 2011, had adopted the appropriation resolution for the financial period 2012–2013. She therefore intended to put, *inter alia*, the Pandemic Influenza Preparedness Framework recommendations, those of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009, and the Rio Declaration into the work of the next biennium. She also agreed, however, that some items in the report needed further elucidation, which would be supplied during the 130th session of the Executive Board and the Sixty-fifth World Health Assembly. She would propose a process for doing so involving all Member States, who would be tasked with drafting a decision. She understood the concerns expressed and would respond to them in accordance with her mandate under WHO's Constitution. She would not encroach on areas that were the prerogative of Member States.

The Chairman had suggested drafting a document that included the proposals put forward, particularly those relating to enhancing organizational effectiveness, coordinating resource mobilization, providing more strategic information and managing human resources - with a caveat about laying off staff. Human resources put her in a difficult position when financial resources were scarce. The proposals on staff mobility and rotation needed better explanation, and careful thought was needed about the relocation of programmes and operations. She had noted Member States' dissatisfaction with the annual adjustment of assessed contributions. In response to requests, the proposals on, *inter alia*, collective financing, a contingency fund, and moving from two-year to three-year programme budget cycle would be further analysed. She would respond to the proposals made for an electronic platform for documents and resolutions, and for regular reports on deviations in programme support costs. Such elements would be incorporated in a document that would be issued as soon as possible.

Mr BURCI (Legal Counsel), responding to the member for Papua New Guinea, said that WHO approached conflict of interest from three perspectives. The first applied to conflicts of interest of staff members and was based on the obligations laid down in the Staff Regulations and Staff Rules. WHO had established a system whereby staff members above a certain level, or who performed certain functions, had to make an annual declaration in which they were required to disclose any interest that could interfere or be seen to interfere with their duties. They also had to make a declaration if an event arose that led to a possible conflict of interest and on recruitment. Such declarations were considered by the Secretariat and corrective action was taken when necessary.

The second approach concerned individual experts hired to advise the Organization. The approach was based on the Regulations for Expert Advisory Panels and Committees. In 2010, the Secretariat had revised a form that experts had to complete before they were hired or invited to participate in a meeting. A revised set of internal guidelines had also been issued that was intended for technical units to assist them in using the form and in assessing the declarations made by experts. If it was concluded that there was a possible real or perceived conflict of interest, a set of immediate actions could be taken, ranging from disclosure at meetings to the exclusion of an expert from all or part of a meeting or activity. The interests disclosed by experts were summarized in the reports of the meetings or activities in which they were engaged, and, as most of the reports appeared on the WHO web site, they were publicly available.

The third approach concerned relations with the private sector and was embodied in a set of guidelines that codified the practice followed by the Secretariat when engaging with the private sector in order to balance the need to engage with commercial companies and entities having a direct relationship with commercial companies against the need to preserve the reputation, values and integrity of WHO and its activities. The guidelines had been submitted to the Board, which had noted them, and were available in document EB107/20.

The CHAIRMAN said that, as there had been wide agreement on numerous proposals and proposed amendments, the Board might wish to request the Secretariat to prepare a document for its consideration during the early part of the afternoon.

It was so agreed.

2. NEXT STEPS: Item 4 of the Agenda

Draft decision on programmes and priority setting

The CHAIRMAN introduced the following draft decision on programmes and priority setting:¹

The Executive Board, having considered the section of the report by the Director-General relating to programmes and priority setting, decided to,

- (1) establish a Member State-driven process, to take place following the 130th session of the Executive Board in January 2012, with a mandate to provide recommendations on programmes and priority setting, for the consideration of the Sixty-fifth World Health Assembly in May 2012;
- (2) in support thereof, REQUEST the Secretariat to develop a background document for the 130th session of the Executive Board in January 2012 to include:
 - (a) a detailed description of current criteria and mechanisms for priority-setting, and the relationship between national, regional and global priorities, including elements of bottom-up and top-down prioritization;
 - (b) a description of the application of criteria and priorities to planning and the impact of criteria and priorities on resource allocation and results;
 - (c) proposals for how criteria and priorities could be applied in the future;
 - (d) a detailed proposal, with a timeline, for the Member State-driven process established by this decision.

Mr GÓMEZ CAMACHO (alternate to Mr Limón García, Mexico) asked how the results of the Member State-driven process, which was not a working group, referred to in paragraph 1 were going to be reported back to the Health Assembly.

The CHAIRMAN said that the Secretariat would work from the closure of the current session until the 130th session of the Executive Board on the items contained in paragraph 2. At its 130th session, the Board would decide on what format that process would take.

Dr LARSEN (Norway), referring to paragraph 1, said that, in common with the representative of Finland, he had understood that the Member State-driven process would be mandated solely to discuss the methods and process of priority setting, and not the priorities themselves. He therefore requested that the paragraph be amended accordingly.

¹ See summaries of the prior discussions in the third and fourth meetings.

Referring to subparagraph 2(a), he encouraged coherence with other WHO documents by referring to “country-level, regional and global priorities” rather than “national”.

The CHAIRMAN asked the member for Norway to provide a suggested amendment to paragraph 1.

Dr JESSE (Estonia), speaking on behalf of the Member States of the European Union, supported the two comments by the member for Norway, and consequently suggested that the second line of paragraph 1 be amended by replacing “with a mandate to provide recommendations on” with “with a view to providing recommendations on methods for”; and in subparagraph 2(a), she proposed replacing “national” with “country-level”. She proposed adding a footnote to paragraph 1 following “Member State” to read “And, where applicable, regional economic integration organizations.”

Dr SEEBA (Germany) requested the Secretariat to produce a background document on current activities to assist Member States during the consultation process on priority setting during the process. That should be included in the draft decision as subparagraph 2(a)*bis* to read: “a description of the current activities carried out at headquarters, regional and country levels, including programmes as well as financial and human resources allocated to each level and cluster;”.

Dr SILBERSCHMIDT (Switzerland) sought clarification on whether the process referred to in paragraph 1 would be mandated to discuss both the method of priority setting and the priorities themselves.

With regard to the request by the member for Germany, he asked whether such a document could feasibly be produced in time for the next session of the Board.

The DIRECTOR-GENERAL confirmed that the production of such a document would be possible in the time available. However, she clarified the current workload of the Secretariat, and reminded members of the Board that, if documents were to be issued at least six weeks before the next session of the Board, they would need to be produced and translated within two weeks from the closure of the current session. She therefore asked for leniency with the six-week deadline, and said that requests for documentation would have to be prioritized.

The CHAIRMAN took it that the Board wished to adopt the draft decision on programmes and priority setting, as amended.

The decision, as amended, was adopted.¹

Draft decision on governance

The CHAIRMAN presented the following draft decision on governance:

The Executive Board, having considered the section of the report by the Director-General on governance,

(1) agreed on the following principles:

(a) WHO’s governing bodies have a key role in priority setting, with the Health Assembly to play a policy and strategic role and the Executive Board playing a strengthened executive and oversight role;

¹ Decision EBSS2(1).

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- (b) governance needs to be a fully inclusive process, respecting the principle of multilateralism;
 - (c) WHO should seek to strengthen and make maximum use of existing mechanisms and structures;
 - (d) the General Programme of Work should guide the work of the governing bodies;
 - (e) engagement with other stakeholders should be guided by the principles contained in paragraph 87 of the report of the Director-General, namely,
 - (i) retention of the intergovernmental nature of WHO's decision-making remains paramount;
 - (ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest;
 - (iii) neither increasing engagement nor promoting coherence are ends in themselves: any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity;
 - (iv) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes;
- (2) further agreed that:
- (a) The role of the Programme, Budget and Administration Committee of the Executive Board should be strengthened and expanded. In particular, it should undertake monitoring and evaluation to oversee programmatic and financial implementation at the three levels of the Organization (paragraph 63.3.(i));
 - (b) The duration, timing and sequencing of the sessions of the Executive Board and the Programme, Budget and Administration Committee should be optimized or extended, as appropriate, rather than holding additional sessions of the Executive Board;
 - (c) The Executive Board shall play a strategic role in ensuring prioritization in the consideration of draft resolutions, including an assessment of their financial and administrative implications, reporting requirements and timelines (paragraph 73.1);
 - (d) The mandate of the Standing Committee of the Executive Board on Nongovernmental Organizations shall be expanded to include providing guidance on WHO's work with partnerships (paragraph 63.3.(iii));
 - (e) Some of the proposals for improving the methods of work of the Executive Board and Health Assembly, such as those contained in paragraphs 64 and 75 of the report of the Director-General, do not require amendments of the Rules of Procedure and should be immediately implemented;
 - (f) The linkage between the work of the Regional Committees and that of the Executive Board and the Health Assembly shall be enhanced and strengthened (paragraphs 79 and 80);

(g) The Director-General shall strengthen support to Member States in their preparation for, and participation in, the work of the governing bodies, with particular regard to the timely provision of quality documentation in all official languages (paragraph 84);

(h) Engagement with other stakeholders shall be conducted in line with the proposals contained in paragraphs 89 and 90 of the report of the Director-General, as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest;

(i) WHO shall perform a coordinating function across the United Nations system and with other international health agencies;

(3) requested the Director-General to submit to the 130th session of the Executive Board in January 2012:

(a) Proposed revised terms of reference for the Programme, Budget and Administration Committee in order to strengthen its role as referred to in paragraph 2 (a) above;

(b) Further analysis on ways to increase linkages and alignment between Regional Committees, the Executive Board and the Health Assembly as well as on proposals to harmonize the practices of Regional Committees, as contained in paragraphs 79 to 81 of the report of the Director-General;

(c) Proposals for a revision of the annual timeline of the meetings of governing bodies in order to optimize their synergies and effectiveness.

Dr SILBERSCHMIDT (Switzerland) observed that, even though the Programme, Budget and Administration Committee had a role in monitoring and evaluation, it would not be the principal actor. He therefore proposed amending the second line of subparagraph 2(a) of the draft decision by replacing “undertake” with “play a role in”.

He took it that the Secretariat would also make recommendations to improve Member States’ reporting, alongside the work specified in paragraph 3.

Dr REN Minghui (China) proposed adding the word “advisory,” after “strengthened” in the second line of subparagraph 1(a) to reflect both roles played by the Executive Board. Concerning subparagraph 1(e)(iv), he said that proposals had been made regarding the creation of a framework to guide such interactions. He therefore suggested adding “and in the long term, the development of a framework that can guide interaction between stakeholders active in health” between “work,” and “must” in the second line of the paragraph.

Referring to subparagraph 2(c), he said that, as the Board had no strategic role, the word “strategic” should be replaced by “advisory”, to maintain the emphasis on the Health Assembly. He also recalled the consensus on limiting the number of draft resolutions being submitted, and therefore proposed adding “limitation of the number of” before “draft resolutions” in the second line of the same paragraph.

Dr GULLY (Canada), observing that the amendment proposed by the member for China to subparagraph 2(c) did not fully reflect the scope of the Board, proposed that the word “advisory” be added after “strategic” rather than replacing it; and that “in” be replaced by “including” after “role” in the first line.

He proposed removing the reference to paragraphs 79 and 80 in subparagraph 2(f) as that reference was more usefully made in subparagraph 3(b).

In subparagraph 2(g), he proposed adding “in collaboration with regional offices” after “governing bodies” to guarantee a regional connection.

Concerning subparagraph 2(h), and as paragraphs 89 and 90 had not been unanimously accepted, he proposed replacing “shall be conducted in line with” with “to be strengthened, including further analysis of”.

He also proposed amending subparagraph 2(i) to read “WHO shall engage and, where appropriate, lead a coordinating function across the United Nations system and with other international agencies on issues which impact health;”.

Mrs ESCOREL DE MORAES (Brazil)¹ requested that the amendments being proposed be projected on the screen for ease of comprehension and discussion.

Mr DESIRAJU (adviser to Mr Chandramouli, India) proposed replacing “principle” with “principles” and adding “and intergovernmental supervision” to the end of subparagraph 1(b). After “WHO’s work” in subparagraph 1(e)(ii), he proposed adding “and which is the prerogative of Member States,”.

He supported the amendments proposed by the member for Switzerland to subparagraph 2(a), and by the member for Canada to subparagraph 2(h). He recalled no agreement on expanding the mandate of the Standing Committee on Nongovernmental Organizations, as contained in subparagraph 2(d) of the draft decision, and said that a framework for such a mandate would need to be developed by the Secretariat before any such decision was taken.

Concerning subparagraph 3(b), he agreed that regional committees should be able to propose agenda items and draft resolutions, as indicated in subparagraph 80(2) of document EBSS/2/2, but noted that they should be subject to the same process of acceptance as those submitted by Member States.

Mr MAXTONE-GRAHAM (Papua New Guinea), referring to subparagraph 2(d), said that expanding the work of the Standing Committee on Nongovernmental Organizations would not serve the purpose of greater transparency. The Committee was not always in line with WHO’s policy on nongovernmental organizations, as it accepted organizations with commercial interests. Including partnerships, many of which were public-private, could lead to confusion. The WHO body dealing with partnerships should be responsible for developing guidance based on the policy on WHO’s engagement with global health partnerships and hosting arrangements endorsed in resolution WHA63.10. He, therefore, suggested that subparagraph 2(d) required further discussion. With regard to subparagraph 2(h), Member States had not agreed to the proposal in paragraph 89 of the report, which appeared to be a way of reinstating the proposed world health forum. The proposals agreed were those in paragraphs 90 and 91, and he requested that corresponding rules be developed in time for consideration by the Board at its January session.

Professor BABLOYAN (Armenia), referring to subparagraph 2(c), supported the comments by the members for Canada and China on strengthening the advisory role of the Board.

Dr JESSE (Estonia), speaking on behalf of the Member States of the European Union, said that most of her concerns had been covered by other members. She requested that the proposed amendments be submitted in writing. Referring to subparagraph 2(b), in her view the extension of the May session of the Executive Board was not a viable option. She supported the implication of the suggestions by the members for India and Papua New Guinea to remove subparagraph 2(d).

Dr LARSEN (Norway) suggested that in subparagraph 2(b) “relocated in time”, between commas, be inserted after “optimized”. In subparagraph 2(c) he suggested removing the reference to paragraph 73.1 of the report.

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

Ms ARTHUR (adviser to Dr Grall, France) said that subparagraph 1(e) did not undermine the fact that decision-making was done by WHO's governing bodies. She supported the suggestions by the member for Canada regarding subparagraph 2(h), and agreed that engagement with other stakeholders must take account of the proposals in paragraphs 89–91 of the report.

Dr SILBERSCHMIDT (Switzerland) suggested the addition of a new subparagraph 3(d), to read: "Proposals on how to streamline national reporting in accordance with Articles 61 to 65 of the Constitution using modern tools."

Dr CHIRIBOGA (Ecuador) supported the earlier proposal by the member for Switzerland that the Board should not undertake monitoring, and agreed with the suggestion by the member for Canada on the Board's strategic role in subparagraph 2(c). In line with the members for Estonia and India, he agreed that subparagraph 2(d) should be removed. With regard to subparagraph 2(h), he supported the suggestion by the members for India and Papua New Guinea that the reference should include paragraph 91 of the report.

Mr LIMÓN GARCÍA (Mexico) suggested, for the sake of including the concept of rationalization, that the words "and carrying out rationalization" be inserted in subparagraph 2(c) between "strategic role in ensuring prioritization" and "in the consideration of draft resolutions".

The CHAIRMAN invited Member States not represented on the Board to speak. During the lunch break the Secretariat would produce an amended document in English, in order to facilitate the reaching of a decision by consensus in the afternoon.

Mrs ESCOREL DE MORAES (Brazil)¹ suggested that subparagraph 1(b) should precede subparagraph 1(a) as it was a United Nations principle. Then the suggestion by the member for India would not be needed, although she supported the underlying idea. In subparagraph 1(e)(i) she suggested that the words "retention of" before "the intergovernmental nature" should be deleted. She recommended the deletion of "neither increasing engagement nor promoting coherence are ends in themselves" from subparagraph 1(e)(iii).

With regard to subparagraph 2(a), she followed the suggestions by the member for Switzerland for strengthening the Programme, Budget and Administration Committee. However, as the expression "play a role" was vague, she suggested the insertion of "in particular, its role should also include monitoring and evaluation" after "should be strengthened and expanded". She suggested deleting subparagraphs 2(d), and 2(e).

She agreed with the suggestion by the member for Estonia regarding subparagraph 3(a), and suggested that "Proposed" be replaced by "Proposals", and that "and expand" be inserted after "in order to strengthen".

The CHAIRMAN reminded non-members that any proposal must be supported by a member of the Board.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran)¹ said that the reference to paragraph 87 in subparagraph 1(e) should be deleted as it was superfluous. He agreed with the suggestion by the member for China on subparagraph 2(c) that the strategic role should be for WHO, and with his idea of a second amendment. He agreed with the representative of Brazil that the intention of subparagraph 2(e) was not clear, and suggested amending it to read: "Some of the proposals for improving the methods of work of the Executive Board and Health Assembly." The last part should be

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

deleted. Referring to subparagraph 2(h), he agreed with other members that there was agreement on paragraph 90 of the report but not on paragraph 89.

Dr CHIRIBOGA (Ecuador) and Mrs RONCARATI (Chile) supported the suggestions by the representative of Brazil.

The DIRECTOR-GENERAL said that, following the proposal by the representative of Brazil regarding subparagraph 1(e), its subparagraphs (i) to (iv) should be deleted since they merely reproduced wording from paragraph 87 of her report.

The meeting rose at 13:00.

SIXTH MEETING

Thursday, 3 November 2011, at 15:05

Chairman: Mr R. EL MAKKAOUI (Morocco)

1. NEXT STEPS: Item 4 of the Agenda (continued)

Draft decision on governance (continued)

The CHAIRMAN drew attention to a revised version of the draft decision on governance, incorporating amendments proposed at the previous meeting, which read:

The Executive Board, having considered the section of the report by the Director-General on governance,

(1) agreed on the following principles:

[(a)][(b)] WHO's governing bodies have a key role in priority setting, with the Health Assembly to play a policy and strategic role and the Executive Board playing a strengthened [advisory] executive and oversight role;

[(a)][(b)] governance needs to be a fully inclusive process, respecting the principle of multilateralism [and the primacy of intergovernmental supervision];

(c) WHO should seek to strengthen and make maximum use of existing mechanisms and structures;

(d) the General Programme of Work should guide the work of the governing bodies;

(e) engagement with other stakeholders should be guided by the [following] principles [contained in paragraph 87 of the report of the Director-General, namely],

(i) [retention of] the intergovernmental nature of WHO's decision-making remains paramount;

(ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest; [decisions on norms, standards, policies and strategies should be the exclusive prerogative of Member States through the WHO governance mechanisms]

(iii) [neither increasing engagement nor promoting coherence are ends in themselves:] any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity [from a public health perspective];

(iv) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with [in the longer term, the development of a framework that can guide the interaction between stakeholders active in health, and] a clear analysis provided of how any additional costs can lead to better outcomes;

(2) further agreed that:

(a) [the role of] the Programme, Budget and Administration Committee of the Executive Board should be strengthened and expanded. In particular, it [its role] should [also include]/[play a role in]/[undertake] monitoring and evaluation to oversee programmatic and financial implementation at the three levels of the Organization (paragraph 63.3(i));

(b) the duration, timing and sequencing of the sessions of the Executive Board and the Programme, Budget and Administration Committee should be optimized [relocated in time] or extended, as appropriate, rather than holding additional sessions of the Executive Board;

(c) the Executive Board shall play a [strategic] [advisory]/[determined] role, [including] in ensuring [the limitations in the number of draft resolutions,] prioritization in the consideration of draft resolutions, including an assessment of their financial and administrative implications, reporting requirements and timelines [(paragraph 73.1)];

[(d) the mandate of the Standing Committee of the Executive Board on Nongovernmental Organizations shall be expanded to include providing guidance on WHO's work with partnerships (paragraph 63.3(iii));]

[(e) some of the proposals for improving the methods of work of the Executive Board and Health Assembly [.], such as those contained in paragraphs 64 and 75 of the report of the Director-General, do not require amendments of the Rules of Procedure and should be immediately implemented;]

(f) the linkage between the work of the Regional Committees and that of the Executive Board and the Health Assembly shall be enhanced and strengthened [(paragraphs 79 and 80)];

(g) the Director-General shall strengthen support to Member States in their preparation for, and participation in, the work of the governing bodies [in collaboration with regional offices], with particular regard to the timely provision of quality documentation in all official languages (paragraph 84);

(h) engagement with other stakeholders [to be strengthened, including further analysis of the proposals] [shall] [be conducted in line with the proposals]/[take into account proposals] contained in paragraphs [89 and] 90 [and 91] of the report of the Director-General, as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest;

(i) WHO shall [engage and where appropriate lead a]/[perform a] coordinating function across the United Nations system and with other international health agencies [on issues that impact health];

(3) requested the Director-General to submit to the 130th session of the Executive Board in January 2012:

(a) [proposed]/[proposals for] revised terms of reference for the Programme, Budget and Administration Committee in order to strengthen [and expand] its role as referred to in paragraph 2(a) above;

(b) further analysis on ways to increase linkages and alignment between Regional Committees, the Executive Board and the Health Assembly as well as on proposals to harmonize the practices of Regional Committees, as contained in paragraphs 79 to 81 of the report of the Director-General;

(c) proposals for a revision of the annual timeline of the meetings of governing bodies in order to optimize their synergies and effectiveness.

[(d) proposals on how to streamline national reporting in accordance with Articles 61 to 65 of the WHO Constitution while using modern tools.]

Dr SILBERSCHMIDT (Switzerland) said that he withdrew his proposed amendment to subparagraph 2(a) of the draft decision in favour of the amendment put forward by the representative of Brazil.

Dr DAULAIRE (United States of America) broadly supported the draft decision, as amended, but had comments on a few specific paragraphs.

On subparagraph 2(c), he agreed with the member for Canada that the role of the Executive Board should be described as “strategic and advisory”. He agreed with the view expressed by other speakers that subparagraph 2(d) in its current form should be dropped. There appeared to be no consensus yet on the expansion of the Standing Committee on Nongovernmental Organizations to cover WHO’s work with partnerships, but there was broad support for exploring modalities to increase Member States’ interaction with and oversight of partnerships, which called for further consideration and future discussion. He therefore proposed placing subparagraph 2(d) as a new paragraph under paragraph 3, with the following new wording: “Further analysis on modalities to improve Member State involvement with and oversight of partnerships, including the possible expansion of the mandate of the Standing Committee on Nongovernmental Organizations in this regard”.

He took note of the concerns raised by the representative of Brazil regarding subparagraph 2(e). Rather than deleting the entire paragraph, however, he suggested reworking it, taking into consideration the broad consensus expressed on the need to improve and streamline the methods of work of the governing bodies. He therefore proposed deleting the words “Some of the” and “such as those” from the paragraph in order to eliminate any possible vagueness or confusion.

In relation to subparagraph 2(h), he agreed with the view expressed by the member for France that it was too early to rule out any option for enhancing multistakeholder involvement, although he was pleased that the Board had decided not to pursue the option of a world health forum. With that in mind, the paragraph should refer to paragraph 91 of the report, as well as paragraphs 89 and 90.

Dr LARSEN (Norway) said that his concerns about subparagraph 2(e) had been addressed by the amendment proposed by the member for the United States of America.

Dr CHIRIBOGA (Ecuador) suggested that, in subparagraph 2(g), the words “with particular regard to” be replaced by “through”.

Dr MUGITANI (Japan) supported the amendments proposed by the member for the United States of America.

The CHAIRMAN suggested that the proposed amendments to the various parts of the draft decision be discussed paragraph by paragraph.

It was so agreed.

Paragraph 1

The CHAIRMAN said that he took it that the proposal to reverse the order of subparagraphs 1(a) and 1(b) was acceptable.

It was so agreed.

The CHAIRMAN said that he took it that the proposal to add the word “advisory” to the new subparagraph 1(b), between the words “strengthened” and “executive” was acceptable.

It was so agreed.

In response to a request from the DIRECTOR-GENERAL, Mr DESIRAJU (adviser to Mr Chandramouli, India) agreed to withdraw his proposed amendment to the new subparagraph 1(a), in view of the rearrangement of the paragraphs and amendment of wording.

The CHAIRMAN said that he took it that the Board wished to accept the newly reordered subparagraphs 1(a), and 1(b) and paragraphs 1(c) and 1(d) without further amendment.

It was so agreed.

The CHAIRMAN, noting the proposals to remove the reference to paragraph 87 of the Director-General’s report in the introductory part of subparagraph 1(e) and to delete the words “retention of” in subparagraph 1(e)(i), invited further comments on subparagraphs 1(e)(i)–(iv).

Dr GULLY (Canada) said that there was no need to refer to the development of norms, standards, policies and strategies as being a prerogative of Member States in subparagraph 1(e)(ii), as proposed by the member for India, as that would seem to imply that expert panels, among other bodies, had no role in that normative work. Certain technical norms and standards, such as the Codex Alimentarius, should not fall within the exclusive purview of Member States.

Mr DESIRAJU (adviser to Mr Chandramouli, India) suggested, in place of his previous proposed amendment, simply adding the words “and which is the prerogative of Member States” after “WHO’s work” in the draft text.

Dr SILBERSCHMIDT (Switzerland) considered that even that amendment did not sufficiently acknowledge the fact that hundreds of technical norms and standards were established by procedures that did not involve the governing bodies. It was important not to politicize those procedures.

Mr DESIRAJU (adviser to Mr Chandramouli, India), accepting the point, withdrew his proposed amendment.

The CHAIRMAN, referring to proposed amendments to subparagraph 1(e)(iii), said that he took it that members agreed to delete the words “neither increasing engagement nor promoting coherence are ends in themselves” and to add at the end of the paragraph the phrase “from a public health perspective”.

It was so agreed.

Dr DAULAIRE (United States of America), referring to subparagraph 1(e)(iv), said that it was inappropriate, at the current stage, to refer to the longer-term development of a framework that could guide interactions among all stakeholders active in health, as the member for China had proposed in an amendment.

Dr REN Minghui (China) said that his proposed amendment related to the proposal contained in paragraph 97 of the Director-General's report, to which he had heard no objections. If it were not well placed in paragraph 1, it could be moved to become a new paragraph under paragraph 2.

The CHAIRMAN said that he took it that the Board accepted subparagraphs 1(e)(i)–(iv), as amended.

It was so agreed.

Paragraph 2

The CHAIRMAN invited comments on subparagraph 2(a).

Mr KÜMMEL (adviser to Dr Seeba, Germany) proposed that the words “the role of” should be deleted, as should the words “and expanded”, as expansion of the role of the Programme, Budget and Administration Committee was adequately covered by subparagraph 2(b).

Dr CHIRIBOGA (Ecuador) suggested that, if the second sentence of subparagraph 2(a) referred to the role of the Programme, Budget and Administration Committee, then the first sentence should also refer to its role, rather than just the Committee.

The DIRECTOR-GENERAL pointed out that the current amended wording of the paragraph resulted from an amendment proposed by the representative of Brazil, which the member for Ecuador had supported.

Dr GULLY (Canada) expressed dissatisfaction with the wording “undertake monitoring and evaluation” in the original text of the paragraph, as it was not possible for the Committee to undertake evaluation. He proposed instead the wording “undertake monitoring and oversee evaluation”.

Dr JESSE (Estonia) supported the amendment proposed by the member for Canada.

Dr SILBERSCHMIDT (Switzerland) backed the amendment by the representative of Brazil.

The CHAIRMAN suggested the following compromise wording: “The Programme, Budget and Administration Committee of the Executive Board should be strengthened. In particular, its role should include overseeing monitoring and evaluation of programmatic and financial implementation at the three levels of the Organization”.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran)¹ asked whether the reference in parentheses to subparagraph 63.3(i) of the report was to be removed from the final version of the text.

The CHAIRMAN confirmed that that was the case and asked if subparagraph 2(a), as amended, was acceptable to the Board.

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

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the proposed wording for subparagraph 2(b).

The CHAIRMAN said that he took it that subparagraph 2(b), as amended by the addition of the words “relocated in time”, was acceptable to the Board.

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the proposed wording for subparagraph 2(c).

Dr REN Minghui (China) considered that it was important to refer to the advisory role of the Board, as the report by the Director-General had drawn particular attention to that aspect.

Dr JESSE (Estonia) proposed inserting the word “value,” before “financial and administrative implications”.

The CHAIRMAN took it that the Board agreed that the paragraph should refer to the “strategic and advisory role” rather than the “determined role” of the Board.

Dr DANKOKO (Senegal) suggested that, for the sake of coherence in referring to the nature of the role of the Board, the same language be used as in subparagraph 1(b), where the Board was described as playing an “executive and oversight role”. According to subparagraph 1(b), it was the Health Assembly, not the Board, that had a strategic role. He could accept other formulations, such as “executive and advisory role”, but not the use of the word “strategic”.

The CHAIRMAN suggested that a strategic role for the Board need not detract from the strategic role of the Health Assembly.

Mr DESIRAJU (adviser to Mr Chandramouli, India) commented that the new idea in the paragraph was to limit the number of resolutions. He therefore suggested the following new wording: “The Executive Board shall consider limiting the number of draft resolutions based on an assessment of their value, financial and administrative implications, reporting requirements and timelines”.

Dr GULLY (Canada), supported by Dr DAULAIRE (United States of America), said that the draft decision should specify that the Executive Board played a “strategic and advisory”, not “determined”, role, and that it did so “including” in relation to resolutions.

Mrs ESCOREL DE MORAES (Brazil)¹ said that adding the words “continue to” would avoid the implication that the Board had not previously been playing a strategic role. However, she suggested that there was no need to mention the role of the Board, as its functions were clearly defined in Article 28 of WHO’s Constitution. She therefore proposed the wording “the Executive Board shall ensure prioritization in the consideration of draft resolutions”. Alternatively, she could accept the proposal made by the member for India.

Dr SILBERSCHMIDT (Switzerland) considered that the amendment proposed by the member for Estonia should be amplified to “added value”, to prevent misunderstanding.

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

The CHAIRMAN, referring to the amendment proposed by the member for India, suggested that the words “play a role in limiting” would be preferable to “consider limiting”.

Mrs NYAGURA (Zimbabwe)¹ said that the words “added value” should be added only with further clarification of the concept. The word “value” was highly subjective and should be linked here to the organizational priorities, just as the discussion had centred on ensuring that resolutions were linked to those priorities.

Ms TYSON (United Kingdom of Great Britain and Northern Ireland)¹ said that the wording proposed by the member for India was simple, clear and conveyed the desired meaning. She could accept the term “value” but not “added value”.

Mr DESIRAJU (adviser to Mr Chandramouli, India) asked whether the word “shall” or “should” would be used.

The CHAIRMAN asked whether the member for Estonia wished to insist on the inclusion of the word “value”.

Dr JESSE (Estonia) said that her concern was that the assessment should not be based solely on financial and administrative implications, but also on the value that resolutions brought to public health and the work of WHO. The word “value” had been drawn from subparagraph 73(1) of the Director-General’s report, which proposed a role for the General Committee, including “assessing the value and cost of new resolutions”.

Mrs ESCOREL DE MORAES (Brazil)¹ said that she preferred the previous formulation but could accept the one being discussed, except for the phrase “assessment of their value”. The word “value” implied monetary value and could be replaced by a word such as “substance” or “content”.

Dr DAULAIRE (United States of America) said that he shared the concerns expressed by the representative of Brazil regarding the word “value” and suggested that “strategic value” would make the intended meaning clear. As the word “shall” implied a legal obligation, “should” was more appropriate.

Dr GULLY (Canada) said that the term “strategic value” was a good reflection of the principle that had been agreed in respect of the new subparagraph 1(b).

The CHAIRMAN said that he sensed consensus on replacing the word “shall” by “should”.

Dr JESSE (Estonia) said that she could support the term “strategic value” but not the word “substance” or “content”.

Dr BAYE LUKONG (Cameroon) said that she had intended to suggest the word “pertinence”, but could accept “strategic value”.

Dr CHIRIBOGA (Ecuador) suggested the term “potential impact”, which would cover the sense of content, substance and strategic value.

Mrs ESCOREL DE MORAES (Brazil)¹ said that the term “strategic value” captured what she had meant by content and substance.

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

The CHAIRMAN said that he took it that, subject to the replacement of “shall consider limiting” by “should play a role in limiting” and of “value” by “strategic value”, the amended wording of subparagraph 2(c) proposed by the member for India was acceptable to the Board.

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the proposed wording for subparagraph 2(d): “Further analysis on modalities to improve Member State involvement with and oversight of partnerships including the possible expansion of the mandate of the Standing Committee on Nongovernmental Organizations in this regard”.

The CHAIRMAN recalled that the member for the United States of America had proposed moving the amended subparagraph 2(d) to paragraph 3. He took it that that was acceptable to the Board.

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the following proposed wording for subparagraph 2(e): “The proposals for improving the methods of work of the Executive Board and Health Assembly contained in paragraphs 64 and 75 of the report of the Director-General do not require amendments of the Rules of Procedure and should be immediately implemented”.

Mrs ESCOREL DE MORAES (Brazil)¹ questioned the appropriateness of the reference to paragraph 64 of the report, as subparagraph 64(1) referred to the proposed new third session which had not been agreed upon. She had no difficulty in accepting the establishment of a “traffic light” system, as proposed in subparagraph 64(3), or the other proposals contained in subparagraph 64(2) and paragraph 75.

The DIRECTOR-GENERAL suggested that the wording of paragraph 2(e) should be retained as it stood and that a footnote should be added to indicate that subparagraph 64(1) was excluded.

Mrs ESCOREL DE MORAES (Brazil)¹ said that she could accept that proposal if a more elegant solution could not be found.

Dr SILBERSCHMIDT (Switzerland) said that, as the timing of meetings was dealt with elsewhere in the draft decision, subparagraph 2(e) need refer only to subparagraph 64(3) of the report, and also to subparagraph 64(2) if the Legal Counsel advised that the use of virtual meetings could be implemented without change to the Rules of Procedure.

Dr JESSE (Estonia) expressed concern that some of the issues agreed upon in relation to paragraph 73 of the report, including the development of a standard framework for resolutions and the default clause that would limit reporting, were omitted from the draft decision. She had looked favourably on the adoption of agreed conclusions (paragraph 73(3)) but had asked for more information on how that approach would work. She would not insist on the inclusion of those issues in the draft decision but sought reassurance from the Director-General that they would not be forgotten.

The DIRECTOR-GENERAL said that document EBSS/2/2 had included numerous proposals for consideration. The draft decisions were not intended to be exhaustive, and the Secretariat would

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

also return to the official records of the session and do its best to ensure that all the instructions given to it were fulfilled.

The CHAIRMAN said that he took it the Board wished to replace the reference to paragraph 64 with a reference to subparagraphs 64(2) and 64(3).

Mr BURCI (Legal Counsel) said that amendment of the Rules of Procedure or a decision by the Board would be required before the Board could hold virtual meetings, as doing so could have major consequences. The only decision that could be implemented immediately was one concerning the “traffic light” system and disciplined debates, which in any case were matters in the hands of the Chairman.

Dr SILBERSCHMIDT (Switzerland) said that specific reference should be made to paragraphs 64(3) and 75, but that the Director-General should continue to work on the matter of modern communications technologies and virtual meetings.

Mr KÜMMEL (adviser to Dr Seeba, Germany) insisted that the words “such as those contained in”, from the original version of the paragraph, be retained.

Mrs ESCOREL DE MORAES (Brazil)¹ proposed referring not to paragraph numbers but to the ideas contained within those paragraphs, in order that the draft decision could be understood without reference to the report.

The DIRECTOR-GENERAL proposed that the final editing of subparagraph 2(e) be left to the Secretariat.

It was so agreed.

The CHAIRMAN invited comments on subparagraph 2(f), to which no amendment had thus far been proposed.

Mr McIFF (adviser to Dr Daulaire, United States of America) said that it was essential to replace the word “shall” by “should” throughout the draft decision.

The CHAIRMAN said that he took it that, subject to that amendment, subparagraph 2(f) was acceptable to the Board.

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the following proposed wording for subparagraph 2(g): “The Director-General should strengthen support to Member States in their preparation for, and participation in, the work of the governing bodies [in collaboration with Regional Offices], through the timely provision of quality documentation in all official languages”.

Mr DESIRAJU (adviser to Mr Chandramouli, India), supported by Dr BAYE LUKONG (Cameroon), said that the replacement of “with particular regard to” by “through” altered the sense of the entire paragraph, making it much narrower in meaning. He advocated reinstating the phrase “with particular regard to”.

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The CHAIRMAN said that he took it that subparagraph 2(g), with the amendment proposed by the member for India, was acceptable to the Board.

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the following proposed wording for subparagraph 2(h): “Engagement with other stakeholders shall be conducted in line with the proposals contained in the report of the Director-General, as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest”.

She then read out a second version of the paragraph, incorporating all the amendments proposed thus far: “Engagement with other stakeholders [to be strengthened, including further analysis of the proposals] [shall] [be conducted in line with the proposals]/ [take into account proposals] contained in paragraphs [89 and] 90 [and 91] of the report of the Director-General, as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest”.

Mr MAXTONE-GRAHAM (Papua New Guinea) said that, in the absence of clarification of the wording of paragraph 89 of the report, he proposed deleting the reference to it in subparagraph 2(h). He was in favour of the alternatives proposed in paragraphs 90 and 91.

Dr GULLY (Canada) proposed the following version: “Engagement with other stakeholders to be strengthened, including further analysis of the proposals contained in paragraphs 89, 90 and 91”. Responding to the member for Papua New Guinea, he offered reassurance that in his view the multi-stakeholder forums referred to in paragraph 89 of the report did not imply any prospect of a return to the idea of a world health forum.

The DIRECTOR-GENERAL said that, in the course of the discussions, Member States had referred to the effectiveness of two recent meetings: the Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, held in Moscow, and the World Conference on Social Determinants of Health, held in Rio de Janeiro, which had been multistakeholder meetings. She noted that there was more support among Member States for the proposals in paragraphs 90 and 91 than for that in paragraph 89.

Mr DESIRAJU (adviser to Mr Chandramouli, India) suggested that the references to paragraph numbers should be replaced with text taken from the paragraphs concerned, in line with the earlier proposal by the representative of Brazil.

The CHAIRMAN proposed that the Secretariat incorporate the wording of the relevant paragraphs into the draft decision.

The DIRECTOR-GENERAL said that, although she agreed in principle with the suggestion made by the member for India, the replacement exercise would be more complicated for subparagraph 2(h) than for subparagraph 2(e), because of the length of paragraphs 89, 90 and 91 of the report. She suggested that the amended subparagraph 2(h) could read: “Engagement with other stakeholders to be strengthened, including further analysis of multi-stakeholder forums, consultations with different groups of stakeholders and face-to-face meetings or web-based forums”: that would clearly convey the headline points covered by paragraphs 89, 90 and 91 without repeating their entire contents.

Mr MAXTONE-GRAHAM (Papua New Guinea) supported the Director-General’s proposal.

Dr REN Minghui (China) said that paragraphs 89, 90 and 91 referred to formats for engagement that had already been successfully used in previous years and therefore a discussion on their use was not necessary. Agreeing with the proposal by the Director-General, he said that the only point of discussion should be the need to strengthen options to widen engagement with stakeholders.

Dr SILBERSCHMIDT (Switzerland) observed that the phrase “to be strengthened including” differed semantically from previous paragraphs of the draft decision. Echoing the comments made by the member for China, he said that subparagraph 2(h) consisted of two concepts: strengthening engagement, and analysing the formats for widening engagement. Consequently he proposed the following text: “Engagement with other stakeholders should be strengthened and past experiences further analysed”.

Dr MOREIRA (alternate to Dr Chiriboga, Ecuador) said that he would prefer subparagraph 2(h) to refer only to paragraph 91 of the report, as only that paragraph allowed for a dialogue in which all stakeholders could participate. In contrast, the bilateral nature of the forums between stakeholders and Member States referred to in paragraph 89 could have unfavourable implications. Similarly, the web-based forums referred to in paragraph 90 were in practice closed forums, which were not always transparent.

Mr MAXTONE-GRAHAM (Papua New Guinea) said that, in line with the feedback he had received from Member States in the south-western Pacific region, he had serious concerns about the content of paragraph 89. He therefore agreed with the suggestion made by the member for Ecuador.

Mrs ESCOREL DE MORAES (Brazil)¹ said that, although the focus of subparagraph 2(h) was on widening engagement, it was not necessary to repeat the use of the word “engagement”. She therefore proposed amending the text to read: “Dialogue and collaboration with other stakeholders should be strengthened, as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest”.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran),¹ noting the differences of view regarding the wording of subparagraph 2(h), suggested placing it in paragraph 3 of the draft decision, so that the Director-General could prepare a report for further discussion by Member States. With regard to subparagraph 2(g), he did not agree with the proposal by the member for the United States of America to replace the word “shall” by “should”.

Dr GULLY (Canada), referring to the amendment proposed by the representative of Brazil, said that the word “engagement” encompassed “dialogue and collaboration” and it was therefore not necessary to amend it. The amended wording of subparagraph 2(h) should retain the concept of the suggested formats for widening engagement contained in paragraphs 89, 90 and 91, which referred to the further analysis of three formats for engagement that were already in use and which were appropriate in three different circumstances.

Mr CANCHOLA GUTIERREZ (adviser to Mr Limón García, Mexico) did not agree with the proposal to move subparagraph 2(h) to paragraph 3. The discussions had revealed a consensus on the need to strengthen the dialogue and forms of communication between Member States and stakeholders. The issue currently under discussion was the format and methods for widening that engagement. That meaning had not been reflected in subparagraph 2(h), which should state that the Secretariat should continue exploring and analysing different formats for widening engagement, including those referred to in paragraphs 89, 90 and 91. The formats for engagement referred to in paragraph 90 were not suggestions but formats that were already in use and had produced concrete results. With regard to the amendment proposed by the representative of Brazil, he would prefer to retain the original wording, which would be less open to interpretation. He underlined the need to analyse the results and experiences obtained from the formats for engagement that were already in use.

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

Dr SILBERSCHMIDT (Switzerland), echoing the comments made by the member for Mexico, said that there appeared to be a consensus on the need to widen forms of engagement. As agreement had not yet been reached regarding the efficacy of the forms of engagement already in use, he proposed amending the first part of subparagraph 2(h) to read: “Engagement with other stakeholders should be strengthened and past experiences on multi-stakeholder forums, consultations with different groups of stakeholders, face-to-face meetings and web-based forums should be further analysed for lessons to be learned from”.

Mr MAXTONE-GRAHAM (Papua New Guinea), noting that feedback to the idea of a world health forum had not been supportive (paragraph 88), expressed satisfaction with the amended wording of subparagraph 2(h).

Mr McIFF (adviser to Dr Daulaire, United States of America) agreed with the essence of the wording proposed by the member for Switzerland.

Mrs NYAGURA (Zimbabwe)¹ stated that subparagraph 2(h) contained two separate ideas: the need to strengthen engagement with other stakeholders, including an analysis of the results of existing forms of engagement, as proposed by the member for Switzerland; and a request for further analysis and clarification of the proposals contained in paragraphs 89, 90 and 91 of the report. She therefore suggested that the wording reflecting the first idea should be retained as subparagraph 2(h), and the second idea should be worded as a request to the Director-General for further analysis of the proposals, and moved to paragraph 3 of the draft decision.

Dr MOREIRA (alternate to Dr Chiriboga, Ecuador) agreed with the comments made by the members for Switzerland and Mexico. It was important to learn from past lessons and experiences. It would therefore be appropriate to move subparagraph 2(h) to paragraph 3 of the draft decision.

Mr McIFF (adviser to Dr Daulaire, United States of America) agreed with the proposal made by the representative of Zimbabwe. He suggested that subparagraph 2(h) should be worded along the lines proposed by the representative of Brazil and that a new subparagraph should be placed in paragraph 3 to read: “Further analysis of the proposals to promote engagement with other stakeholders should be conducted in line with the proposals contained in paragraphs 89, 90 and 91”.

The DIRECTOR-GENERAL noted consensus on the division of subparagraph 2(h) into two paragraphs. The first would read: “Dialogue and collaboration with other stakeholders should be strengthened as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest.” The second would read: “Further analysis of the proposals to promote engagement with other stakeholders should be conducted in line with the proposals contained in paragraphs 89, 90 and 91”, meaning that action needed to be taken, but that further analysis should be undertaken first.

The CHAIRMAN said that he took it that the Board agreed to the proposal to separate the amended wording into two paragraphs, the first to be retained as paragraph 2(h), the second to be placed under paragraph 3.

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the following proposed wording for subparagraph 2(i): “WHO shall [engage and where appropriate lead a]/[perform a]

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

coordinating function across the United Nations system and with other international health agencies [on issues that impact health]”.

The CHAIRMAN pointed out that a proposal had been made to replace the words “perform a coordinating function” with the words “engage and where appropriate lead a coordinating function”.

Mr McIFF (adviser to Dr Daulaire, United States of America) proposed that the word “shall” should be changed to “should”.

Dr JESSE (Estonia) proposed that the paragraph should read: “WHO should engage and, where appropriate, lead and coordinate across the United Nations system and with other international agencies on issues that impact health.” She questioned whether it was necessary to retain the word “health” in the phrase “international health agencies”.

Dr GULLY (Canada) agreed with the proposal to delete the word “health” in “international health agencies”. However, he questioned the use of the word “coordinating”, which could be misinterpreted. There were many international agencies in relation to which WHO would not necessarily wish to assume a coordinating role. He asked the Director-General to confirm whether “lead and coordinate across” constituted acceptable language.

Dr ST. JOHN (alternate to Mr Inniss, Barbados) said that, given that WHO engaged with a range of bodies, including non-health partners, at the United Nations level, the term “international agencies” was more appropriate than “international health agencies”. Noting that “coordinating function” had less force than “coordinate”, she requested the Director-General’s advice on the language that would best reflect the Organization’s role in that regard.

Dr SILBERSCHMIDT (Switzerland) urged Member States to ensure that any amendment of subparagraph 2(i) was in line with Article 2(a) and (b) of the Constitution.

Mrs ESCOREL DE MORAES (Brazil)¹ agreed with the member for Switzerland that Articles 2(a) and 2(b) of the Constitution should be upheld. She therefore proposed that paragraph 2(i) should read: “WHO should continue to act as the directing and coordinating authority on international health and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate”. That wording reinforced the constitutional mandate.

The DIRECTOR-GENERAL said that the text proposed by the representative of Brazil which accurately reflected the wording of the Constitution.

Dr GULLY (Canada) said that he was not suggesting that the Constitution should be changed. The Constitution referred to “international health work”, the meaning of which was open to interpretation. In terms of United Nations bodies, governments and nongovernmental organizations, it could be interpreted as work or issues that had an impact on health, rather than health work as such. Simply repeating the wording of the Constitution would not be a useful exercise; it was necessary to insert additional wording in order to reflect the idea of encouraging engagement across and with other sectors on issues that affected health. That was not the same as the reference to “international health work” in the Constitution.

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

Mr DESIRAJU (adviser to Mr Chandramouli, India) agreed with the member for Canada that nothing would be gained from repeating the wording of the Constitution. Two important amendments that had been proposed by the members for Estonia and Canada appeared to have been lost in the discussion. The first related to the notion that WHO should “lead” action and the second was the proposal to delete the word “work” in “international health work” in order to underline the scope of work that impacted on health and health conditions but was not international health work.

Mrs NYAGURA (Zimbabwe)¹ agreed that reproducing the words of the Constitution would not advance the aim of the draft decision, which was to address the proposals relating to reform of the Organization. Subparagraph 2(i) should convey the need for WHO to strengthen its directing and coordinating role. If that was not the intention, the paragraph should be deleted. The idea that WHO should engage “where appropriate” was not prescribed in the Constitution. It was necessary to strengthen WHO’s role in the execution of its mandate.

The CHAIRMAN suggested returning to the proposal by the member for Estonia, and asked whether there was agreement on the following wording: “WHO should engage and where appropriate lead and coordinate across the United Nations system and with other international agencies on issues that impact health”.

Dr SILBERSCHMIDT (Switzerland) proposed that the words “based on Article 2(a) and (b) of the Constitution” should precede the wording suggested by the Chairman, thereby upholding the Constitution while reinforcing the wider purpose highlighted by the member for Canada.

The CHAIRMAN said that he took it that the proposed new wording was acceptable to the Board.

It was so agreed.

Dr REN Minghui (China) proposed the following wording for a new subparagraph 2(j): “in the longer term, a framework should be developed to guide interactions between all stakeholders active in health.”

Dr DAULAIRE (United States of America) suggested the following wording for the new paragraph, which was more closely aligned with paragraph 97 of the Director-General’s report: “options should be explored for a framework to guide interactions between all stakeholders active in health”. The final decision might be to introduce a mechanism other than a framework.

The CHAIRMAN said that he took it that the proposed wording was acceptable to the Board.

It was so agreed.

Paragraph 3

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the following proposed wording for subparagraph 3(a): “proposals for revised terms of reference for the Programme, Budget and Administration Committee in order to strengthen [and expand] its role as referred to in paragraph 2(a) above”.

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

Dr JESSE (Estonia) suggested that “proposals” should be replaced by “a proposal”. The words “and expand” should be deleted because, as far as she was aware, the aim had been to strengthen the role of the Programme, Budget and Administration Committee in programmatic oversight not to expand its overall role.

The CHAIRMAN said that he took it that the proposed wording was acceptable to the Board.

It was so agreed.

The CHAIRMAN said that he took it that subparagraphs 3(b) and 3(c), to which no amendment had been proposed, were acceptable to the Board.

It was so agreed.

Mrs ROSE-ODUYEMI (Office of the Governing Bodies) read out the following proposed new subparagraph 3(d): “proposals on how to streamline national reporting in accordance with Articles 61–65 of the WHO Constitution while using modern tools”.

The CHAIRMAN said that he took it that the proposed wording was acceptable to the Board.

It was so agreed.

The decision, as amended, was adopted.¹

Draft decision on managerial reforms

The CHAIRMAN drew attention to the following draft decision on managerial reforms:

The Executive Board Special Session on WHO reform, having considered the section of the report of the Director-General on managerial reforms,

1. **WELCOMES** the Director-General’s proposals on:

- (a) organizational effectiveness, alignment and efficiency;
 - strengthen country offices (paragraphs 107–111);
 - promote alignment, synergy and collaboration (paragraphs 112–116);
 - improve knowledge management (paragraphs 120);
- (b) financing of the Organization;
 - improve financing of administration and management costs (paragraphs 134–137);
 - strengthen financial controls (paragraphs 139–141);
 - improve Organization-wide resource mobilization (paragraph 142);
- (c) human resources policies and management;
 - revise the workforce model and contract types (paragraphs 150–151);
 - streamline recruitment and selection processes (paragraphs 152);

¹ Decision EBSS2(2).

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- improve performance management processes (paragraphs 153–154);
 - implement a mobility and rotation framework (paragraph 155);
 - enhance staff development and learning (paragraphs 156–157);
- (d) Results-based planning, management and accountability;
- implement a new results chain (paragraphs 166–167);
 - sequence planning to reflect country needs (paragraphs 171–172);
 - prepare a realistic budget (paragraphs 173–174);
 - create a new resource allocation mechanism (paragraph 175);
 - improve monitoring and reporting (paragraph 185);
 - strengthen the internal control framework (paragraph 186);
 - increase the capacity of audit and oversight (paragraph 187);
 - strengthen the conflict of interest policy (paragraph 188);
 - establish an information disclosure policy (paragraph 189);
- (e) Strategic communications;
- build communications capacity (paragraph 202);
 - develop communications platforms (paragraph 203);
 - improve public and stakeholder understanding of the work of WHO (paragraph 204);
2. URGES caution in several areas of reform, notably the proposals to:
- (a) strategic relocation of programmes and operations (paragraph 117–119);
- (b) introduce an annual “budget re-costing mechanism” to protect against currency fluctuations (paragraph 138(2));
3. REQUESTS the Director-General to further develop:
- (a) a detailed proposal for a mechanism to increase predictability of financing and flexibility of income (paragraph 131(1));
- (b) a detailed proposal to establish a contingency fund for public health emergencies (paragraph 133);
- (c) proposals for a timeline for development of the programme budget and general programme of work (incorporating the elements of a medium-term strategic plan), each for the period 2014 onwards, with an analysis of the advantages and disadvantages of changing the periodicity of the programme budget to three years (paragraph 168–170);
- (d) a draft formal evaluation policy (paragraph 196), including a mechanism for oversight of evaluation by the governing bodies (paragraph 197(2));
4. DECIDES to proceed with an independent evaluation to provide input into the reform through a two-stage approach, the first of which will consist of a review of existing information with a focus on financing challenges for the organization, staffing issues, and internal governance of WHO by Member States, following up where possible on questions forwarded from this Executive Board for more information. Stage one will be completed in time for the Sixty-fifth World Health Assembly;

The first stage review will also provide a roadmap for the stage two evaluation, the goal of which will be to inform the Sixty-sixth World Health Assembly through the 132nd Executive Board as an input into the revised general programme of work. The stage two evaluation will build on the results of stage one and further consultations with Member States, focusing in particular on the functioning of the organization at its three levels. As one input into reform, this evaluation will proceed in parallel to other aspects of the reform;

5. REQUESTS the External Auditor to conduct the stage one evaluation;
6. REQUESTS the Secretariat to further develop an approach to the stage two evaluation, in consultation with Member States, and present it to the 130th Executive Board for consideration;
7. REQUESTS the United Nations Joint Inspection Unit to update their reports on:
 - (a) Decentralization of Organizations within the United Nations System – Part III: the World Health Organization (JIU/REP/93/2);
 - (b) Review of Management and Administration in the World Health Organization (WHO) (JIU/REP/2001/5).

The DIRECTOR-GENERAL explained that paragraph 1 of the draft decision reproduced her proposals, as laid out in her report (document EBSS/2/2), for the information of the reader. Paragraph 2 listed the issues about which Board members had expressed their doubts, and which she had summarized at the previous meeting. Paragraph 3 listed actions which the Board wished the Secretariat to take.

Dr REN Minghui (China) said that the references to specific paragraphs of the Director-General's report should be deleted, as they had been in the previous decision.

Dr SILBERSCHMIDT (Switzerland) maintained that the references to specific paragraphs of the Director-General's report made the draft decision clearer and should be retained.

Mr KÜMMEL (adviser to Dr Seeba, Germany) said that the paragraph references should be deleted, as they had been in the previous decision. Not all the paragraphs cited were in fact relevant.

Dr LARSEN (Norway) said that the paragraph references should be retained. It was important to be specific about the proposed reforms, since Member States were asking the Director-General to take action in areas which, strictly speaking, came under her sole authority as chief executive of the Organization. He suggested the following wording for the introductory section: "Welcomes the Director-General's proposals and requests that they be taken forward in the following areas".

Dr DAULAIRE (United States of America) said that the paragraph references should be deleted. Referring to subparagraph 1(c), he said that the proposed mobility and rotation framework should be understood to be an incentive-based system and not mandatory. He agreed that the issue of strategic relocation of programmes and operations, mentioned in paragraph 2 of the draft decision, required further consideration.

The CHAIRMAN said that he took it that the Board wished to delete the references in brackets to specific paragraphs of the Director-General's report.

It was so agreed.

Dr JESSE (Estonia) noted that the phrase “strengthen country offices” in subparagraph 1(a) was ambiguous and should be replaced by “strengthen the quality and efficiency of the work of country offices”. Subparagraph 1(b) referred to “Organization-wide resource mobilization”, although the Director-General’s report (subparagraph 142(3)) placed particular emphasis on resource mobilization at country level. She reiterated that such activity should be consistent with the Organization’s overall priorities and care was needed to avoid potential conflicts of interest in the case of funding obtained from private donors. As the resource allocation mechanism referred to in subparagraph 1(d) was still under development, a footnote should be added to the introductory text, acknowledging that further work would be needed on strategic reallocation of resources.

Mr DESIRAJU (adviser to Mr Chandramouli, India) said that a footnote should be avoided if possible. Instead, he proposed that the introductory section of paragraph 1 should be reworded to read: “WELCOMES the Director-General’s proposals, recognizing that further work may be necessary on some of them”.

Dr CHIRIBOGA (Ecuador) said that the word “welcome” might be ambiguous, and suggested “takes note with appreciation of”.

Mrs ESCOREL DE MORAES (Brazil)¹ said that it seemed illogical to “welcome” proposals and then say that they needed more work or clarification. In the interests of conciseness and clarity, the bullet points under each paragraph should be deleted.

Dr GULLY (Canada) said that, in his view, the bullet points added useful details. He did not consider that the phrase “takes note of” was strong enough: indeed, it did not necessarily mean that any action would be taken at all. He preferred instead to use the formula proposed by the member for Norway to request that the proposals be “taken forward”, which implied that further work would need to be done.

Dr DAULAIRE (United States of America) agreed that the bullet points provided valuable information reflecting the issues raised in the Board’s debate. It did not seem illogical for Member States to welcome a proposal even though they were aware that it needed more work or was not the subject of full consensus. He had every confidence that the Director-General, in putting the proposals into practice, would take into account any reservations expressed by Member States.

Dr SILBERSCHMIDT (Switzerland) said that the word “welcome” was sufficiently neutral and should be retained. In his view, the original wording of the paragraph was appropriate, as Member States’ views on the various proposals were on record. If necessary, reference could be made to the need for further action, especially in relation to a new resource allocation mechanism.

Dr ST. JOHN (alternate to Mr Inniss, Barbados) said that the bullet points provided valuable details of the Board’s debate and showed the areas where more work was needed.

Mr ROSALES LOZADA (Plurinational State of Bolivia)¹ suggested that a reference to the Director-General’s report should be added to the introductory section, so that the details of the proposals in that document would be readily accessible to the reader. It was inappropriate to “welcome” the Director-General’s proposals and then append a long list of caveats. He therefore suggested leaving the word “welcome” but deleting the bullet points under the paragraph headings.

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

Ms CHEDEVILLE-MURRAY (adviser to Dr Grall, France) suggested the addition of the following phrase in the introductory section, following the amendment proposed by the member for Norway: “while recognizing that there were requests for complementary work, particularly in the context of the reallocation of resources”.

Mr TOSHMATOV (adviser to Dr Ikramov, Uzbekistan) suggested that the first bullet point under subparagraph 1(a) should be amended to read: “strengthen country offices and the collaboration between them”.

The CHAIRMAN said that the Board appeared to agree with the amendment proposed by the member for France. The bullet points would be retained, but the paragraph numbers from the Director-General’s report would be deleted. The introductory section should be amended along the following lines: “Welcomes the Director-General’s proposals and requests that they be taken forward in the following areas, recognizing that further work may be necessary on some items and especially resource allocation”.

Mrs ESCOREL DE MORAES (Brazil)¹ suggested that the elements of the introductory section should be reversed; in other words, the Board should acknowledge that more work was required on many of the proposals before it welcomed them.

Mr DESIRAJU (adviser to Mr Chandramouli, India) suggested that the reference to a “request” should be deleted. The term “additional work” should be used instead of “complementary work”.

Dr BELGHITI ALAOUI (alternate to Mr El Makkaoui, Morocco), referring to the proposal by the member for Estonia, said that adding the words “quality and efficiency” would reduce the scope of the word “strengthen”, which could cover several things, including the extension of country office competencies in the areas of planning and cooperation.

Mrs ESCOREL DE MORAES (Brazil)¹ suggested that the beginning of paragraph 1 should be amended to read: “WELCOMES the Director-General’s proposals and, while recognizing the need for complementary work, especially on the strategic allocation of resources, requests that they be taken forward in the following areas”.

In response to a question from Dr JESSE (Estonia) about the meaning of “complementary” in the context of paragraph 1, the DIRECTOR-GENERAL said that it could have any of a wide range of meanings.

Dr LARSEN (Norway) endorsed the proposal by the representative of Brazil.

The CHAIRMAN said that, in the absence of any objection, he took it that the Board wished to approve the introductory section of paragraph 1, as amended by the representative of Brazil and endorsed by the member for Norway.

It was so agreed.

Dr GULLY (Canada) expressed concern about accepting amendments to the first line of subparagraph 1(a) as it might reopen the debate on the entire paragraph, which would not be an efficient way to proceed.

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

Dr DAULAIRE (United States of America), endorsing the previous speaker's comment, suggested that a comma should be inserted before the word "and" in the first line of subparagraph 1(a).

Dr JESSE (Estonia) withdrew her proposed amendment to subparagraph 1(a).

The DIRECTOR-GENERAL said that it was important to resist the temptation to negotiate the text. The language in the various bullet points in paragraph 1 had been taken word for word from the subheadings in document EBSS/2/2, and adding explanations would only create difficulties. Thanking the member for Estonia for withdrawing her proposed amendment, she requested the member for Uzbekistan to do likewise in the interests of efficiency.

Mr TOSHMATOV (Uzbekistan) said that, if the language was the same as in the report and if other members of the Board so agreed, he would, in a spirit of cooperation, accede to the Director-General's request.

The CHAIRMAN said that, in the absence of any objection, he would take it that the Board wished to approve paragraph 1 as amended.

It was so agreed.

Paragraph 2

Dr JESSE (Estonia) urged caution with respect to the proposal in subparagraph 138(3) of the Director-General's report that staff be redeployed to lower-cost duty stations as a means of protecting against currency fluctuations and requested the Secretariat to find an appropriate wording for a relevant proposal in paragraph 2.

Dr REN Minghui (China) said that subparagraph 2(a) could be deleted as strategic relocation had already been covered in paragraph 1.

Dr DAULAIRE (United States of America) said that, to ensure that the Secretariat did not pursue the proposals referred to in paragraph 2 without clear agreement by the Executive Board, the beginning of the introductory section should be amended to read: "URGES caution and recognizes that further analysis and consultation would be needed before action could be considered in several areas of reform".

Further to the point made by the member for Estonia, he suggested that subparagraph 2(a) could be amended to read: "strategic relocation of staff, resources, programmes and operations".

The CHAIRMAN said that, in the absence of any objection, he took it that the Board wished to approve paragraph 2 as amended.

It was so agreed.

Paragraph 3

Dr JESSE (Estonia), referring to the recommendations regarding a new resource allocation mechanism in paragraph 175 of document EBSS/2/2, said that she wished to see the stated deadline of May 2012 reflected in the draft decision. She therefore suggested inclusion of a new subparagraph in paragraph 3, requesting the Director-General "to develop and propose a new reallocation mechanism through the Programme, Budget and Administration Committee in May 2012".

Ms CHEDEVILLE-MURRAY (adviser to Dr Grall, France) recalled her delegation's request the previous day for more in-depth consideration of the two crucial matters covered in paragraphs 114 and 142(3) of the report, namely transregional cooperation and effective country-level resource mobilization.

Dr CHIRIBOGA (Ecuador) said that the words "a mechanism" in subparagraph 3(a) should be replaced by "mechanisms", and requested addition of the words "while preserving priority setting from conflicts of interest" at the end of that subparagraph. He further requested that the Secretariat amend subparagraph 3(b) in such a way as to make clear how the proposed contingency fund for public health emergencies related to the special fund mentioned in Article 58 of the WHO Constitution.

Mr BURCI (Legal Counsel) said that Article 58 of the WHO Constitution empowered the Board to establish a special fund to meet emergencies and unforeseen contingencies. Article 58 had to be read in conjunction with Article 28(i), which stated that one of the Board's functions was to take emergency measures to deal with events requiring immediate action. That power had yet to be exercised: no special fund had thus far been established under Article 58. Paragraph 3(b) of the draft decision, on the other hand, referred to a regular WHO fund to be set up, according to the Director-General's proposal, under the Financial Regulations.

Dr DAULAIRE (United States of America), welcoming the reference by the member for Ecuador to conflicts of interest, said that the subject had been mentioned earlier in the draft decision, in the penultimate bullet point under subparagraph 1(d). There was therefore no need for the proposed amendment to subparagraph 3(a).

Recalling that the Board had already decided to remove all bracketed paragraph numbers referring to document EBSS/2/2 from the draft decision, he requested that the words "informed by insights provided by the Independent Expert Oversight Advisory Committee" be added at the end of subparagraph 3(d).

Dr REN Minghui (China) asked why subparagraph 3(c) referred to "elements of a medium-term strategic plan", when document EBSS/2/2 included a proposal to subsume that plan under the general programme of work.

The DIRECTOR-GENERAL replied that the Board's discussions had given her the impression that Member States wanted more work to be done on the periodicity of the programme budget, which would relate to the general programme of work. If it were decided to have a new programme budget once every two years and a new general programme of work once every six years, that would cover three bienniums; if there were to be a three-year programme budget, the general programme of work would cover two bienniums. The medium-term strategic plan came between the two and many Member States, while wishing to simplify matters, had recognized the value of some elements of the plan, such as indicators for measuring progress. The next iteration of a general programme of work might be more closely aligned with a medium-term strategic plan. The Secretariat had been tasked with developing proposals and reporting back to the Board. When the time came to review the relevant document, the Board would be able to indicate its preferences in a decision or resolution.

Dr REN Minghui (China), thanking the Director-General for her explanation, said that the text in parentheses in the second line of subparagraph 3(c) was still unclear and suggested that it should be replaced with "taking into consideration the good experience/exercise of the medium-term strategic plan" or wording along those lines.

Dr GULLY (Canada), noting that subparagraph 3(d) referred to the proposal in subparagraph 197(2) of document EBSS/2/2 to expand the mandate of the Office of Internal Oversight

Services, requested reassurance that the appropriate capacity and resources would be made available for the Office to carry out that function.

Mr KÜMMEL (adviser to Dr Seeba, Germany) drew attention to the need to insert the dates by which the Director-General would be expected to report back to the Board with her proposals.

The DIRECTOR-GENERAL said that the timeline would depend on how long it took to develop the next general programme of work, taking into account the length of procedures for review and approval of draft versions by the Executive Board, the Health Assembly and the regional committees, and bearing in mind that the current medium-term strategic plan would end in 2013. The Secretariat could meanwhile prepare an illustrative timetable of what should be done and when, which could be ready for submission to the Board at its 130th session in January 2012.

Mr KÜMMEL (adviser to Dr Seeba, Germany) asked whether the Director-General's explanation also applied to subparagraphs 3(a) and 3(b).

Dr SILBERSCHMIDT (Switzerland), endorsing the point made by the member for the United States of America about the amendment to subparagraph 3(a) proposed by the member for Ecuador, agreed on the need to improve priority setting and efforts to avoid conflicts of interest but failed to see how that tied in with the subjects of predictability of financing and flexibility of income. He therefore requested that the amendment be deleted.

Dr CHIRIBOGA (Ecuador) insisted that it was important to refer to priority setting and conflicts of interest in subparagraph 3(a) given that funding obtained from some sources had, in the past, been shown to have been earmarked for other priorities than those set by WHO. As to the point made by the member for the United States of America, subparagraph 1(d) merely gave a list of subjects covered in the Director-General's report.

Dr SILBERSCHMIDT (Switzerland), reiterating his agreement on the need to ensure that funds received and spent by the Organization were better aligned with the priorities set by the governing bodies, said that the words "conflicts of interest" might be perceived to be pointing inadvertently in a different direction. He sought guidance from the Director-General on more fitting language to convey the required meaning. The emphasis should be on the need for resources to be used to further the agreed priorities of WHO.

The DIRECTOR-GENERAL suggested adding the words "which supports the priorities set by Member States" after the words "flexibility of income".

Mr MAXTONE-GRAHAM (Papua New Guinea), urging proper consideration of the threat of conflicts of interest, proposed that a phrase should be added to subparagraph 1(d) on the development of effective procedures for implementation of the conflict of interest policy.

In response to the CHAIRMAN's observation that subparagraph 1(d) reflected the wording of the Director-General's report and should not be changed, Mr MAXTONE-GRAHAM (Papua New Guinea) withdrew his proposal.

Mr KÜMMEL (adviser to Dr Seeba, Germany) said that the draft decision should indicate the timescale for submission of the proposals listed in paragraph 3. According to the Director-General's report, some of them would be submitted to the Board at its 130th session in January 2012 and others to the Health Assembly in May 2012. So far as he knew, no deadline had been set for submission of the draft formal evaluation policy.

The DIRECTOR-GENERAL said that the proposal for a mechanism to increase predictability of financing (subparagraph 3(a) of the draft decision) and for the establishment of a contingency fund (subparagraph 3(b)) would be submitted to the Board at its 130th session. The proposed timeline for preparation of the programme budget and general programme of work (subparagraph 3(c)) envisaged their submission to the Health Assembly in May 2012. The proposed independent evaluation would require preparation of a draft evaluation policy for endorsement by the Board and consultations with the independent institutions that might do the evaluation, such as the Joint Inspection Unit of the United Nations system or the Independent Expert Oversight Advisory Committee. It might be possible to complete both those steps by the time of the Board's next session. No deadline could be set for the first stage of the evaluation since, by its very nature, it involved independent external agencies over which she had no control.

The CHAIRMAN said that he took it that the amended wording of paragraph 3, including two new paragraphs on country-level resource mobilization and a new resource allocation mechanism, were acceptable to the Board, subject to minor drafting changes.

It was so agreed.

Paragraphs 4–7

Mr DESIRAJU (adviser to Mr Chandramouli, India), referring to paragraphs 4 and 5, said that the External Auditor dealt primarily with financial matters. It was not the right agency to undertake an evaluation covering complex governance or staffing issues, as proposed in paragraph 5. That task would be better performed by the Joint Inspection Unit or even the Secretariat itself, as the stage one evaluation would be a purely internal review.

The DIRECTOR-GENERAL said that she would discuss with both the External Auditor and the Joint Inspection Unit the skills required to undertake the evaluation.

Dr LARSEN (Norway) said that, in the light of the call made by many Member States during the session for an Organization-wide approach, the phrase in paragraph 4, “focusing in particular on the functioning of the Organization at its three levels”, was no longer appropriate. He proposed the wording “focusing in particular on the coherence between and functioning of the Organization’s three levels”.

Dr GULLY (Canada) supported the amendment proposed by the member for Norway. He proposed that paragraphs 5 and 7 be deleted in order to avoid any assumptions about the agency that would do the evaluation.

Mrs ESCOREL DE MORAES (Brazil)¹ said that the mandate of the External Auditor concerned financial matters and it was not appropriate to request him to conduct the first stage of the evaluation. Independent evaluation was clearly desirable but must be conducted by an entity that was independent. The Joint Inspection Unit had undertaken work on WHO in the past and would seem to be an appropriate body. However, it seemed unlikely that it would be able to complete the first stage, as described in paragraph 4, in time for submission of a report to the Sixty-fifth World Health Assembly. The option presented in an earlier paper of establishing a consortium to undertake the evaluation appeared to have been withdrawn, although it might offer a means of ensuring independence. She was not ready to endorse any of the options presented in the draft decision. It might be preferable to delete paragraphs 5 and 7 and amend paragraph 6 to read: “REQUESTS the Secretariat to further develop an

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

approach to a two-stage evaluation, in consultation with Member States, and present it for consideration at the 130th session of the Executive Board”.

Dr DAULAIRE (United States of America) thanked the member for India for his constructive comments and supported the proposal for deletion of paragraphs 5 and 7.

Dr SILBERSCHMIDT (Switzerland), also thanking the member for India, supported deletion of paragraph 5 and amendment of paragraph 6, and requested clarification of the implications of deleting paragraph 7. The draft decision should also draw attention to Regulation 14.3 of the Financial Regulations of WHO, which provided that the External Auditor might “make observations with respect to the efficiency of the financial procedures, the accounting system, the internal financial controls and, in general, the administration and management of the Organization”.

Mr DESIRAJU (adviser to Mr Chandramouli, India) supported the deletion of paragraph 5 but agreed with the member for Switzerland that further thought should be given to the deletion of paragraph 7, which simply requested the Joint Inspection Unit to update its reports.

Mr KÜMMEL (adviser to Dr Seeba, Germany), endorsing the views expressed by the two previous speakers, said that the Secretariat of the Joint Inspection Unit had indicated that a request from the Executive Board for an update of the two reports, which would be a useful contribution to the reform, could be accommodated in the next annual workplan, which would be approved in December 2011.

Dr JESSE (Estonia) supported the retention of paragraph 7. She asked whether the Board should make such a request direct to the Joint Inspection Unit or through the Director-General. She proposed that, wherever they appeared, the words “in consultation with Member States” should be amended in the usual manner to read “in consultation with Member States and, where applicable, regional economic integration organizations”.

The CHAIRMAN, summarizing the discussions, said that there had been a proposal to amend paragraph 4 by adding a reference to coherence at the three levels of the Organization, a proposal to delete paragraph 5, and a proposal to amend paragraph 6 to refer to a two-stage evaluation. There appeared to be consensus on retaining paragraph 7.

The DIRECTOR-GENERAL said that the interventions by the members for India and Germany and the representative of Brazil had provided her with useful guidance. The Board would apparently prefer an evaluation to be done by the Joint Inspection Unit rather than the External Auditor. The Joint Inspection Unit was certainly independent and possessed the necessary skills to undertake the first stage of the evaluation. Moreover, that work would fit well with the request set out in paragraph 7 for the Unit to update its earlier reports. The Unit had received a letter from Germany and was fully aware of the matters under consideration. Should the Board adopt the proposal, she would contact the Unit immediately and determine whether it could complete the task before the Sixty-fifth World Health Assembly. It would be preferable to draft the proposal in general terms since the Unit had indicated that, if asked to assist, it wished to keep its full independence by determining itself just how the evaluation would be conducted. The tasks described in paragraphs 4 and 7 were separate assignments. Her understanding was that the Board considered that priority should be given to the first stage of the evaluation as described in paragraph 4. That process might well provide recommendations on priorities for further action, which might include updating of the reports mentioned in paragraph 7.

Dr CHIRIBOGA (Ecuador) supported the deletion of paragraph 5 and the proposal that the Joint Inspection Unit should be asked to conduct the first stage of the evaluation.

Ms OSUNDWA (Kenya),¹ thanking the member for India for his useful comments, endorsed the deletion of paragraph 5. It was to be hoped that the proposed independent evaluation would go ahead.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)¹ observed that national audit services had changed in recent years and at present often conducted programmatic, systemic and management evaluations in addition to fulfilling financial responsibilities. He proposed that, before ruling out the option of involving the External Auditor, the Independent Expert Oversight Advisory Committee should be asked for guidance on how best to proceed.

The DIRECTOR-GENERAL confirmed that she would discuss the matter with that Committee but observed that some Member States, including the United Kingdom of Great Britain and Northern Ireland, did not wish the Committee's mandate to be extended to evaluation.

Mrs ESCOREL DE MORAES (Brazil)¹ said that paragraph 4 currently set out the scope of the proposed two-stage evaluation. It also stated that the first stage would be completed before the Sixty-fifth World Health Assembly, yet the Director-General had said that it would be for the Joint Inspection Unit to determine whether that deadline was feasible. Furthermore, the representative of the United Kingdom of Great Britain and Northern Ireland had just suggested that the External Auditor might be in a position to conduct some elements of the first stage of the evaluation. She asked how the various comments would be reflected in the draft decision.

Dr GULLY (Canada) said that retention of paragraph 5 would mean that the External Auditor was requested to conduct the first stage of the evaluation. It might be preferable to delete paragraphs 5 and 7 and to amend paragraph 6 to clarify the proposal concerning the further development of the approach to a two-stage evaluation, which would presumably include discussions with the Joint Inspection Unit, and to ensure that the proposal was submitted to the Board well in advance of its 130th session. It would then be for the Secretariat to examine all possible options for achieving the evaluation mentioned in paragraph 4.

Mr DESIRAJU (adviser to Mr Chandramouli, India) proposed that paragraph 6 be amended to request the Director-General to develop further, in consultation with the Joint Inspection Unit, the External Auditor and the Independent Expert Oversight Advisory Committee, an approach to a two-stage evaluation, perhaps also deleting or reducing the scope of paragraph 4. Such a move would allow for the possibility of involving the Joint Inspection Unit in the evaluation, the provision of advice by the Independent Expert Oversight Advisory Committee, and consideration of the point made by the representative of the United Kingdom of Great Britain and Northern Ireland that the definition of audit had changed and that it might be useful to involve the External Auditor.

Mr KÜMMEL (adviser to Dr Seeba, Germany) said that his proposal was not to request the Joint Inspection Unit to conduct the evaluation as described in paragraph 4 but to update its earlier useful reports, which would expedite the first stage of the evaluation without incurring any high costs. He reiterated that the Unit had indicated that it could accommodate such a request in its workplan.

The DIRECTOR-GENERAL suggested that, should the Board agree, she would consult the Joint Inspection Unit, the External Auditor and the Independent Expert Oversight Advisory Committee immediately after the current special session and then develop a proposal on the way forward for consideration at the Board's January 2012 session. In her consultations with the Joint Inspection Unit she would discuss the possibility of making use of its earlier reports but she pointed

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

out that any visits to regions or countries for the evaluation would be resource-intensive and time-consuming. She was sure that the Unit would be able to respond quickly on how it might conduct a review and how soon a report might be ready, and that, should the Board so wish, the work could start at the end of January 2012. If the first stage did not involve too much work, it might well be possible to have a report available by May 2012. If the Unit did not think that it could conduct the first stage quickly, the report would have to be submitted to the Board at its 132nd session in January 2013. It might be preferable to delete paragraph 5 of the draft decision, although she would consult with the External Auditor. It was for the Board to decide how to proceed in respect of paragraph 7.

Dr SILBERSCHMIDT (Switzerland), referring to the proposal by the member for Germany concerning paragraph 7, said that his understanding was that the Joint Inspection Unit workplan would be drawn up in December 2011, so that any request would have to be sent by then, ahead of the 130th session of the Board. He therefore favoured retaining paragraph 7. He also supported the amendment to paragraph 6 proposed by the member for India but wished to amend the paragraph further by adding the words “and identify the appropriate entity for the first stage of the evaluation”. The second stage must of course be fully independent.

Mr McIFF (adviser to Dr Daulaire, United States of America) said that, following discussion with other participants and clarification by the Director-General that there would be discussions with the Joint Inspection Unit on how to proceed, there was no need to delete paragraph 7. He agreed with the amendments proposed by the members for India and Switzerland to paragraph 6, which would add clarity.

Paragraph 4 was important as it demonstrated that progress was being made on reform, and he agreed with the member for India that the paragraph captured the opinions of the Board without being too detailed. However, he welcomed the proposal by the representative of Brazil to amend the last sentence of the first part of that paragraph by adding “Ideally,” before “stage one”.

Ms CHEDEVILLE-MURRAY (adviser to Dr Grall, France) supported the proposal made by the member for Switzerland. Paragraph 7 needed to be retained and, she noted, the Director-General would ensure that the request was made appropriately. Paragraphs 6 and 7 should therefore be separated and the first part of paragraph 7 should read: “In the context of the relationship with the United Nations Joint Inspection Unit, REQUESTS that the reports be updated”.

Mr DESIRAJU (adviser to Mr Chandramouli, India) agreed that paragraph 7 should be retained.

The CHAIRMAN said that he took it that the Board wished to adopt the draft decision on managerial reforms, as amended.

The decision, as amended, was adopted.¹

2. STATEMENT BY THE REPRESENTATIVE OF THE WHO STAFF ASSOCIATIONS

Mr BELGHARBI (representative of the WHO staff associations) said that his intervention had been prepared with a view to contributing to the work of the Board on behalf of the almost 9000 members of staff of the Organization, but the effort had apparently been wasted since nobody had requested the views of the staff during the debate. It was regrettable that no Member State had referred to or requested a contribution from the staff associations. The staff associations had submitted a 19-

¹ Decision EBSS2(3).

page document to the WHO Task Force on the Programme of Reform, commenting on all the proposals, but, since the decisions had already been adopted, it was impossible for the staff to have any influence on the outcome. It was to be hoped that at the Board's 130th session in January 2012 the staff associations would be given the opportunity to speak before any decisions were taken and to provide clarifications concerning staff opinions.

Despite concerns raised by the staff associations, some 500 people were going to be affected by abolition of posts and some 150 had already received redundancy notices. Morale was therefore very low. Staff members could not see where the Organization was going or what its vision might be; they had difficulty comprehending why they were being asked to leave at the very moment when the Board was in the process of discussing future priorities and reforms and how staff might be deployed in future to make the best use of their competence. It was likely that during 2012 and 2013 the Organization, which was facing a difficult situation, would shed some 20% of its staff; and that after one or two years it would then be obliged to recruit staff. The staff associations therefore preferred to recommend that the Secretariat wait until the Board and the Health Assembly had set priorities for the reforms before making those staffing reductions. The staff associations warmly welcomed the fact that some Board members had asked for independent evaluation; that was a positive aspect of the reform.

The staff associations supported the Director-General in advancing the reform process and should not be thought of as being totally negative, but it was important to them that their views be heard by the Board before any decisions were taken. Otherwise, the impression would be given that the decisions had already been taken; that staff members were simply there to follow orders; and that the skills and good practices that they had acquired were of no use in helping the Organization to discuss its difficulties.

The proposed contract reform, particularly with regard to the proposed reform of the staffing model, was headed in a dangerous direction that could in the long run affect the international nature of posts. When the proposals were considered in detail it could be seen that the intention was to increase the use of national professional officers. That category of staff was intended to work on increasing the capacity of a country to strengthen its health system and should not be employed for international functions. The current practice of using that category because it was less expensive constituted a move that undermined the international character of the Organization.

Referring to mobility and rotation, he welcomed the call for caution made by some Board members, who had stressed that certain types of expertise should not be reduced as a result of rotation and that relocation should be subject to detailed prior evaluation.

Indicating the staff associations' wish to advance reform, he said that they were in favour of rotation and mobility and had supported efforts in that direction by trying to convince staff of the need for more flexibility in response to the new demands of the Organization. However, the staff associations, in common with Board members, had stated that various problems needed considering before a decision was taken on that type of rotation.

He raised the significant concerns of the staff associations with regard to the responsibilities of senior managers who, despite the decisions taken in support of building staff capacity, abused the system to recruit retired staff members (including some individuals who were more than 82 years old). Such practices were difficult to understand as they ran counter to everything that the staff associations were fighting for, including the introduction of new resources into the Organization.

The earlier contribution of the staff associations at the 130th session of the Board could enable the Board to take advantage of their comments before it reached conclusions. The staff associations had been following the Board's work from the outset and would continue to do so. He thanked those Board members who had supported the staff associations in their efforts.

The CHAIRMAN said the statement by the representative of the staff associations had ensured that Member States would place greater importance on the impact of decisions on the staff of the Organization. Although many decisions had been made by the Board during the current session, the reform process was ongoing, and more time would be required to reflect on several points, especially those relating to human resources. He reassured the staff of the Organization that their views would be taken into account.

Dr GULLY (Canada), supported by Dr SILBERSCHMIDT (Switzerland), suggested that a representative of the staff associations be allowed to address the Board at the start of its next session, describing the impact of the changes taking place within the Organization. That would provide a context within which the Board could better discuss matters and make decisions.

Ms CHEDEVILLE-MURRAY (adviser to Dr Grall, France) said that she would continue to take account of the statements made by the staff associations, and emphasized the Board's responsibility towards the staff. She therefore supported the suggestion of the member for Canada. Furthermore, she welcomed the report that had been submitted by the staff associations to the Director-General, and requested that any relevant items be placed before the Board for consideration.

3. CLOSURE OF THE SESSION

The DIRECTOR-GENERAL said that she was gratified by the representation of so many countries and the full commitment that had been demonstrated by Member States and staff alike. She thanked the Chairman for his leadership. While there was a clear need for reform, the representative of the WHO staff associations, who had been a member of the team preparing the proposals for the current session, had emphasized the many strengths already exhibited by the Organization. An inclusive and consultative Member State-driven process would be established to move forward, based on those existing strengths. WHO was facing many challenges but would emerge better able to address global health and achieve the objective of improving the health of all people in all countries. She quoted a Chinese prophet: the journey of a thousand miles began with a single step. The current special session of the Board had been an important and historic step with which to begin.

The CHAIRMAN said that the Board's special session had recognized the importance of reform for the future of the Organization, to enable it to achieve its objective of improving the health of all people. The Board was committed to that goal, and fruitful discussions and decisions would strengthen WHO in priority setting, governance and managerial reform. The inclusive approach to reform demonstrated the health of the Organization, even through self-criticism, while facing challenges and taking opportunities. The special session had facilitated a level of dialogue not normally attained during sessions of the Board, with the ongoing commitment and support of the Director-General.

After the customary exchange of courtesies, he declared the session closed.

The meeting rose at 20:05.
