



Method of work of the governing bodies

Report by the Secretariat

1. The Executive Board, at its 126th session in January 2010, considered an earlier version of this report. During the discussion, members expressed support for the Secretariat's efforts to foster more efficient and effective governance processes within WHO, and noted the proposals contained in the report for encouraging disciplined timekeeping, focused debate and adherence to good governance practices.¹ Following the session, the Secretariat has included consideration of this issue in its continuing dialogue with counterparts in the other organizations of the United Nations system, in order to permit an exchange of views, lessons learnt and best practices followed.

2. The present report contains a number of proposals that are designed to facilitate timekeeping and agenda management. In addition, it suggests benefits that could be achieved by taking advantage of new technologies in the production of the official records.

SUPPORTING TIMEKEEPING DURING THE HEALTH ASSEMBLY

3. The suggestions that follow outline possible approaches to limiting the time allotted for interventions during the Health Assembly.

4. **Plenary meetings.** It is proposed that the list of speakers for the debate on the address by the Director-General under agenda item 3 should be closed by the end of the first day. The list order would be strictly adhered to, passing to the next speaker should a delegation not be present in the room when called upon to speak. Barring extraordinary circumstances, the delegation concerned would not be added to the list for a later time. The purpose of this step would be to bring an earlier conclusion to the general debate and thus enable Committee B to begin its work sooner.

5. The Health Assembly customarily agrees to limit the duration of statements during the debate on the address by the Director-General to five minutes, or 10 minutes for group statements. (As a rough guide, to ensure optimum interpretation, a five-minute speech contains approximately 500 words, and a ten-minute speech 1000.) This reflects Rule 55 of the Rules of Procedure of the World Health Assembly, which states that "The Health Assembly may limit the time allowed to each speaker". The President of the Health Assembly may decide to ensure more rigorously that the Member States keep to their allotted time.

¹ See document EB126/2010/REC/2, summary record of the tenth meeting, section 3.

6. It is further proposed that Member States should be strongly encouraged to consolidate statements, in line with the guidance provided in resolution WHA46.11, which, *inter alia*, invited “all Member States to consider, at country and regional levels, contributing to joint statements in plenary on behalf of countries in an appropriate grouping, instead of their delegates’ presenting individual country statements”. This would be effective only if no other country from that group took the floor on the same agenda item or, if it were agreed that members of that group should be allotted a shorter time (e.g. three minutes) for their interventions.

7. **Meetings of the main committees.** The Chairmen of the main committees could be encouraged to direct the discussions more actively, systematically proposing that the committees limit the time allotted to speakers in accordance with Rule 55 of the Rules of Procedure (e.g. three minutes for general statements on substantive items, with five minutes for group statements), and rigorously enforcing those limits.

8. If necessary, the “traffic light” system used for the general debate in plenary, could also be used in the committees.¹ As in plenary, during the general discussion of an item, statements by one Member State on behalf of a group of Member States would be strongly encouraged, on the understanding that no other member of the group would speak. If, however, a member felt obliged to take the floor in addition to the group, the duration of its intervention would be kept to a minimum (e.g. two minutes). However, this proposal would not apply to the consideration of a draft resolution. Member States would also be encouraged to focus their interventions on debating the technical and policy aspects of agenda items with the aim of reaching a consensus rather than presenting statements on the situation in individual countries.

9. The speaking time for observers could be more restricted, and group statements could be encouraged, in particular for nongovernmental organizations.

MEASURES RELATING TO AGENDA MANAGEMENT

Rationalization of reporting requirements

10. The draft provisional agendas of the governing bodies are drawn up initially on the basis of reporting requirements mandated by previous resolutions, with additional items included in accordance with Rule 8 of the Rules of Procedure of the Executive Board and Rule 12 of the Rules of Procedure of the World Health Assembly. In recent years, Member States have worked to focus the agendas by using more consistent language in the paragraphs of resolutions that request action by the Director-General.

11. In resolution EB121.R1 the Board provided clear guidance on the need to define reporting parameters. It decided “... to review resolutions introduced during sessions of the Board with a view to ensuring that they contain a realistic time limit for validity, an appropriate provision for review, follow up and reporting on implementation, that they are concise, focused and action oriented, and that policy, programmatic and financial implications are taken into account, including reference to the

¹ This system uses lights to provide timekeeping guidance to a speaker: green indicates “more than one minute remaining”, amber indicates “one minute remaining”, and red indicates “time expired”.

Medium-term strategic plan”.¹ In order to reduce the number of implementation reports on agendas, it is proposed that Member States and the Secretariat should pay particular attention to ensuring that the frequency of such mandated reporting is kept to the minimum.

USE OF AVAILABLE TECHNOLOGY TO ENHANCE ACCESS TO GOVERNING BODY DOCUMENTATION

12. The Secretariat is taking measures within the Rules of Procedure of both the Health Assembly and the Board to facilitate access to pre-session documents and the official records of meetings. Certain steps are proposed for making greater use of the Governance pages on WHO’s web site, increasing speed of access to documents and modernizing the presentation of the verbatim record of the plenary session of the Health Assembly.

Pre-session documentation

13. All documents, translated into all official languages, are currently uploaded to the Governance pages on WHO’s web site as soon as they are ready for print. In order to encourage the maximum uptake through this, the most efficient form of delivery, the Secretariat is looking into establishing an RSS feed on the Governance home page of its web site,² which would provide Member States, WHO Representatives, and regional and country offices with an opportunity to subscribe to the feed and be automatically informed when new documents are posted. This presents clear opportunities for improved communication and the rationalization of costs related to print and dispatch.

14. The Health Assembly may wish to consider a minimized dispatch (a single copy of each document in the appropriate languages to the designated principal recipient in each Member State, as per the official list of addresses). Sets of documents would still be provided for Member States at each session. Any Member State experiencing difficulty in accessing documents electronically would be sent documents in the normal way, upon request.

Post-session documentation (official records)

15. The public plenary meetings of the Health Assembly will be digitally recorded and made available to Member States as soon as possible after the close of the session. Each intervention will be recorded and published in the language of original delivery.

16. The Health Assembly may wish to advise on the suitability of taking steps to modernize the verbatim record using an audio version of proceedings.

17. No change is proposed to the preparation of the summary record.

¹ This provision is also in keeping with an earlier Health Assembly resolution WHA47.14, which stipulates that: “the Chairman of the Executive Board, supported by the Director-General ...[shall] help to ensure that, when appropriate, draft resolutions that are first introduced in the Board clearly set out a realistic time-limit for validity of the resolution and an appropriate mechanism and interval for following up and reporting on implementation; ...”.

² RSS (Really Simple Syndication) feeds are text files that, once submitted to feed directories, will allow subscribers to see content within a very short time after it is updated.

ACTION BY THE HEALTH ASSEMBLY

18. The Health Assembly is requested to consider the report and provide guidance, in particular on the proposed measures to improve its method of work contained within the following paragraphs:

- measures to support time-saving and efficiency in paragraphs 4–9;
- measures for agenda management in paragraphs 10 and 11;
- use of technology to enhance access to governing body documentation in paragraphs 13–16.

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