

THIRD MEETING

Tuesday, 21 May 2013, at 16:00

Chairman: Dr W.T. GWENIGALE (Liberia)

1. WHO REFORM: Item 11 of the Agenda (Documents A66/48 and A66/50) (continued)

The CHAIRMAN invited the Committee to continue its discussion of the report on financing of WHO contained in document A66/48 and to consider the draft decision contained in document A66/50, after which he proposed to take up the draft resolution on the proposed programme budget 2014–2015 contained in document A66/7 Add.1 and the proposed amendments to the Financial Regulations and Financial Rules contained in documents A66/33 and A66/57, before turning to the discussion of the report on implementation of WHO reform contained in document A66/4.

Ms JACOB (Ireland), speaking on behalf of the European Union and its Member States, welcomed the proposed programme budget for 2014–2015 and was ready to support its adoption. She also supported the establishment of the proposed financing dialogue, which would ensure effectiveness and results, and guarantee the integrity of WHO's work through increased transparency, predictability, better budget alignment and joint accountability. She looked forward to an interactive, transparent dialogue.

The proposed amendment to Financial Regulation 5.1 as set out in document A66/33, with its recognition that Member States' legal obligations were limited to assessed contributions, was welcome. Since voluntary contributions were a significant source of funding for the Organization, the European Union fully supported efforts to raise the voluntary funding needed for the biennium 2014–2015 through the financing dialogue and a coordinated resource mobilization strategy. Flexible funding should be encouraged as a key means of improving the financing of WHO. She looked forward to proposals for incentivizing such funding as requested at the extraordinary meeting of the Programme, Budget and Administration Committee in December 2012.

The European Union welcomed the proposal for assessing the experiences of the first financing dialogue and the coordinated resource mobilization strategy prior to the commencement of the biennium 2016–2017, as outlined in document A66/48. There should then be a full assessment of the strategy during the second year of the financial cycle. The European Union looked forward to continued constructive engagement with WHO in achieving the shared objective of increasing the predictability and transparency of WHO's financing.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) said that reform was crucial in order to ensure that WHO could translate the resources collectively contributed by Member States into the maximum impact for people around the world, particularly those living in poverty. A sharper focus on agreed global health priorities would enable WHO to play its critical role as the lead global organization on health. She felt strongly that funding must be more closely aligned with agreed priorities and looked forward to participating in the new financing dialogue in order to achieve that aim. Any reform effort entailed difficult choices, and those who could remain focused on the bigger picture and embrace change were to be commended. That behaviour would earn the Organization international respect and strengthen WHO's leadership role. In a changing world, citizens expected more transparency and accountability, better financial management and better results from available resources. She saluted the reform efforts made by the Organization thus far and looked forward to further progress.

Dr MAHUGU (Kenya) observed that WHO's position as the overall directing and coordinating authority on international health work had been usurped by more robustly funded organizations. While he did not doubt their intentions or achievements, the multiplicity of global health actors had led to a lack of coordination in the field, fragmentation of health systems as a result of proliferation of initiatives, and duplication of activities and a lack of country ownership, especially in developing countries. Country ownership must be emphasized and resources must be channelled towards locally identified needs. Top-down approaches should be avoided.

WHO should refocus its core business on the health challenges facing countries in the twenty-first century. Reform of WHO's financing and management would enable the Organization to address those health challenges more effectively and avoid over-reliance on earmarked funding, which tended to be restricted to selected vertical programmes. He appealed to development partners to provide more flexible funding. Attention should also be paid to the market- and trade-driven interests of the international private, for-profit actors that, he affirmed, tended to dominate Health Assembly negotiations. The WHO reform process should result in securing WHO's position as the world's neutral and lead health organization.

Mr DEANE (Barbados) said that Barbados supported WHO reform as it would lead to improvement in the health status of populations and the advancement of health systems in Member States. Tackling the challenging task of reform would ensure that WHO could continue its leading role and enable the Organization to act as a broker between the many actors in international health. The world economic crisis had caused many in the health field to reflect on their mission, to reprioritize, and to strive to improve value for money. Those considerations had been at the centre of the reform initiative within the Organization. In order to ensure sustainability and harmonization of the reforms, they should be reflected at regional and country level and implemented in tandem with a robust continuous performance management system. Ensuring equitable distribution of resources among the regions was a matter of particular interest to the Member States of the Caribbean and to the Region of the Americas as a whole.

Dr KANITSORN SUMRIDDETHKAJORN (Thailand) commended WHO's commitment to improving the transparency and alignment of the Organization's financing. He particularly welcomed the proposed financing dialogue, an innovative mechanism that would increase the predictability and transparency of financing. He was optimistic that the mechanism would succeed in mobilizing the resources necessary for essential programme areas, especially those relating to human resources for health and the International Health Regulations (2005), and for the normative functions of WHO.

WHO's chronic underfunding would lead to ever-greater reliance on voluntary contributions, which were often earmarked, not only for programmes but also for countries and regions. His delegation therefore wished to propose a gradual increase in assessed contributions. The Programme, Budget and Administration Committee should explore the political feasibility of such an increase, which would gradually ensure the financial security of the Organization and the survival or resuscitation of essential activities and functions.

Mr MAMACOS (United States of America) expressed strong support for the proposed financing dialogue, which he saw as a critical step in the process of putting WHO on a more sustainable financial footing. As a significant donor, his Government recognized its responsibility in helping to ensure the dialogue's success and was committed to participating actively in the proposed first meeting and to providing full and transparent information on its current and planned contributions. He understood the limitations on participation by some potential external donors, as work was still under way on a set of principles and policies for WHO engagement with non-State actors. However, recognizing the innovative nature of the dialogue, and the need to think creatively about resource mobilization, he encouraged the Organization to be as inclusive as possible throughout the process.

The results of the financing dialogue should be submitted to the Executive Board in January 2014, together with initial information from the Secretariat on the planned allocation of assessed and flexible voluntary contributions. To require reporting at an earlier stage could inadvertently reduce incentives for voluntary contributions. It would also be useful for the Secretariat to provide the Board with an update on the resource mobilization strategy for the biennium, together with its plan for closing any remaining funding gaps. It was to be hoped that the proposed resource mobilization strategy would incorporate more active involvement with a broader set of stakeholders, including some non-State actors.

Mr RAO (India) welcomed the proposal to establish a structured and transparent financing dialogue. Since the mechanism did not yet exist, it was hard to say how well it would work and whether it would ensure control over the availability of funds before the beginning of a biennium. It should, however, increase the predictability of resources. India strongly supported higher assessed contributions and more flexible voluntary contributions.

He looked forward to the outcome of the review of organizational design aimed at ensuring that structure followed function and moved WHO towards more effective matrix management across the Organization, which would be critical for effective implementation of the programme budget in the period 2014–2015. He was pleased to note that the recommendations arising from the United Nations Joint Inspection Unit review of management, administration and decentralization in WHO had been included in the reform implementation plan. His Government reiterated its commitment to WHO reform, a process to which it had contributed US\$ 50 000 in 2013.

Dr USHIO (Japan), acknowledging the steady progress made on each component of WHO reform, expressed particular appreciation for the headway made on management reform, notably with respect to the financing of WHO. He supported the idea of approving the entire programme budget, which would enhance Member States' commitment and ownership with respect to WHO's resource requirements. He also supported the establishment of a financing dialogue. While the first meeting would be an important way to obtain detailed information on the funding needs of WHO, the second meeting would be crucial for the success of the new undertaking. In order to achieve the objectives of the second meeting – namely, to increase the predictability and alignment of WHO's financing and to formulate an approach to redress funding shortfalls – thorough planning and preparation would be required, including the provision of information to Member States and to non-State contributors well in advance of the meeting.

Mr BLAIS (Canada) welcomed the proposed establishment of a financing dialogue. He supported continued human resources reform aimed at ensuring that WHO had the right people and competencies to meet the needs of Member States. WHO should move to a culture of evaluation and accountability that would hold managers accountable for delivering reform measures, a process that would necessitate organizational change, including a review of the competencies that managers required. That effort should be supported by training. Quality management should be encouraged by including management competencies in recruitment criteria and in training goals. Priority-setting had been significantly enhanced as a result of reform, as evidenced by the draft twelfth general programme of work and the proposed programme budget for 2014–2015. The next step would be to achieve better alignment of resources with priorities. To that end, funding ceilings for the categories should be established and core funding should be aligned with the core work of the Organization.

Governance was an area of reform that was lagging. The Secretariat had shown a willingness to change, but Member States had been reluctant: it was time to focus on that crucial area. Canada supported the development of clear strategies for engaging non-State actors, in particular the private sector and civil society. To be successful, such strategies must include approaches for engaging with those that did not have a voice because they were poor, sick or not represented through official channels.

Mr LI Mingzhu (China) agreed that there was a need to accelerate and strengthen governance reform, which was lagging behind programmatic and management reform. In the area of management there was a misalignment between staffing and funding, since current policies encouraged staff to seek long-term employment whereas the Organization's funding was largely for short-term projects. He sought an update on progress toward the development of a model for strategic workforce planning and career development that would distinguish long-term functions (for which predictable long-term funding would be required) from time-limited projects linked to short-term funding.

Ms HERNÁNDEZ NARVÁEZ (Mexico) expressed support for efforts to improve the predictability of WHO's financing. That would strengthen programme implementation, as well as transparency and accountability in the use of resources. The financing dialogue would assist in that process: it would strengthen budget oversight and execution and improve alignment between financial contributions and programme priorities, thus making the budget a resource planning and risk management tool. The modalities and method of implementation of the financing dialogue could be improved over time in the light of experience and any recommendations made by the Independent Expert Oversight Advisory Committee.

Dr AL KALBANI (Oman) said that priority-setting in global health was at the forefront of the reform process, as were alignment of resources with priorities and greater harmonization and improved coordination among global health organizations. He favoured adoption of the draft decision contained in document A66/48. Concerning the proposed changes to the Rules of Procedure of the Executive Board, a study of their legal implications should be conducted and its findings presented to the Executive Board at its 134th session in 2014. With regard to managerial reform, he applauded the recommendations set forth in annexes 2 and 3 of the report on the high-level implementation plan for reform (document A66/4).

Mr KÜMMEL (Germany) supported approval of the entire programme budget by the Health Assembly. He also strongly supported the establishment of a financing dialogue, although the role of the governing bodies must not be weakened as a result of the dialogue. The financing dialogue should be viewed as a joint learning exercise for Member States and the Secretariat, one that offered the potential to match voluntary funding to needs and to increase understanding of how WHO operated on the ground, thereby strengthening transparency concerning the Organization's activities. The dialogue would also make it possible to allocate flexible resources strategically on the basis of expected voluntary funding. The financing dialogue would only be successful, however, if there was a good understanding of the funding that had already been secured, including voluntary funding from the Organization's three largest donors, most of which was based on multi-year agreements that covered more than one biennium. It was the role of the governing bodies to review the outcome of the financing dialogue and the strategic allocation of flexible resources.

Dr IDRIS (Nigeria) expressed concern that funding constraints continued to undermine the ability of WHO to be the prime authority in coordinating and directing global health. His delegation welcomed the proposed financing dialogue and called on Member States to mobilize additional resources for the Organization, with emphasis on flexible and predictable funding.

Professor AZAD (Bangladesh) said that reform would help to shape WHO into a dynamic organization capable of leading health reform both before 2015 and in the context of the post-2015 development agenda. The guidelines set out in document A66/48 concerning the proposed financing dialogue suggested that assessed and voluntary contributions would be merged, which was a source of concern. While he appreciated that the purpose of the merger was to ensure accountability and closer oversight of voluntary contributions by the Health Assembly, he was uncertain about its implications for the flow of funds to Member States. He noted that, although the South-East Asia Region had the

highest proportion of population with unmet health needs, it expected to see a decrease in its budget allocation in the biennium 2014–2015. Since financing reforms were being introduced in order to improve transparency in the allocation of funds, clear policies and guidelines should be established to ensure that the certainty of funding to regions and countries in need would not be compromised in any way as a result of the future financing dialogue.

Mr GRIFFITHS (World Vision International), speaking at the invitation of the CHAIRMAN, said that the present unbalanced funding arrangement had a significant impact on WHO's ability to oversee global health governance. The draft twelfth general programme of work outlined clear priorities which, if aligned with donor funding, would help to deal with reform challenges. However, care must be taken to prevent funders' priorities from shaping WHO's agenda; that would require an increase in the proportion of core and flexible funding that the Organization received. Ensuring that projects were aligned with legitimate WHO priorities should be a prerequisite for accepting non-State funding. Transparency, accountability and credibility of the non-State actors concerned were the key, as was an environment that fostered effective engagement and dialogue. An inclusive, representative forum would help to manage the risks associated with accepting funding from non-State actors and ensure that vested interests were balanced. WHO's engagement with non-State actors at country level should seek to enhance States' accountability to their populations without undermining their sovereignty, a process that would require the development of critical skills, especially among country office staff.

Ms FABBRI (Medicus Mundi International – International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, expressed scepticism that the proposed financing dialogue, which would in essence be a pledging conference, would enhance the alignment of resources with outputs agreed by Member States, since it was doubtful that donors would support programmes that they had not supported in the past. Moreover, the power of donors to shape WHO's agenda would in no degree be reduced by the proposed arrangements, despite claims regarding enhanced transparency. The proposed dialogue presumed a continued freeze on assessed contributions, although that was one of the fundamental causes of WHO's current financial difficulties. She urged Member States to implement a substantial increase in assessed contributions as proposed during the extraordinary meeting of the Programme, Budget and Administration Committee in December 2012.

The Secretariat had put forward several initiatives aimed at promoting a more flexible workforce; however, one of those initiatives, the extension of the continuous service requirement from five years to 10 years, would clearly have a prejudicial impact on the gender balance of the WHO staff because women were less likely to have continuous service records. The Secretariat had also articulated a commitment to strengthening technical and policy support to Member States, but the specific initiatives described in document A66/4 were very weak. There were structural weaknesses in WHO's country-level engagement. Health development at the national level was in part a function of national politics, including the interplay of government and civil society. By cultivating a stronger relationship with civil society at the global and regional levels, WHO could contribute to a much richer engagement in health development at the national level.

Dr GUINTO (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN and expressing appreciation for the efforts to improve WHO's engagement with non-State actors, said that meaningful youth participation was vital to effective global health governance and health development, as acknowledged in resolution WHA64.28. He urged the specific recognition of youth organizations in the overarching principles of WHO's engagement with non-State actors to be presented to the Executive Board at its 133rd session. His organization had been working to forge coalitions in order to promote greater youth participation. Before the Health Assembly, it had convened more than 40 young leaders to craft a unified youth voice on key agenda items affecting youth. The Organization should provide support for initiatives of that kind and create a formal space for youth engagement; Member States should include a youth

delegate in their Health Assembly delegations. Youth brought a unique and creative perspective, and its voice was essential to the future of global health and WHO.

He urged Member States to clarify WHO's policies with respect to relations with nongovernmental organizations, including procedures and criteria for involvement of those nongovernmental organizations with conflicts of interest. Financial or commercial interests must be fully disclosed and managed in decision-making processes.

Mr MALPANI (MSF International), speaking at the invitation of the CHAIRMAN, said that, in pursuing the reform agenda, Member States should ensure that they safeguarded WHO's core functions. He called on Member States and the Director-General to ensure that WHO continued to be the directing and coordinating authority on international health work and to strengthen and protect the Organization's ability to play that role throughout the reform process. The question of financing was the key to successful reform and must be kept at the centre of all reform-related discussions. Adequate, regular budget support must be secured for the core functions. Predictable and adequate financing would ensure that WHO could fulfil its mandate as the world's leading global health body, pursuing evidence-based policy that was free from outside pressure and conflicts of interest.

The DIRECTOR-GENERAL expressed appreciation for the guidance and broad support received from Member States and civil society representatives on WHO reform. The financing dialogue would be new for both Member States and the Secretariat, and it would be necessary for them to work together to make the process successful. She would meet with regional directors, WHO senior management and the Chairman of the Programme, Budget and Administration Committee in order to reflect on Member States' advice and expectations and prepare for the first meeting of the financing dialogue. The Secretariat would also continue to receive valuable guidance from the members of the Programme, Budget and Administration Committee and to work in cooperation with the Independent Expert Oversight Advisory Committee. She had taken due note of Member States' expectation that they would receive documents well in advance of the June and November 2013 financing dialogue meetings and that clear financial information would be provided to enable them to decide how they wished to invest in the Organization. A web portal would be set up for that purpose.

Member States had also raised various questions on the role of the governing bodies. Although the reform process would require changes in behaviour from both Member States and the Secretariat, the ultimate decision-making authority of the governing bodies would always be respected. She reiterated her commitment to provide regular updates to the governing bodies on income, expenditure and implementation and in turn to act on the guidance and decisions received from them. Member States and the Secretariat were embarking together on a positive process in which she stood ready to promote accountability and dialogue. She welcomed the atmosphere of high-level constructive engagement in which the dialogue had begun.

The CHAIRMAN said that, in the absence of any further comment, he would take it that Member States were ready to adopt the draft decision, as amended by the Programme, Budget and Administration Committee in document A66/50.

The draft decision was approved.¹

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA66(8).

2. PROGRAMME AND BUDGET MATTERS: Item 12 of the Agenda (continued)

Proposed programme budget 2014–2015: Item 12.3 of the Agenda (Documents A66/7, A66/7 Add.1 and A66/53) (continued from the second meeting, section 1)

The CHAIRMAN drew attention to the draft resolution contained in document A66/7 Add.1, entitled “Programme budget 2014–2015”.

Dr ARMSTRONG (Secretary) said that a proposed amendment to paragraph 10 of the draft resolution had been submitted by Ireland on behalf of the European Union, whereby the words “as presented in document A66/7, including the outcome of the financing dialogue, the strategic allocation of flexible funding and the results of the coordinated resource mobilization strategy” would be inserted after “implementation of the budget” and the words “for review and endorsement” would be inserted after “World Health Assembly” at the end of the paragraph.

Ms PATTERSON (Australia) said that she understood and endorsed the rationale behind the proposed amendment but requested that the words “for review and endorsement” be struck from the end of the paragraph. It was sufficient, and in line with the standard approach taken in Health Assembly resolutions, simply to request the Director-General to report to the governing bodies. It was the responsibility of the governing bodies then to consider and review each report and to decide what, if any, action was required.

Ms BLACKWOOD (United States of America) agreed with the suggestion to remove the words “for review and endorsement” and further proposed that “including” be replaced with “and on” so as to make the intention of the paragraph clearer. Noting the potential burden on the Secretariat, she sought clarification on precisely which reports would be provided, when they would be provided and whether the European Union anticipated the provision of one report with three sections or three separate reports.

Dr TRIONO SOENDORO (Indonesia), speaking on behalf of the Member States of the South-East Asia Region, expressed concern about the proposed budget allocation to the Region for 2014–2015, which was US\$ 44 million, or 11.5%, lower than in the previous biennium. The Member States of the Region, in a spirit of global solidarity and mindful of the need to avoid major programme disruptions, sought clarification from the Director-General that there would be no abrupt reduction in the proportion of assessed contributions allocated to the South-East Asia Region and that programmes of key importance to the Region, particularly in the area of disease surveillance and response, would be safeguarded.

Dr WARIDA (Egypt), supported by Dr ERSHADI (Islamic Republic of Iran), expressing appreciation for the draft resolution, said that he looked forward to the full and transparent implementation of what was an excellent and realistic budget for the Organization. National implementation of the programmes and activities set out therein must, however, be consistent with the priorities of each State with respect to health, cultural, social, disease and environmental matters.

The DIRECTOR-GENERAL affirmed that the Secretariat would, to the extent possible with the resources available, align its work with country priorities; to that end, it was crucial for Member States to communicate their priorities. She pledged to do her utmost to work with all countries to mobilize the resources needed to fully fund the proposed programme budget. She would also work with the Chairman of the Programme, Budget and Administration Committee and with WHO’s staff to ensure that the allocation of resources across regions was fair and transparent and that the resources mobilized were used to produce results at country level.

Ms JACOB (Ireland) said that the aim of the amendment she had proposed was to facilitate the joint learning process between Secretariat and Member States to which the Director-General had alluded earlier. She welcomed the proposal by the delegate of the United States of America to substitute “and on” for “including”, as that wording would help to clarify the provisions of the paragraph. She was also comfortable with removing “for review and endorsement”, since such action was already part of the work of the governing bodies.

Mrs ESCOREL DE MORÃES (Brazil), recalling the earlier request for clarification on the criteria for allocating resources to the different regions, questioned whether the draft resolution, as amended, adequately reflected the fact that criteria would be developed and submitted through the Programme, Budget and Administration Committee for approval by Member States. The draft resolution should contain an explicit statement to that effect.

The DIRECTOR-GENERAL, responding to the delegate of Brazil, recalled that during the Programme, Budget and Administration Committee’s last meeting, the member for Mexico had raised the matter on behalf of the Member States of the Region of the Americas. It was important to understand that the programme budget for 2014–2015 would be a transitional budget. The aim was to incorporate into it all relevant principles and criteria. The Secretariat would work with the Programme, Budget and Administration Committee and would report back to the governing bodies once the criteria for strategic resource allocation had been formulated. If Member States agreed, the criteria would be implemented in the programme budget for 2016–2017.

Ms HERNÁNDEZ NARVÁEZ (Mexico) welcomed the clarification from the Director-General and affirmed that the matter had been discussed by the Programme, Budget and Administration Committee, which had decided to recommend to the Health Assembly that it approve a decision relating to the process outlined by the Director-General. The draft decision appeared in the Committee’s report, contained in document A66/53.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in document A66/7 Add.1, as amended.

The draft resolution, as amended, was approved.¹

The CHAIRMAN drew attention to the draft decision contained in paragraph 13 of document A66/53 relating to the proposed programme budget for 2014–2015 and said that, in the absence of any objection, he would take it that the Committee wished to approve the draft decision.

The draft decision was approved.²

Amendments to the Financial Regulations and Financial Rules: Item 21.6 of the Agenda (Documents A66/33 and A66/57) (transferred from Committee B)

Dr THABET NASHER (Yemen), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, summarized the Committee’s report on the item, contained in document A66/57, noting in particular the amendments to the Financial Regulations and Financial Rules suggested by the Committee in addition to those proposed by the Director-General in document A66/33. The Committee, on behalf of the Executive Board, had recommended that the Health

¹ Transmitted to the Health Assembly in the Committee’s first report and adopted as resolution WHA66.2.

² Transmitted to the Health Assembly in the Committee’s first report and adopted as decision WHA66(9).

Assembly should adopt the draft resolution contained in document A66/33, with the additional proposed amendments.

The CHAIRMAN said that in the absence of any comment, he would take it that the Committee wished to approve that draft resolution, including the amendments proposed by the Programme, Budget and Administration Committee.

The draft resolution was approved.¹

3. WHO REFORM: Item 11 of the Agenda (Documents A66/4 and A66/49) (resumed)

Dr THABET NASHER (Yemen), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, summarized the report of the Committee on the item, contained in document A66/49, and said that the Committee had recommended that the Health Assembly note the report of the Director-General.

Mr PELLET (France) said that his Government shared the Director-General's ambition to modernize WHO and would follow with great interest the implementation of the reform decisions taken to date, particularly in relation to the Programme budget 2014–2015 and the Twelfth General Programme of Work, 2014–2019. The reform process would not be complete if three key outcomes were not achieved, the first being improved accountability at all levels of the Organization. Given WHO's decentralized nature, the success of reform would be measured on the basis of positive changes in regional and country offices, in particular enhanced accountability and transparency in WHO's activities on the ground. The second essential outcome of reform was a successful financing dialogue leading to tangible results in terms of funding for the priority activities identified by Member States. The difficulties with regard to predictability and flexibility of funding would not disappear immediately, however, and a medium-term evaluation of the financing dialogue should therefore be carried out so that the methodology could be adjusted if necessary. Lastly, WHO needed a strong and differentiated framework for engaging with the various categories of non-State actors in a manner that preserved the Organization's credibility, independence and role as a global health leader and that protected it against conflicts of interest.

Mr HOLM (Sweden), speaking also on behalf of Denmark, Finland, Iceland and Norway, said that a complete and comprehensive implementation plan was essential to reform and to follow-up on progress made. The plan must be supported by sufficient financial and human resources. Any short-term increases in the budget to meet such needs should be viewed in the context of securing long-term savings and improvements, although short-term investments must also deliver results. Regarding human resources, the Nordic countries underscored the particular importance of implementing actions to support a flexible workforce, to streamline recruitment processes and to enhance performance management.

He asked whether any funding gaps remained in the budget for reform in the current biennium and requested more information about the cost of each reform step and the efficiency gains that would be generated by the various aspects of reform. It was unclear how the achievement of some of the key outputs of the reform process would be measured, and further development of the necessary indicators would therefore be useful. The work done to clarify the roles and functions of the three levels of the Organization was welcome, but more information on the timeline for concluding that work and for reporting back to the governing bodies would be appreciated.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA66.3.

Ms PATTERSON (Australia), welcoming the progress made to date on reform, stressed the importance of maintaining momentum in order to ensure that all of the outputs scheduled for completion in 2013 were achieved. Australia supported the continued engagement of the Independent Expert Oversight Advisory Committee in the reform process and was pleased that the report contained in document A66/4 was cross-referenced with the recommendations of the United Nations Joint Inspection Unit. As the reform process continued, it would be essential to have mechanisms in place for ensuring that expected outcomes were achieved. The performance management and reporting indicators provided a useful framework, as did the reporting requirements in the Programme budget 2014–2015, but over time it might be useful to adjust the implementation report in order to strengthen the focus on outcomes arising from the reform measures. She was pleased to inform the Committee that Australia had pledged one million Swiss francs to support the reform process in 2013.

Dr KANITSORN SUMRIDDETHKAJORN (Thailand) said that the reform process was timely, given the Organization's need to maintain its relevance and integrity among an increasing number of global health actors. He supported the criteria set out for programmatic priority-setting under the Programme budget 2014–2015 but would have expected a somewhat larger allocation for noncommunicable diseases. Given the increasing burden of such diseases in both developing and developed countries and the many challenges associated with them, the increase from 6.7% of the overall budget in 2012–2013 to 8% in 2014–2015 might not be sufficient. More resources should be allocated to the noncommunicable disease category, and a clear, effective plan should be developed to strengthen the technical capacity of Member States to implement the action plan for the prevention and control of noncommunicable diseases 2013–2020.

With an increasingly constrained budget, the Secretariat's engagement with Member States, nongovernmental organizations and other key actors was salutary. The Organization's knowledge and credibility were its strengths and could be valuable tools for attracting donors to support its programmes. The many partnerships developed with and between other global health actors and donors had contributed to the achievement of health objectives, but it must be ensured that WHO retained its presence and leadership role in the global health community. Systematic reforms with regard to recruitment processes and resource mobilization were needed for that purpose. It was also crucial that reform activities were rigorously implemented not only at headquarters but in all regional and country offices.

Dr BEN MAMOUN (Morocco) said that the fundamental challenge at the current juncture was to implement reform in a timely and reasonable manner, taking into account the recommendations contained in annexes 2 and 3 of the report (document A66/4). Priority-setting, in particular, must be emphasized and efforts undertaken to ensure that health occupied an important place in the post-2015 development agenda. Stronger linkages should be established between headquarters and regional and country offices, as should a mechanism for assessing outcomes. Throughout the reform discussion, Member States had constantly emphasized their wish to strengthen WHO's political and technical roles, which would in turn enable it to play a forward-looking role in the field of global health.

Mr MAMACOS (United States of America) said that the reform implementation steps taken by Member States and the Secretariat would help WHO to modernize and to meet new expectations with regard to transparency and accountability. He welcomed the work already undertaken to improve human resources policies, including staff rotation, but agreed with the delegate of Canada and others on the need for continued improvements in the area of human resources management. The Secretariat should present additional analyses and recommendations in the coming months with a view to furthering such reforms at all levels of the Organization.

Ms SY (Senegal), speaking on behalf of the Member States of the African Region, welcomed the progress made so far in implementing reform at both global and regional levels. It was not clear, however, what had been done so far with regard to the key objective of strengthening country offices.

Recalling the constructive discussions of the Executive Board at its 132nd session, she said that the Region looked forward to receiving proposals from the Secretariat on various aspects of reform, particularly the streamlining of the work of the governing bodies. It would be important to maintain respect for the sovereign rights of all Member States and to preserve the role of the Health Assembly as the Organization's supreme decision-making body.

The high-level implementation plan was detailed and quantifiable and greatly facilitated Member States' monitoring of the action taken on reform decisions. She welcomed the inclusion of change management as an integral part of the reform process and commended the incorporation into the implementation plan of the recommendations of the independent evaluation and of the United Nations Joint Inspection Unit. The plan could be further improved, however, by including an additional column in the outputs tables, indicating the reasons for any delay in implementation.

Mr KÜMMEL (Germany), affirming his country's commitment to the long-term strengthening of WHO and its role as a global health policy coordinator, said that the Secretariat's efficiency must be boosted, in particular through appropriate structures at all levels for the management and quality assurance of its activities. Such structures were also needed in order to ensure that WHO could continue to compete with other, younger global health actors. Strengthening the Organization required more than purely internal management reforms, however; open discussions with other health actors were necessary.

The frequent meetings of the WHO Global Policy Group represented significant and positive steps towards improving coordination between headquarters and the regions, but the results of the Group's discussions needed to be communicated more clearly and widely throughout the Organization in order to ensure coherent action at all levels. Germany fully endorsed the Director-General's statement that improving performance in countries was at the core of reform and welcomed her commitment to ensuring full transparency in order to improve efficiency. Comprehensive information should be shared with the governing bodies about WHO's presence and effectiveness at the country level so that Member States could provide guidance.

Mr SEN (Turkey) said that the information in the report was well structured and would enhance Member States' understanding of the reform implementation process. He welcomed the inclusion of change management as a component of that process, as it was essential to the success of reform. There were, however, certain areas that should be refined further. More information was needed, for example, on potential risks associated with weaknesses in the Organization's institutional structure and on any corrective measures that might be taken. In future reports the Secretariat should provide further information on both external and internal risks and on expected mitigating actions for all risk areas. The inclusion of target dates for the achievement of outputs was valuable, but in some instances only the start date was given, without any information on the expected end date of the particular reform activity. The report should specify those dates or, if appropriate, indicate whether the activity was deemed to be open-ended, so as to avoid any confusion. Budgetary figures for reform outputs had been provided only for 2012–2013; figures should also be provided for 2014–2015 as many of the target dates fell in that biennium.

The financing of WHO was perhaps the most important aspect of the reform process, since without the necessary funds for implementation the reform process would not produce the desired results. Regular updates should be provided on the availability and allocation of resources, both in future implementation reports and on the dedicated WHO reform web site. Such a step would improve transparency within WHO and enable Member States to monitor progress and provide guidance when necessary.

Mr SVERSUT (Brazil) said that the implementation plan and report contributed greatly to transparency and accountability and clearly showed progress in the reform process to date. He supported the establishment of the financing dialogue, as sustainable funding was essential in securing WHO's role as the leading global health agency. The dialogue would be a learning process for both

Member States and the Secretariat but would hopefully ensure the necessary predictability in funding for priority activities and programmes. Brazil would follow with particular interest the decisions taken with regard to the participation of non-State actors in the financing dialogue and the formulation of policies to strengthen wider engagement with such actors.

Dr SMITH (Adviser to the Director-General) confirmed that the Secretariat would continue to improve the implementation report and plan and would in future include a stronger risk management framework, start and end dates for outputs, and strengthened indicators. The Secretariat would also endeavour to ensure that the report better captured the impact of reform at country level. He acknowledged the many comments made regarding human resources and the need to make that area a key focus of reform. Responding to the request from the delegate of China for an update on the new workforce model, he noted that the annual report on human resources, contained in document A66/36, provided examples of changes in the model, particularly with respect to contract reform, mobility and rotation. The Secretariat would post on the dedicated WHO reform web site the report of the taskforce established to resolve the lack of clarity on the roles and functions of each of the three levels of WHO. An update on the taskforce's work would also be provided at the sessions of the Programme, Budget and Administration Committee and Executive Board in January 2014.

With regard to funding for reform efforts, he expressed appreciation for Australia's very welcome contribution of one million Swiss francs. The overall reform budget for 2012–2013 was US\$ 17.8 million, of which US\$ 12.8 million was currently available, meaning there was still a funding gap of about US\$ 5 million. The budget for reform in the biennium 2014–2015 would be approximately US\$ 16 million.

The Committee noted the report.

The meeting rose at 18:15.