

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

**WHO headquarters, Geneva
Monday, 9 November 2020, scheduled at 14:00**

**Chair: Mr M.H. KONATE (Mali)
later: Ms E. WILDE (Australia)**

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COMMITTEE B

FIRST MEETING

Monday, 9 November 2020, at 15:25

Chair: Mr M.H. KONATE (Mali)

later: Ms E. WILDE (Australia)

1. OPENING OF THE COMMITTEE: Item 16 of the agenda

The CHAIR welcomed the participants.

Ms Wilde took the Chair.

Election of Vice-Chairs and Rapporteur

Decision: Committee B elected Ms Elizabeth Wilde (Australia) and Dr Ahmad Jawad Osmani (Afghanistan) as Vice-Chairs, Mr Amadou Thiam (Mali) as Vice-Chair ad interim and Mr Tashi Penjor (Bhutan) as Rapporteur.¹

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 18 of the agenda

Budget matters

Programme budget 2020–2021: Item 18.1 of the agenda (documents A73/4, A73/16 Rev.1 and A73/36)

Financing and implementation of the Programme budget 2018–2019 and outlook on financing of the Programme budget 2020–2021: Item 18.2 of the agenda (documents A73/17 and A73/37)

Managerial, administrative and governance matters

Geneva buildings renovation strategy: Item 18.3 of the agenda (documents A73/4 and EB146/2020/REC/1, decision EB146(3))

¹ Decision WHA73(20).

WHO reform: Item 18.4 of the agenda (documents A73/4, A73/18, A73/19 and EB146/2020/REC/1, decisions EB146(16) and EB146(21))

Evaluation of the election of the Director-General of the World Health Organization: Item 18.5 of the agenda (documents A73/20, A73/20 Add.1, A73/41, A73/20 Add.2 and EB146/2020/REC/1, decision EB146(22))

Data and innovation: draft global strategy on digital health: Item 18.6 of the agenda (documents A73/4, A73/4 Add.3 and EB146/2020/REC/1, decision EB146(15))

Staffing matters

Human resources: annual report: Item 18.7 of the agenda (documents A73/21 and A73/40)

Report of the International Civil Service Commission: Item 18.8 of the agenda (document A73/4)

Amendments to the Staff Regulations and Staff Rules: Item 18.9 of the agenda (documents A73/22 and EB146/2020/REC/1, resolution EB146.R5)

The Committee noted that, following the written silence procedure,¹ the Health Assembly had adopted the draft decisions recommended in EB146(3),² EB146(16),³ EB146(21)⁴ and EB146(22).⁵

The CHAIR drew the attention of the Committee to the draft resolution contained in document A73/20 and the draft decision contained in document A73/20 Add.1 pertaining to the election of the Director-General, the draft decision recommended in decision EB146(15) on data and innovation: draft global strategy on digital health and the draft resolution recommended in resolution EB146.R5 on salaries of staff in ungraded positions and of the Director-General.

The representative of SINGAPORE expressed support for the draft global strategy on digital health 2020–2025, observing that digital innovation had the potential to improve the accessibility, affordability and quality of care. Remaining challenges included ensuring sufficient broadband coverage, developing cybersecurity capacities, and boosting research and innovation. Given the disparities between Member States in terms of digital readiness, the development of a set of global guidelines and standards, particularly regarding governance, was welcome. A maturity matrix to allow benchmarking of readiness should also be introduced so that Member States could pace themselves according to national priorities and constraints.

The representative of GHANA, speaking on behalf of the Member States of the African Region, thanked the Regional Office for Africa for involving Member States in the initial implementation of the WHO results framework for the Thirteenth General Programme of Work, 2019–2023. He requested further information on plans to scale up the consultation process to include all Member States and said that the output scorecard should use the regional key performance indicators to reflect each region's

¹ Decision WHA73(7).

² On 3 August 2020, the Health Assembly adopted decision WHA73(10).

³ On 3 August 2020, the Health Assembly adopted decision WHA73(13).

⁴ On 3 August 2020, the Health Assembly adopted decision WHA73(15).

⁵ On 3 August 2020, the Health Assembly adopted decision WHA73(16).

specific priorities and context. The funding shortfall for polio eradication was a cause of concern, since poliomyelitis disproportionately affected low-income countries, as were the shortfalls in funding for the WHO Health Emergencies Programme and other programmes. The Secretariat should work with its partners to support human resource capacity by investing a greater proportion of flexible funding and voluntary contributions in countries and should provide regular reports to the governing bodies on the equity-based and country-focused allocation of those sources of funding.

Agreeing that health days were powerful tools to raise awareness of health challenges and noting the associated budgetary concerns, he welcomed the proposals to streamline the organization of such days and expressed support for the introduction of World Neglected Tropical Diseases Day, which met the proposed criteria. He thanked Member States for their contribution to informal consultations on the evaluation of the election of the Director-General and expressed support for the associated draft decision and draft resolution. His Region also endorsed the draft global strategy on digital health 2020–2025, as it was aligned with the goals of the Thirteenth General Programme of Work, 2019–2023, the health-related Sustainable Development Goals and the Digital Transformation Strategy for Africa. Developing countries required support, however, to address the substantial barriers they faced in implementing digital health systems. Although positive trends had been reported regarding human resources, particularly concerning gender parity, staff training and talent retention, further progress was needed on geographical representation, especially of underrepresented and unrepresented countries.

The representative of BRAZIL welcomed efforts to develop the results framework, and asked how it would be adjusted in view of the proposed extension to 2025 of the Thirteenth General Programme of Work, 2019–2023. Although the pandemic of coronavirus disease (COVID-19) had affected implementation of the Programme budget 2020–2021, the usual pace should be resumed as soon as feasible. Efficiency gains should be sought before any further discussions on the growing financial needs of the Organization. When considering whether to sunset resolutions as part of WHO reform, Member States should aim to retain those with valid public health mandates. Approval of the draft global strategy on digital health 2020–2025 would be an important step, and he outlined several national initiatives in that area, including in response to the COVID-19 pandemic.

The representative of JAPAN, expressing appreciation for work to develop the proposed programme budget for 2022–2023, especially given the impact of the COVID-19 pandemic, said that Member States should be given a proper opportunity to contribute to that work. Expectations of WHO were particularly high during the current pandemic and as it undertook organizational reform; the Secretariat needed to guarantee better fund allocation, efficient implementation and good accountability and transparency. In addition, although gender balance within the Organization had improved, further efforts were needed on regional diversity, as cultural diversity was key to ensuring meaningful discussions. Efforts should be made in underrepresented countries to develop the necessary human resources, while the Secretariat needed to carry out recruitment missions and accept more interns from those countries.

The representative of KENYA noted that projected funds had decreased for the base Programme budget 2020–2021 and asked how that would affect the targets of the Thirteenth General Programme of Work, 2019–2023 particularly at the regional and country levels. It was a cause for concern that the polio eradication segment had the lowest level of financing of the four budget segments. Highlighting several national digital health initiatives, she expressed strong support for the adoption of the draft global strategy on digital health 2020–2025.

The representative of THAILAND welcomed the development of the results framework for the Thirteenth General Programme of Work, 2019–2023, in consultation with Member States, expressing support for the Programme, Budget and Administration Committee's recommendation to continue discussions on additional indicators, such as service coverage for mental health – which had been

affected by the COVID-19 pandemic. National health systems needed to be more resilient in order to provide essential services during public health emergencies, while investment in reliable data and health information systems was necessary to monitor progress towards the Sustainable Development Goals. Despite the challenges posed in terms of ethics and human relations, trusted digital health tools, which had seen widespread use during the pandemic, were essential.

The representative of CHINA, highlighting differences in national data collection capacities, asked how the Secretariat would ensure that figures were credible and comparable. Attention was needed to ensure that indicators of universal health coverage, which might be measured differently in different economic and social contexts, were used fairly when prioritizing allocations. Her Government was pleased that funding for the biennium was generally stable, and looked forward to the next report on the financing and implementation of the Programme budget 2020–2021. Improvements in the staff gender balance and the proportion of staff members in the professional and higher categories from developing countries were welcome, although more work was needed to reach the target of at least 50% of interns originating from the least developed and middle-income countries. The decline in the proportion of staff at country offices was also cause for concern; their capacities should be strengthened to align their skills with the needs of Member States.

The representative of GERMANY, speaking on behalf of the European Union and its Member States,¹ said that the candidate countries Turkey, North Macedonia, Montenegro and Albania, as well as Ukraine, the Republic of Moldova, Armenia, and Bosnia and Herzegovina aligned themselves with his statement. He expressed support for the draft global strategy on digital health 2020–2025; the COVID-19 pandemic had demonstrated the need for innovative digital solutions, which had been especially important in disseminating timely and accurate information to the general public. Although the Secretariat's rapidly increased use of social media communications during the pandemic was welcome, it should favour solutions that protected users' identity and data over commercial platforms, safeguard intellectual property rights and provide tailored support to Member States. Digital information and communication technologies could maximize health outcomes, improve access to health services and increase efficiency; they were key to achieving strong health systems as part of universal health coverage. However, the needs of vulnerable groups must be addressed and high ethical standards needed to be maintained to protect patient confidentiality. The development of guidelines on global interoperability standards was a positive step. The Organization could also add value in a number of fields, such as cybersecurity, accountability and health equity.

The representative of the RUSSIAN FEDERATION expressed support for the recommendations made by the Programme, Budget and Administration Committee, calling for rapid development of a strategy to improve geographical representation and the continued promotion of multilingualism in the work of the Organization. Concerning the conditions of service and remuneration of its staff, WHO should continue to rely on the recommendations of the International Civil Service Commission, as approved by the United Nations General Assembly. Any significant changes to the Organization's staffing policies should be submitted to Member States prior to approval by the governing bodies.

The representative of ZAMBIA welcomed the guiding principles of the draft global strategy on digital health 2020–2025, notably concerning the institutionalization of digital health in national health systems and the appropriate use of digital technologies, and highlighted ways in which her Government had already adopted some of those principles. It was essential to develop standardized approaches for

¹ At its *de minimis* meeting in May 2020, the Seventy-third World Health Assembly invited the European Union to attend and participate without vote in the deliberations of the meetings of its sub-committees, drafting groups or other subdivisions addressing matters falling within European Union competence.

digital health and tackle major impediments to implementing digital health technologies in the least developed countries. Although increased access to information and communication technologies would help measure progress towards the Sustainable Development Goals and universal health coverage, such innovations should always consider countries' needs and strategic objectives. Digital platforms required huge investment in capacity development, change management and infrastructure support, and that investment should enhance rather than disadvantage traditional health information architecture. She expressed support for the draft decision contained in decision EB146(15).

The representative of SWITZERLAND noted that the COVID-19 pandemic had demonstrated the importance of WHO and the need for predictable, flexible and sustainable funding for the Organization. She therefore welcomed the strategic direction of the Programme budget 2020–2021 and the proposed extension of the Thirteenth General Programme of Work, 2019–2023, to 2025. Her Government would contribute to WHO in the context of predictable and flexible funding. The Secretariat should, however, submit a detailed budget by the end of 2020, to be developed in close consultation with Member States. The draft global strategy on digital health 2020–2025 offered pertinent solutions for improving access to health services; subsequent work in that area should ensure that health data was properly protected.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND acknowledged the work to develop the results framework for the Thirteenth General Programme of Work, 2019–2023, and requested details of plans for technical support to strengthen national data systems and improve the availability of health data. The inclusion of the health emergencies protection index was a positive step, but the detect and respond indicator needed further refinement to ensure the feasibility of its application and the utility of the data collected. The process for institutionalizing the new indicators and the time frame for initial data availability should be clarified.

She welcomed the positive report on financing and implementation of the Programme budget 2020–2021 and the update from the Programme, Budget and Administration Committee; work to make up ground lost due to the COVID-19 pandemic should continue. Persistent underfunding in certain areas was a cause of concern, notably for preparedness under pillar 2. Her Government had announced that it would make significant core voluntary contributions over the next four years, and she encouraged other Member States to increase their flexible funding. She looked forward to the report on funding that would be presented during the Executive Board session in January 2021 and encouraged Member States to hold open discussions on how WHO could be properly resourced.

The representative of NORWAY commended WHO for its leadership during the COVID-19 pandemic and requested a thorough assessment of the pandemic's impact on the budget and implementation of the Thirteenth General Programme of Work, 2019–2023. Efforts on noncommunicable diseases continued to be underfunded, despite a steady rise in associated deaths; his Government would provide funding for that area, which should receive a greater allocation in future programme budgets. He welcomed the reintroduction of the Director-General's Executive Summary to the WHO Results Report for the Programme budget 2018–2019.

The representative of MALAYSIA said that health days were a vital tool for public health advocacy, and agreed that there was a need for clear priorities and a differentiated approach regarding the Secretariat's engagement in observances. Given resource limitations, it was important to leverage existing platforms for dialogue and make joint campaigns more effective. Highlighting her Government's efforts to celebrate World Health Day 2020 despite the challenges of the COVID-19 pandemic, she called for greater coordination between Member States and the Secretariat on the planning of new health-related observances through the regional offices.

The representative of BAHRAIN expressed support for the adoption of the decisions and resolutions recommended by the Executive Board, as set out in document A73/4. The health days listed in the report on world health days covered many important issues, were widely supported in her country and should be continued. Priority should be given, however, to health issues that affected the highest number of countries, those where the greatest impact could be achieved, and those able to generate sufficient funding. Coordination between Member States and the Secretariat would prevent clashes or the duplication of work.

The representative of BOTSWANA noted that further scaling up of the results framework for the Thirteenth General Programme of Work, 2019–2023, was needed to enable all Member States to benefit. While the output scorecard represented a major step forward for performance measurement, consultations and evaluations should be continued to ensure that the indicators were aligned with regional and country contexts. In addition, close consultation with Member States and partners was needed to strengthen health information systems to achieve the triple billion targets and the Sustainable Development Goals. The increase in the proportion of staff members holding long-term appointments in the professional and higher categories at regional and country offices was appreciated, as was the slight increase in the proportion of women in the professional category holding long-term contracts. However, efforts to improve geographical representation should be accelerated.

Commending the achievements highlighted in the WHO Results Report for the Programme budget 2018–2019, he called on the Secretariat to support Member States under pillar 2 to achieve the core capacities required by the International Health Regulations (2005) and ensure good preparedness and response. The COVID-19 pandemic presented an opportunity to build human resource capacities by allocating flexible funding and voluntary contributions to countries according to their needs and vulnerabilities. Given the links between the Thirteenth General Programme of Work, 2019–2023, and the triple billion targets, he looked forward to the development of a strategy to address the determinants of health.

The representative of the UNITED STATES OF AMERICA emphasized the importance of regional and national contexts in the implementation of the draft global strategy on digital health 2020–2025; it could be further developed by adding information on existing multilateral collaborations and by revising the glossary to include terminology defined in consultation with ITU and global experts in digital health. The Secretariat should provide regular updates and consult Member States as it developed the proposed tools, such as global guidance on personalized medicine, global standards for electronic health records and an international health data regulation. Greater alignment of investments was needed to overcome the challenges of fragmentation and duplication in digital health systems experienced in many countries. Investment in digital systems had to be matched with corresponding support for capacity-building, including in national digital health strategies and architecture. She welcomed the review of world health days and their financial implications, and expressed her willingness to consider proposals for sunseting existing observances mandated by the Health Assembly.

The representative of SWEDEN said that innovative digital solutions could provide better, more user-friendly health care services. Societies were becoming more data-driven, which would generate huge opportunities; however, vigilance was needed to guarantee an inclusive approach to using health data that did not incorporate any particular bias in health care systems. The draft global strategy on digital health 2020–2025 was a positive step.

The representative of INDIA observed that the COVID-19 pandemic provided a critical opportunity to strengthen global preparedness for future health emergencies. There was a need for a financial accountability framework, and a more consistent evaluation system that could accurately assess national capacities regarding infrastructure, human resources and health systems. In the interests of greater accountability and transparency, WHO should fast-track hosted partnerships in digital health to

speed up the implementation of high-impact digital technologies to ensure that no one was left behind. The pandemic had shown that more stakeholders needed to be involved in planning and decision-making, with support from a range of experts.

The representative of INDONESIA expressed appreciation for work on WHO reform, notably with regard to reporting requirements and global strategies and action plans. Reform efforts should also focus on improving the working methods of the governing bodies to allow more time for substantive and strategic discussions. Since budget efficiency was vital during the current economic crisis caused by the COVID-19 pandemic, WHO should prioritize when considering public campaign activities as part of health-related observances.

The representative of BELGIUM thanked the Secretariat for its report on financing and implementation of the Programme budget 2020–2021, but expressed disappointment that more recent figures had not been included; it would be helpful to have an update on how WHO was managing financially during the COVID-19 pandemic and whether the gaps caused by the retraction of donors could be covered. More generally, predictable, flexible and sustainable financing was essential to allow WHO to act independently. It was time to move from good intentions to action by opening specific discussions on that issue. The Secretariat and an independent review panel should develop proposals on the amount and type of funding, notably core funding, required by WHO to fulfil its mandate; that would hopefully turn existing political support into tangible commitments.

The representative of AUSTRIA said that the draft global strategy on digital health 2020–2025 represented a promising new start, highlighting references to the digital health ecosystem and the proposed guideline on global interoperability standards. That guideline should be linked to the investment in and procurement of infrastructure for public health care settings, serving as a baseline for defining funding criteria and conditions related to public investments and the impact rules of public procurement, and as orientation for the global industry supplying information technology health infrastructure. In addition, the proposed actions to develop the guideline should be carried out in parallel, so that it could be finalized within the next three years. The Secretariat should provide more guidance on implementation of the strategy and the digital health ecosystem.

The representative of CHILE, speaking on behalf of Argentina, Australia, Belgium, Canada, Chile, Colombia, Denmark, Estonia, Finland, France, Germany, Iceland, Ireland, Israel, Luxembourg, Mexico, Monaco, the Netherlands, New Zealand, Norway, Peru, Portugal, Romania, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland and Uruguay, noted that the commitment shown in the budget to equity, gender and human rights complied with WHO's commitments under the second United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. Fulfilling those obligations would require strong and visible commitment from senior management, adequate resourcing, engagement and accountability. Welcome progress had been made, notably by including gender, equity and human rights as assessment parameters in the balanced scorecard approach, and the evaluation of the integration of gender, equity and human rights in the work of the Organization under the evaluation workplan 2020–2021. However, such work required additional human and financial resources, including for capacity-building at the three levels of the Organization; those should come from core resources. He agreed that the Secretariat should submit an annual report to the Programme, Budget and Administration Committee and the Executive Board on progress towards achieving the United Nations System-wide Action Plan and on how gaps in the relevant standards were being addressed, and that the annual letter from the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) addressed to the Director-General should be shared with Member States.

The representative of CANADA said that his Government looked forward to reviewing the proposed report on progress towards achieving the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women at the next Executive Board session in January 2021, and would welcome the opportunity to review the associated letter from UN-Women to the Director-General. He asked the Secretariat to brief Member States on the implications of an extension to 2025 of the Thirteenth General Programme of Work 2019–2023. Further clarification should also be provided on how decisions would be made to prioritize additional observances, and how many of the observances listed in categories 4 to 7 in the annex to the report on world health days were likely to be prioritized.

The representative of BANGLADESH welcomed the update on the results framework for the Thirteenth General Programme of Work, 2019–2023, concurring with the need to strengthen data and health information systems, especially in light of the COVID-19 pandemic, and prioritize support for countries with the biggest data gaps with regard to the health-related Sustainable Development Goals. The COVID-19 pandemic had also highlighted the importance of investing in needs-driven research and development – particularly for diseases that disproportionately affected developing countries – and of promoting technology transfer and the use of local production. The draft global strategy on digital health 2020–2025 would be a valuable tool for universal health coverage; well-managed digital innovation had the power to accelerate health equity by making health systems stronger and more effective, and his Government had therefore launched a range of digital health initiatives. However, developing countries faced major impediments to accessing new digital health technologies, and implementation of the draft global strategy would therefore require adequate resource allocation.

The representative of GERMANY drew attention to the discrepancy between Member States' expectations of WHO, and the Organization's capacity to perform. Persistent funding shortfalls for specific programmes had not been properly addressed over a period of many years. The COVID-19 pandemic should be a game changer for WHO finances, as Member States would have to demonstrate that they had explored all options to make the world safer. Current debates did not examine the real consequences of funding gaps. Sustainable financing should therefore be considered as a separate agenda item at the next Executive Board session, with a report by the Secretariat on the current situation, the options previously considered and potential solutions.

The representative of CHILE commended the draft global strategy on digital health 2020–2025, notably the second strategic objective to advance implementation of national digital health strategies. His Government had already begun evaluating digital health tools that could complement in-person services. In implementing the draft global strategy, it would be essential to strengthen registration systems, gather evidence on the relevance of quality standards and promote collaboration with Member States to ensure that populations could receive the services they needed. He supported the draft decision contained in decision EB146(15).

The representative of ALGERIA commended the consultation process for the results framework for the Thirteenth General Programme of Work, 2019–2023, particularly regarding the development of the outcome indicators, and took note of the summary report on pilot testing of the impact measurement system. Work should be continued to enable monitoring of progress towards the triple billion targets and the Sustainable Development Goals. Welcoming the draft global strategy on digital health 2020–2025, he emphasized the importance of data protection. The COVID-19 pandemic – including the huge losses it had inflicted on the global economy – had highlighted the need for adequate, predictable funding that would allow WHO to fulfil its mandate, which was largely based on the principle of prevention.

The proposed amendments to the code of conduct for the election of the Director-General should make electoral campaigns more transparent. In relation to WHO reform, the recommendations by the 146th Executive Board, the anticipated conclusion of the relevant WHO mechanisms and proposals by

Member States constituted a satisfactory basis for continuing the process, which should be transparent and inclusive, and strengthen the Organization to help it respond to future emergencies. Member State consultations were an appropriate way to plan new world health observances, to ensure that awareness-raising was the real basis for such events. Efforts to improve geographical representation and achieve gender parity among WHO staff were appreciated and the noticeable increase in staff members on the ground demonstrated the Organization's desire to better support countries; further progress should be made in that respect.

(For continuation of the discussion, see the summary record of the second meeting, section 2.)

The meeting rose at 17:00.

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