

## **WHO reform**

### **Sixth report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-fifth World Health Assembly**

#### **Draft Twelfth General Programme of Work and explanatory notes**

1. Members of the Programme, Budget and Administration Committee commented favourably on the strategic overview of the draft Twelfth General Programme of Work.
2. In the discussions to provide guidance for the further development of the draft general programme of work, four general themes emerged.
  - (a) Although the general programme of work provides a broad vision and strategy, the real work on priority setting will take place as part of the preparation of the programme budget. It was pointed out that this would need to include making negative choices. The budget will clearly link the results at output level and the human and financial resources needed to achieve them.
  - (b) It was the Committee's view that the development of the general programme of work and the programme budget needed to be reviewed together, so that Member States could ensure correlation between them. Specifically, the general programme of work needed to make a clear link between the priorities and the core functions of WHO.
  - (c) The Committee felt that the analysis to show how the criteria had been used to arrive at priorities needed to be strengthened in the next version of the document. In that regard, priority setting needed to reflect faithfully the role of WHO both in setting norms and standards and in responding to country demand. At the current stage, the examples presented should be considered as being indicative.
  - (d) Lastly, it was noted that the chart presented was not an organizational diagram: achievement of impact required work from across clusters and levels of WHO.
3. Several specific issues were highlighted by Committee members.
  - (a) WHO's role in relation to other health actors and its role in the global health architecture should be analysed in the next draft of the document.
  - (b) Important points were lost by using shorthand terms in the schematic framework for the categories of work rather than the full text agreed at the Member State meeting on priority

setting. This was particularly important in relation to setting objectives for the prevention of morbidity and not just mortality, and recognizing the role of health promotion and risk reduction in reducing the burden of noncommunicable diseases. These points will be addressed in the full text version of the general programme of work.

(c) Both capacity building and research are core functions of WHO. They are reflected as such in the schematic presentation and are thus not specifically mentioned in the categories or priorities. The general programme of work needs to clarify this issue and the programme budget will need to show explicitly how the core functions are financed and how they are expressed in terms of specific outputs in relation to each category.

(d) Several countries highlighted the importance of the social determinants of health and the role of WHO in addressing health inequities and promoting social justice. In this regard, some Member States specifically noted that an additional category of work addressing social determinants of health could be included in the general programme of work. However, there was no support for this from the Committee. The proposed sixth programmatic category would encompass issues including the reduction of health inequity, social justice, and sustainable development. It is recognized that these are cross-cutting issues for *all* technical programmes, however they need to be reflected in the general programme of work in a way that will ensure that relevant activities are adequately resourced. Moreover, linking work on social determinants, equity and social justice with the different categories reflects the fact that WHO's role is concerned with health rather than just diseases. The general programme of work will clarify these issues, and the programme budget will identify outputs linked to work on social, economic and environmental determinants of health.

**The Committee recommended, on behalf of the Executive Board, that the Health Assembly note its deliberations concerning the draft Twelfth General Programme of Work.**

### **Revised mechanism for improving predictable financing**

4. The Committee considered the issue of predictable financing in conjunction with the item related to the scheduling of the meetings of the governing bodies, given the recognition of the inter-linkages between these two issues.

5. The Committee expressed support for the underlying principles of a financing dialogue, as described in document A65/5. The Committee acknowledged the responsibility of Member States to finance agreed priorities in order to provide an accurate forecast of potential income for a biennium, as well as the need for transparency and predictability in financing in order to hold the Organization accountable for its expected deliverables.

6. However, many Committee members cautioned that the details associated with a financing dialogue would require further examination to ensure that the dialogue would advance the aim of achieving a transparent and predictable financing model and a realistic programme budget. In particular, it deliberated on the organization and structure of a financing dialogue, with Committee members expressing a range of views on possible mechanisms of financing.

7. Many Committee members expressed a need to analyse in further detail the advantages and disadvantages, including risks and implications, of the proposed financing dialogue, in addition to ensuring that thinking is not limited to a single, limited approach. Many Committee members also

requested further information on additional options or possibilities available to achieve the desired goal.

8. The Director-General welcomed the guidance provided by the Committee, and confirmed that the implications would be further explored of both a financing dialogue and other predictable financing options. The Director-General emphasized the point made by the Committee that the responsibility and commitment to finance WHO's priorities adequately ultimately lies with Member States. The Director-General also expressed appreciation for the Committee's acknowledgment that an appropriate model for the financing of the Organization is critical to ensuring its accountability and ability to achieve its expected deliverables.

9. The Director-General reaffirmed the Committee's view that the process of ensuring a realistic budget is intimately linked to the scheduling and alignment of the meetings of the governing bodies. In particular, the Secretariat would be better positioned to submit a proposed budget, that outlined expected income and gaps in funding to the Health Assembly, if inputs were received from a governing bodies cycle that began with the regional committees – through the Programme, Budget and Administration Committee to the Board – and included a consequent dialogue with Member States in the lead-up to the Health Assembly. The Director-General confirmed that it is envisaged that the Committee would play a critical role in the financial dialogue facets of the process.

**The Committee recommended, on behalf of the Executive Board, that the Health Assembly note its deliberations concerning a revised mechanism for improving predictable financing.**

### **Scheduling of meetings of the governing bodies**

10. Committee members expressed a range of views in relation to the scheduling and alignment of the meetings of the governing bodies, and various levels of support for the options for scheduling as outlined in document A65/5.

11. Although the Committee expressed its agreement with a governance cycle that began with the sessions of the regional committees and ended with the Health Assembly, a number of considerations were examined by the Committee in relation to the rationale driving the adjustment of the schedule of the meetings of the governing bodies. In this regard, some Committee members commented that retention of a cycle that began with and maintained the linkages between the regional committees and ended with the Health Assembly, was a more important consideration than the specific timing of the initiation of the cycle. The Committee also requested information on the feasibility, in terms of logistics, of shifting the Health Assembly to the last quarter of the calendar year. A Committee member expressed concerns about the availability of ministers of health should the Health Assembly be shifted to the last quarter of the calendar year.

12. The Committee examined the advantages and disadvantages of separating the January session of the Board from that of the Committee, and also the implications of shifting the timing of these two oversight bodies. In particular, the Committee requested further information on the potential increased availability of financial information for its examination if the sessions were to be shifted to later in the year. The Committee also commented on the cost implications of separating the sessions of the Board and its Committee; it would be an additional cost burden for countries to ensure representation at two distinct meetings.

13. The Secretariat expressed appreciation for the guidance provided by the Committee, and informed it that the annual audited, financial report was generally not available for review before

March or April of the following financial year. The Secretariat reiterated that Member States would decide on the ultimate scheduling of the meetings of the governing bodies, but the implications for the regional committee sessions should be considered if a radical revamping of the scheduling cycle was deemed to be warranted.

14. The Director-General confirmed that further examination of the feasibility of shifting the Health Assembly to late in the year was required, including necessary consultation with the conference on committees in New York, officials associated with the scheduling of the Palais des Nations in Geneva, and the Swiss authorities. The Director-General also brought to the attention of the Committee the need to consider potential inter-sessional work required of the Secretariat, and production of associated documentation, when deciding upon a revised scheduling cycle.

**The Committee recommended, on behalf of the Executive Board, that the Health Assembly note its deliberations concerning the scheduling of meetings of the governing bodies.**

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