

Report of the Executive Board on its 129th, 130th and special sessions

1. The Executive Board held its 129th session on 25 May 2011, its special session on WHO reform from 1 to 3 November 2011, and its 130th session from 16 to 23 January 2012. This report summarizes the main outcomes.

129TH SESSION (25 MAY 2011)

2. After extensive discussions on **WHO reforms for a healthy future**, and a road map for that process, the Executive Board decided to establish a transparent, Member State¹-driven and inclusive consultative process on WHO reform (decision EB129(8)). As part of that process, the Board decided to hold a special session in November 2011 (see below).

3. The Board noted reports on the fourteenth meeting of the **Programme, Budget and Administration Committee**, the **Consultative Expert Working Group on Research and Development: Financing and Coordination**, implementation of **WHO's publications policy**, the **method of work of the governing bodies**, and **meetings of two expert committees**.

4. The Board decided to defer further consideration of **amendments to the Staff Rules** to its 130th session.

SPECIAL SESSION ON WHO REFORM (1–3 NOVEMBER 2011)

5. The Board had been convened specifically in order to consider **WHO reform**. Members discussed: programmatic priorities, governance and managerial reform. The Board adopted three decisions that set out the next steps of the reform process (decisions EBSS2(1)–(3)). It decided that the Member State-driven process would take place after its 130th session with a view to providing recommendations on methods for programme and priority setting for the consideration of the Sixty-fifth World Health Assembly in May 2012. It agreed to strengthen the Programme, Budget and Administration Committee, and requested further analyses of ways to improve governance. The Board welcomed the Director-General's proposals on managerial reforms, in particular the strategic allocation of resources, and requested that proposals be taken forward in several areas whereas in others it urged caution before actions were taken. The Board decided to proceed with an independent evaluation, conducted in a two-stage process.

¹ And, where applicable, regional economic integration organizations.

130TH SESSION (16–23 JANUARY 2012)

6. In adopting its agenda, the Board agreed to include a **supplementary agenda item** on “United Nations Conference on Sustainable Development (Rio+20)”.

7. In her report to the Board, **the Director-General** highlighted the recent attention being paid to inequality as a threat to social stability and world security, but pointed out that universal health coverage was a powerful equalizer. In the past year, noncommunicable diseases, for example, had been given priority at the highest levels, and WHO would meet its obligations in that area. The challenges facing public health and the broader context required the Organization to change its governance and management, programmes and approach to priority setting. The Board noted her report.

Technical and health matters

8. The attention being given to the global burden of **mental disorders** and the need for a comprehensive, coordinated response from health and social sectors at the country level was reflected in the submission of a draft resolution adopted after a wide-ranging discussion, as resolution EB130.R8. The development of a comprehensive mental health action plan, in consultation with Member States, with measurable outcomes, was requested.

9. The Board, noting a report on the development of the draft comprehensive implementation plan on **maternal, infant and young child nutrition** as a critical component of a global multisectoral nutrition framework, indicated that the plan needed further work. In decision EB130(2), it decided that further consultations on the targets of the implementation plan and on a draft resolution that had been submitted to the Board would be held before the draft implementation plan was finalized and submitted to the Health Assembly in May 2012. The Board also noted the report on the **nutrition of women in the preconception period, during pregnancy and the breastfeeding period**, which aspects would be covered in the consultative process.

10. The Board further noted a report on **early marriages, adolescent and young pregnancies**. The Secretariat was developing guidelines and policy papers, and working closely with other United Nations bodies on ways to reduce problems associated with these events.

11. In discussing the **monitoring of the achievement of the health-related Millennium Development Goals**, the Board recognized that progress was varied, and that much remained to be done. A discussion of post-2015 development goals should be led by Member States and WHO would work on them within the United Nations system. The Board adopted resolution EB130.R3, which contained strong support for the implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health, and of the independent Expert Review Group.

12. In resolution EB130.R11 on **social determinants of health: outcome of the World Conference on Social Determinants of Health**, the Board recommended to the Health Assembly the adoption of a resolution that, inter alia, endorsed the Rio Political Declaration on the Social Determinants of Health, and requested that those determinants be a priority of the WHO reform process.

13. The Board considered two Secretariat reports on the **prevention and control of noncommunicable diseases** and a draft resolution proposed by Member States. In adopting resolution EB130.R7, the Board recommended to the Health Assembly the adoption of a resolution on the

follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, which, inter alia, urged Member States to implement the Political Declaration of that high-level meeting and requested the Director-General to develop a comprehensive global monitoring framework, including indicators and recommendations for a set of voluntary global targets for the prevention and control of noncommunicable diseases. It also requested the Secretariat to elaborate an action plan for the prevention and control of noncommunicable diseases for 2013–2020.

14. Recognizing that **ageing** was a major contributory factor to the rising incidence and prevalence of noncommunicable diseases, the Board adopted resolution EB130.R6. The requests to the Director-General included considering focusing *The world health report 2014* on the global status of ageing.

15. The Board took note of the report on the **implementation of the action plan for the prevention of avoidable blindness and visual impairment**. As the current action plan would end in 2013, it requested the Director-General to develop, through a consultative process, a new action plan to cover the period 2014–2019 (decision EB130(1)).

16. The Board noted the report on the **Implementation of the International Health Regulations (2005)**, which would be updated for its submission to the Health Assembly in May 2012 with information on countries that were unlikely to meet the July 2012 deadline, obstacles to the implementation of the Regulations and plans for overcoming them. Several members of the Board had highlighted the importance of the Regulations in relation to **global mass gatherings**. After considering the implications and opportunities of global mass gatherings for global health security, the Board adopted decision EB130(3), which requested the Secretariat, inter alia, to develop multisectoral guidance on the management of such events.

17. The Board welcomed the work of the **Pandemic Influenza Preparedness Framework Advisory Group**, and noted the Secretariat's report.

18. Reflecting members' continuing concerns about the risks to completing the **eradication of poliomyelitis**, the Board adopted resolution EB130.R10, which recommended to the Health Assembly the adoption of a resolution that declared the completion of poliovirus eradication a programmatic emergency for global public health. It urged, inter alia, that the financial resources needed to the end of 2013 be made available as a matter of urgency and planning be initiated for the final stages of eradication. In that context, it also requested the Director-General to finalize a comprehensive eradication and endgame strategy.

19. The Board took note of the report on the **elimination of schistosomiasis** and adopted resolution EB130.R9. Countries endemic for the disease were urged to intensify interventions, including taking advantage of non-health programmes to improve the environment. The Board recommended that the Health Assembly request the Director-General to provide guidance on when and how to initiate elimination campaigns, and how to document their success.

20. The Board welcomed the update on the **draft global vaccine action plan** and the strategic directions, and looked forward to its finalization. In decision EB130(4), it called for increased emphasis on measles, with ambitious immunization coverage targets and **measles elimination** goals in the final action plan, particularly in view of recent outbreaks partly caused by diminished coverage.

21. Recognizing the contribution of regional vaccination weeks towards promoting immunization, the Board adopted resolution EB130.R12, which recommended to the Health Assembly the adoption of a resolution that requested Member States to designate a **World Immunization Week** and the Director-General to support its annual implementation as an overarching framework for regional initiatives.

22. The Board took the advice of the **Working Group of Member States on the Substandard/spurious/falsely-labelled/falsified/counterfeit medical products** contained in its report and adopted resolution EB130.R13. The draft resolution recommended to the Health Assembly included a decision to establish a new Member State mechanism for international collaboration on such products from a public health perspective and the goal, objectives and terms of reference of this mechanism.

23. The Board noted the report of the **Consultative Expert Working Group** on Research and Development: financing and coordination. The Working Group's final report would be the subject of a briefing and informal consultations before the Health Assembly in May 2012.

24. The Board adopted resolution EB130.R14 on **WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies**, which had been proposed by some 30 Member States. The text recommended to the Health Assembly the adoption of a resolution that called on the Director-General, inter alia, to ensure the necessary policies, guidelines, management structures and processes, including a strengthened organizational surge capacity for effective action at the country level, as well as the means for WHO to discharge its function as the Global Health Cluster Lead Agency, and to assume the role of Health Cluster Lead Agency in the field. It called on the Director-General to put into operation the Emergency Response Framework.

25. In decision EB130(5), the Board decided to convene informal discussions among the Member States on WHO's contribution to the forthcoming deliberations on the **United Nations Conference on Sustainable Development (Rio+20)**, in order to ensure that health is discussed appropriately in the conference.

WHO reform

26. The Board engaged in extensive debate on the three areas of WHO reform: **programmes and priority setting, governance and managerial reforms**. In the area of programmes and priority setting, the Board agreed (decision EB130(6)) the scope of work and terms of reference for the Member State-driven process, decided on by the Board at its second special session (see paragraph 5), and identified the support to be provided by the Secretariat. A meeting on that area would be held in late February 2012. The Board also agreed that, following feedback from Member States on any aspect of governance and managerial reforms, the Secretariat would submit a consolidated document covering all elements of WHO reform to the Health Assembly in May 2012. The Board welcomed the offer of the External Auditor to carry out stage one of an independent evaluation of WHO before the Health Assembly in May 2012, with the support of the Office of Internal Oversight Services. The Board mandated its Programme, Budget and Administration Committee to inform the Health Assembly in May 2012 of the results of its own discussions on reform at its sixteenth meeting.

Nomination of the Director-General

27. The Board nominated Dr Margaret Chan for the **post of Director-General**, for a second term. It adopted resolution EB130.R4, thereby submitting the nomination to the World Health Assembly. The Board also adopted resolution EB130.R5 on the draft contract of the Director-General.

Staffing matters

28. The Board adopted resolution EB130.R1, appointing Dr Ala Din Alwan as **Regional Director for the Eastern Mediterranean**. In resolution EB130.R2, it expressed gratitude and appreciation to Dr Hussein A. Gezairy for his contribution, as Regional Director, to the work of WHO.
29. After several members acknowledged the contribution of the Organization's staff, the Board noted the **statement of the representative of the WHO staff associations**.
30. The Board noted the **annual report on human resources**, including the information on the staffing profile, but requested, in the interests of transparency, more precise information on the overall workforce.
31. The Board also noted the report of **the International Civil Service Commission**.
32. In resolution EB130.R15, the Board confirmed **amendments to the Staff Rules** concerning the remuneration of staff in the professional and higher categories.
33. In resolution EB130.R16, the Board recommended that the Health Assembly note its recommendations regarding the **remuneration of both staff in ungraded posts and the Director-General**, and established those salaries with effect from 1 January 2012.

Management matters

34. The Board took note of the report of the **Working Group on the Process and Methods of the Election of the Director-General of the World Health Organization**, and with decision EB130(7), agreed that a further session of the Working Group should be convened in order to further explore discussed proposals and finalize its work ahead of the Health Assembly in May 2012.
35. Regarding membership of the **Independent Expert Oversight Advisory Committee** (decision EB130(15)), the Board agreed to delegate authority to its Officers, provisionally until its next session, to replace the two members of the Committee whose term of office had expired with two candidates to be proposed by the Director-General, on the understanding that those nominations would be approved finally by the Board at its 131st session.
36. Having considered the report of its **Standing Committee on Nongovernmental Organizations**, the Board adopted resolution EB130.R17 on relations with nongovernmental organizations, admitting four such bodies into official relations: the International Society of Nephrology, the World Hepatitis Alliance, the International Spinal Cord Society and the Handicap International Federation. Official relations with three nongovernmental organizations were discontinued. After review of a third of all nongovernmental organizations in official relations, the Board agreed a series of actions, set out in decision EB130(8).
37. Following the reports of its committees of selection panels on **foundations and awards**, the Board decided to award six prizes (decisions EB130(9)–(14)).
38. In decision EB130(16), the Board approved the amended **provisional agenda for the Sixty-fifth World Health Assembly**, and in decision EB130(17), agreed that the **131st session of the Executive Board** would be held in Geneva on 28 and 29 May 2012.

Matters for information

39. The Board took note of the reports on meetings of four expert committees and study groups, and on expert advisory panels and committees and their membership.

40. The Board also took note of **progress made in implementing resolutions** in the following areas: **health system strengthening; WHO's role and responsibilities in health research; global strategy and plan of action on public health, innovation and intellectual property; smallpox eradication: destruction of variola virus stocks; eradication of dracunculiasis; Chagas disease: control and elimination; viral hepatitis; prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis; cholera: mechanisms for control and prevention; control of human African trypanosomiasis; global health sector strategy on HIV/AIDS, 2011–2015; prevention and control of sexually transmitted infections: global strategy; reproductive health: strategy to accelerate progress towards attainment of international development goals and targets; advancing food safety initiatives; climate change and health; and partnerships.**

Resolutions

41. At its **130th session**, the Board adopted 17 resolutions. The financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly as stated in the costing documents that accompany the draft resolutions amounted to **a cost of US\$ 1068 million for the biennium 2012–2013**. Of that projected cost, about US\$ 679 million was considered to be not yet included within the activities planned in the approved Programme budget. Most of the reports on the financial implications of the programme activities resulting from the resolutions adopted by the Board at its 130th session stated that voluntary contributions would be needed for implementation.

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