Highlights from the fourth day of the 130th Executive Board

Geneva, 19.01.12

WHO REFORM: Governance

Governance and engagement with other stakeholders. (EB Documents 130/5 Add.3 and Add.4)

The discussion on WHO Reform continued with comments on documents EB 130/5 Add.3 “Governance” and Add.4 “Promoting engagement with other stakeholders and involvement with and oversight of partnerships”.

The discussion initially focused on the **revised timeline for meetings of the governing bodies**. The document prepared by the Secretariat contained two options for addressing the challenges of the current meeting cycle of the Programme, Budget and Administration Committee (PBAC) and of the Executive Board: option 1 (move the PBAC meeting to early December and the EB session to the end of February); option 2 (move the PBAC meeting to early December and maintain the EB session in January).

The first option was the one that obtained more support. However, Norway pointed out that having the EB at the end of February would not leave enough time to get ready for the World Health Assembly. The Norwegian delegate stated also that if the timeline changes, an evaluation of the new mechanism should be undertaken.

Despite the long discussion, no agreement was reached on the timeline.

The proposal of extending the session of the Board in May from one to three days was also discussed but not all the countries agreed with this suggestion and Mexico raised also the issue of the significant cost implications.

Concerning the **revised Terms of Reference (ToR) for PBAC,** Member States seemed quite satisfied and they didn’t propose any substantial changes.

Internal governance was another issue addressed; some Member States (i.e. Iran) asked for more clarification on the proposal of increasing the linkages between Regional Committees and the global governing bodies as well as the harmonization of the practices of Regional Committees. On linkages between global and regional governing bodies, US stressed once again (see also the discussion on priority setting) the importance for Regions to adapt to global policies rather than the opposite, highlighting a clear will to adopt a top-down approach.

Mexico, commenting on participation of various groups of stakeholders in Regional Committee meetings (Document EB 130/ 5 Add. 3, par. 3.5), noted that the external observers should not have any conflicts of interest.

The **engagement with other stakeholders** was one of the thorniest issue; the discussion focused

on the criteria for the inclusion of non-state entities and on the need to differentiate between PINGOs (Public Interest NGOs) and BINGOs (Business Interest NGOs).

India was the only country who proposed a greater participation of civil society, and along with Barbados and Chile, among others, highlighted the need for setting out clear guidelines to protect the Organisation against potential conflicts of interest. On the same issue, France explicitly asked to establish procedures that will ensure the independence of public health experts and stated that the dialogue with other actors should happen in a consultative process, but the decision making process should remain in Member States hands. Following this observation, Norway suggested to conduct an evaluation of WHO engagement in partnerships with an evaluation of their added value.

There were obvious divergences regarding the differentiation between the different types of nongovernmental organizations that interact with WHO. Switzerland and US strongly affirmed that it is not necessary to go too far down the road in terms of differentiating between diverse types of NGOs since divisions are arbitrary and all stakeholders come to the WHO with their specific agendas. Switzerland also welcomed the proposal of increasing stakeholders involvement, both NGOs and the private sector.

After Member States interventions and NGOs statements, DG summarized the discussion and accordingly proposed a way forward.

Since no agreement was reached on most of the items, she suggested the Secretariat to prepare a new consolidated document for the next World Health Assembly in which all elements discussed during the EB will be interlinked together. In this consolidated document Dr Chan will bring together proposals coming from Member States and suggestions from the Secretariat. Concerning the ToR for PBAC, DG proposed that any Member States who have ideas and suggestions, should send them to the Secretariat by the end of February in order to be included. Concerning the timeline for meetings of the governing bodies, since no agreement was reached, Dr. Chan proposed the Secretariat to prepare some proposals to be further discussed. Finally, on the WHO engagement with other stakeholders, she raised the point of conflicts of interest saying: "*I've never seen an organization coming to WHO without an interest. Everybody has an interest. Also Member States have interests. The interest of private sector is not so clear as well as the interest of some Civil Society Organisations. In the light of transparency, we need to improve that transparency and hold each partner accountable*". Recognizing that further discussion is needed on this knotty issue, she promised that the Secretariat will provide some proposal to stimulate the process taking into account Member States will to take oversight of the partnerships.

WHO REFORM: Financing and evaluation

Managerial reform: making WHO's financing more predictable (EB130/5 Add.5), Managerial reform: contingency fund for outbreaks (EB 130/5 Add.6), WHO evaluation policy (EB130/5 Add.8), Managerial reform: evaluation (EB130/5 Add.9)

Once the discussion on governance came to an end, the Chair requested delegates to present their comments on both financing and evaluation.

The majority of Member States raised the point of **the use of assessed contributions** asking whether they are allocated to cover WHO core-functions or to fill up the gaps remained after the allocation of voluntary contributions. US went further pointing out that assessed contributions should not subsidize costs associated with voluntary contributions.

Addressing the issue of predictability of funding, Member States expressed their concerns about the core of the new financing mechanism presented in Secretariat document: the **pledging conference**. In general, the issue raised deep concerns among Member States, that showed reservations about this proposal expressing their need for clarifications. Particularly Estonia, on behalf of EU, asked how the pledging conference would increase the predictability and along with Canada, requested the Secretariat to explore other possible solutions.

On the **contingency fund for outbreaks**, many delegates (i.e. Senegal) supported the idea but asked for clarification on how the fund would be managed in harmonization with the Regional funds for emergencies.

Concerning the **evaluation process**, Member States expressed themselves on both the internal evaluation and the external one. US welcomed the proposed evaluation policy (Document EB 130/5 Add.8) and suggested to build a stronger culture of evaluation within WHO by adopting norms and standards of the UN evaluation group. While agreeing on creating a culture of evaluation - a position shared among many countries - UK stressed the need to move from the general idea to practical actions.

On the external evaluation, Senegal and Mexico stated that an independent evaluation is utmost important in order to promote the transparency and credibility of the reform process. Regarding the nature of the entity that should carry out the first stage of the evaluation, some countries proposed the External Auditor while others the Office of Internal Oversight Service. Talking about the timeline, Switzerland expressed an arguable position affirming that "*we have to be careful and do not postpone the reform while waiting for an independent evaluation"*. At this point in time, it is unavoidable to ask whether the external evaluation is meant to inform the reform process or to be just an academic exercise.

The floor was then opened to NGOs: Oxfam and Medicus Mundi International (MMI) with People's Health Movement (PHM) presented their statements recalling the importance of the predictability of funds and transparency and sustainability of the proposed financial mechanism. MMI and PHM also called upon Member States to await the recommendations of the independent evaluation,

before agreeing on the precise trajectory of reforms.

Dr Chan opened her summary by ambiguously saying "*I didn't pay the NGOs to ask my Member States to increase their assessed contributions"*.

Directly addressing the questions on the use of contributions, she clarified that it was not her intention to cross-subsidize voluntary contributions with assessed contributions and stated that the assessed ones are used for core-functions and to support governing bodies meetings.

Afterwards, she tried to cope with Member States request for clarification on the pledging conference. Firstly, she apologized for being unable to come up with the right language and proposed to call the new mechanism "financial dialogue". Then she explained how the new mechanism would work: firstly, the priorities and subsequent activities will be defined by Member States. Dr. Chan reassured the delegates saying that "*We will not accept any money that do not go with these priorities".* The second phase will be the financing one whose main event is the pledging conference that will be open to Member States together with all other non-State funders. According to DG words, today non-state donors provide up to 40% of the WHO budget and, at the same time, Member States seem not to be able to fill this gap. That is why the financing dialogue will be opened up to UN agencies and philanthropies. Addressing this issue she made a subtle distinction between philanthropies and industries precising that the latter, along with civil society organisations, will be allowed only to come and listen to. Despite the clever analysis she proposed, a question arises: does a clear distinction between philanthropies and industries really exist considering the potential conflicts of interest both of them might have in health affairs? Moreover in her opinion, an open conference might have an additional incentive: everybody would know what the others give since pledges will be made publicly. This mechanism will increase the transparency and, in DG's hopes, it will prevent civil society organisations from saying that WHO "*is in bed with industry*".

Concerning the external evaluation, she recalled the EB Special Session decision to consult three entities: the United Nations Joint Inspection Unit, the External Auditor and the Independent Expert Oversight Advisory Committee. Recognizing Member States will to have an independent entity to carry out the evaluation, Dr Chan stated that the External Auditor would be the best option for the first stage that will be then the roadmap for the second one.

Prevention and Control of Noncommunicable Diseases (EB Documents 130/6, 130/7, 130/8)

Member States highlighted the importance of the UN High-Level Meeting on the prevention and control of noncommunicable diseases (HLM) and stated the momentum should not be lost. USA introduced the draft resolution co-sponsored by Australia, Barbados, Canada, Costa Rica, Kenya, Norway and Switzerland. The resolution attempts to set out a clear process of active participation by Member States through the critical year of 2012 on three areas, reflecting the tasks given to WHO by the UNGA at the HLM (to develop a comprehensive global monitoring framework with targets and indicators; to strengthen multisectoral action through partnerships; and to develop a new Action Plan for 2013-2020).

The USA, Mexico, South-Africa, Brazil, Thailand, France and Estonia on behalf of the EU emphasized the importance of linking future NCD action with action addressing the SDH and the Rio Declaration. The need for multisectoral action was highlighted by several countries. Canada looked forward to working with "funds, programs, Member States and WHO". Brunei Darrusalam mentioned the need to engage with the food and beverage industries. France however, stressed that health should remain at the heart of a multisectoral approach. The commitment of all stakeholders is essential, but any involvement in this very lucrative sector should be very transparent. Safeguards should be in place to prevent conflict of interest. Switzerland recognized that the work of the framework and the targets should be protected from conflict of interest, but urged that all stakeholders should be involved in the *implementation* of the Action Plan. India on the other hand, recalled that the Political Declaration of the HLM specifically recognizes the fundamental conflict of interest between the tobacco industry and public health [par 38] and urged for similar action to minimize the use of alcohol. They requested WHO to initiate action on a framework convention on alcohol, similar to the one on tobacco. As for the development of the comprehensive monitoring framework and the setting of targets, they urged for the process to be as inclusive as possible, involving CSOs and international organizations.

Access to medicines was taken up in the draft resolution and its importance was stressed by India, Brazil, Mexico, South Africa, Côte d'Ivoire and the US. Mozambique on behalf of the AR, Brazil and Algeria specifically asked for the implementation of TRIPS flexibilities. Several developing countries stressed the importance of continuous technical support tailored to country needs, data collection and working both on lifestyle changes *and* strengthening health systems, including training of primary health care workers. The need for health system strengthening was emphasized by India, Mexico and France, calling for universal health coverage.

The need to increase funding was touched upon by Myanmar, India, South Africa and Mozambique on behalf of the AR. Algeria mentioned that additional expenditure on health was being backed up

by innovative methods deriving from taxing tobacco.

There were many CSO statements, from Alzheimer's Disease International, Consumers International, International Special Dietary Food Industries, World Dental Federation, Union of International Cancer Control, Thalassemie Association, World Health Professional Association, Patient Protection NGO, International Federation of Medical Students' Associations and off course, Medicus Mundi International on behalf of the People's Health Movement (click here for our statement).

Some very positive amendments were made to the resolution (click here for the final resolutions with the amendments in track changes). Timor-Leste and France added language on civil-society engagement and the need for transparency and safeguards for conflict of interest when engaging in partnerships. Interestingly, the original draft contained the following sentence regarding access to essential medicines: *to facilitate engagement by governments and the private sector*. Timor-Leste requested to add "as appropriate civil society and" before the "the private sector". Several countries supported, but Canada explicitly rejected the amendment as they believe the word "civil society" is not clear. They asked whether the Secretariat could provide a definition of the term to clarify whether it does or does not include the private sector. The Secretariat did not respond.

Also noteworthy is the amendment by Timor-Leste of language that was adopted from the Political Declaration of the HLM. In the declaration WHO is asked to develop "options for strengthening and facilitating multisectoral action *through effective partnerships*". Timor-Leste amended this to "through effective *and transparent* partnerships, *while safeguarding public health from any potential conflict of interest".* The point raised by Switzerland that language coming from the Political Declaration should not be amended was neglected and Timor-Leste's request was supported by several other countries.

The resolution on "Strengthening noncommunicable disease policies to promote active ageing" was also adopted after some amendments. The EU introduced language on health promotions, social services etc; India introduced access to medicines and Mexico stressed a life-course approach. To see the amendments in track changes in the final resolution, click here.