

**Highlights from the third day of the 132nd Executive Board
(Geneva, Wednesday, 23.01.13)**

Item 5.WHO REFORM

The EB grouped the reform documents into four main groups:

1. WHO's arrangements for hosting health partnerships and proposals for harmonizing WHO's work with hosted partnerships; key issues for the development of a policy on engagement with nongovernmental organizations;
2. streamlining of the work of the governing bodies and harmonization and alignment of the work of regional committees; options to streamline the reporting of and communication with Member States; WHO's role in global health governance;
3. review of management, administration and decentralization in the WHO; report by the Joint Inspection Unit;
4. modalities for the independent evaluation of the WHO reform: stage two, and Implementation of WHO reform, 2012; progress report and high-level implementation plan.

1. WHO's arrangements for hosting health partnerships and proposals for harmonizing WHO's work with hosted partnerships, and Key issues for the development of a policy on engagement with nongovernmental organizations (Documents EB132/5 Add.1, EB132/5 Add.2, EB132/5 Add.9 and EB132/INF./2)

The discussion on these two documents opened the Executive Board (EB) consideration of WHO Reform.

Concerning the **hosted partnerships**, Member States (MS) thanked the Secretariat for the report and the comprehensive analysis of pros and cons of hosted partnerships.

Several MS (Cuba, Senegal, Mexico and Morocco) highlighted the need for a better harmonization between WHO and hosted partnership in order to create synergies and avoid the overlapping of functions. Almost all MS expressed their agreement on the importance of the periodic review of hosted partnerships by the governing bodies (GB); however, different views were expressed on which governing bodies, whether the PBAC or the EB itself, should conduct this review. Lebanon raised the important issue of how these partnerships can be protected from vested interests when the private sector is involved and warned against the

vertical approach often used by these partnership.

With regard of the **engagement with NGOs**, the important role played by these actors was recognized by several MS. All countries agreed on the importance of developing clear policies on the engagement with NGOs, but divergent views were expressed on whether these should be separated from or included - this was the position of US and Barbados - in a comprehensive policy regarding both NGOs and private commercial entities. Consensus was reached on the need to review the accreditation procedures to de-link the accreditation process from a period of official working relations. Divergent views were expressed on whether – and, if so, how – WHO should define the boundaries between the various constituencies of nongovernmental organizations. USA and Australia asked for no distinction while Senegal, Mexico, Iran and Ecuador asked for a differentiation between NGOs, particularly with regard to those with commercial interests or links.

Another point of discussion was the identification and management of potential conflicts of interests; while some countries (such as Switzerland) asked to tackle them on a case-by-case basis in accordance with clear parameters and procedures, other countries warned about the limits of this kind of management and proposed a more structured policy.

The issue of conflict of interest was raised also in the statement by NGOs. The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) stated that they support the full disclosure of conflict of interests adding that “differentiation should not mean discrimination and that “working together is the only way to face challenges”. On the other hand, the statements submitted by Democratizing Global Health Coalition (see the statement at [the following link: http://www.ghwatch.org/sites/www.ghwatch.org/files/EB132_DGH_statement_WHO%20reform_NGOs%20and%20partnerships.pdf](http://www.ghwatch.org/sites/www.ghwatch.org/files/EB132_DGH_statement_WHO%20reform_NGOs%20and%20partnerships.pdf)) and by Consumers International affirmed that transparency, public disclosure and the case by case evaluation are insufficient and there is a need for a clear policy on conflict of interests.

After these interventions, Dr Chan took the floor and addressed some of the issues raised by both MS and NGOs. Concerning the request for a differentiation between PINGOs and BINGOs, she affirmed that in the complex global health landscape, it is difficult to distinguish who is who because “the water is very muddy” and “one day that can be PINGO and the next day BINGO”.

She reassured both MS and NGOs that WHO is working on the issue of transparency and management of conflict of interests and added that there are “two red lines in this Organization: firstly the supremacy of decision making of MS; secondly, setting norms and

standards by the Secretariat with no influence". However in the documents released so far, there were no indication on how to concretely tackle this thorny issue.

The last part of the discussion was a real highlight of the EB session. Ecuador challenged Dr Chan on response to countries interventions on the development of a policy on NGOs, particularly for not having properly integrated/interpreted comments of MS in its conclusions. During the previous discussion, the delegate from Ecuador strongly asked to separate private sector and NGOs policies and asked for his comments to be taken into account without interpretation by the Secretariat.

2. Streamlining of the work of the governing bodies and harmonization and alignment of the work of regional committees; options to streamline the reporting of and communication with Member States, and WHO's role in global health governance (Documents EB132/5 Add.3, EB132/5 Add.4, EB132/5 Add.5 and EB132/43)

Documents EB132/5 Add.3: Methods of work of the governing bodies

With regard to the **methods of work of governing bodies**, Ecuador and Brazil expressed concern for the late submission of the document, resulting in a lack of time to analyse it properly.

There was a lack of consensus on some of the rules, in particular on the changes to the Rule of Procedure of the World Health Assembly (WHA) and of the Executive Board (EB). Due to the difficulty in reaching a consensus on these and previous crucial items, Australia requested a consolidated list where the different issues would be reported according to the degree of consensus on. The USA - as well as Ecuador- supported the preparation of a list to be discussed on an informal discussion that would be held on Saturday afternoon. The EB decided to request the DG to provide the aforementioned list.

Regarding the **scheduling of governing body meetings**, MS generally supported the idea of a better harmonisation and a proper synchronisation of the working time. Some MS stated that it would be important to have more time between PBAC and EB and proposed to move both to February according to the DG proposal. This proposal was rejected by, among others, Australia and Morocco thus the issue was reported in the list as point without consensus.

Regarding the proposal of **shifting the financial year**, the DG proposed retaining the current financial year and this decision was fully supported by MS.

Regarding the **late submission of draft resolutions**, the Secretariat proposed some

amendments to the Rules of Procedure of the Board and the Health Assembly in order to reconcile the avoidance of very late draft resolutions with the need for MS to retain sufficient flexibility to assess the need and opportunities for submitting draft resolutions at the beginning of a session of a governing body.

With regard to the **submission of proposed resolutions to the Executive Board**, MS agreed on the introduction of a new rule (Rule 28 bis) that would state that “formal proposals relating to items of the agenda might be introduced at the longer session of the Board in January until the first day of the session, and at the shorter session in May no later than 36 hours prior to the opening of the session”.

MS also agreed on the introduction of another new rule (Rule 28 ter), equivalent to Rule 50 of the Rules of Procedure of the Health Assembly, to establish a minimum one-day time period for consideration of proposed resolutions/amendments. This rule would state that, **in the context of the World Health Assembly**, “proposals and amendments shall normally be introduced in writing and handed to the DG, who shall circulate copies to the delegations. Except as may be decided otherwise by the Board, no proposal shall be discussed or put to the vote at any meeting of the Board unless copies of it have been circulated to all delegations at least one day previously. The Chairman may, however, permit the discussion and consideration of amendments, even though they have not been circulated or have only been circulated the same day”.

Concerning the **management of the number of agenda items**, the Secretariat proposed amending Rule 5 of the **Rules of Procedure of the WHA** by eliminating the possibility for MS to directly include items into the provisional agenda of the WHA without the previous consideration by the Board. Several MS argued that this proposal would undermine the sovereign rights of each country to make proposals thus weakening the role of the WHA. No consensus was reached on this topic, therefore it would be further discussed during the Saturday informal meeting.

Under the same item, the Secretariat proposed the introduction of a new rule of procedures to ensure that all proposal of MS for items for the provisional agenda of the WHA are subject to the Board’s consideration in light of agreed criteria. MS were not able to reach a consensus on this topic thus the discussion remained open and this point was listed as one to be discussed.

Finally, MS agreed on the proposal for PBAC to consider the financial implications of draft resolutions being submitted to the WHA.

Documents EB132/5 Add.4: Streamlining national reporting and communication with MS

MS strongly supported the enhancement of online communication through the creation of a harmonized platform for all reporting with a web-based repository. The importance of carefully considering the costs of the proposals outlined in the document and the need for capacity building for developing countries for data collection and reporting were extensively discussed.

Document EB132/5 Add. 5: WHO's role in global health governance

During this session, general agreement was expressed on the need for WHO to take the necessary steps to better exercise its role as the directing and coordinating authority in the global health landscape.

3. Review of management, administration and decentralization in the World Health Organization, report by the Joint Inspection Unit (Document EB132/5 Add.6)

A general support was expressed by all MS for the recommendations contained in the JIU report and for its incorporation into the WHO reform implementation plan. Cuba, as well as Colombia, focused on Recommendation 11 on the predictability of financing stressing the importance of more flexible and multi-year voluntary contributions, affirming that this process has to be taken into consideration without undermining the integrity and the independence of WHO. The Republic of Korea closed the MS contributions affirming has increased its voluntary contribution.

At the end of the discussion, the EB welcomed the request to incorporate the recommendation plan and to report back on progress in line with regular reporting on WHO reform implementation.

4. Modalities for the independent evaluation of the WHO reform: stage two, and Implementation of WHO reform, 2012 – progress report and high-level implementation plan (Documents EB132/5 Add.7 and EB132/5 Add.8, EB132/43 and EB132/INF./3)

Commenting the document EB132/5 Add.7 on the basis of the analysis previously done, the Chair of the Programme, Budget and Administration Committee stressed the need to

complement the second stage of the evaluation with the work already done by the Joint Inspection Unit. On the other hand, looking at the document EB132/5 Add.8, which refers to an overview of progress up to the end of 2012 in the three broad areas of WHO reform (programmes and priority-setting; governance; and management), he stated that the current budget shortfall will have an impact on the implementation of the reform and highlighted that any progress will depend on the future availability of financial resources.

Senegal, speaking on behalf of the African Region, opened the discussion and, while supporting the evaluation process, asked for clarifications on some points, namely the criteria that will be used to choose the evaluation group, the criteria that will guide the evaluation process and the specific role that MS will play in the evaluation process. Lithuania, speaking on behalf of the European Union, expressed its support to the evaluation and asked how MS could input into the finalization of the outlines terms of reference by the group during February 2013. The need for more clarification on how MS can give their input to the evaluation process has been raised by almost all countries, with some of them suggesting open consultations before the consolidation of the procedures.

Concerning the implementation plan, EU - as well as Sweden - requested further explanation in the relation to the costs associated with the implementation plan, making clear at the same time that any discussion on funding should not impede progress in implementing reforms that do not carry significant financial costs such as the elimination of duplication between the three level of the organisation.

After EB-MS and non EB-MS, the floor was open for the civil society and the People's Health Movement together with Medicus Mundi International and the Democratising Global Health Coalition spoke up its statement on the evaluation process (find the complete statement at this address:

http://www.ghwatch.org/sites/www.ghwatch.org/files/EB132_DGH_statement_WHO%20reform_evaluation%20.pdf).

In the following speech, the Director General addressed some of the questions posed by MS. She stated that the total cost for implementing the reform is about 90 million USD and that she will further provide more information on costs in the next budget. Answering to Senegal, she clarified that the management group would be lead by the EB bureau considering that EB members might change over time. Concerning the second stage evaluation she explained that MS are more than welcome in giving their inputs to set the terms of reference that would be applied to the process.

The discussion went thus ahead on the methods of work concerning the decision-making

process on the WHO reform. After a brief discussion, the delegate from Australia proposed to prepare a working document where all the points of the discussion would be listed and classified according to the level of agreement reached upon them. This document, likely ready by Friday, would represent the basis for an informal session on Saturday afternoon that aims to overcome the lack of consensus registered in the formal sessions. MS agreed on this proposal and the discussion was to be reopened in the informal session.