

# PHM Report on EB133, 29 May, 2013

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## Item 1: Opening of session and adoption of the agenda

CHAIR

The first item is the adoption of the provisional agenda.

Deletion of Item 7.4 (Amendments to the Financial Regulations and Financial Rules [if any])

NIGERIA

LGBT issue is political, bringing this issue to WHO is contentious

CHAIR

First I ask you if you are ok in deleting Item 7.4 then we will go back to the issue raised by Nigeria.

EGYPT

Starts off on LGBT but advised that we are now on the deletion of 7.4.

No opposition. Deleted

Now viral hepatitis.

CHAIR:

We received two proposals for two additional agenda items. The proposal from Syria ([EB133/1 Add.3](#)) has been withdrawn. We will only consider one of this two proposal contained in doc [EB133/1 Add.2](#) (received from Egypt)

EGYPT

Honour of submitting a proposal for another agenda item: improving the health of patients with viral hepatitis. We need to intensify international action on this issue, with special emphasis on strains B and C.

[Now back to LGBT] The procedure leading to the agenda item was not transparent, which conflicts of rules 8 and 9. Constitution of this organization calls for the provision of health care regardless of colour and creed. This work (on LGBT) politicizes the work of the organization. Groups that are discriminated against include immigrants and asylum seekers. We support the right to receive health care without discrimination. However, we should not use this as a means to impose cultural perspectives on other countries. We ask that people withdraw this agenda item in respect for cultural and religious customs of certain countries.

CHAIR

I was trying to focus on the supplementary agenda item, but then you talked about LGBT.

First I ask if the EB accept the supplementary agenda item proposed by Egypt.

BRASIL:

We would like to reiterate our commitment to work with our countries on hepatitis. We support the proposal by Egypt.

QATAR

Qatar support the proposal submitted by Egypt

NIGERIA

Supports the inclusion in the agenda

NAMIBIA

Support

IRAN

Support the inclusion

PANAMA

Support

SAUDI ARABIA

Support

MYANMAR, ALBANIA, SURINAME

All support

JAPAN (PRESIDENT OF THE WHA)

Japan support in principle. On the other hand we are talking about limitation of number of agenda items: has the secretariat of Egypt prepared the doc?

Can we wait until the next EB so other countries can get prepared?

CHAIR

If the Board agrees then we will include this agenda item.

Can the colleague from Japan could elaborate so that we can understand this issue, as there have been reports and a resolution on this item. To take this discussion further, we need to understand the additional matters.

AUSTRALIA

It would be very helpful to understand the additional issues we have to consider because there was a resolution on hepatitis at WHA63 in 2010.

CHAIR

Will the discussion will add value of this topic. I ask you to answer to the questions by Japan.

EGYPT

I have the resolution that was adopted in 2010. It's true that the DG received a number of requests on this item. But no progress has been made. We know that WHO is always concerned with infectious disease. In para 5, in Egypt, there are 22 donors helping. However, these donors can't undertake the projects referred to in the resolution. There are no vaccines for this, and we know that medicines and treatments are expensive. This is serious for developing countries in particular. As a result, we need to see more collaboration on this item.

CHAIR

Thank you for the clarification. Does the board agree to include it?

JAPAN

I hope the EB consider the option to discuss it in the next EB (January)

EGYPT

I ask you again to include this agenda item. We adopted a resolution 3 years ago and no progress has been registered.

CHAIR

Now back to Item 6.3 LGBT. We have heard Nigeria and Egypt on this topic.

I need to respond to some of the things that were said. We are going to ask the legal counsel to respond to this, regarding whether the bureau followed procedure in putting this item on the agenda

All regions were represented at the meeting where Item 6.3 on LGBT was put on this agenda.

#### LEGAL COUNSEL

The Rules state that in order to have a good management of the agenda, the officers of the bureau of the EB should consider proposals for agenda items. Recommendation from the Bureau would be reflected in the provisional annotated agenda but the final authority rests with the Board itself.

Rule 9 requires an explanatory memorandum when there are proposals for additional agenda items. The practice was to submit the memorandum to the Bureau.

The proposal for Item 6.3 was submitted in September 2012. The Bureau recommended to defer this item to this session of the Board. In January the Chair draw the attention of the delegates and there were no objections so we took this as an agreement. But the final authority rest in the hands of the EB.

#### NIGERIA

Nigeria wants to reiterate its position on behalf of the Afro region, that this item be deleted from the agenda. We have a value system that everyone should respect.

#### CHAIR

Two things: particular region is not represented in the contents of agenda and we would be pleased all the regions participate. I ask the entire board to make a decision, on hepatitis and LBGT.

#### DG

I have listened very carefully. Procedurally and in terms of contents you raised objections. It is important for the record to be set straight. It is important to follow the procedures in accordance with practices. The EB Bureau agreed in September on the agenda items. At the EB132 the chair was very careful to gain the agreement of the Board for the inclusion of the agenda items. You may not like the agenda items for your reasons but chair, the EB members should not use procedure reasons. If you do this you hammer us, I won't permit. I just want to make you reflect that this was the decision of the EB132.

#### LEBANON

I confirm as a member of the Bureau that the procedures have been respected concerning Item 6.3. We align to the position expressed by Egypt regarding the removal of this item.

#### EGYPT

On behalf of the East Med Region Item 6.3 should not be in the agenda and should be removed. WHO is not the place to discuss these issues.

#### IRAN

My delegation associates itself with Egypt's statement. The WHO has rightfully focused on the health of every human being, regardless of their inclusion in any group. This agenda item is in clear contradiction of the WHO Constitution. We should not overstretch

and divert the WHO agenda. Focusing on this issue could compromise the solidarity of this organization.

#### SWITZERLAND

In favour of keeping this item on the agenda. Under Item 5 we will also discuss about the options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board. WHO should guarantee the best possible health for all. This issue is controversial but we believe that through discussion we can move forward.

#### LITHUANIA on behalf of the EU MS

Support the inclusion of this item in the agenda.

#### BRAZIL

Our understanding is that the Item 6.3 was included in the agenda according to regular procedures. The item was accepted by the EB recognizing the relevance. The removal of an item could set a precedent dangerous for the future of this organization. No matter the topic: global health, peace, security, only through the respectful participation. The item will benefit for the discussion of all the MS. In accordance with the constitution of this organization health is a complete state of wellbeing. Challenges to LGBT are not restricted to single countries. We would like to contribute to the discussion!

#### ARGENTINA

The right to health should be guaranteed. LGBT persons have the same rights as any other persons. Very often LGBT persons are subjected to discrimination. They should be able to access health care without discrimination. We therefore we support the discussion of this issue.

#### LITHUANIA

EU supports the inclusion of this item in the agenda.

#### QATAR

Support what Nigeria, Egypt said

#### PANAMA

Panama is aware that the procedures have been respected. We understand the concerns of some countries. Perhaps it would be worth discussing the creation of a debate with a health focus exclusively, out of respect.

#### NAMIBIA

Namibia associates itself with the statement made by Nigeria for deletion of Item 6.3. Namibia doesn't discriminate against anyone from access to health services. We are concerned with the manner this agenda item has been included, we were not informed. There are other issues that need our considerations. We call for deletion of agenda Item 6.3

#### MEXICO

Support what has been said by Brazil, Switzerland and Argentina. This is fundamental to be discussed, related to health and principles of non-discrimination and equity.

## BELGIUM

Fully aligns with the statement by the EU. Belgium is in favour to keep the item on the agenda.

## AUSTRALIA

Mindful of the legal advice and reminding that the numbers do not lie (LGBT persons do suffer from mental health issues, HIV/AIDS, suicide...) we think that this item should be discussed.

## CROATIA

Aligns with EU

## PAKISTAN (NON EB)

First, there is a lacuna in the procedure and we will talk about that in the WHO reform issue. This will help work in the organization. Second, we see there is an effort to impose the discussion on the issue: there is no consensus to speak about it. Third, there is the Human Right Council that speaks about it and there is no consensus also there. Fourth, the core of WHO is disease and that is where we have to focus. It is an issue of content as well as title.

## USA

I find this debate on removing a legitimate agenda item is dangerous. Debating and seeking common ground is why we are. As we have heard from the legal counsel and the DG, proper procedures were followed. This is a global public health issue, and WHO is the proper body to address this issue. The US would like to remind everyone that it unprecedented for the WHO to remove an agenda item that was placed out of concern by a Member State. Changing the agenda item compromises the WHO. We have raised this as a health issue. We leave the rights issue to the human rights council. Let's not keep this issue in the closet.

## ZIMBABWE

We align to the statement made by Nigeria. We note with concern the inclusion of this agenda item. We maintain our position. The document provided by Secretariat doesn't even try to define LGBT. LGBT person don't need any specific consideration, we don't want to group people based on their sexual orientation. LGBT person suffer the same disease as heterosexual. This is not a health issue and therefore it should be deleted.

## THAILAND

Fully support the inclusion based on our commitment of principle of non discrimination and universal access. The report testifies to the challenges of LGBT that belong to global health challenges and do not have to be ignored. We are not here to set new categories of rights but to discuss global health challenges that are fully included in the mandate of this organization.

## TANZANIA

We align with Nigeria. I will be frank: First, this is a lifestyle. Second, scientifically, it is a fact; it is not possible for a women to have sex with a woman or for a man to have sex with a man. Some countries see this as a harmful practice. The role of the WHO is to provide scientific evidence. When we talk about the health issues of LGBTQ, we have approved a

mental health program. When we say additional health issues...what are we talking about? We propose the removal of this item.

#### URUGUAY

This issue should be looked at from the point of view of human rights. Even when we have a legislation to cover the issue of discrimination, discrimination can exist in practice. This is an issue in all countries of the world. WHO is a technical forum and should deal with this issue because it is a health related issue.

#### NORWAY

Support USA, Brazil, Switzerland, Thailand and others to include the agenda. It is in the competence of the WHO and it is a global health issue, to ensure the equal access for all.

#### LIBYA

Libya aligns with Egypt. We support the notion of reconsidering this item. Should this item be adopted, we suggest the use of acceptable language. I share the view with the USA, this is indeed a sensitive issue and should be handled as such.

#### CANADA

Support the inclusion of this agenda item.

#### ALBANIA

Align with EU for keeping the item in the agenda. To ensure access is a core principle of WHO and there is evidence of unequal access. It is our commitment to understand the underlying causes.

#### ALGERIA

My delegation associates itself with Nigeria. Ideas from some countries should not be imposed on others.

#### SENEGAL

Support the statement by Nigeria. We should talk about vulnerable groups and not talk about LGBT. Trying to identify particular groups is a form of discrimination.

#### ANDORA

Support Lithuania on behalf of EU.

#### DG

Thanks you everyone. I have taken careful note. A few comments: first, in terms of procedures, it is proper. Otherwise, we cannot include the discussion on autism. So, my advice is that the procedure is proper. Second, in terms of content, I recognize from the discussion, how difficult this issue is for many countries. We know that.

Let me do some reflection. We recognize the diversity of WHO members. I have noticed that there is a great deal of respect for cultural and diversity. Countries have demonstrated with great ability to find pragmatic consensus on controversial issues. This is such a subject. I will support countries: this item should not be used by any interest group or

front group. But I also agree: this is a difficult subject, we must start a dialogue in a way that is acceptable.

I hope- maybe this is another subject- madame chair, we only have 2 days. I would propose for member states to accept all the agenda items, and this one, we defer it and give me an instruction to work with countries to find a pragmatic solution so we can discuss it in the next EB. I think you have the ability to find a way forward.

JAPAN

Support the proposal made by DG to discuss this item in the next EB after a dialogue between Secretariat and MS.

SOUTH AFRICA

Pleased with the DG strategy. WHO has to promote inclusion, equity and we welcome her proposal.

NAMIBIA

At the same time, I have so much respect for our DG. She was eloquent. Namibia supports this proposal, ie deferring it to the next EB.

EGYPT

Members of the Board have divergent views on this issue. We support the proposal by DG. We're asking for this issue to be withdrawn so that can be discussed informally in regional groups.

MEXICO

Just for clarification: we are going to include the agenda item but postpone it for discussion?

NIGERIA

We all agree it is a very sensitive issue. Just we make the proposal to step it down.

USA

Appreciate the intervention of the DG. To be clear, as one of the sponsoring countries, we will not withdraw this agenda item, but we will agree to defer it to January.

DG

It is the power of the Board to decide. The EB member's position is divided. Without delaying the work of this EB I suggest to approve the agenda and then I will try to find common ground on the paper with your guidance

CHAIR

I thought we would approve the agenda without this item? Or, there will be discussion if consensus and common ground can be reached.

AUSTRALIA

There are very different views, we're not trying to impose cultural views. The DG proposal is a good offer. We think the agenda should be approved on the basis that this



particular item is not dealt with in substance and the DG will see if there is a way for the upcoming EB.

CHAIR

Before the board there is the suggestion to find common ground for title and issue.

IRAN

We express our gratitude to the DG. I think we have heard another new proposal relating to the title of the agenda item. May we merge these proposals as such: to adopt the item, delete the agenda item for this specific EB, and ask those who are in favour of an agenda to come up with a new language and definition, to be discussed at a later stage.

EGYPT

Support what delegate of Iran said.

We ask to delete agenda Item 6.3

Coffee Break

CHAIR

During the coffee break there have been discussions. There are two options: first, to delete it; second, to defer it until January 2014. Has consensus been reached?

LITHUANIA

It's not an easy item. Supports adopting the agenda including this item. Having heard discussion and proposal by DG, have the position to adopt and accept a deferral of substantive to the Jan EB under condition that the EB decides to postpone discussion.

CHAIR

Suggests a vote may be necessary [votes hardly ever happen at WHO]

CUBA

My delegation is sad to see that we will have to put this to a vote. We would prefer to avoid this at all costs. We always work on the basis of consensus. There was a consensus to defer this will matter, but we don't know what this means for the next EB. We would prefer that this item be on the next EB but with different wording. We are not overwhelming opposed to a vote, but would prefer consensus.

MEXICO

We agree with Cuba. We should try to avoid putting this matter to a vote.

JAPAN

Agrees with suggestion to avoid voting. All member states need to compromise—it takes two to tango! Should agree to delete this item from the agenda but with conditions: that it will be discussed in EB in Jan; that the nomenclature of this item will be amended reflecting view of member states; that the DG will start dialogue with member states and that this be reflected in the (new) document.

QATAR

Qatar delegation is not for voting, and believes in consensus. I support what was said before the break by Iran: to change the title that we find in this agenda, and to delete the item for this session.

#### NIGERIA

Align with Qatar. It is better to reach consensus and not vote. We propose to delete this agenda item and then open a discussion for the next EB.

#### SAUDI ARABIA

Request that consensus be reached. Sorry that this has lasted for three hours. Hope countries are willing to work with each other. Want to have an item EB would be able to adopt and move forward. Aligns with Qatar and Nigeria and Japan that need consensus, study a bit more over the next few months when everyone is excited with the nomenclature.

#### AUSTRALIA

Slightly different versions of the proposals. Are we removing the existing title or document? Or do we have an item on the agenda that involves leaving the title blank...it still doesn't presuppose that the item will be discussed. Can we find a language that gets moved at the same time?

#### JAPAN

Responding to Australia's questions. Japan wishes to remove this agenda item from the current agenda. Then 6.3 will be replaced with new nomenclature which is agreeable to all member states (hoping member states will reach a consensus). So, deletion with condition that it will be discussed again in a way where all member states agree.

#### EGYPT

We support the proposal made by Iran before the break: deletion of Item 6.3 and then meeting should take place from now on. This item should not be imposed for next January. This Organization should deal just with pure health and technical matters.

#### LITHUANIA

Having listened to the proposals, we would like to ask the legal counsel: How this agenda could legally stand for EB in January if this is deleted from this meeting's agenda?

#### CHAIR

Summarizes. Seems as if consensus on process is being reached—that current agenda be adopted without this item. That DG should lead discussions on title and content. If consensus is reached the Jan 2014 EB will contain “an item of a name we know not”. Asks legal counsel to clarify issue Lithuania raised and whether the EB has the ability to accept or reject the agenda (and not necessarily an item).

#### LEGAL COUNSEL

If we take the process proposed by Japan, then the Board will be bound to discuss the agenda. The other process involving unknown language to try and achieve consensus, the Board remains empowered to delete or accept the title. The Board will be fully empowered to make a call on whether or not to discuss this item.

IRAN

It's important to finalize the discussion, it's 3 hours that we are discussing this agenda item. We want to signal this. Clarification: while we appreciate the work of DG, I think it is the responsibility to MS to present new agenda items. I don't want to overload the DG. We propose deletion of agenda item 6.3 and to ask the MS to find a solution for the next session of the EB that will have full power to decide on its agenda.

AMBASSADOR OF EGYPT

Would not like to begin the precedent of having a vote as consensus has been the practice of this body. Supports deletion of Item 6.3 to leave DG to consult with all delegations to reach compromise on this item whether regarding title, substance in a way respecting all points of view. Wants to defer to Jan EB with information from legal counsel that this is not binding on the next EB.

PAKISTAN

Consensus is the soul of any governance structure. Voting is the last resort. Two elements: first, the Exec Board removes the item from this meeting; second, the Exec Board entrusts to hold informal consensus in time for the next EB

CHAIR

Based on discussion, the current agenda Item 6.3 will be removed. The DG and her team will lead the discussion of MS to reach a consensus. This new item will therefore come to the next EB for the Board's deliberation on its inclusion.

BRAZIL

Don't agree with the proposition. We need some time; it's our proposal.

LITHUANIA

The UN and member states are in a position to maintain this agenda item.

CHAIR

Madame DG, help me!

DG

We cannot discuss this agenda for the next 2 days. We can put a bracket on this agenda item and then you go ahead and do the other business and reflect. I have no solution, sorry!

CHAIR

Wants to move to Item 2.

LITHUANIA

Before moving to next item, wants to bring attention to the fact that the EU works in close cooperation with WHO on this. EU attends meetings of the EB as observers. Asks Board that EU delegation be invited to attend and participate without vote in discussions.

CHAIR

Does the Board Agree? The Board agrees to EU's involvement in discussions. Can we go on to Item 2?

BRAZIL

Wanted to clarify one point. Oh no, I spilled a glass of water! Asked for the floor to clarify one point No matter how the group proceeds it must recognize what they're doing in moving forward. Should not be a method of avoiding discussing certain items. Need to face up to the agenda! The only solution, have to keep on discussing if we don't want to reach a vote. Don't see how proposals can fly if some countries are committed keeping it on. The proposals don't satisfy countries that have taken a very firm stand on this. Need to reach some form of solution.

CHAIR

I follow the instructions of the Board. I have no intention keep talking. Are we going to have to vote?? So if we're going to a vote....

USA

It seems to me that the proposal made by Egypt and Japan are extremely close. They call for this item to be deleted from this agenda and to be formally deferred to January and for the title to be mediated by the DG after discussion with MS. It is a workable compromise.

ARGENTINA

Is convinced that proceeding to a vote is not the best option. Goes back to idea that wording be changed and DG drafts new document based on new title. So, can we set up a group here and now that can work on this new title so that we know what we'll be talking about next time.

EGYPT

I think that we are opening a debate. Your proposal was excellent and clearly defined and we almost accepted. I appeal to all delegations that we compromise and that involves securing the deletion of the item of the EB meeting, ensuring consultation, and ensuring that the agenda item will be on the agenda of the next EB. I really appeal to delegations to agree on this proposal.

SOUTH AFRICA

Expresses concern about voting option. Supports Egypt, Japan, Nigeria, Australia.

AUSTRALIA

We could live with this proposal: agenda Item 6.3 removed and then discussion for the next EB to ensure that all the views are taken into account

BRAZIL

Madam Chair, what we would like is this: This item to be withdrawn from THIS agenda but with a guarantee that it be dealt with at the January session. We are calling for an official decision to be taken to that effect. The next agenda must contain this item. We need to have that point made.

PANAMA

This is a delicate issue but is of concern for every country in the world. The consensus now seems to be emerging, we would like to see the item deferred to January.

#### LITHUANIA

Thanks Egypt, Aus, South Africa for proposals of not going forward for the vote. Can we use lunch time to reflect and come back with a consensus.

#### MEXICO

Madam Chair, It seems to us that the consensus must include a guarantee that this item will be addressed at the next EB. This needs to be made clear.

#### CHAIR

I'm new kid on the block, but I've never seen the adoption of an agenda item take so long.

#### AZERBAIJAN

The consensus is not really emerging, we have to be wise. This is the first time I have seen this kind of situation arising. If people continue to insist, we will not be able to work at this EB.

#### JAPAN

Member states who propose inclusion want guarantee that this will be on the next EB's agenda. This is tough because they can't bind future EB. So, next proposal: maybe get consensus that members will discuss this issue under condition that the title will be changed.

#### AUSTRALIA

I would benefit from legal counsel's advice. My understanding was that the proposal was to delete this agenda item, put a placemaker in the provisional agenda, then this matter be discussed at the next EB. To the extent that some wish to see a guarantee, we can create a provisional agenda item that we can use for this topic?

#### LEGAL COUNSEL

Consensus evolving. Removal of item. Mandate to engage in negotiation for title and content. Place it on the provisional agenda and with final decision in the hands of all members at the next EB.

#### GHANA

Was supposed to be at HRC this morning but advised his ambassador that interests may be best served at WHO EB. Appeals to colleagues from Brazil and know that they are constrained to maintain their position. For good measure, "we" have given them a lot in terms of international community: World Cup, Olympics, DG of WTO. Hopes that EB can rely on their sense of fairness in this.

#### THAILAND

Join the USA in proposing this item, with the hope that MSs will engage constructively on this. Realize how sensitive it is and take into account comments of MSs. Appreciate

discussion and believe close to consensus, which is most important. Proposition by legal counsellor is acceptable, but will leave it to consensus of EB members.

#### PANAMA

Groundwork is being laid for consensus. The fact that agenda Item 11 deals with future meetings, maybe the guarantee that supporting members require could be formalized when we deal with item 11. Part of the consensus is just there, just need other component.

#### BRAZIL

Time is a good counsellor and thinking about this in depth and might be good to give it more time. Nobody should walk out of this room feeling that they have lost or won. We need to deal with this matter. Total trust in the ability of the DG to engage in a discussion to evolve a deeper consensus. They (DG and secretariat) could work on this matter and bring the guarantee that following the discussion this item will be brought on the agenda of the next EB.

#### SWITZERLAND

Read to support position summed up by Australia and Legal Counsel calling for removing this agenda item, DG consultation/discussions, and this will be a placeholder for next EB meeting. EB is sovereign when determining agenda, so there can't be a guarantee regarding next meeting.

#### PAKISTAN

Agree with Switzerland. There is agreement on deletion of the item and entrusting in DG in dealing with the issue. Disagreement is about if there will be a guarantee on the inclusion in the next EB. This is not possible. We cannot prejudge that we will all agree. Any MS can propose an agenda item for the next EB, so that is a guarantee in the procedures. We have discussed for a long time. If there is no consensus, democracy has to be upheld. Seems that this is where we are going.

#### CHAIR

Will postpone the discussion until after lunch....

#### IRAN

Proposes adoption of agenda item *ad ref* (ad referendum). There is a general agreement to adopt the agenda with deletion of the item provided that the item can be reopened if MS wish to.

#### LITHUANIA

Proposal from Chair and Brazil suggested that time is the best counsellor. Proposal to break for lunch is a good one.

#### Lunch break

#### CHAIR

Exhorted more time. Discussions over lunch have been fruitful and there has been an agreement on specific language. Counsel will read and explain the point of consensus.

## COUNSEL

Language has not been given, it is what we think is the consensus. Item will be removed. DG will held consultation with regions on title and content. Include an item in the draft provisional agenda of next board, with provisional title refereeing to this item.

## EGYPT

Please explain the third point of the proposal.

## COUNSEL

Nervous when it is called my proposal. There will be what Australia calls a place holder in the provisional agenda which is needed within four weeks. Which will refer to the deleted item number. This provisional title will be replaced by the agreed title. This leaves MS with the full authority of deciding what to do with this item.

## CHAIR

Asks Egypt of they understand.

## EGYPT

Need more details. Concerned about title. Worried that the title will remain the same in the provisional agenda.

## CHAIR

Counsel, Egypt's interpretation is that the current agenda item will reappear in the provisional agenda. You need to explain that this will not happen

## LEGAL COUNSEL

The idea is that the item will have a different title with different content. This will reflect the outcome of the consultations by the DG. Since there's no guarantee that the consultation can happen quickly, and since they have to prepare the provisional agenda, they need to put a placeholder there with a title with which all feel comfortable. There would be a note that the title would be changed based on consultations.

## IRAN

Third point could be rearranged so that the provisional regional item has a blank with no indication of anything with a footnote referring to the procedure we had. If decision is that it has to be taken for granted that the item will come back as it is, then the same issue will come back again despite the consultation. Better to have a blank, as Australia referred this morning, with a footnote. In line with this, after consultation, it will be filled out and am sure all MS will agree that this does not mean that is will be filled by the DG, but that any MS can propose language that is acceptable. Let's avoid controversial discussions again at the next EB. We have no problem with the three points. The only suggestion is about this blank and footnote.

## LEGAL COUNSEL

Point 3 could have no title and a footnote referring to the decision put forth by Iran.

## CHAIR

EB agrees to process as outlined by legal counsel? No objection. Agenda is passed.

LITHUANIA

The EU 27 member states regret not having the opportunity to discuss this. In the interest of moving this forward, we would like to recognize that this is a difficult matter. But regret the discriminatory language delegates have used; hope that it will be refrained from use in future discussions. Discrimination is against international law. Discrimination and stigma result in low access to health care in many areas. Denial of care, violations of privacy rules, and others must be removed. In this way we can improve access to care for all people.

EGYPT

On behalf of EMRO, reaffirm right to health for all without discrimination. Reaffirm commitment to constitution of this organization.

CHAIR

Agenda is adopted as amended.

## **Item 2: Election of chair and vice-chairs and rapporteur**

CHAIR

Per the rules: Board shall elect officers, chair, four vice chairs and a rapporteur. Nominations ensue...

KOREA

Proposes Australia for chair.

MALAYSIA

Supports Republic of Korea nomination of Prof. Jane Halton.

CHAIR

Australia has been nominated, according to rule 48, Jane Halton is elected as chair of the board<sup>1</sup>

CHAIR

Thanks and gratitude. Recognizes the body of collective work of the EB. Highlights, moved when drafting group reached consensus on program of work 2014-2019. Wish all success to DG to face challenges of 21 century. pleased to hand over to Dr Jane Halton. Applauses for the interpreters.

[DG recognizes work of Chair and they hug]

SURINAM

Thanks for your work chair}

NEW CHAIR

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1. <http://www.smh.com.au/articles/2002/06/28/1023864657707.html>



Congratulates previous chair for work on reform and warmth in the room despite cold outside.

Thanks region for the opportunity. Recognizes new members. Points out principle of regional rotation. Is excited to replace a woman and that the DG is from China in the year of the Snake, a very lucky year.

Begins nominations of other board positions:

LEBANON

EMRO nominates Iran

BELGIUM

EURO nominates Azerbaijan

KOREA

SERO nominates Myanmar

CAMEROON

AFRO nominates South Africa

CHAIR

The four vice chairs are elected

Election of rapporteur:

MEXICO

On behalf of Americas nominate Suriname. Corrects, because she spoke in English and got confused...she meant to nominate Panama!

CHAIR

Panama is the new rapporteur.

Item 2 closed

### **Item 3: Outcome of 66th WHA**

AUSTRALIA

Congratulates MS on WHA outcomes. Polio, WHA notes strong progress towards eradications. Express concerns on polio health workers. Needs to be managed, 80 million dollars over 4 years for eradication. Routine mass immunization has had great effects in Australia. Microbial resistance is an issue, requests it to be put on the agenda of 67 WHA and report on the situation.

BELGIUM

Some of the most important items, especially the budget, were adopted smoothly. This is a great step forward in implementation of reform. NCDs led to an important agreement. They still regret the regret of some documents and resolutions. To improve the work of the

Secretariat, suggest that only one progress report per category be produced. The adoption of the GPW and Budget give opportunity to improve decision making process.

#### IRAN

Effective time management in WHA. Another great achievement, finalizing three important action plans. What needs improvement is lengthy meetings of the working groups, counterproductive, lack transparency and losing attention of MS.

#### SENEGAL

On behalf of African region. On behalf of Senegal would like to say that on Item 15, African region really got together to harmonize the position; commends this work. Assembly finished one day early, the time management this time was excellent and worth pointing out. If we could try to get through all items within a week, this would be a good thing.

#### IRAN

Effective time management in WHA. Another great achievement, finalizing three important action plans. What needs improvement is lengthy meetings of the working groups, counterproductive, lack transparency and losing attention of MS.

#### CROATIA

Everyone worked very hard during the WHA. The result was several high quality documents that will guide member states over the next several years. Milestone docs: global monitoring plan, voluntary targets, action plan for NCDs, UHC resolution. Provisions for IHR is important. Yes, adopted budget and hope to improve transparency and accountability of WHO.

#### PANAMA

Thanks for election as rapporteur. Pay tribute to work that has been done in WHA, NCD, MDGs, and WHO reforms. Today had an experience that will give you great benefits for the health of our populations in the future.

#### UK

Picks up on proposal by Australia's proposal for agenda item on antimicrobial resistance. Resolution [A58.27](#) was adopted in 2005 but was last reported on about 6 years ago and the problem is getting worse. In view of these circumstances, the board should have a discussion on this based on a report from the Secretariat. Asks that item be included on provisional agenda for EB134.

#### CHAIR

Notes request for discussion of anti-microbial resistance at next WHA.

#### DG

Budget year. WHA managed to finish the work one day in advance including biennale budget and plan for next 6 years. Due to good preparation, and we will continue this. Thanks MS for fruitful engagement.

## **Item 4: Report of PBAC ([EB133/2](#))**

### **CHAIR**

Chair of PBAC, from Yemen, has returned home, so Belgium, vice chair, will give overview.

### **VICE CHAIR PBAC**

Report of PBAC 18th meeting from 16-17 May 2013 ([EB133/2](#)). Agenda included 14 items reported to the 66th WHA and 6 items that they report on now. Will only report on items not on WHA agenda: gen mgt update, admin mgt costs, progress on implementation of internal recommendations.

### **General Management update ([EBPBAC18/2](#))**

Sec presented doc on staff development, learning, upgraded version of Oracle based system will be out in June. Staff development supported by \$14mil. Committee was informed that funding of Americas is of a combination of voluntary and assessed contributions. With voluntary contributions, the greatest amount was for AFRO region where there is greatest need.

### **Admin and mgt cost study ([EBPBAC18/3](#))**

Sec provided summary of external consult on cost of administration and management in the org. Study was conducted following request by the EB that the PBAC commissioned. Recommendation twofold: (1) cost recovery model, program support changes (2) recommendations for improved budgeting, management services that can be implemented immediately.

### **Evaluation report ([EB133/8](#))**

The committee welcomed report. Offered suggestion: Data from reg of Amer has not been taken into account. Financing of admin must be considered as part of overall financing of org. Must be included with dialogue with assessed contribution and need to talk about whether to incl incentives for unspecified contributions.

### **Annual report of Independent Expert Oversight Advisory Committee ([EBPBAC18/4](#))**

PBAC also considered report of EOAC. Re WHO reform: timelines, milestones, communications strategy now in place. EOAC chair encouraged better stewardship of assets. Noted that cash accounting/budgeting are the enemy of good financial management. Global management system is good example of how regional cooperation can work to make the organization run better. Enterprise risk management reports indicated improvement. Shows real commitment to moving work forward. EOAC noted that HR reform is the toughest. They urged member states to accept report of sec.

### **External and internal audit recommendations ([EBPBAC18/5](#))**

Considered rpt of internal/audit recommendations. Committee expressed satisfaction with open audit recommendations and internal controls framework, even at country level. Noted the sec report from the secretariat

### **NIGERIA**

On behalf of AFRO. Notes the steps taken by sec through global management systems and improved management system. Note staff development and its fund. Note that biggest portion of increase in voluntary contributions goes where there is most need. Note need to incentivize contributions. Note work of group on evaluation, especially in areas identified and to be included in evaluation plan. Welcomes plans for advocacy and communications strategy. Welcomes clear implementation plan on reforms. Welcomes IPSAS. Pleased with strengthening of IOAC.

#### LEBANON

All efforts would lead to reducing admin costs and improving efficiency. It is not understood why earmarked finances would not cover all costs. To eliminate the subsidization, would increase some funds from 21% to 31%. If there is an agreement on item D of PBAC report, would ask that the Secretariat prepare a report on this.

#### SOUTH AFRICA

Question with regard to removal of agenda item on financial regulation. Paragraph 21 of EB report makes reference to changes in agenda item and suggests a mechanism by which to take work forward. Please clarify that will happen on this issue.

#### ADG

Question from South Africa, oversight committee point was that we need to look at the implication of the financing dialogue, reforms and funding process and how they interrelate and there might be a need for further changes in the future, as there were only minimum changes this time to facilitate the passing of the budget entirely. Good to alert the EB on possibility of changes in the future.

#### TURKEY

We thank the PBAC for its review. We would like to share some remarks: Regarding the cost study, one of the concerns is the enormous cost required for voluntarily funded projects. This is of great significance for sustainability. Accounting separation should be a first step. Roles and transparency is key. We think that each option has its own added value. We note the follow option B and agree that greater analysis is needed, and that something be prepared and submitted for the next EB. The identification and removal of procedures will yield financial benefits through cost reduction. We request the Secretariat to provide information on issues related to efficiency in its future reporting. We request the Secretariat to provide regular information on implementation. Transparency will increase support.

#### CHAIR

Can I ask: is the Board prepared to take note of the document 133/2? Yes! Noted.

### **Item 5: WHO reform**

#### CHAIR:

Before we start, can I remind that there will be substantial discussion on this item at the EB in January 2014?

## **Item 5.1: Criteria for inclusion, exclusion and deferral ([EB133/3](#))**

We will first deal with Document [EB133/3](#) (options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board) and then we will move to document [EB133/16](#).

### **LEBANON**

The combination of the three criteria for inclusion with those for priority setting seems complicated; the Bureau should use just the three criteria established in 2007. I suggest the inclusion of proposal that satisfy at least one of the 3 criteria.

### **LITHUANIA**

On behalf of EU. The EU and MS are committed to the WHO reform. We believe that fully implementation of who reform ensure its accountability. Priority setting by governing bodies is key issue and we strongly support EB133/3. The recording of items for agenda need clear transparent criteria on inclusion and exclusion. Our preference would be for option 2. we welcome the proposal in par 17 of the doc. We welcome the secretariat proposal for statements.

### **EGYPT**

Not on behalf of EMRO. Important to have specific criteria for inclusion or exclusion. Thanks secretariat for document EB133/3 giving two main options. Preference for option2. More streamline set of criteria linked to global public health. Could also accept option 1 which would create a way of using the agreed 8 criteria by proposing a workable way to use them.

### **MEXICO**

We are in favour of option 2 for managing the agenda

### **SENEGAL**

On behalf 47 Afro. Concerning doc Eb133/3 on inclusion or exclusion item, we support option 2 in particular if you look par 17. Also support the idea to provide guidelines for proposing statements for proposals.

### **SWITZERLAND**

Support option 2, the elaboration of new criteria. The current criteria are difficult to use from an operational point of view. Today's experience shows the necessity to have criteria that are easier to use. Including new agenda items have financial implications that cannot be ignored. WHO reform needs a change in mentality from secretariat and MS and role of governing bodies should be reinforced, including setting priorities. With clear priorities, we need a simple clear process to identify items to be added. While there will be exceptions, we need criteria.

### **ARGENTINA**

We ask the Secretariat to clarify who are these rules for (only for MS?). Concerning the first option, in our opinion applying the five criteria is difficult.

### **REP OF KOREA**

Recognises progress. WHO want to improve its work and this requires priority setting and it has to be not a matter of exclusion, but we have to exclude some items. We support option 2.

#### JAPAN

Believe that controlling the volume of agenda item is necessary to improve efficiency and effectiveness. Option 1 not clear how selection will be carried out. May not result in reduction of agenda item. Option 2 requesting all three criteria to be met seems too strict. Including three criteria might affect issues might create low overall impact, but have a local impact and require global attention. Notes importance of three objectives still believe that it is better to have mutual consultation between MS and secretariat.

#### AUSTRALIA

Support option 2 but we suggest a possible variation. Agenda items should be within the mandate of WHO , therefore the current criteria “comparative advantage of WHO” should be included as fourth criteria under Option 2.

#### BELGIUM

Align with EU. Both the Ms and Secretariat have to change way of working. We cannot go on with business as usual. The discussion in more important for decision making process for the governing bodies as well as for the budget and the GPW. The proposed resolution would be fully documented. The implication for the current program budget should be analysed.

#### BRAZIL

Exciting morning session. Criteria are important so democratic space for dialogue must be preserved, as seen in the morning. So does not feel that the current criteria are a problem. We prefer Option 1, as we are concerned with exclusion due to complying with the three criteria of Option 2. Suggest that time to make proposals be extended.

#### MALDIVES

The two step approach under option 1 is too complex, therefore we support option 2. Given the long discussion we had this morning, we feel there is a need to better orient the EB members on the procedures for the EB

#### ALBANIA

This paper is important part of the reform. Applying three criteria at the same time is too strict, though should not be too lax either. Option 2 is more appropriate at the condition that secretariat should provide clear definitions of all the criteria, which are then accepted by all. This will facilitate using these criteria.

#### CUBA

We understand the importance for the analysis and avoid waste of time, but need to have flexibility in the rules of procedures, for this reason we support Option 2 and not the fulfilment of the 3 criteria at the same time. Agree to include items

#### USA

As for the options, we support option number 2. We support the concept of a “new subject” if the Health Assembly had not considered it within the last six years. We approve the Amendments to Rule 10 of the Rules of Procedure of the Executive Board.

#### PAKISTAN

We believe in improvement of efficiency and transparency and we have strong inclination for proposal 2. Need to certain adjustments: already said by Lebanon: meet 2 criteria instead of 3 for more flexibility. Concerning the proposal of new subjects: look a time framework of 24 hours. Important that MS explain in the memorandum all the statements.

#### CHINA

GPW12 and program budget 14-15 are guiding documents and EB should manage the agenda in agreement with these documents. The criteria already in use should be the ones that determine the agenda item. Option 2 diverts from the 5 criteria and this is not appropriate. Option 1 can be modified to have it applied in two steps. If this is accepted there should be a modification in para 12 in the document under discussion.

#### CANADA

Support option 2. We suggest that further elaboration of these criteria takes place considering the following points: coherence and alignment with GPW, timeliness, effectiveness

#### TUNISIA

We support option 2. Having the three criteria will be ensuring clear transparency.

#### CHAIR

Significant amount of people spoke about the merits of option2, but only applying 2 out of 3. Also need to elaborate these three proposals. Importance of alignment with GPW. Brazil needs more time to discuss things. Need for definitions and guidelines were also expressed. Para 19 to 30 were also referred to. Argentina asked who this is for

#### BRAZIL

We didn't asked for more time to analyze, our question was on the time of presentations, on the timeframe.

#### LEGAL COUNSEL:

The criteria are addressed to the authorities that can propose additional items: MS, UN, DG, other specialized agencies. Considering the Rule 10 for urgent agenda items, the idea was not to restrict this too much but to introduce criteria that can help the Board in the evaluation.

#### CHAIR

Ultimately we decide and essentially we will resolve the disputes in our meetings. The challenge we have is to provide guidelines for the secretariat. We have to raise the issue of 3 criteria vs 2 criteria: the fundamental question is do you think the all 3 criteria shall be met or there can be more flexibility? I invite particularly who asked for the 3 to express or to reformulate in order to go further for the discussion otherwise the secretariat cannot go on.

PAKISTAN

Clarification if there is a stringent opposition to 2 criteria instead of 3 or not for option 2

CHAIR

We had a useful discussion, we are in the domain of option 2. I think the Secretariat can move forward based on the discussion that we had.

ARGENTINA

We understand the complexity of the work of sec. Proposals: support Brazil in asking for more time for presentation and more time to analyse them. The issue of criteria is a parallel work: we can agree with the proposal by Lebanon but consider 4 years or 6 years to include new items. Important charge for public health, this can be open for more clarification. Very important to ensure nobody feels excluded to report discussion in this forum.

CHAIR

Might be an option to narrow the discussion within option 2. Need a more expanded version of 2 and align decisions. But need more definitions. Secretariat has to rework option 2, being clear that there is no consensus yet. Australia, Canada gave useful leads. More guidance DG?

DG

This is not an easy subject. At least there is a convergence on option 2, this is a good news for me. We will prepare another document that will be submitted to the EB in January and then to the WHA. I see that it makes sense to you to have either 4 or 6 years, but there is an important message from Belgium. If we want to improve the governance, we need to look at whether the proposal are consistent with GPW12 and Programme Budget. You have invested so much time to agree on the GPW12 and PB and we must make the PB as an accountability framework. As a global multilateral organization we have a decentralized structure, so if some agenda items can be taken at the regional level, do that! Concerning the proposal by Maldives, we will certainly provide guidance to new EB members, but you also should train the delegates of your country that come to the EB.

CHAIR

We can make clear decision point to finalize the point. We come back to the EB in January, we can go on in facilitating the decision making. Get further guidelines from the secretariat. We close this paper and we go to EB133/16

### **Item 5.2: WHO engagement with Non-State Actors ([EB133/16](#))**

LITHUANIA

On behalf of EU. Discussions have demonstrated need for clarity on WHO engagement with NSAs. Understand that engagement may take different forms and with a wide range of actors. Risk must be managed appropriately (risk to image, risk to operations). Conflicts of interests should be referenced within the discussion of organizational risk. Recommend that staff at all 3 levels are trained in policies in procedures. Propose 24hr rule be lifted for engagement of NGOs. Propose examining existing models for current engagement. Agree on the need for addressing the role of commercial influence—WHO decision-making must



remain with governing bodies. Improved coord is needed between actors at all levels. IHP+ is a step in the right direction. Recommend full implementation of recommendations of the “quadriannual”(?) review.

#### LEBANON

Engaging with non-state actors should not compromise the primacy of Member States in the WHO. We strongly believe that it would be wise to limit the engagement of businesses within WHO scope. The purpose is to avoid reputational damage. Being highly selective is of prime importance. We would like to highlight the critical issue of financing. It would be important to ensure complete financial alignment with budgeted priorities.

#### CHAIR

Do people have particular concerns in relation to principles and a certain typology?

#### SENEGAL

On behalf of AFRO. African region appreciates clarification that has been provided in the document. Agree with general approach and typology. See that there is a very strong approach when dealing with conflict of interest. It is important that same rules apply at regional and country level. They must be rigorous and strict.

#### SWITZERLAND

We support para18 and following. We endorse the principle of transparency. The Secretariat has proposed a typology of engagement, we support this. WHO must be in a position to dialogue with all stakeholders. This is clearly a key point especially in a decentralized organization. We support the decision as proposed.

#### SOUTH AFRICA

Welcomes that the document outlines principles. The global landscape has changed and requires interaction with different stakeholders. In doing that South Africa recon that there need be principles especially around engagement with NSAs. Should be in trans manner, need safeguards in place to protect integrity of the Organization. Conflict of interest issues raised—some language has been proposed that could be included. The outline of risks should be considered and determined as to whether they can be incorporated.

#### ARGENTINA

A framework of interaction with non state actors, and we're happy to see a typology. We think it's important to see that reference must be made to the origin of the capital of non state actors. There should also be a principle where any new initiative must provide clear benefits for improving public health. When dealing with conflicts of interest, there should be a committee of ethics to analyze conflicts of interest.

#### AUSTRALIA

Wonder whether a 5th principle about whether NSA engagement is a clear benefit to public health can be added. Would like to see WHO advocacy to NSAs in the paper, must be addressed as a separate category than engagement with governments (such as in the alcohol industry). Look forward to a paper addressing members' concerns.

#### BRAZIL

We support the statements by Australia and Argentina. Brazil considers that the document should be considered. Elements for the analysis of engagement should be different for public/private sectors. We would like to make sure that WHO not be influenced by the commercial interests of donors. Regarding classification: the Secretariat should provide more information about the choice of non-state actors, and a mapping of those that WHO is already working with.

#### QATAR

Supports the 4 overarching principles as set forth in the document. NSAs play and will continue to play a vital role. WHO must cooperate with NSAs. WHO has experience in this area. It is important for EB to recognize that and draw up a list dividing up NSAs into different categories for how WHO engages with them.

#### JAPAN

Would like more information as to how engagement will be done in the future.

#### USA

We recommend that adoption of proposed decision point. WHO should consult to development rules of engagement, and meet with academia, public/private sector together to spark debate and encourage transparency. Managing both NCDs and communicable diseases require ensuring there is no conflicts of interest. It is often difficult to tell whether NGOs are tied to public, state, or private interests. We need more discussion and consideration on this. We need to encourage greater engagement with other NGOs who WHO may not already be on official terms with.

#### ZIMBABWE

We seek clarification on: the document is in contradiction to resolution at 132nd EB<sup>2</sup> which called for 2 draft copies of policies for NGOs and private entities, and the difference is not outlined. We seek clarification on commercial interests and how this will be regulated. We seek clarity policy frameworks for engagement with non state actors. Engagement of non state actors should be based on the principle of prioritizing people's health.

#### NORWAY

An approach anchored in principle is necessary. Safeguards are particularly important. In the report transparency and management of conflicts of interest are of high priority. Normative integrity can't be claimed but must be recognized by others. It will be shown in how WHO manages conflicts of interests. Engagement rules with NSAs should be listed in one doc. Public and business interests can't be separated, they must be dealt with accordingly. The approach of the report is to protect the WHO from any vested interest. WHO must collaborate construct with NSAs in order to achieve health outcomes. Would like to add additional principles that NSAs are a valuable resource and that approach shouldn't only be defensive, but where NSAs can be a partner for health.

#### CANADA

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2. See [Decision EB132\(11\)](#)

WHO must engage with all actors in order to do its work. Need rules for engagement that reflect different types of action while being transparent and observing equality for all member states and NSAs. With respect to typology, not all engagement is the same. The expected results should be clear for WHO and the NSA. On potential conflicts of interest, Canada agrees that existing guidelines can be strengthened and be implemented throughout the organization.

#### TURKEY

The document provides a useful basis for engagement. WHO will be able to fulfill its role more effectively. All interactions should be transparent and managed. Compliance and oversight is crucial. Whatever action is take here, it should not undermine the role of the governing bodies.

#### PANAMA

Recognizes the delicacy of the matter. WHO will be developing a rigorous classification for NSAs for the sake of the public and governments. Are totally in agreement with Argentina that Secretariat will develop a map of different types of actors and those that will be excluded. Would like a list of those that will be excluded in the field of health.

#### EGYPT

WHO is an intergovernmental organization. WHO is a supranational organization, and applies programs and it applies these programs globally. WHO coordinates activities across countries and within countries. I would like to see it bring together liberty and independence, free from any kind of pressure that might be exerted by donors. Pressure of this organization will influence its own priorities. WHO must have a certain level of financial autonomy. WHO must remain far from politiking. Must be free, and enjoy the liberty to do its work. It should not be concerned with fundraising. WHO should apply its own programs free of conflict of interest. We need to classify non state bodies differently. We must be transparent and avoid conflicts of interest.

Adjourned til tomorrow

Recommencement Thursday 30 May 2013

### **Item 5.2 (continued): WHO engagement with NSAs ([EB133/16](#))**

#### ARGENTINA:

Concerning COI, we support the idea of setting up an ethic committee to be able to make decision that could exclude or include people

#### IRAN

We believe COI should be not only managed but also avoided, prevention is better than cure in this context. A harmonized approach is needed for engagement with NSA, but we should separate policy for NGOs and for private sector. This was already decided but is not well reflected in doc 133/16. With respect to decision point, we believe there is some room for improvement before the endorsement.

#### SURINAM

Agree with inclusion of overarching principles regarding NSA. Supports formation of an ethical committee on conflicts of interest. Draw attention to Para 15 last sentence related to the tobacco industry, as this industry is already excluded from any relation with WHO. So this sentence should be rephrased or removed.

UK

We fully support the statement by Lithuania on behalf of EU. We need to continue to work closely with all actors in the global health arena, we welcome the overarching principles. This framework for engagement with NSA should be transparent, clear and streamlined across all the three levels of WHO. It is vital to provide a broad framework of principles. We welcome the financial dialogue as an essential mechanism to increase transparency, it will provide information on NSA support to specific programmes. Management of corporate risk is an issue we should also discuss.

ALBANIA

Believe that this is important not only to safeguard the reputation of the WHO but also for efficacy. Would like to see attached to classification a description of risks. There are risks of conflicts of interests, statement that there is a separation from financing needs more explanation.

MONACO

We agree with the proposed approach that is pragmatic without being dogmatic. The governance of WHO should be in the hands of MS, but it is also necessary to work with NSA (see the PIP framework, see NDCs). Focus on institutional risk.

SRI LANKA

Seeking clarification as last EB there was a decision to present a policy paper on NGOs and other on commercial entities<sup>3</sup>. Is this still going to be presented? Second clarification that if there has already been work on this matter, and if so please provide an update.

ECUADOR

Support the proposal of Argentina to set up a committee on ethics to deal with COI. We need to separate the various NSAs. NSAs must update the information requested on a regular basis likewise the declaration of interests. Need for WHO to make public the type of interaction with NSAs.

INDIA

Document is pragmatic and a good base for starter. Draw attention on the two required policy papers on NGOs and commercial entities. Stress to maintain the supremacy of MS and ensure accountability and transparency with regard to interaction of WHO with these. Need details on funding of these institutions.

FRANCE

It is important that NSAs make public information regarding their source of funding and the nature of relation with WHO. This is essential in order to guarantee transparency. The

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3. See [Decision EB132\(11\)](#)

overarching principles should focus also on institutional risk, including COI. We should combine the interaction-based approach with the risk typology described in document [EB133/10](#)

#### CONSUMERS INTERNATIONAL

Appreciate constructive suggestions were taken on board and highlight that shared concerns, that there is a need to control conflicts of interest. Proposed typology of interactions instead of actors does not reflect MS request in para 4, in [EB 132\(11\)](#) to differentiate NGO and commercial interests. System of safeguards would need to differentiate actors, between public interests non-profit, and commercial interest, including foundations. Criteria do not draw on 2005 UN guidelines prepared as a basis for UN bodies engagement with non state actors.

#### CORPORATE ACCOUNTABILITY INTERNATIONAL

Many powerful corporations pose serious threats to health. We welcome the development of an overarching framework for engagement with NSAs. WHO must differentiate between public interest and business interest actors and address institutional COI. Transparency is paramount. MS have the leading role in setting policies.

#### INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS

Believe that policy should stress accountability as key value for WHO to assess contribution to WHO's work. Propose platform to make public all relevant information. Collaboration plans should also be made available. Support full disclosure for transparency. Benefits of differentiation are unclear, and should not mean discrimination. Value to global health that each actor brings should be first. Landscape of global health complex and diverse and significant improvement in way we work together and talk together. NCD shows it. Need to avoid fragmentation, to achieve our shared goals to improve the life of millions globally.

#### IFMSA

Participation of young people as key stakeholder in shaping public policy. We urge MS to support WHO to create a formal space for youth engagement, to undertake a consultative process with young people at local and global level. Concerning COI, a case-by-case approach is not sufficient.

#### MMI/PHM STATEMENT:

*Chair, thank you for the opportunity of reading this statement on behalf of MMI and the PHM.*

*EB133/16 acknowledges many of the challenges facing WHO in dealing with non-state actors (NSAs) and offers a useful analysis of some of these challenges.*

*However the proposed typology of interactions does not work. We urge instead a focus on risks. We see four kinds of risks that WHO needs to identify, assess and manage, in its relationships with NSAs:*

- 1. compromised priority setting through the selective funding by donors of their favoured programs;*

2. *adoption of partisan policy perspectives through inappropriate influences on decision making;*
3. *legitimizing institutions and corporations whose purposes run counter to WHO's mandate;*
4. *programmatically ineffectiveness because of a reluctance to work in partnership with CSOs where such partnerships could contribute to health development.*

*The rules and tools for managing these different risks maybe different but the principles are common: intelligence, integrity and accountability. Defining 'primary and secondary interests' is beside the point. There is always a swirl of different purposes in the motivation of NSA. What is critical is that WHO officials and delegates enter into relationships with NSAs with a realistic understanding of these swirling purposes.*

*Transparency is a pre-requisite for accountability but is irrelevant if there are no effective accountability mechanisms in place. Managerial accountability is important but not sufficient. There is also a need for whistle blowers, including CSOs, to bring public attention to potential failures in integrity.*

*Accreditation of NGOs to participate in governing body meetings should be based on a fixed term relationship, with periodic renewal, rather than being restricted to particular meetings. As a condition for granting accreditation WHO should require sufficient information to understand the range of purposes that the NGO might be seeking to advance through its accreditation status. Such information should be publicly available.*

*EB133/16 asks the EB to endorse an approach based on a typology of interactions. We urge the EB to consider a typology of risks, rather than of interactions, and to focus more sharply on intelligence, integrity and accountability in their consideration of this issue.*

CHAIR

Congratulates not to say BINGO PINGO.

SECRETARIAT

Two questions and clarifications by Zimbabwe and Sri Lanka. Important to explain that the debate on this issue has been evolving in the last two years and different perspectives have been put on the floor. Initial proposition of a policy for engagement with NGO and private entities, was revised in last 132 EB and decision at that EB was to bring to this 133 EB a series of overarching principles. The decision was to move step by step in order to have overarching principles, before we get to different criteria for different actors.

Second point, brought by Zimbabwe regarding the difference between vested and commercial interest. One of the fundamental principles is to deal with vested interests, which are not only limited to commercial interests. We also need to address the reputational risks of the organisation. Use of vested interest is therefore used in this broader sense.

CHAIR

There were also comments about WHO role in advocacy. Turn to decision point in the paper. Proposes to endorse 'in principle'. Chair suggests that the second para in which there has been many comments, second line 'taking into account the deliberations of the EB' and

we add 'particularly in relation of transparency, risk and conflict of interest' and the sentence continues.

DG

Let me emphasize a few points. WHO is a multilateral organization, that characteristic must be maintained! There are multiple NSAs that want to engage with us, but we need to be very selective. This is also strongly linked to the policy on COI, I have asked to review the COI policy. Without transparency, and I agree with the last speaker from PHM (!!!!), we can't talk about accountability. I heard your comments on typology of actors, typology of interactions and risk, I will take care of this. Concerning BINGOP/PINGO, I need your help, I'm prepared to make a map of all NSAs but some people will still hide information so you need to whistle blowing. We're developing a risk register including operational risk.

Argentina and Brazil, I'll consider your suggestion of having an ethics committee but I have to be sure that we don't duplicate the work of the Office for Ethics.

We will develop two policy papers: some elements apply to all, some are different depending on the nature of the actor. There may be difference in technical procedure.

One last point: can the DG have an informal meeting with NSAs to hear the views of all the actors? I have to look at the calendar because in September and October we have the RC. We will try to have this meeting and of course MS, CSOs, academics are welcomed. I commit to you to total transparency but I also need your help

BRAZIL

'Note' instead of 'endorses' and remove 'in principle' proposed by Chair. We suggest to remove the word "endorse" and use the word "note".

ARGENTINA

Happy with the Brazilian proposal.

SWITZERLAND

Rather than say note, say welcome because the principles were not challenged?

DG

In the interest of efficiency, "note" & "welcome" & "endorse" are the same. The second point is most important. In the deliberation additional provisions have come up to enrich this. The points that Argentina, Ecuador, Brazil and everyone made will be included. Have confidence!

SWITZERLAND

Happy to "note".

CHAIR

noted!

## **Item 7.2: Committees of the Executive Board: filling of vacancies ([EB133/9](#) and [EB133/9 Add.1](#))**

CHAIR

Introducing proposals in [EB133/9](#) and [EB133/9 Add.1](#).

No objections. All is so decided. Agenda item closed.

## **Item 6.1: Management of Autism Spectrum Disorders ([EB133/4](#))**

CHAIR

Floor open for discussion

QATAR

Speaking on behalf of 50 countries. This draft project encourages states to look into disorders and development of children, and to improve policies that are compatible. Requests DG to cooperate with partners and state parties to tackle disorders and to cooperate with partners interested with these disorders. Should provide interim report at 68th session. We refer to 2 amendments (to be discussed later). We hope the draft resolution will find its importance.

NAMIBIA

Welcomes the report EB133/4. Fully agree that autism hasn't gotten public attention in the public health arena. Encourages WHO that regional offices do more work to obtain relevant data as this will be basis for further action. Would like to point out that member states should be encouraged to fully integrated into child mental health component of mental health strategies. The new Mental Health Action Plan provides an excellent vehicle for this. Welcome the framework for priorities for national action set out in para 12. Engaging permanent national leaders in services is vital for improvement. Establishment of world autism day (UN) has created new opportunities with 1st lady's office in Namibia. Working with civil society has been important in their experience.

Now speaking for Namibia only: we support the resolution.

JAPAN

Comprehensive mental health action plan was endorsed by the Assembly. Appreciating the content of this resolution, autism should not be addressed individually, it should be addressed alongside other mental health issues. We expect the Secretariat and other players to provide policy options, and would like to support the resolution.

IRAN

Welcomes report from secretariat. Need policies to support autism during the first years of life.

SAUDI ARABIA

Endorses the document. Is an important disease with inadequate data, and WHO has a lot of expertise to offer. We support the resolution.



## REPUBLIC OF KOREA

Much could be done to help persons with autism spectrum disorders. Have done a lot of work in the country to address this: new legislation expected, new policies have been implemented. Supports WHO report on managing autism spectrum disorders. Urges nations to work together on this. Will adopt interim strategy. Notes Hong Kong (?) declaration made at Special Olympics.

## NIGERIA

Nigeria supports the report by Namibia on behalf of the AFRO region. Non existence of training facilities is serious, and efforts must be made to change this. Currently, the country is working on a policy on this issue in partnership with NGOs. We urge WHO to further research and training to increase capacity to manage this disorder. We support the resolution.

## MALDIVES

Supports resolution. Autism spectrum disorders (ASD) should be given adequate place in health. Needs better tools for early detection and management. Need to spread awareness about autism, diagnosis and management to provide greater services for those with ASD.

## ALBANIA

We welcome the report. Good control programs are a good showcase of a functioning health system, governed by a multisectorial, universal access, etc approach. The Mental Health Action Plan is comprehensive, autism should be tackled in a specific way.

## CROATIA

In integrating ASD Health authorities need to seek innovative ways to help people with ASD as well as early diagnosis. Needs to be done in close collaboration with parents. All actions mentioned in the report by the sec are imp: services development, advocacy, surveillance, and skills building. Croatia supports the resolution.

## SURINAME

We welcome this important report. We should allow ourselves some flexibility in the implementation of the mental health action plan. Some countries will focus on certain issues more than others, depending on the needs.

## PANAMA

We need to strengthen health needs in this area and scale up services. We have a historic debt to pay to people with ASD. Panama now is doing a study to look at how they can promote development and social satisfaction for all with autism. Wish to co-sponsor the resolution, not just support it.

## UZBEKISTAN

We approve the draft resolution.

## EGYPT

Support the draft resolution as EMRO. Looking for this increasing problem as a priority in childhood development.

## ARGENTINA

We are asking for the floor again at this stage. I would like to commend the Secretariat on this document. Autism has a lot of collateral damage because it affects families, as well as broader societal costs. Promoting diagnosis and ensuring access to services is important. We need to make people more aware and have appropriate training of health professionals. The resolution is a good step. We have a question: When we refer to "other" developmental disorders. What does "other" mean? Rather than referring to health systems in the document, we would also like to refer to "strengthening health systems"

## INDIA

Maternal and child health has always been a priority, and lately it focuses on NCDs. This subject could easily get lost in current challenges. ASD imposes economic burden, affects all nations. A high-level conference on ASD in Bang and south as was in July 2011. Taka Declaration on Autism was adopted. Other declaration was adopted by SEAR. Many other conferences have been adopted. The resolution is in line with recent activity. Supports resolution.

## BELARUS

We would like to stress the importance of a coordinated approach to this issue. Belarus shares concern on this issue. We welcome the Secretariat to prepare a report on the management of this issue, and calls for coordination and technical support. We support the resolution.

## BANGLADESH

Pleased to co-sponsor and support the resolution. After suggesting the agenda item, they have been pleased with support and other co-sponsorship. Highlights Daka Declaration, work of prime minister's daughter's work. Recognizes complexity of autism and addresses the issues as an important public health priority. Political will cannot be overemphasized. Want to correct misinformation among population and especially health workers. Lack of data prevents community from implementing pub health strategies. Raising cultural awareness has been considered a good way to start. It is now time for everyone to take action. Request members of EB to adopt the resolution. Notes that 50 countries have co-sponsored but not mentioned in the paper.

## CHAIR

Understanding is that names will be in the record and not in the paper.

## INDONESIA

Encourages WHO to continue to give focus to autism. It is their belief that int'l community should give special need to ASD and other developmental disorders. Should take action to ensure timely detection. Work should be done in accordance with circumstances of the member state.

## CAMEROON

Aligns to the statement made by Namibia. We reiterate the urgent need for WHO to support us in updating our national policy on this issue and mental health more generally.

## ROMANIA

Despite new scientific evidence, more research is needed into causes. Romania has scaled up work in interventions, treatment and diagnosis. Have included ASD in health care packages. Parents in civil society are playing an important role in advancing this on the agenda. Fully ascribe to the main message of the resolution.

## COSTA RICA

We support the resolution. We should tackle this in a coordinated manner.

## USA

We are committed to comprehensive, integrated health care for people with autism and similar disorders. The US believes that report's focus on ASD should not lead to the neglect of other child development disorders. All actions should be part of an integrative approach. However: we need to raise the issue that there is the erroneous belief of the association between childhood vaccination and autism (scientifically proven to be a false association). WHO has the responsibility to clearly state this is erroneous. We propose that the resolution include a sentence on this, as a friendly amendment.

## CANADA

Welcomes the report, and happy to be a cosponsor. Canada welcomes the opportunity to share their experience and also learn from Member States.

## MYANMAR

Lifelong pediatrician and as such we have been occupied for a long time with childhood infections. What to set the record straight that this is not a neglected childhood disorder. Doctors don't neglect patients suffering. Myanmar support draft resolution. Not only autism but also many developmental and social disorders, such as hyperactive disorder. Urge MS to emphasis not only on autism but all developmental and social disorders.

## ALGERIA

Notes the importance attached to children in the resolution. Algeria is a cosponsor, which is not mentioned.

## LIBYA

Further clinical studies and research would be helpful. We would like to extend our support for WHO programs in this area.

## TUNISIA

Add Tunisia to cosponsors.

## CHINA

Thanks for the report. We need to strengthen etiology research and increase awareness. We support the resolution.

## PORTUGAL

We support the resolution, and would like to be a cosponsor.

## MADAGASCAR

Excellent report supports it. Need to make patients autonomous which would also remove the burden on family

#### SUDAN

Support, add to cosponsor. Should not be taken away to primary health care, and prevention, care and other aspects should have been taken into account together in this report.

#### RUSSIA

Two questions by Argentina and USA. Continue to study the disorders under consideration but not limited to that. Regarding to USA's request, have not looked at it and not sure if USA is referring to report or resolution. Including autism in plan of action has been most important. Grandson has autism and understands issues. Health system works, but it was not alert enough and his condition was detected only when he was 3 years old. He is better now, in a normal school. Difficulty to speak. family tries to help him to be autonomous or independent, but it is not that easy. Financial consequence, but also uncertainty over the future and studies for instance. Glad WHO is taking the lead.

My grandson has autism...PHC system is fundamental. Try to become part in the society is not easy. This I know is a problem of development and human intellect. We don't know what will happen in this future.

#### SECRETARIAT

Many questions, especially raised by Argentina and USA. I understand the concern of USA but we need to be very close to the scientific spectrum. To the countries decided to be co-sponsored in the resolution. Thanks.

#### CHAIR

Changes in resolution, from Argentina: page 9, replace in first line 'create strong' with 'strengthen'. No objection. Amendment accepted.

Now Qatar's amendment.

#### QATAR

Propose changes:

OP 3 subpar 3. to support public awareness in line with the programme budget

#### AUSTRALIA

What is the link with the section in which this has been added.

Chair

You've you point in op2 sub par 3, those words are already there

Words are already there in operative para 2, sub paragraph 3

#### QATAR

Oh I see, ahah

#### SWITZERLAND

Link with the global action plan on mental health is clearly established and welcomes that it has been taken into account. Question about possible financial implications and if they are covered by the resources for mental health that has already been agreed.

#### SECRETARIAT

We agreed to include autism as it is a priority

#### BELGIUM

Related to Switzerland's question. Important burden of family. Importance of disorder, but as said by Japan, needs to be seen in comprehensive and global framework. Referring to mental health action plan, demands an analysis of the impact of the resolution before a decision, including cost in staff and implication for other aspects of the mental action plan. Question ourselves for a decision that requires additional funding. Recognize that issue is important, but need to be consistent in our decisions.

#### DG

Clearly the PB you have passed last week is budget based and we have to work. 20% is assessed contributions and the rest we have to work hard and go on with the financial dialogue. Strategic manner to keep there are no programmes unfunded. In the mental action plan this will be included, but if there is no money it will be put back to you in each governing bodies meeting and you have to tell me where to cut. The Who reform raising resolutions. We will make sure we will operate in a cost efficient manner but not continuously raise resolution that remain unfunded.

#### USA

Proposes that Board consider a friendly amendment p4 'highlighting that there is not valid scientific evidence that childhood vaccination leads to ASD'

#### AUSTRALIA

Australia thanks US and will be happy to sponsor the inclusion in the draft resolution. We need to do all that we can to guarantee immunization and protect from autism spectrum.

#### CHAIR

People quote discredited work that states that there is a link between children vaccination and ASD.

#### PANAMA

Immunization programme would be difficult to implement in many communities, for ex indigenous and rural areas

#### EGYPT

What evidence that vaccine is not related to the idea of ASD. Amendment to support research and public awareness, in page 13. As research on autism is not enough

#### MEXICO

Support Australia and USA

#### MALDIVES

friendly amendment. Para1 ' to mainstream promotion'

QATAR

Support the proposal from US to ensure comprehensive coverage vs communicable diseases. Scientific studies do not show the link between immunization and autism.

ALBANIA

Takes the recommendation of USA and cosponsors.

ZIMBABWE

Recognize the importance of immunization. Can we ask the WHO to clarify the relation and provide scientific evidence on the relation between immunization and autism?

ROMANIA

Need to make three grammatical corrections.

CHAIR

Proposal from argentina to add strengthen health systems

Proposals of amendments: by USA and Australia to add PP4 bis "highlighting there is no valid scientific evidence that childhood vaccination leads to autism disorders

Egypt proposed op1 sub 3 to add "research and public awareness"

po1 sub 5 the first line from maldives and supported by india

TUNISIA

on Argentina's proposition to change to strengthen. Which means that they are already health systems. Which might not be the case. So propose, create, or strengthen existing health systems.

Chair

EB has to take up the amendment proposed by Tunisia

USA

Ask when us can reply to egypt

SECRETARIAT

Global committee on vaccine safety has looked at evidences several times. This has been done along with national committees and there was no evidence that autism would be linked with vaccination. Every time there is new evidence it is studied again.

EGYPT

We are going very fast to exclude the factor. We need some time to include that.

CHAIR

Treat of anti vaccine lobby. Statement by USA is clear and carefully worded

EGYPT

Propose to add: No scientific evidence until now

DG

The link of immunization to autism was fiction science. It was fabricated evidence. We need to take a strong stand, or parents will continue to believe false evidence. In fact, this is an omission, as neither report of resolution mentions this issue. If in the future there is new evidence, we will issue new recommendations. I promise it will be revised when new evidence comes about

EGYPT

From the social perspective you are right, but from the scientific perspective we have to revise if we want this amendment to be here

CUBA

Will support Tunisia's proposition, and proposed that in page 9 Tunisia's point of view be incorporated. Language: 'create or strengthen, as appropriate'

CHAIR

Your proposal is pp9 recognize the need to create strengthen as appropriate health systems

MYANMAR

Scientific work is never complete or perfect, new things are coming up but this doesn't mean we have to neglect the scientific evidence we have. Think about lies on vit k at birth, who is going to take responsibilities? New science is coming up

CHAIR

Proposed para at pp4bis "highlighting that there is no scientific evidence leads to autism spectrum disorder.

Board approves amendment.

Proposal to add 2 words to 1st line after support "to support research and public awareness"

Amendment approved.

In terms of reversing the Maldives proposal at op para 1 sub para 5 to reverse the order of the words monitoring and promotion.

All agreed.

Leigh: Resolution adopted as amended.

CHAIR

Asking for brevity and clarity and promising Minties as prizes.

Also please fill in your contact form

## **Item 6.2 Psoriasis (Doc [EB133/5](#))**

Draft resolution in 133/conf/ rev/1 World Psoriasis Day

EB 133/conf/2/Add.1 fin and admin implications

Inviting comments on the report.

Take resolution matters after that

CUBA

Need to raise awareness. Looking for new opportunities for research and treatment. Support resolution. Strengthen services to deal with such an important entity

DRP KOREA

Congratulations for your election as Chair. Thanks to WHO for this report. Addresses key actions to improve care of people with psoriasis. Need to lift the veil of stigma and discrimination which weighs heavily. World Health Day on psoriasis can help working on Mental health action plan. NCD action plan on NCD may also provide a framework for action

CHAD

On behalf of Africa congratulations.

Honoured to speak for the MS of Africa. Seriously congratulate Sect on the quality of this doc. EB 133/5 includes wealth of detail on dis and impact on life; on status of dis and prevalence, studies in DCs report higher levels. In countries of Africa has yet to be sufficiently doct'd. Welcomes 6 key actions. Suggests a 7th key action. Doc situation in the regions.

ARGENTINA

Psoriasis chronic NCD affects people all around the world, regardless of race, etc. Also children. Can have diabetes and cardiopathy. Stigma. Effect on MH even suicide. No cure. Just treatments. Not given enough importance. Need to raise awareness, in particular, psychological implications. 29th October every year. Raise awareness to combat discrimination. support proposal that a report be published, global action plan, research, access to health care, str PHC and access to meds

MEXICO

Welcome tech info. agrees need to conduct research for prevention and treatment. multidisciplinary approach. Res in health care to meet the needs of sufferers. Need to raise awareness and improve understanding. Deal with stigma and discrimination; Str PHC and res

INDONESIA

Thank DG and team for this report. Clearly reflects current status and highlights need for international action. Psoriasis affects quality of life. Need res into pathogenesis and co-morbidities. Most imm action for raising public interest. Education and greater understanding. Would like to co-sponsor the draft resolution

JAPAN

Appreciate report of Sect. Affects quality of life. Strongly support for action suggested. Esp access to ess services and med. Trg of health professionals; Educ for patients. Research.



Not mentioned in the report is importance of research. Need more res and knowledge to resolve suffering of individuals and families.

#### LIBYA

Full support of resolution. Visibility of psoriasis a key concern. Social stigma and rejection a common experience. Bec public is not well informed about psoriasis and may confuse with inf dis. might be banned from certain jobs; can educate the public; overcome misconceptions. Psoriasis knows no boundaries: geog , age, gender. Support resolution for World Psoriasis Day. Give hope to 125m sufferers. Coordination of care with health care professionals. Doc't trends, share within the region. co-morbidities

#### SURINAME

Supports the resolution. Calls on countries to raise awareness. Public education is very nec taking into acc the ignorance, stigma which exists. However fin res need to be mobilised to support sect task. Propose to modify resolutioun

#### CHAIR

Not taking amendments yet

#### IAPO

Rep IAPO, over 200 pt groups, 60 patient areas. Speaking as a patient and public affairs dire of Psoriasis Association. Not a skin condition but an auto immune disease. Lots of other condition. Stigma, discrimination in labour market. Must be diagnosed and managed early. Ask for your help to raise awareness. Not a skin condition and not communicable. Support key actions. Time to shed light on this hidden disease

#### IFPMA

125 m people suffer deleterious. 42% go on to ps arthritis. Contributes also to CVD and depression and MH. Beyond health sphere economic burden. Work loss 40% of cost burden 60% lost 25% of work days per year. Need sig increase in global awareness. Social stigma and rejection. Global awarens important for stigma. WHO can play integration of successful implication of psoriasis into health care.

#### CHAIR

Moving from report to resolution

#### PANAMA

Welcome decision to include psoriasis on agenda. Thank sect for v useful report. Panama speak about importance of this issue. World Psoriasis Day appr by > 24 countries. Delighted to announce Sudan as an additional sponsor. Not infections, chronic inflammatory disease; no cure, no cause; complications as mentioned; beyond the physical consequences also psych consequences. Stigma. Exclusion from work bec thought to be infection. Both sexes. One of main causes of skin consultations. V difficult in pregnancy. WHO should do more, esp in terms of raising awareness and discussion. Very urgent World Psoriasis Day has been celebrated by CS and should be officially recognised. Send out a clear message that the MS attach great importance to the issues at nat, reg and global level; recognise key actions;

Need to improve the care of these people. Get behind this effort; show flexibility so we can adopt by consensus

#### NIGERIA

Thanks to SEct. Align with Chad. We have problems with this diagnosis. Support more res and support adoption of resolution.

#### CHAIR

Make sure that you have the right resolution. New section on including psoriasis in WHO web pages to raise public awareness of psoriasis and its shared risk factors to improve understanding and requests Sect to include info re psoriasis on web page; education and greater understanding of psoriasis

EB 133/CONF/2/1

#### PANAMA

This amendment has been agreed upon. Mention another request. Take note of 2013 - 2020 instead of 2008. Reference to NCDs action plan. In the revised version will need slightly different reference to fin and admin implications. Thank the sponsors for their support, incl rep for Switzerland to be adopted by consensus.

#### SURINAME

Thanks. Propose amendment: Op 2 be modified to provide sect more time to bring report. Extend to one year. to align with the reporting dates for NCDs

#### MALAYSIA

Support key actions. Concerns about proposed World Psoriasis Day. There are already 8 days or weeks. All ass'd with diseases with high morbidity and mortality. Perhaps a threshold and criteria be set for allocating World Health Days. Malaysia acknowledges the suffering of folk with psoriasis but worries about the burden of World Health Days

#### CHAIR

Subtlety

#### SWITZERLAND

Thanks Sect for report on psoriasis. Thanks also to Panama. Esp re stigma. Welcome para 1 namely actions taken by patients groups. Have been able to make people aware of psoriasis. Now to make them more aware. Focus on activities a better approach. Focus on activities rather than particular days. Understand Suriname to have more time and we support this.

#### PANAMA

To Malaysia. 29th Oct is already celebrated in many countries. Psoriasis patients. Org for 10 yrs. support this work in terms of raising awareness. Recognise and support the work of civil society. This is not about official world health days; not to over load the organisation. don't want our objectives misunderstood.

#### SOUTH AFRICA

Support resolution. Agree with assn with NCDs and with disability. Perhaps need to change the heading / title to something other than 'World Psoriasis Day'.

CHAIR

Perhaps just change to 'psoriasis'

PANAMA

Prefer to keep the title as 'World psoriasis day', already organised. No fin implications

CHAIR

Propose to change the title. Elegant solution to what was a problem. non-official day. Focus on activities.

MONACO

Express support for draft resolution. Thanks to Panama for putting this topic on our agenda.

CHAIR

Reviewing the amendments. Do we adopt as amended. No objection. Adopted.

#### **Item 6.4: Evaluation of the global strategy and plan of action on public health, innovation and intellectual property: report by the Secretariat [\(EB133/7\)](#)**

CHAIR

Suggested approach for evaluation

SOUTH AFRICA

We take the floor on behalf of African region. We thank the secretariat for preparing the document and this approach for evaluation strategy. We came with a good approach. It put an obligation not only on the WHO secretariat but also on the member states.

Considerations: alignment between the evaluation timing and the project that have been implemented for years to include their results.

JAPAN

The given time for evaluation is tight. Are concerned about the workload on the secretariat. We want the secretariat to harmonize the different things happening.

LEBANON

The accessibility to medical products and technology is important for developing countries. We endorse the evaluation approach. Attention to the technology transfer between countries.

CROATIA

We endorse the combined approach suggested by the secretariat. The balance between the innovation and the accessibility to medical technology and products.

## EGYPT

On behalf of EMRO. The importance of the evaluation which should provide precise information on the strategy and its implementation. Endorse the evaluation methodology. Request regular reports on the process and details on the evaluation firm.

## PANAMA

The criteria for the evaluation firm should be very clear.

## USA

Looking forward. We are making progress and need strengthening. There is a difficulty in measuring the progress against the strategy. We advise forming advisory board. Using online consultation.

## ZIM

Welcome the proposal. Comprehensive, yet focused evaluation will help. WHO secretariat should be at the focus of this evaluation in addition to other stakeholders. Request clarity on the methodology

## BRAZIL

GSPOA is important to Brazil, progress report is not clear in relation to all elements, not giving the qualitative level that Brazil has asked for. Comprehensive and integrated analysis is the only way. Agrees with para 10 in doc. We have a set of indicators established and should not be forgotten. Doc does not give clear set of terms of reference. Para 11 does not refer to terms of reference or methodology used. Expressed concerns with external evaluation on such a comprehensive document. MS should be part of the decision making, or at least finalizing the doc. Conflict of interest should be dealt with. Remember that for element 8 CEWG tried to resolve the work in a better way.

## SOUTH AFRICA

I would like to refer to two resolutions: WHA62.16 and WHA?? There are explicit provisions in those resolutions and they expected not only MS, not only DG, but also other relevant stakeholders to prioritize the implementation of the GSPOA. If we focus just on the Secretariat, we will miss what has been done in other places.

## MEXICO

Evaluation is important work for developing countries and very appreciated by all MS. Will allow identifying areas of opportunity. Platform proposed will be a good tool but require more details on implementation.

## SWITZERLAND

Grateful for the document. It is important to preserve the independence of the evaluation process whether it is carried out by an internal or external evaluator.

## ARGENTINA

Report combines evaluation and general program review. Para 5 lacks specific guidance and is too general. This combined paper would allow having a comprehensive understanding but need to take into account technology transfer to facilitate progress in all

countries. Need to be able to compare countries with disaggregated data especially on aspects 4 and 5. Need to identify gaps and challenges to come up with propositions.

#### CHINA

Support the practice of combining the evaluation with the evaluation of the general programme. We would like to comment on the suggested approach.

Par.4 states that in order to collect data the Secretariat is developing a global platform. WHA66 has adopted a resolution on CEWG which states that a R&D observatory will be established. We hope the secretariat will coordinate the work of this two bodies.

#### PHM/MMI STATEMENT

*Chair, thank you for the opportunity of reading this statement on behalf of MMI, TWN and the PHM.*

*We welcome the move to evaluate the implementation of the GSPOA on public health, innovation and intellectual property. However, the proposal for the evaluation plan lacks clear terms of reference (ToR). It is important to identify the achievements, gaps and challenges in the implementation of the GSPOA. Accordingly, a general evaluation of the implementation as mentioned in Paragraphs 7, 8 & 9 is not sufficient.*

*While the evaluation can give a general overview of the implementation of GSPOA by various stakeholders, the focus of the evaluation should be the implementation of GSPOA by the WHO at national, regional and global level. Only such an evaluation can inform the Member States of the gaps and challenges in the implementation and strengthen the implementation in the coming years.*

*Towards this end the evaluation should look at the following things:*

- The resource allocation since 2008 -2013 at the three levels of WHO*
- The source of financing including the percentage of resource allocation form regular and extra budgetary sources*
- The human resources allocation for the implementation of GSPOA at the three levels of WHO*
- The number and quality of outputs from the Secretariat and assessment of various materials produced by the Secretariat for the implementation of GSPOA.*

*The best way to achieve that, is ensuring the wide participation of the stakeholders to provide inputs through a web based consultation.*

*Finally the proposed mode of selection of the evaluator takes an unnecessarily broad sweep. The job can be done efficiently and effectively through a panel of experts in the area instead of a international consultancy firm.*

#### SECRETARIAT

Indicators have been adopted in [A62.16](#), implemented since 2008. There have been progress reports in 2010 ([A63/6](#), [A63/6 Add1](#), [A63/6 Add2](#)), and 2012 ([A65/26](#)). It's a medium term plan till 2015, but we already know that some activities will be implemented longer than that. For instance there is an additional meeting in 2016, so we can see that it is

already longer than the plan proposed. In terms of methodology, there are more details, but have not put them in this document, as it would have made it too long. We will put it on the website. Have planned to review 5 to 6 countries in details for all components, but not enough resources for details reviews for all countries, as per what MS have allocated to this. Would like to build upon the PAHO kind of platforms in different regions to report and collect elements. We are also building a global platform to this effect. Many MS are aware that the resolution that was passed last week established a global observatory, but will not be implemented early enough to allow collecting data by 2015. In terms of doing the evaluation, we would like a consultancy firm, to avoid bias and ensure quality. Of course it will be independent and of course all details will be provided to MS.

CHAIR

USA spoke about a cheap panel, which would be inexpensive. ANG would take the role of taking this forward

DG

Second stage evaluation worked well with the ANG panel. But its up to MS

DG

Recalls the work done by South Africa for GSPOA. The current work plan finishes in 2015 and has 8 elements that have different speed of implementation. Many of you mentioned the CEWG that is just one of the 8 elements. You talked about independence and coherence, but the 8 elements are moving at different pace. We need to bring different things together in a coherent manner.

I see two points in term of methodology: first, the technical underpinning of it; and second, the political dimension – COI.

Within the WHO reform, you asked WHO to have a culture of evaluation; you asked to Secretariat to work with the Bureau of the EB for the second stage of evaluation. Some of you are now part of the Bureau of the EB and you will make sure that things happen in a transparent manner.

In [EB133/7](#) you want the Sec to submit the final evaluation report in 2015, it is just around the corner and is the end day of implementation of the current plan; this means we're evaluating something that is still happening.

BRAZIL

Clarification on the second stage of evaluation

DG

Second stage evaluation worked well with the ANG panel. But its up to MS

[Answering to Brazil], the Bureau of the EB will provide advice on the ToR and on modalities'. MS are very strong on transparency and accountability. Instead of creating another mechanism, we could ask the Bureau of the EB to do some more work pro bono

BRAZIL

All have the same idea of having an MS overview. So ToR once drafted would come back here or will it be already approved, or ToR would be overseen by the 6 persons of the bureau?

DG

A web-based consultation was proposed by some of you. Based on this comments we will prepare a document that will be revise by the 6 members of the Bureau of the EB. whether or not you trust your fellow MS, this is bottom line.

CHAIR

The six members of the Bureau are chair four vice chair and rapporteur. First meeting of the AMG will have a discussion about considering co-opting anybody. We already agreed that we will discuss this

PANAMA

Support proposal by South Africa

CHAIR

Date question. 2015 it will be a progress report, as it will be before the end of the period. So 2015 or later in order to cover the period.

SECRETARIAT

2017

CHAIR

It is arguable that is it a weakness, so MS to comment

NIGERIA

2017 is appropriate

BRAZIL

2015 to have a prior assessment of the strategy

DG

If you want 2015 it's good, but you will not get a comprehensive report. You will get a progress report. I need clear guidance.

CHAIR

If there is a progress report, do we need a comprehensive report

SOUTH AFRICA

Ask for legal advice. If there is an extension, what does it mean in term of the resolution which is very clear in term of reporting every 2 years?

ARGENTINA

Recognize the practical difficulty to have a report in 2015, but we would like a progress report then to see if we need to correct direction. Regarding the working group based on the

bureau, I would like to know, in terms of cooption of other countries, will the bureau only decide, or can country's also volunteer. Would like to know more about the cooption process.

CHAIR

What I suggest is that if anybody has expertise to offer, I would be delighted to be informed by the knowledge of these people

LIBYA

Which country will be chosen for WG. And can we have two reports, both 2015 and 2017?

DG

MS at different governing body meetings give us an assignment and then you forget what you asked for. This is why I'm asking for coherence. DG recalls the requirements contained in resolution [A62.16](#). Now you ask me to conduct an independent evaluation by 2015. It's all about capacity and rationality. Is money provided when you ask for something?

CAMEROON

All comes to cost. Supports Nigeria's proposition. Comprehensive evaluation to be started after 2015

CHAIR

This can be done, but then we will have a comprehensive evaluation by 2017. My suggestion is that we use some words we have already used today: "taking into account the discussion including the respect of reporting arrangements". Is that acceptable?

We can conclude this item

Report on progress before, and comprehensive report in 2017. Para 18, note the report and endorse. Language: taking into account the discussion at EB including in respect of reporting arrangement, the item is closed.

## **Item 6.5 Improving the health of patients with viral hepatitis**

### **(EB133/17)**

EGYPT

On behalf of EMRO. Appreciates all views and ideas expressed yesterday. Recognize efforts exerted by WHO and EMRO in assisting member states in prevention and control. Invite EB to provide further guidance. This is a silent epidemic which is a leading cause of morbidity and mortality around the world. Egypt and Pakistan have highest prevalence. Thanks Member States for adoption of [EB126.R16](#) and [WHA63.18](#), but while provisions have implemented, other provisions have only been partially implemented or not implemented at all. Developing countries still lack affordable treatment. Need further research in treatment, prevention, control. Need to increase use of good diagnostic resources. Need to provide countries with technical support to developing countries. This is a growing public health burden that should be addressed urgently. WHO may consider convening a



technical meeting of experts to implement elements of resolutions and for consideration of EB134.

#### NIGERIA

Concerns of this report in improving health condition. The introduction of the vaccine of HBV has prevented the disease, we appreciate the efforts of WHO to improve.

The introduction of oral treatment for HCV lead to reduce prevalence and improve lives; we urge WHO to:

- accelerate the negotiation of lower prices of drugs.
- increase awareness in transmission of virus and in availability of treatment
- implementation of guidelines
- possibility of inclusion in list of essential medicine as reported in [EB133/17](#)

#### IRAN

Associates itself with Egypt's statement.

#### SOUTH AFRICA

In this report the International Reference Panel has been established to look at hepatitis in general. What is of note that the expert committee established new standards that will aid detection, will help with use of diagnostics that meet certain standards of quality. Suggests that EB get info about diagnostics and new tech and this be distributed to member states. Expert group can do this and this will facilitate access.

#### BRAZIL

Brazil aligns with Egyptian's proposal. We look forward on further discussions on this issue, and considering informal discussions during the second semester in Geneva.

#### USA

More need to be done in hepatitis. Big burden of diseases, among drug abusers hep C is highly frequent, even in co infection with HIV and frequent in MSM and these are global health challenges. Our proposal is focus on challenges to implementation. To WHO leading role in these global health challenges.

#### STATEMENT FROM MMI AND PHM

*PHM hopes that discussing this item will reinforce the implementation of the previous WHA resolution WHA63.18 and mandate the secretariat to provide a comprehensive report linking the progress to each of the resolution items and giving illustrative examples from countries with high burden of the disease.*

*The resolution WHA63.18 incorporated a comprehensive list of strategies to guide an effective response to combat the viral hepatitis including: health system strengthening and the use of the flexibilities contained in the TRIPs agreement.*

*The report of the WHO secretariat A65/25 and the framework of global action failed to report on the implementation of these strategies. Despite the reference to the importance on integrated response and the need to strengthen the national health system, they did not report*

*on any explicit measures in this regard. They have also ignored any reference to the use of TRIPS flexibilities to enhance the access to antiviral treatment.*

*Viral hepatitis-C is curable with a standard treatment of pegylated interferon and ribavirin with a success rate over 50%; hence, the access to treatment is vital to combat the disease.*

*The explanatory note provided by Egypt estimated the treated cases by 250,000 which accounts for a negligible percentage of those in need and eligible.*

*Despite the success in reducing the price of anti-viral treatment, the coverage remains low. The reduction was reached through an agreement with Roche to produce locally-packed form of an original brand of interferon. This was a political choice made over other possibilities; e.g. the parallel importation of generics or local manufacture.*

*PHM urges Egypt to use the TRIPS flexibilities and consider all alternatives to provide free access to anti-viral treatments. This needs WHO support to alleviate expected pressure from pharmaceutical companies and other international powers. Before that, it needs political will from the Egyptian regime.*

#### SECRETARIAT

It's evident that report shows great burden! The special focus on B & C is important. In the report main actions are highlighted. There's great focus on preventing transmission and treating those infected. Hepatitis B vaccine has gone out with HIV/AIDS literature and also vaccination of infants. Oral treatments is an enticing goal to be aiming for. Cost is an issue, it's going to be very expensive to do this treatment now. How to increase access as broadly as possible is the looming issue here. There are various options, but need to identify all options and then best options.

In Sec, hepatitis folk are in conversation with the HIV folk. Discussions within WHO aren't sufficient. There are a number of orgs whose input and engagement (like Global Fund) is critical. In terms of specific request for the Secretariat to provide a report to the EB134. Suggests to fold issue of diagnostics into the report (South Africa is ok with this). A scientific meeting would be useful, but needs Member State support, funding. Other issue re informal discussions in Geneva—need to engage formally to see what form meeting would take and how Org can facilitate. In the interim, Sec has been working on an extensive survey with all member states. Report will provide country by country picture as to progress in each place as to prevalence, treatment, policy etc. Trying to get it out by World Health Day, 28 July.

#### CHAIR

Report noted. Moving on...

### **Item 7.1: Evaluation: annual report (Document [EB133/8](#))**

#### CAMEROON

On behalf of AFRO. Happy to note about the evaluation policies. Little concern on financing of evaluation. We all agree the reform is crucial, but the budget allocation is insufficient. It leads to referring to corporate. less than 1.5 % is addressed to control activities. Moreover nothing has been budgeted for the evaluation of country offices.

Finally we note this report.

#### SWITZERLAND

Welcomes the document, we are moving the right direction. Two comments on evaluation:

1. We are aware of the evaluation work plan is transition, yet it seems activity specific. One counts more than 70 programs and projects. The individual evaluations should be used to create a comprehensive evaluation. We call for an evaluation of organizational priorities. Each priority should have a budget. Resources available for individual assessments should be used to contribute to the “drawing of the bigger picture”. We would be interested to know how results can be used to create an overall evaluation.

2. For us, there must be a close link to the results chain framework. Progress reports should be related to overall performance of Secretariat, programs, and Member States’ priorities. We underline the importance of an evaluation of the organization’s strategic competence and performance.

#### SECRETARIAT

The financing guidelines are indicated in the policy. Are further developing more detailed criteria in line with work plan; will be an ongoing process. The evaluations will go under cat 125, technical programs funding (?). Costs will go to that and not individual detailed evaluations. This will also address how country-level evaluations will be conducted. Have identified a number of partners that are taking forward issues Switzerland raised. Specifically, individual elements on the work plan. In response to challenge of reporting the results—one group is looking at doing data analysis of the reports and how to use to give feedback on overall functioning of the organization. These recommendations will be a part of the task force discussions and will report back in January. Also will ensure that proper reporting is done in accordance with guidelines.

#### CHAIR

Report noted

#### DG

There are bigger picture that you have mention: how to harmonise the overall evaluation? Have you organized a meeting? Have you produced reports? I am more interested in results. We need to get regularity in evaluation, this is the only assements of the DG have

### **Item 7.3: Corporate Risk Register ([EB133/10](#))**

#### MEXICO

We need to move forward with appropriate risk categories. We should launch an institutional risk management structure in WHO

#### NAMIBIA

Items in the report are vague. Things to need to be clearer and more specific. Would like to point out that conceptual framework should be more explicit...the risks in the Annex should be included. Would like to propose the framework place more specific focus on staff

safety and security as an important organizational risk. This should be elaborated for assessment, management and evaluation purposes. We welcome the proposed setting up of a unit to focus on compliance, risk management and ethics. Would like to be informed by DG of timeline of establishment of the unit.

JAPAN

We appreciate the report. We believe such management are important. We believe that corporate registration are widely used in private sector. We welcome the idea to include in UN agencies as WHO. Continued communication should be beneficial for improving implementation of registration.

UK

We are conscious that this piece of work will need to be taken forward by the compliance risk unit. We would like to offer some comments:

- in terms of accountability, we need to have absolute clarity on who is the owner of the risk;
- the paper touches on the issue of risk management culture. We need to have "living" document, and should drive performance improvement
- we know that there is a challenge of data and risk management being merged
- reputational risk seems artificial, so this should be streamlined into items that are more policy-oriented
- it would be helpful to see a timeline for mitigational activity

CANADA

This is an important tool to identify, management and mitigate risks. Would appreciate views from the secretariat on how that will be done and how linkages will occur.

DG

A few points. Now we are learning how to do a risk register, and we need a plan of implementation in action. What measured gets done. I will micromanage this and report to you. This unit is in my office because I want to oversee it myself.

SECRETARIAT

It is a preliminary risk register we are building. We want to provide your guidelines and coming back to you AFRO, yes seem you are going to the right direction.

CHAIR

Good guidance for the secretariat. Issue of reputational risk has rightly been pointed to.

Concludes consideration of this item. Moving on to....

## **Item 7.5 Independent Expert Oversight Advisory Committee: membership renewal (Document [EB133/11](#))**

CHAIR

Comments on nominations.

NIGERIA

Call on the Director General to adopt the submitted strategy for adopting the best brain. Also take into consideration gender balance and regional representation. Accept new committee members as submitted and endorse their appointment.

UK

If the Board endorses the new members of the committee, I hope we can have an informal experience in January of July.

MEXICO

Welcome. Take to opportunity to maximum advantage to supervisor and external monitoring. Need experience in financial issues, risk management. Support the proposal of the secretariat to replace the members with members distributed into Geneva permanent missions.

### **Item 8.1: Statement by representative of WHO staff associations** **(EB133/INF./1)**

STAFF ASSOCIATIONS REPRESENTATIVE

We represent 10,000 employees. We focus on a few key issues:

WHO should put into practice internally, enabling environments that promote health and well being and productivity. Yet we see the recent proposals to staff changes will reduce WHO's ability to deliver on priorities. Some key areas to consider: how our staff and stakeholders perceive WHO. 1/4th of external respondents questioned the independence of WHO, and had limited or no confidence in WHO. We urge member states to explore this. We believe this to be related to deteriorating working environments. There are inconsistencies between technical priorities and human resources, leading to high stress and burn out. This challenging environment impacts our daily performance.

Since our last statement in January, we are pleased to report, three common priority actions were agreed on:

1. internal justice reform
2. improvement performance evaluation
3. development of an unemployment insurance scheme

Regarding 1: We are concerned that this system does not meet the UN standards. (para 9).

Regarding 2: This has been used ineffectively. This should link team goals with organizational performance. There is a need for a comprehensive implementation plan for the HR strategy.

Regarding 3: Job security affects staff management relations. International civil servants do not have extensive job security. We are committed to an unemployment insurance scheme.

We request member states to raise the strategic priority of HR.

SOUTH AFRICA

On behalf of AFRO. Have looked at WHO reform newsletter, the staff survey in the newsletter shows how they review WHO. This raises concerns about employees having confidence in WHO's work. Propose to develop ways to address WHO's concern. From what the SA is saying, there are measures that have been put in place for internal justice. By the next survey the measures should be in place so that the results would improve. Highlights that org has been transparent and self-critical about this. Thanks Org and staff.

CHAIR

Thank you staff association and I endorse the comment of South Africa.

**Item 8.2 Amendments to the Staff Regulations and Staff Rules  
(Documents [EB133/12](#) and [EB133/12 Add.1](#))**

WATCHERS

The EB is almost over. The watchers are now leaving for their wrap-up meeting.

Goodbye everybody!!!