



---

WORLD HEALTH ORGANIZATION

---

# **EXECUTIVE BOARD**

**129<sup>TH</sup> SESSION**

**GENEVA, 25 MAY 2011**

**DECISIONS**

**SUMMARY RECORDS**

**LIST OF PARTICIPANTS**

**GENEVA**

**2011**

---





WORLD HEALTH ORGANIZATION

---

# **EXECUTIVE BOARD**

**129<sup>TH</sup> SESSION**

**GENEVA, 25 MAY 2011**

**DECISIONS**

**SUMMARY RECORDS**

**LIST OF PARTICIPANTS**

**GENEVA**

**2011**

---

## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	– <i>Office International des Epizooties</i>
ASEAN	– Association of Southeast Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination (formerly ACC)	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children's Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
		WMO	– World Meteorological Organization
		WTO	– World Trade Organization

---

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

## PREFACE

The 129th session of the Executive Board was held at the Palais des Nations, Geneva, on 25 May 2011.

The Sixty-fourth World Health Assembly elected 10 Member States to be entitled to designate a person to serve on the Executive Board<sup>1</sup> in place of those whose term of office had expired,<sup>2</sup> giving the following new composition of the Board:

Designating country	Unexpired term of office <sup>3</sup>	Designating country	Unexpired term of office <sup>3</sup>
Armenia.....	2 years	Mozambique.....	2 years
Barbados.....	2 years	Myanmar.....	3 years
Brunei Darussalam.....	1 year	Nigeria.....	3 years
Burundi.....	1 year	Norway.....	2 years
Cameroon.....	3 years	Papua New Guinea.....	3 years
Canada.....	1 year	Qatar.....	3 years
Chile.....	1 year	Senegal.....	3 years
China.....	2 years	Serbia.....	1 year
Ecuador.....	2 years	Seychelles.....	2 years
Estonia.....	1 year	Sierra Leone.....	3 years
France.....	1 year	Somalia.....	1 year
Germany.....	1 year	Switzerland.....	3 years
India.....	1 year	Syrian Arab Republic.....	1 year
Japan.....	1 year	Timor-Leste.....	2 years
Mexico.....	3 years	United States of America.....	2 years
Mongolia.....	2 years	Uzbekistan.....	3 years
Morocco.....	2 years	Yemen.....	2 years

Details regarding members designated by the above Member States will be found in the list of members and other participants.

---

<sup>1</sup> Decision WHA64(7).

<sup>2</sup> The retiring members had been designated by Bangladesh, Brazil, Hungary, Mauritania, Mauritius, Niger, Oman, Russian Federation, Samoa and Uganda (see decision WHA61(8)).

<sup>3</sup> At the time of the closure of the Sixty-fourth World Health Assembly.



## **CONTENTS**

	<b>Page</b>
Preface .....	iii
Agenda .....	vii
List of documents .....	ix

### **PART I**

#### **DECISIONS**

EB129(1)	Membership of the Programme, Budget and Administration Committee of the Executive Board .....	3
EB129(2)	Membership of the Executive Board's Standing Committee on Nongovernmental Organizations.....	3
EB129(3)	Membership of the State of Kuwait Health Promotion Foundation Selection Panel .....	3
EB129(4)	Membership of the Dr LEE Jong-wook Memorial Prize Selection Panel.....	4
EB129(5)	Appointment of representatives of the Executive Board at the Sixty-fifth World Health Assembly.....	4
EB129(6)	Date, place and duration of the 130th session of the Executive Board .....	4
EB129(7)	Place, date and duration of the Sixty-fifth World Health Assembly .....	4
EB129(8)	WHO reform.....	5

## PART II

### SUMMARY RECORDS

List of members and other participants .....	9
Committees and working groups.....	29
<b>First meeting</b>	
1. Opening of the session and adoption of the agenda .....	31
2. Election of Chairman, Vice-Chairmen and Rapporteur .....	32
3. Outcome of the Sixty-fourth World Health Assembly	
General discussion on the outcome of the Sixty-fourth World Health Assembly .....	33
WHO reforms for a healthy future: road map.....	35
<b>Second meeting</b>	
1. Outcome of the Sixty-fourth World Health Assembly (continued)	
WHO reforms for a healthy future: road map (continued) .....	44
2. Report of the Programme, Budget and Administration Committee of the Executive Board	48
3. Technical and health matters	
Consultative expert working group on research and development: financing and coordination.....	49
4. Management and financial matters	
WHO publications policy: report on implementation .....	50
Method of work of the governing bodies.....	51
Committees of the Executive Board: filling of vacancies.....	54
5. Staffing matters	
Statement by the representative of the WHO staff associations .....	55
Amendments to the Staff Regulations and Staff Rules .....	59
6. Outcome of the Sixty-fourth World Health Assembly (resumed)	
WHO reforms for a healthy future: road map (resumed).....	60
7. Management and financial matters (resumed)	
Future sessions of the Executive Board and the Health Assembly .....	67
8. Matters for information	
Report on meetings of expert committees and study groups .....	68
9. Closure of the session.....	68



## **AGENDA<sup>1</sup>**

1. Opening of the session and adoption of the agenda
2. Election of Chairman, Vice-Chairmen and Rapporteur
3. Outcome of the Sixty-fourth World Health Assembly
  - 3.1 General discussion on the outcome of the Sixty-fourth World Health Assembly
  - 3.2 WHO reforms for a healthy future: road map
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. Technical and health matters
  - 5.1 Consultative expert working group on research and development: financing and coordination
6. Management and financial matters
  - 6.1 WHO publications policy: report on implementation
  - 6.2 Method of work of the governing bodies
  - 6.3 Committees of the Executive Board: filling of vacancies
  - 6.4 Future sessions of the Executive Board and the Health Assembly
  - 6.5 [Deleted]
7. Staffing matters
  - 7.1 Statement by the representative of the WHO staff associations
  - 7.2 Amendments to the Staff Regulations and Staff Rules
8. Matters for information
  - 8.1 Report on meetings of expert committees and study groups
9. Closure of the session

---

<sup>1</sup> As adopted by the Board at its first meeting.



## LIST OF DOCUMENTS

EB129/1 Rev.1	Agenda <sup>1</sup>
EB129/1 (annotated)	Provisional agenda (annotated)
EB129/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB129/3	Consultative expert working group on research and development: financing and coordination
EB129/4	WHO publications policy: report on implementation
EB129/5	Method of work of the governing bodies
EB129/6	Committees of the Executive Board: filling of vacancies
EB129/6 Add.1	Committees of the Executive Board: filling of vacancies Proposals by the Chairman
EB129/7	Future sessions of the Executive Board and the Health Assembly
EB129/8	Statement by the representative of the WHO staff associations
EB129/9	Amendments to the Staff Regulations and Staff Rules
EB129/9 Add.1	Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly
EB129/10	Report on meetings of expert committees and study groups
<b>Diverse documents</b>	
EB129/DIV/1	Provisional list of members and other participants
EB129/DIV/2	Decisions
EB129/DIV/3	List of documents

---

<sup>1</sup> See page vii.



**PART I**  
**DECISIONS**



## **DECISIONS**

### **EB129(1)          Membership of the Programme, Budget and Administration Committee of the Executive Board**

The Executive Board appointed as members of the Programme, Budget and Administration Committee, Mr Donville Inniss (Barbados), Mr K. Chandramouli (India), Dr Shigeru Omi (Japan), Dr Mouzinho Osvaldo de Assunção Saíde (Mozambique), Dr Abdulla Al-Qahtani (Qatar), Mr Gaudenz Silberschmidt (Switzerland) and Dr Abdul Karim Yahia Rasae (Yemen) for a two-year period or until expiry of their membership on the Board, whichever comes first, in addition to Dr Norbert Biringanya (Burundi), Dr Paul Gully (Canada), Dr Ren Minghui (China), Dr Ewold Seeba (Germany) and Mrs Madalena Hanjam Soares (Timor-Leste) who were already members of the Committee. Mr Rahhal El Makkaoui (Morocco), Chairman of the Board, and Dr Boubacar Samba Dankoko (Senegal), Vice-Chairman of the Board, were appointed members ex officio. It was understood that, if any member of the Committee, except the two ex officio members, was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(Second meeting, 25 May 2011)

### **EB129(2)          Membership of the Executive Board's Standing Committee on Nongovernmental Organizations**

The Executive Board appointed Dr Maria Teresa Valenzuela (Chile), Dr Pe Thet Khin (Myanmar) and Dr Awad Ibrahim Abdi (Somalia) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board, in addition to Professor Ara Saenovič Babloyan (Armenia) and Dr Bernard Valentin (Seychelles), who were already members of the Committee. It was understood that, if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned would participate in the work of the Committee, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization.

(Second meeting, 25 May 2011)

### **EB129(3)          Membership of the State of Kuwait Health Promotion Foundation Selection Panel**

The Executive Board, in accordance with the Statutes of the State of Kuwait Health Promotion Foundation, appointed Dr Abdulla Al-Qahtani (Qatar) as a member of the Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that if Dr Al-Qahtani was unable to attend, his successor or the alternate member of the Board designated by the government concerned would participate in the work of the Selection Panel, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization.

(Second meeting, 25 May 2011)

**EB129(4)            Membership of the Dr LEE Jong-wook Memorial Prize Selection Panel**

The Executive Board, in accordance with the Statutes of the Dr LEE Jong-wook Memorial Prize for Public Health, appointed Dr Clement Malau (Papua New Guinea) as a member of the Dr LEE Jong-wook Memorial Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that if Dr Malau was unable to attend, his successor or the alternate member of the Board designated by the government concerned would participate in the work of the Prize Selection Panel, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization.

(Second meeting, 25 May 2011)

**EB129(5)            Appointment of representatives of the Executive Board at the Sixty-fifth World Health Assembly**

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Mr Rahhal El Makkaoui (Morocco), and its first three Vice-Chairmen, Mrs Madalena Hanjam Soares (Timor-Leste), Dr Shigeru Omi (Japan) and Mr Bjorn-Inge Larsen (Norway), to represent the Executive Board at the Sixty-fifth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr Boubacar Samba Dankoko (Senegal) and the Rapporteur, Dr David Chiriboga (Ecuador), could be asked to represent the Board.

(Second meeting, 25 May 2011)

**EB129(6)            Date, place and duration of the 130th session of the Executive Board**

The Executive Board decided that its 130th session should be convened on Monday, 16 January 2012, at WHO headquarters, Geneva, and should close no later than Monday, 23 January 2012. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its fifteenth meeting on Thursday and Friday, 12 and 13 January 2012, at WHO headquarters.

(Second meeting, 25 May 2011)

**EB129(7)            Place, date and duration of the Sixty-fifth World Health Assembly**

The Executive Board decided that the Sixty-fifth World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 21 May 2012, and that it should close no later than Saturday, 26 May 2012. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its sixteenth meeting on Thursday and Friday, 17 and 18 May 2012, at WHO headquarters, Geneva.

(Second meeting, 25 May 2011)



**EB129(8)      WHO reform**

The Executive Board,

1. DECIDES to establish a transparent, Member-State<sup>1</sup> driven and inclusive consultative process, on WHO reform, based on existing mechanisms, comprising the following steps;
2. REQUESTS the Director-General to prepare, by the end of June 2011, three concept papers, which will be further revised on an ongoing basis through the consultative process, on the following issues: the governance of WHO, an independent evaluation of WHO, and the World Health Forum, as outlined in resolution WHA64.2;
3. REQUESTS the Director-General to hold consultations among Member States<sup>1</sup> on these papers at WHO headquarters, and to create a platform for web-based consultations by the end of July 2011;
4. REQUESTS Regional Committees, on the basis of the updated concept papers, to engage in strategic discussions regarding the WHO reform process and to report on these discussions at the meeting outlined in paragraph 5 below;
5. DECIDES to hold a special session of the Executive Board open to all Member States<sup>1</sup> in November 2011, following the Regional Committee meetings, to discuss the outcomes of the consultative process on the three papers, and the draft proposals prepared by the Secretariat or proposed by Member States<sup>1</sup> on other aspects of the reforms outlined in document A64/4;
6. URGES Member States<sup>1</sup> to support the process with possible funding, and to engage actively in the reform process;
7. REQUESTS the Director-General to support the above elements of the consultative process.

(Second meeting, 25 May 2011)

---

<sup>1</sup> And, where applicable, regional economic integration organizations.



**PART II**

**SUMMARY RECORDS**



## **LIST OF MEMBERS AND OTHER PARTICIPANTS**

### **MEMBERS, ALTERNATES AND ADVISERS**

#### **MOROCCO**

M. R. EL MAKKAOUI, Secrétaire général, Ministère de la Santé, Rabat (**Chairman**)

##### *Alternates*

Mme Y. BADDOU, Ministre de la Santé, Rabat

M. O. HILALE, Ambassadeur, Représentant permanent, Genève

M. M. EL ISMAILI LALOUI, Inspecteur général, Ministère de la Santé, Rabat

M. J. HAZIM, Directeur, Planification et Ressources financières, Rabat

M. M. OUSFOUR, Conseiller, Cabinet du Ministre de la Santé, Rabat

Dr A. BELGHITI ALAOUI, Directeur, Hôpitaux et Soins ambulatoires, Ministère de la Santé, Rabat

##### *Advisers*

M. O. EL MENZHI, Directeur, Epidémiologie et Lutte contre les Maladies, Rabat

Dr K. LAHLOU, Directeur, Population, Rabat

M. F. LAKJAA, Directeur, Budget, Ministère de l'Economie et des Finances, Rabat

M. A. LAASSEL, Ministre, Mission permanente, Genève

M. S. AZZOUZ, Ministre, Mission permanente, Genève

M. M.A. MAHLY, Chef, Division du Laboratoire national de Contrôle des Médicaments, Direction du Médicament et de la Pharmacie, Rabat

Dr S. AGHNAJ, Chef, Division de l'Approvisionnement, Rabat

M. R. WAHABI, Chef, Division de l'Hygiène du Milieu, Direction de l'Epidémiologie et de Lutte contre les Maladies, Rabat

Dr S. JDIDI, Conseillère, Chargée de Mission, Cabinet de Madame La Ministre de la Santé, Rabat

Dr T. LAHLOU, Conseillère, Chargée de Mission auprès du Secrétariat général du Ministère de la Santé, Rabat

#### **ARMENIA**

Professor A. BABLOYAN, Chairman, Standing Committee on Health Care, Maternity and Childhood, National Assembly, Yerevan

##### *Advisers*

Mrs S. ABGARIAN, Deputy Permanent Representative, Geneva

Mr G. KOCHARYAN, Counsellor, Permanent Mission, Geneva

Ms R. MELKONYAN, Assistant to the Minister of Health, Yerevan

#### **BARBADOS**

Mr D. INNIS, Minister of Health, Bridgetown

##### *Alternates*

Dr J. ST. JOHN, Chief Medical Officer, Bridgetown

Dr M. WILLIAMS, Ambassador, Permanent Representative, Geneva

Dr C. BABB-SCHAEFER, Counsellor, Permanent Mission, Geneva

**BRUNEI DARUSSALAM**

Mr P.D.A. YUSOF, Minister of Health, Bandar Seri Begawan

*Alternates*

Mr S. MOMIN, Permanent Secretary, Ministry of Health, Bandar Seri Begawan

Ms N. DATO JUMAT, Chargé d'affaires a.i., Permanent Mission, Geneva

Dr R. SAID, Director-General of Health Services, Ministry of Health, Bandar Seri Begawan

Dr Z.A. YAHYA, Senior Special Duties Officer, Ministry of Health, Bandar Seri Begawan

Ms Z. HASHIM, Acting Director, Policy and Planning, Ministry of Health, Bandar Seri Begawan

Dr S. ZAINAL, Senior Medical Officer, Ministry of Health, Bandar Seri Begawan

Ms R. JAIR, Senior Pharmaceutical Chemist, Ministry of Health, Bandar Seri Begawan

Ms N. ZAINI, Second Secretary, Permanent Mission, Geneva

*Adviser*

Dr F. OSMAN, Administrative Officer Trainee, Ministry of Health, Bandar Seri Begawan

**BURUNDI**

Dr N. BIRINTANYA, Chef de Cabinet, Ministère de la Santé publique et de la Lutte contre le SIDA, Bujumbura

*Adviser*

Mme E. UWIMANA, Deuxième Conseiller, Mission permanente, Genève

**CAMEROON**

Dr L.M. BAYE, Conseiller Technique Numéro 3, Ministère de la Santé, Douala

*Alternate*

M. A.F. NKOU, Ambassadeur, Représentant permanent, Genève

*Adviser*

M. F. NGANTCHA, Ministre Conseiller, Mission permanente, Genève

**CANADA**

Dr P. GULLY, Senior Medical Advisor, Health Canada, Ottawa

*Alternates*

Ms G. WISEMAN, Director, International Affairs Directorate, Health Canada, Ottawa

Ms S. LAWLEY, Director, International Public Health Division, Public Health Agency of Canada, Ottawa

Ms J. HAMILTON, Counsellor, Permanent Mission, Geneva

*Advisers*

Mr L. JONES, Senior Policy Analyst, International Affairs Directorate, Health Canada, Ottawa

Ms C. PALMIER, Senior Analyst, Global Initiatives Directorate, Canadian International Development Agency, Ottawa

Mr P. BLAIS, Counsellor, Permanent Mission, Geneva

Ms A. PACZKOWSKI, Junior Policy Officer, Permanent Mission, Geneva

Mr A. HODHOD, Junior Policy Officer, Permanent Mission, Geneva

**CHILE**

Dr. F. SOLAR, Jefe de División de Prevención y Control de Enfermedades de la Subsecretaría de Salud Pública, Santiago (**alternate to Dra. M.T. Valenzuela**)

*Alternate*

Sr. H. ZERÁN, Tercer Secretario, Misión Permanente, Ginebra

*Advisers*

Sr. P. OYARCE, Embajador, Representante Permanente, Ginebra  
Sr. L. PARODI, Ministro Consejero, Representante Permanente Alterno, Ginebra  
Sra. M.J. RONCARATI, Coordinadora de Proyectos Oficina de Cooperación y Asuntos Internacionales, Santiago  
Sr. J.P. SEPÚLVEDA, Segundo Secretario, Misión Permanente, Ginebra  
Sr. F. GUZMÁN, Tercer Secretario, Misión Permanente, Ginebra

**CHINA**

Dr REN Minghui, Director-General, Department of International Cooperation, Ministry of Health, Beijing

*Alternates*

Dr LIU Peilong, Senior Adviser, Department of International Cooperation, Ministry of Health, Beijing  
Ms LIU Hua, Counsellor, Permanent Mission, Geneva  
Mr FENG Yong, Director, Department of International Cooperation, Ministry of Health, Beijing  
Ms ZHANG Xiaobo, Programme Officer, Department of International Cooperation, Ministry of Health, Beijing  
Mr TENG Fei, Attaché, Permanent Mission, Geneva

**ECUADOR**

DR. D. CHIRIBOGA, Ministro de Salud Pública, Quito (**Rapporteur**)

*Alternates*

Dra. F. FRANCO GAME, Subsecretaría del Ministerio de Salud Pública, Quito  
Sr. M. MONTALVO, Embajador, Representante Permanente, Ginebra

*Advisers*

Sr. G. GILER, Ministerio de Salud Pública, Quito  
Dra. L. RUIZ, Director, Ministerio de Salud Pública, Quito  
Sra. C. LAMMENS, Ministerio de Salud Pública, Quito  
Sra. M.C. VIVAR, Tercer Secretario, Misión Permanente, Ginebra

**ESTONIA**

Dr M. JESSE, Director, National Institute for Health Development, Tallinn

*Alternate*

Mr J. SEILENTHAL, Ambassador, Permanent Representative, Geneva

*Advisers*

Ms M. REINAP, Counsellor, National Institute for Health Development, Tallinn  
Mrs L. ROOVÄLI, Head, Information and Analysis Department, Ministry of Social Affairs, Tallinn  
Ms MAI HION, Counsellor, Permanent Mission, Geneva

**FRANCE**

M. J.Y. GRALL, Directeur général de la Santé, Ministère du Travail, de l'Emploi et de la Santé, Paris

*Alternate*

Mme B. ARTHUR, Chef de la Délégation aux Affaires européennes et internationales, Paris

*Advisers*

M. J. PELLET, Représentant permanent adjoint, Genève  
Mme G. CHEDEVILLE-MURRAY, Conseiller Santé, Mission permanente, Genève

Mme G. BONNIN, Chargée de Mission, Santé et protection sociale, Délégation aux Affaires européennes et internationales, Paris  
 M. B. REDT, Chargé de Mission, Direction générale de la Santé, Ministère du Travail, de l'Emploi et de la Santé, Paris  
 Mme A. TAGAND, Chargée de Mission, Mission permanente, Genève  
 M. P. LE GOFF, Attaché, Santé, Mission permanente, Genève

## GERMANY

Dr E. SEEBA, Deputy Director-General, Federal Ministry of Health, Berlin

### *Alternates*

Mrs D. REITENBACH, Head, Division Global Health, Federal Ministry of Health, Berlin  
 Mr K.M. SCHARINGER, Chargé d'affaires, Permanent Mission, Geneva

### *Advisers*

Mrs C. TZIMAS, Adviser, Federal Ministry of Health, Berlin  
 Mr T. IFLAND, Adviser, Federal Ministry of Health, Berlin  
 Dr B. GEHRMANN, First Secretary, Permanent Mission, Geneva  
 Ms A. PETERS, Permanent Mission, Geneva  
 Mr S. LAUMEYER, Permanent Mission, Geneva

## INDIA

Mr K. CHANDRAMOULI, Secretary, Ministry of Health and Family Welfare, New Delhi

### *Alternate*

Mr G.N. AZAD, Minister of Health and Family Welfare, New Delhi

### *Advisers*

Dr R.K. SRIVASTAVA, Director-General, Health Services, Ministry of Health and Family Welfare, New Delhi  
 Mr A. GOPINATHAN, Ambassador, Permanent Representative, Geneva  
 Mr K. DESIRAJU, Joint Secretary, Coordination, Ministry of Health and Family Welfare, New Delhi  
 Mr S.K. RAO, Joint Secretary, Public Health, Ministry of Health and Family Welfare, New Delhi  
 Dr R.S. SHUKLA, Joint Secretary, Public Health, Ministry of Health and Family Welfare, New Delhi  
 Mrs A. GUPTA, Joint Secretary, RCH, Ministry of Health and Family Welfare, New Delhi  
 Mr P. SATPATHY, Minister, Permanent Mission, Geneva  
 Mr S. SUDHIR, Counsellor, World Trade Organization, Permanent Mission, Geneva  
 Mr S. PRASAD, Director (IH), Ministry of Health and Family Welfare, New Delhi

## JAPAN

Dr S. OMI, Special Assistant for International Affairs to the Ministry of Health, Labour and Welfare, Tokyo (**Vice-Chairman**)

### *Alternate*

Dr M. MUGITANI, Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

### *Advisers*

Dr T. TAKEI, Director, International Cooperation Office, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo  
 Mr M. SAKATA, Counsellor, Permanent Mission, Geneva  
 Mr S. FUKUDA, First Secretary, Permanent Mission, Geneva



Dr H. OBARA, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo  
Mr Y. OTAKE, First Secretary, Permanent Mission, Geneva  
Dr H. SAKAMOTO, Section Chief, International Cooperation Office, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

## MEXICO

Sra. M.A. FROMOW RANGEL, Titular de la Unidad Coordinadora de Vinculación y Participación Social, Secretaría de Salud, México

### *Alternates*

Sr. M.A. TOSCANO VELASCO, Ministro, Misión Permanente, Ginebra  
Sra. A.E. RENDÓN CÁRDENAS, Directora General de Relaciones Internacionales, Secretaría de Salud, México  
Sra. H. ARRINGTON AVIÑA, Directora para Asuntos Multilaterales, Secretaría de Salud, México  
Sr. F. MENESES GONZÁLEZ, Director de Investigación Operativa Epidemiológica, Secretaría de Salud, México

### *Advisers*

Sr. J.R. LORENZO DOMINGUEZ, Primer Secretario, Misión Permanente, Ginebra  
Sra. R.D. RUIZ VARGAS, Subdirectora para Organismos Internacionales, Secretaría de Salud, México  
Sra. M.E. CORONADO MARTÍNEZ, Subdirectora de Cooperación Financiera y Riesgos Emergentes, Secretaría de Salud, México

## MONGOLIA

Mr O. LUVSANTSEREN, Ambassador, Permanent Representative, Geneva (**alternate to Mr S. Lambaa**)

## MOZAMBIQUE

Dr M.O. DE ASSUNÇÃO SAÍDE, National Director of Public Health, Ministry of Health, Maputo

### *Alternates*

Dr L. MANGUELE, Minister of Health, Maputo  
Ms F. RODRIGUES, Ambassador, Permanent Representative, Geneva  
Dr M. HAGY, Provincial Director of Health, Ministry of Health, Maputo  
Dr P. MACHAVA, Head, Central Department for Multilateral Co-ordination, Ministry of Health, Maputo

### *Advisers*

Mr E. ZIMBA, Minister, Permanent Mission, Geneva  
Mr J. DENGGO, First Secretary, Permanent Mission, Geneva  
Mr M.R. TUNGADZA, Second Secretary, Permanent Mission, Geneva

## MYANMAR

Dr THAN ZAW MYINT, Director-General, Department of Medical Science, Ministry of Health, Nay Pyi Taw (**alternate to Dr Pe Thet Khin**)

### *Alternate*

Dr SOE LWIN NYEIN, Director, Epidemiology, Department of Health, Ministry of Health, Nay Pyi Taw

**NIGERIA**

Mr L. AWUTE, Permanent Secretary, Federal Ministry of Health, Abuja

*Alternates*

Mr C.N. ONIANWA, Chargé d'Affaires a.i., Permanent Mission, Geneva

Dr T. FAKEYE, Director, Health Planning, Research and Statistics, Abuja

Mrs R.I. OCHENI, Assistant Director (SUND), Ministry of Foreign Affairs, Abuja

*Advisers*

Mrs C. YAHAYA, Minister, Permanent Mission, Geneva

Mr B.A. USMAN, Minister Counsellor, Permanent Mission, Geneva

Mrs M.C. UDEOZO, Third Secretary, Permanent Mission, Geneva

**NORWAY**

Mr B.I. LARSEN, Director-General, Directorate of Health, Oslo (**Vice-Chairman**)

*Alternates*

Ms B. ANGELL-HANSEN, Ambassador, Permanent Representative, Geneva

Mr A.P. SANNE, Director, Directorate of Health, Oslo

Mr B. SKOTHEIM, Higher Executive Officer, Directorate of Health, Oslo

Ms S.H. STEEN, Minister Counsellor, Permanent Mission, Geneva

Mr T.E. LINDGREN, Counsellor, Permanent Mission, Geneva

Ms H.C. SUNDREHAGEN, Deputy Director-General, Ministry of Health and Care Services, Oslo

Ms B.L. ALVEBERG, Senior Adviser, Ministry of Health and Care Services, Oslo

**PAPUA NEW GUINEA**

Dr C. MALAU, Secretary, Department of Health, Ministry of Health and HIV/AIDS, Port Moresby

*Alternates*

Dr P. DAKULALA, Deputy Secretary, National Health Services Standard, Ministry of Health and HIV/AIDS, Port Moresby

Mr M. MAULUDU, Deputy Secretary, National Health Policy and Corporate Services, Ministry of Health and HIV/AIDS, Port Moresby

**QATAR**

Dr S.B.A. AL-MARI, Assistant Secretary General, Medical Affairs, Supreme Council of Health, Doha (**alternate to Dr A. Al-Qahtani**)

*Advisers*

Dr M.B.H.J. AL-THANI, Director, Public Health, Supreme Council of Health, Doha

Mr A.A. AL-ABDULLA, Manager, International Health Relations, Supreme Council of Health, Doha

**SENEGAL**

Dr B.S. DANKOKO, Médecin, Conseiller technique numéro 1 du Ministre de la Santé et de la Prévention, Dakar (**Vice-Chairman**)

*Alternate*

Dr A. FALL, Médecin, Directeur, Prévention médicale, Dakar

*Advisers*

M. F. SECK, Ambassadeur, Représentant permanent, Genève

M. M. GUEYE, Ministre-Conseiller, Mission permanente, Genève

Mme M. SY, Deuxième Conseiller, Mission permanente, Genève

**SERBIA**

Professor T. MILOSAVLJEVIĆ, former Minister of Health, Belgrade

*Adviser*

Ms J. DJURIČKOVIĆ TUVIĆ, Minister Counsellor, Permanent Mission, Geneva

**SEYCHELLES**

Dr B. VALENTIN, Special Adviser for Health, Victoria

**SIERRA LEONE**

Dr K.S. DAOH, Chief Medical Officer, Ministry of Health, Freetown

**SOMALIA**

Dr A.I. ABDI, Senior Adviser, Ministry of Health and Human Services, Transitional Federal Government, Mogadishu

*Alternate*

Dr Y.M. ISMAIL, Ambassador, Permanent Representative, Geneva

**SWITZERLAND**

M. G. SILBERSCHMIDT, Vice-Directeur, Chef, Division des Affaires internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur, Berne

*Alternates*

M. C. CROTTAZ, Chef adjoint, Division des Affaires internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur, Berne

Mme R. FORRER, Collaboratrice scientifique, Section Santé mondiale, Division des Affaires internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur, Berne

M. S. BART, Collaborateur, Section Santé mondiale, Division des Affaires internationales, Office fédéral de la Santé publique, Département fédéral de l'Intérieur, Berne

Mme A.-B. BULLINGER, Collaboratrice diplomatique, Section Transports, Energie et Santé, Division politique V, Département fédéral des Affaires étrangères, Berne

Mme S. GRATWOHL, Collaboratrice diplomatique, Section Transports, Energie et Santé, Division politique V, Département fédéral des Affaires étrangères, Berne

M. O. PRAZ, Conseiller, Politique sectorielle Santé, Division Afrique orientale et australe, Direction du Développement et de la Coopération, Département fédéral des Affaires étrangères, Berne

Mme A. RUPPEN, Collaboratrice diplomatique, Mission permanente, Genève

**SYRIAN ARAB REPUBLIC**

Dr F. KHABBAZ-HAMOUI, Ambassador, Permanent Representative, Geneva (**alternate to Dr R. Said**)

*Adviser*

Ms S. ABBAS, First Secretary, Permanent Mission, Geneva

**TIMOR-LESTE**

Mrs M. HANJAM DA COSTA SOARES, Vice-Minister of Health, Dili (**Vice-Chairman**)

*Alternate*

Mr J. DA FONSECA, Ambassador, Permanent Representative, Geneva

*Advisers*

Ms I. MARIA GOMES, National Director, Community Health Services, Ministry of Health, Dili

Mr B. MARTINS, Health Policy Officer, Ministry of Health, Dili

Dr A. GUTERRES CORREIA, Senior Health Adviser, Ministry of Health, Dili

Ms G. DOS SANTOS MAYA, Executive Assistant to Vice Minister of Health, Dili

**UNITED STATES OF AMERICA**

Dr N. DAULAIRE, Director, Office of Global Health Affairs, Department of Health and Human Services, Washington, DC

*Alternates*

Mr D.E. HOHMAN, Deputy Director, Office of Global Health Affairs, Department of Health and Human Services, Washington, DC

Ms A. BLACKWOOD, Director for Health Programs, Office of Human Security, Bureau of International Organization Affairs, Department of State, Washington, DC

Ms LEAH HSU, International Health Analyst, Office of Global Affairs, Department of Health and Human Services, Washington, DC

Mr P. MAMACOS, Senior Malaria and Health Policy Adviser, Bureau for Global Affairs, Agency for International Development, Washington, DC

Mr C. MCIFF, Health Attaché, Permanent Mission, Geneva

*Adviser*

Mr E. DEUSSING, Chief Resident, Public Health and General Preventive Medicine Residency, Uniformed Services University, Bethesda, Maryland

**UZBEKISTAN**

Dr A. IKRAMOV, Minister of Health, Tashkent

*Alternates*

Mr B. OBIDOV, First Secretary, Permanent Mission, Geneva

Mr A. SIDIKOV, Director, Department of International Relations, Ministry of Health, Tashkent

*Advisers*

Mr N. NURMATOV, Third Secretary, Permanent Mission, Geneva

Mr E. TOSHMATOV, Attaché, Permanent Mission, Geneva

**YEMEN**

Dr A.Y. RASAE, Minister of Public Health and Population, Sana'a

*Alternates*

Dr I. AL-ADOOFI, Ambassador, Permanent Representative, Geneva

Dr J.T. NASHER, Deputy Minister of Public Health and Population, Sana'a

Mr F. AL-MAGHAFI, Deputy Permanent Representative, Geneva

Mr F.M. ALKEHALI, Director-General, Office of the Minister of Public Health and Population, Sana'a

Mr M. AL-SHAMI, Third Secretary, Permanent Mission, Geneva

**MEMBER STATES NOT REPRESENTED ON THE EXECUTIVE BOARD<sup>1</sup>****ALGERIA**

M. I. JAZAÏRY, Ambassadeur, Représentant permanent, Genève  
M. M. BOUKADOUM, Conseiller, Affaires étrangères, Mission permanente, Genève  
M. M.F. BOUCHEDOUB, Secrétaire, Affaires étrangères, Mission permanente, Genève

**ANGOLA**

Mrs N.M. SARAIVA, Assistant, Health Issues, Permanent Mission, Geneva

**AUSTRALIA**

Ms A. CREELMAN, Assistant Secretary, International Strategies Branch, Department of Health and Ageing, Canberra  
Ms A. CERNOVS, Program Officer, Global Health Programs, AusAID, Canberra  
Mr S. COMMAR, Minister Counsellor (Health), Permanent Mission, Geneva

**AUSTRIA**

Dr J. SPITZER, Deputy Permanent Representative, Geneva  
Professor H. HRABCIK, Minister (Health), Permanent Mission, Geneva  
Mr M. MÜHLBACHER, Deputy Head, Department Coordination International Health Policy and World Health Organization, Federal Ministry of Health, Vienna  
Mrs V. BAYER-BALINT, Department Coordination International Health Policy and World Health Organization, Federal Ministry of Health, Vienna  
Ms M. FROSCHAUER, Adviser, Permanent Mission, Geneva

**BANGLADESH**

Dr S.I. LASKAR, Joint Secretary, Public Health and WHO, Ministry of Health and Family Welfare, Dhaka  
Mr N.U. AHMED, Deputy Chief of Protocol, Ministry of Foreign Affairs, Dhaka  
Dr I. KABIR, Assistant Professor, Epidemiology, Coordinator, Climate Change and Health Promotion Unit and National Tobacco Control Cell, Ministry of Health and Family Welfare, Dhaka  
Mr F.M. KAZI, Counsellor, Permanent Mission, Geneva  
Mr F.A. KHAN, Health Expert, Dhaka

**BELGIUM**

Mme M. DENEFFE, Conseiller, Mission permanente, Genève

**BOSNIA AND HERZEGOVINA**

Professor E. KECO ISAKOVIC, Ambassador, Permanent Representative, Geneva  
Mr R. BEJATOVIC, Minister Counsellor, Permanent Mission, Geneva

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

**BRAZIL**

Dr P. BUSS, Rio de Janeiro

Ms M.N. FARANI AZEVÊDO, Ambassador, Permanent Mission, Geneva

Ms M.L. ESCOREL DE MORAES, Minister Counsellor, Permanent Mission, Geneva

Mr E. ALMEIDA CARDOSO, Counsellor, Permanent Mission, Geneva

Ms B. BÉLKIOR DE SOUZA E SILVA, First Secretary, Permanent Mission, Geneva

Mr B.H. NEVES SILVA, Second Secretary, Permanent Mission, Geneva

Mr L.L. VIEGAS, Chief, Division of Multilateral Issues, Ministry of Health, Brasilia

Ms J. VALLINI, International Adviser, Ministry of Health, Brasilia

Mr M. VILLAS BOAS DO PRADO, Adviser, Permanent Mission, Geneva

Mr F.N. MOREIRA COSTA E SILVA, Intern, Permanent Mission, Geneva

Ms R. FERREIRA TEIXEIRA, Intern, Permanent Mission, Geneva

**BULGARIA**

Mrs N. KRASTEVA, Second Secretary, Permanent Mission, Geneva

**BURKINA FASO**

M. P. VOKOUMA, Ambassadeur, Représentant permanent, Genève

M. D.D. SOUGOURI, Deuxième Conseiller, Mission permanente, Genève

Mme G. DABRE, Attachée, Mission permanente, Genève

**COLOMBIA**

Sra. A.M. PRIETO ABAD, Ministra, Misión Permanente, Ginebra

**CÔTE D'IVOIRE**

Mme B. QUACOE, Conseiller en charge des Questions de Santé, Mission permanente, Genève

**CROATIA**

Mrs V. VUKOVIC, Permanent Representative, Geneva

Mrs Z.I. PENIC, First Secretary, Permanent Mission, Geneva

**CYPRUS**

Mrs M. MICHAEL, Deputy Permanent Representative, Geneva

Ms M. SPATHI, Second Secretary, Permanent Mission, Geneva

Ms M. SOLOYIANNI, Adviser, Permanent Mission, Geneva

**CZECH REPUBLIC**

Mr T. HUSÁK, Ambassador, Permanent Representative, Geneva

Ms B. SOUŠKOVÁ, Third Secretary, Permanent Mission, Geneva

Ms P. KOPECKÁ, Trainee, Ministry of Foreign Affairs, Prague

**DENMARK**

Mrs A.C. CHRISTENSEN, Counsellor, Permanent Mission, Geneva

Ms P.L. KRISTENSEN, Intern, Permanent Mission, Geneva

**EQUATORIAL GUINEA**

Ms F. PECIU FLORIANU, Permanent Mission, Geneva

**ETHIOPIA**

Ms L.Z. GEBREMARIAM, Minister Counsellor, Permanent Mission, Geneva

**FINLAND**

Mr H. HIMANEN, Ambassador, Permanent Representative, Geneva

Ms O. KUIVASNIEMI, Ministerial Adviser, Ministry of Social Affairs and Health, Helsinki

Dr E. LAHTINEN, Counsellor, Permanent Mission, Geneva

Mr S. LEHTONEN, Intern, Permanent Mission, Geneva

Dr G. BLUMENTHAL, Health Adviser, Ministry for Foreign Affairs, Helsinki

**GUATEMALA**

Sr. C.R.M. ALVARADO, Embajador, Representante Permanente, Ginebra

Srta. M. BRAN ALVARADO, Primer Secretario, Misión Permanente, Ginebra

**HAITI**

M. J.B. ALEXANDRE, Ministre Conseiller, Mission permanente, Genève

**HONDURAS**

Sr. R. FLORES BERMÚDEZ, Embajador, Representante Permanente, Ginebra

Sr. G. RIZZO ALVARADO, Embajador, Representante Permanente Adjunto, Ginebra

Srta. A. LANZA SUAZO, Consejera, Misión Permanente, Ginebra

**HUNGARY**

Dr M. KÖKÉNY, Former Minister of Health, Budapest

Ms H. PÁVA, Deputy State Secretary for Health Co-ordination and European Affairs, Ministry of National Resources, Budapest

Mr A. MÉSZÁROS, Deputy Head of Department, Ministry of National Resources, Budapest

Mr A. DÉKÁNY, Ambassador, Permanent Representative, Geneva

Mr A. KOVÁCS, Deputy Chief Medical Officer, National Public Health and Medical Officer's Service Office of the Chief Medical Officer of State, Budapest

Mr M. HORVÁTH, Deputy Permanent Representative, Geneva

Ms A. GRESZ-SEREGDY, Head of Department, National Public Health and Medical Officer's Service Office of the Chief Medical Officer of State, Budapest

Mr Z. MASSAY, Counsellor, Ministry of National Resources, Budapest

Ms B. OROSZI, Counsellor, National Public Health and Medical Officer's Service Office of the Chief Medical Officer of State, Budapest

Ms N. KONDOROSI, Third Secretary, Permanent Mission, Geneva

Mr R. BOEKHOLT, Intern, Permanent Mission, Geneva

**IRAN (ISLAMIC REPUBLIC OF)**

Dr M.-H. NICKNAM, Minister for International Affairs a.i., Tehran  
Mr J. AGHAZADEH KHOEL, First Secretary, Permanent Mission, Geneva

**IRAQ**

Mr U.A. IBRAHIM, Third Secretary, Permanent Mission, Geneva

**IRELAND**

Mr G. CORR, Ambassador, Permanent Representative, Geneva  
Mr M. HANNIFFY, Second Secretary, Permanent Mission, Geneva

**ISRAEL**

Mr A. LESHNO-YAAR, Ambassador, Permanent Mission, Geneva  
Mr R. ADAM, Counsellor, Permanent Mission, Geneva  
Ms R. LANGER-ZIV, Adviser, Permanent Mission, Geneva

**ITALY**

Ms L. MIRACHIAN, Ambassador, Permanent Representative, Geneva  
Mr P. D'AVINO, Minister Counsellor, Permanent Mission, Geneva  
Mr E. VICENTI, First Counsellor, Permanent Mission, Geneva  
Ms G. FILIPPI, Intern, Permanent Mission, Geneva

**KENYA**

Dr T. MBOYA OKEYO, Ambassador, Permanent Representative, Geneva  
Ms A. OSUNDWA, Third Secretary, Permanent Mission, Geneva

**LUXEMBOURG**

M. J. FEYDER, Ambassadeur, Représentant permanent, Genève  
M. D. DA CRUZ, Représentant permanent adjoint, Genève

**MONACO**

Mme C. LANTERI, Représentant permanent adjoint, Genève  
Mme M. GARCIA, Troisième Secrétaire, Mission permanente, Genève

**NAMIBIA**

Mr S.M. MARUTA, Chargé d'Affaires a.i., Permanent Mission, Geneva  
Ms S. NGHINAMUNDOVA, First Secretary, Permanent Mission, Geneva

**NETHERLANDS**

Ms S. TERSTAL, Deputy Permanent Representative, Geneva  
Mr R. DRIECE, Health Attaché, Permanent Mission, Geneva  
Ms H. VAN GULIK, First Secretary, Permanent Mission, Geneva  
Mr E. VERSHUREN, Assistant, Permanent Mission, Geneva



**NEW ZEALAND**

Dr M. JACOBS, Acting Chief Medical Officer, Ministry of Health, Wellington  
Ms W. HINTON, Deputy Permanent Representative, Geneva  
Ms L. CASSELS, Second Secretary, Permanent Mission, Geneva  
Ms S. ALBERT, Adviser, Permanent Mission, Geneva

**NIGER**

Dr H.I. MOUSSA, Directeur général de la Santé publique, Ministère de la Santé publique, Niamey  
Dr I. ABOUBACAR, Directeur, Lutte contre la Maladie et les Endémies, Ministère de la Santé publique, Niamey  
Mme M.K. GAZIBO, Premier Secrétaire, Mission permanente, Genève

**OMAN**

Dr A.J. MOHAMED, Health Affairs Adviser and Supervisor of Activities of General Directorate of Health Affairs, Muscat

**PAKISTAN**

Mr A. NABEEL, Third Secretary, Permanent Mission, Geneva

**PANAMA**

Sr. A. NAVARRO BRIN, Embajador, Representante Permanente, Ginebra  
Sr. J. CORRALES, Consejero, Misión Permanente, Ginebra  
Srta. K. VARGAS, Agregado, Misión Permanente, Ginebra

**PHILIPPINES**

Mr D.Y. LEPATAN, Deputy Permanent Representative, Geneva  
Mrs M.T.C. LEPATAN, Minister, Permanent Mission, Geneva  
Mrs M.A.F. INVENTOR, Attaché, Permanent Mission, Geneva

**POLAND**

Mr A. SADOS, Deputy Permanent Representative, Geneva  
Mrs J. CHOJECKA, Counsellor, Permanent Mission, Geneva  
Mr W. GWIAZDA, Attaché, Permanent Mission, Geneva

**PORTUGAL**

M. A. VALADAS DA SILVA, Conseiller, Mission permanente, Genève

**REPUBLIC OF KOREA**

Mr YOUNG-CHAN Lee, Minister-Counsellor, Permanent Mission, Geneva

**ROMANIA**

Mrs M. CIOBANU, Ambassador, Permanent Representative, Geneva  
Mr F. PIRONEA, Second Secretary, Permanent Mission, Geneva

**RUSSIAN FEDERATION**

Mr V. LOSHCHININ, Ambassador, Permanent Representative, Geneva  
Mr V. NEBENZIA, Deputy Permanent Representative, Geneva  
Mr O. CHESTNOV, Deputy Director, Department of International Cooperation, Ministry of Health and Social Development, Moscow  
Mr V. ZIMYANIN, Senior Counsellor, Permanent Mission, Geneva  
Dr M. TSESHKOVSKIY, Head of Section, Central Research Institute for Health Management and Information Systems, Moscow  
Dr A. PAVLOV, Counsellor, Permanent Mission, Geneva  
Mr M. BERDYEV, Counsellor, Permanent Mission, Geneva  
Mr E. KALUGIN, Second Secretary, Permanent Mission, Geneva  
Ms Y. BAKONINA, Consultant, Department of International Cooperation, Ministry of Health and Social Development, Moscow  
Mr R. SHMYKOV, First Secretary, Permanent Mission, Geneva  
Mr K. FEDETOV, Second Secretary, Permanent Mission, Geneva  
Ms E. SAITGARIEVA, Attaché, Permanent Mission, Geneva

**RWANDA**

Mr A. KAYITAYIRE, First Counsellor, Permanent Mission, Geneva  
Ms M. NTASHAMAJE, Multilateral Officer, Permanent Mission, Geneva

**SINGAPORE**

Ms TAN Yee Woan, Ambassador, Permanent Representative, Geneva  
Mr S.N. SYED HASSIM, Deputy Permanent Representative, Geneva  
Mr S. PANG Chee Wee, Deputy Permanent Representative, Geneva  
Ms C. LEE Shui Lene, First Secretary, Permanent Mission, Geneva  
Mr S.C. SEAH, First Secretary, Permanent Mission, Geneva

**SLOVAKIA**

Mrs S. BUDAYOVA, Counsellor, Permanent Mission, Geneva

**SLOVENIA**

Mr M. KOVACIC, Ambassador, Permanent Representative, Geneva  
Mr B. JERMAN, Deputy Permanent Representative, Geneva

**SOUTH AFRICA**

Ms M.K. MATSAU, Deputy Director-General, International Health Liaison, Department of Health, Pretoria  
Ms L. MAKUBALO, Health Attaché, Permanent Mission, Geneva  
Ms T.G. MNISI, Director, International Health Liaison, Department of Health, Pretoria

**SPAIN**

Sr. D.A. SANTOS MARAVER, Embajador, Representante Permanente, Ginebra  
Sr. D.B. MONTESINO, Representante Permanente Adjunto, Ginebra  
Sr. D.J. PARRONDO, Consejero, Misión Permanente, Ginebra

**SRI LANKA**

Dr T.R.C. RUBERU, Secretary, Ministry of Health, Colombo  
Mrs K. SENEWIRATNE, Ambassador, Permanent Representative, Geneva  
Dr W.J. RANDOMBAGE, Deputy Director-General, Planning, Ministry of Health, Colombo  
Mrs M. MALLIKARATCHY, First Secretary, Permanent Mission, Geneva

**SWEDEN**

Ms A. MOLIN HELLGREN, Counsellor, Permanent Mission, Geneva  
Ms L. ANDERSSON, Head of Section, Ministry of Health and Social Affairs, Stockholm  
Mr B. PETTERSON, Senior Adviser, Ministry of Health and Social Affairs, Stockholm

**THAILAND**

Mr SIHASAK PHUANGKETKEOW, Ambassador, Permanent Representative, Geneva  
Dr VIROJ TANGCHAROENSATHIEN, Public Health Technical Officer, Advisory Level, Health Technical Office, Office of the Permanent Secretary, Ministry of Public Health, Bangkok  
Dr CHAWETSAN NAMWAT, Medical Officer, Senior Professional Level, Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, Bangkok  
Dr ATTAYA LIMWATTANAYINGYONG, Medical Officer, Senior Professional Level, National Vaccine Committee Office, Department of Disease Control, Ministry of Public Health, Bangkok  
Dr WALAIORN PATCHARANARUMOL, Pharmacist, Professional Level, International Health Policy Programme, Office of the Permanent Secretary, Ministry of Public Health, Bangkok  
Miss TANYARAT MUNGKALARUNGSI, First Secretary, Permanent Mission, Geneva  
Dr JARUAYORN SRISASALUX, Research Manager, Health Systems Research Institute, Ministry of Public Health, Bangkok  
Ms PASSAWEE TAPASANAN, International Affairs Officer, Thai Health Promotion Foundation, Bangkok

**TURKEY**

Dr B. KESKINKILIC, Head, Department of Foreign Affairs, Ministry of Health, Ankara  
Dr E. EKMEKCI BOR, Head, Department of Coordination with the EU, Ministry of Health, Ankara  
Mr S. SEN, Deputy Head, Department of Foreign Affairs, Ministry of Health, Ankara  
Ms E. EKEMAN, Counsellor, Permanent Mission, Geneva

**UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND**

Dr N. WATT, Joint Lead, Global Health, Department of Health, London  
Mr P. GOODERHAM, Permanent Representative, Geneva  
Mr S. BLAND, DFID Representative, Permanent Mission, Geneva  
Mr J. JOO-THOMSON, First Secretary, Permanent Mission, Geneva  
Mr M. RUSH, Second Secretary, Permanent Mission, Geneva  
Mr S. WEEKS, Attaché, Permanent Mission, Geneva

**URUGUAY**

Sra. L. TRUCILLO, Ministro, Misión Permanente, Ginebra

**ZAMBIA**

Dr C. MUKUKA, Counsellor Health, Permanent Mission, Geneva

**ZIMBABWE**

Mr J. MANZOU, Ambassador, Permanent Representative, Geneva  
 Mrs P. NYAGURA, Counsellor, Permanent Mission, Geneva  
 Mr N. SENGWE, Deputy Permanent Representative, Geneva  
 Dr. L. HWENDA, Intern, Permanent Mission, Geneva

**OBSERVERS****INTERNATIONAL COMMITTEE OF THE RED CROSS**

M. D. HELLE, Conseiller diplomatique, Division des Organisations multilatérales, de la Doctrine et de l'Action humanitaire  
 Mme H. OBREGON, Attachée, Division des Organisations multilatérales, de la Doctrine et de l'Action humanitaire, International Representation Officer

**REPRESENTATIVES OF THE UNITED NATIONS  
AND RELATED ORGANIZATIONS**

**United Nations Development Programme**

Dr S. BECKMANN, Senior Programme  
 Adviser, Global Fund, Global Health  
 Partnerships

**United Nations Environment Programme**

Mr W. ASNAKE

**United Nations Population Fund**

Ms A. ARMITAGE, Director, Geneva  
 Mr V. FAUVEAU, Senior Maternal Health  
 Adviser  
 Ms A. WITTENBERG, External Relations  
 Officer

**World Food Programme**

Ms D. TYMO, Deputy Director  
 M. J-Y. LEQUIME, Senior Liaison Officer  
 Ms K. LEGARTH, Intern

**International Narcotics Control Board**

Professor H. GHODSE  
 Mr J. LUCAS

**World Trade Organization**

M. A. TAUBMAN, Director, Intellectual  
 Property Division  
 M. R. KAMPF, Counsellor, Intellectual  
 Property Division

**SPECIALIZED AGENCIES****Food and Agriculture Organization of the United Nations**

Mr S. SOFIA, Public Health Information and  
 External Relations  
 Mr A. OULD AHMED, Director, Liaison  
 Office, Geneva

**United Nations Educational, Scientific and Cultural Organization**

Ms K. HOLST, Liaison Officer

## REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

### **African Development Bank**

Dr A. SOUCAT, Director, Human Development Department

### **African Union**

Mrs K. MASRI, Permanent Observer, Geneva  
 Dr Y. KASSAMA, Director of Medical Services, Addis Ababa  
 Dr A. OLAJIDE, Head of Division, Population and Nutrition, Addis Ababa  
 Dr M.G. HARAKEYE NDAYISABA, Head of Division, HIV/AIDS, TB and Malaria, Addis Ababa  
 Miss B. NAIDOO, First Secretary, Geneva

### **European Union**

Ms M. ZAPPPIA, Head, Permanent Delegation, Geneva  
 Mr D. ILIOPOULOS, Deputy Head, Permanent Delegation, Geneva  
 Ms T. EMMERLING, First Counsellor, Permanent Delegation, Geneva  
 Dr C. NOLAN, Senior Coordinator, Global Health, DG Sanco, Brussels

Mr T. BEBIS, Intern, Permanent Delegation, Geneva

### **International Organization for Migration**

Dr D. MOSCA, Director Migration Health  
 Ms B. RIJKS, Migration Health Coordinator  
 Dr A. DAVIES, Public Health Specialist  
 Ms R. BORLAND, HIV and Health Promotion Coordinator  
 Mr G. SCHININA, Mental Health and Psychosocial  
 Mr M. LARSSON, Associated Expert  
 Mrs Z. ORTEGA-GRECO, Health Assessment Project Support Officer  
 Miss J. IODICE, Programme Officer  
 Miss H. WEST, Project Officer  
 Ms S. BORJA, Administrative Assistant  
 Mr G. GRUJOVIC, Global HAP Coordinator

### **Organisation of the Islamic Conference**

Mr S. CHIKH, Ambassador, Permanent Observer, Geneva  
 Mrs A. KANE, First Secretary, Permanent Delegation, Geneva

## REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

### **CMC – Churches' Action for Health**

Dr P. ARIKUMARI  
 Mr T. BALASUBRAMANIAM  
 Ms F. BELLO  
 Dr C. BODINI  
 Dr I. CAMPLONE  
 Mr K.M. GOPAKAMUR  
 Dr C. GIUGLIANI  
 Ms J. KASPER  
 Dr I. KAYI  
 Dr M. KURIAN  
 Ms M. LACHENAL  
 Mr A. LEATHER  
 Ms A. LINDSAY  
 Ms K. O'DONNELL

Dr P. JOHN  
 Mr J. REINTEN  
 Dr H. SERAG  
 Mr G. SOZANSKI  
 Mr H. WANIS  
 Dr O. FRANK  
 Mr S. SHASHIKANT

### **Council for International Organizations of Medical Sciences**

Dr G. SJÖLIN-FORSBERG

**Council on Health Research for Development**

Professor C. IJSSELMUIDEN  
Dr C. GARDNER

**FDI World Dental Federation**

Dr O. ORLANDO MONTEIRO DA SILVA  
Dr J. EISELÉ  
Mr J. CRAIL  
Dr J. FISHER

**International Alliance of Women**

Ms H. SACKSTEIN  
Ms M. PAL

**International Council for Standardization in Haematology**

Dr R. SIMON

**International Federation for Medical and Biological Engineering**

Professor H. VOIGT  
Professor M. NYSSSEN

**International Federation of Business and Professional Women**

Ms M. GERBER  
Ms G. GONZENBACH  
Dr I. ANDRESEN

**International Federation of Medical Students Associations**

Mr U. GOPINATHAN  
Dr HANÂA BENJEDDI  
Dr R. SAUD A ALAMEER  
Mr N. KHATTAR

**International Federation of Pharmaceutical Manufacturers and Associations**

Mr M. KAMIYA  
Mr M. OTTIGLIO  
M. N. SATO  
Ms S. CROWLEY  
Mr H. FUNAKOSHI

**International Organization for Standardization**

Mr T.J. HANCOX

**International Society for Telemedicine & eHealth**

Professor S. YUNKAP KWANKAM

**International Society of Physical and Rehabilitation Medicine**

Professor G. STUCKI

**International Special Dietary Foods Industries**

Mr D. OCKE  
Dr I. COSTEA  
Mr C. SCHABERG  
Ms A. WAXMAN  
Ms T. SACHSE  
Mrs J. WITHERSPOON  
Mr T. MXAKWE

**MSF International**

Ms K. ATHERSUCH

**The Save the Children Fund**

Mr S. WRIGHT  
Mr F. AUSONI  
Ms L. HOLLY  
Ms L. BREARLEY  
Mr A. LOVETT

**The World Federation of Acupuncture-Moxibustion Societies**

Dr WEIGUO HU  
Professor A. LIGUORI  
Professor F. BANGRAZI PETTI  
Professor S. BANGRAZI

**The World Medical Association, Inc.**

Dr M. HAIKERWAL  
Dr W. SUBHACHATURAS  
Dr J.L. GOMES DO AMARAL

Dr O. KLOIBER  
Ms J. BLONDEAU  
Mr N. DUNCAN  
Mrs C. DELORME  
Ms Y. PARK  
Dr D. PRAKASH  
Dr J. SEYER  
Ms J.I. LALLA-MAHARAJH  
Mr M.I. MIDDLEBERG  
Ms L. KATEKAR  
Ms K.H.A. FOOTER  
Mr L.S. RUBENSTEIN  
Ms M.Y. GBANYA

Dr YUNG-TUNG WU  
Dr V. NATHANSON  
Dr T. JANBU

**World Federation for Mental Health**

Mrs M. LACHENAL  
Ms A. YAMADA-VETSCH

**World Vision International**

Mr S. GERMANN  
Mr T. LUCHESI

---





## COMMITTEES AND WORKING GROUPS<sup>1</sup>

### 1. Programme, Budget and Administration Committee

Mr D. Inniss (Barbados), Dr N. Birintanya (Burundi), Dr P.R. Gully (Canada), Dr Ren Minghui (China), Dr E. Seeba (Germany), Mr K. Chandramouli (India), Dr S. Omi (Japan), Dr M.O. de Assunção Saíde (Mozambique), Dr A. Al-Qahtani (Qatar), Mr G. Silberschmidt (Switzerland), Mrs M. Hanjam Soares (Timor-Leste), Dr A.Y. Rasae (Yemen), Mr R. El Makkaoui (Morocco), Chairman of the Executive Board, member ex officio, and Dr B.S. Dankoko (Senegal), Vice-Chairman of the Executive Board, member ex officio.

**Fourteenth meeting, 12 and 13 May 2011:** Dr A.J. Mohamed (Oman, Chairman), Mr E.A. Cardoso (Brazil, alternate to Dr P. Buss), Dr N. Birintanya (Burundi), Dr P.R. Gully (Canada), Dr Ren Minghui (China), Mr S. Chatelus (France, alternate to Mr D. Houssin), Mr B. Kümmel (Germany, alternate to Dr E. Seeba), Mr S. Prasad (India, alternate to Mr K. Chandramouli), Dr T. Takei (Japan, alternate to Dr S. Omi), Mr J. Hazim (Morocco, alternate to Mrs Y. Baddou), Mr M. Kountche (Niger, alternate to Dr A. Djibo), Mrs M. Hanjam Soares (Timor-Leste) and Dr M. Kökény (Hungary, member ex officio).

### 2. Standing Committee on Nongovernmental Organizations

Professor A. Babloyan (Armenia), Dr M.T. Valenzuela (Chile), Dr Pe Thet Khin (Myanmar), Dr B. Valentin (Seychelles), Dr A.I. Abdi (Somalia).

### 3. State of Kuwait Health Promotion Foundation Selection Panel

Chairman of the Executive Board and a representative of the founder, members ex officio, and Dr A. Al-Qahtani (Qatar).

### 4. Dr LEE Jong-wook Memorial Prize Selection Panel

Chairman of the Executive Board and a representative of the founder, members ex officio, and Dr C. Malau (Papua New Guinea).

---

<sup>1</sup> Showing current membership as of 25 May 2011, and listing the names of those committee members who attended meetings held since the previous session of the Executive Board.



## **SUMMARY RECORDS**

### **FIRST MEETING**

**Wednesday, 25 May 2011, at 09:50**

**Chairman:** Dr M. KÖKÉNY (Hungary)  
**later:** Mr R. EL MAKKAOUI (Morocco)

#### **1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional agenda (Documents EB129/1 and EB129/1(annotated))

The CHAIRMAN declared open the 129th session of the Executive Board and invited the Board to consider the provisional agenda. He proposed that item 3 (Outcome of the Sixty-fourth World Health Assembly) should be covered in two parts: 3.1: Issues raised other than the reform package and 3.2: Reflections on the reform package: the road map until the 130th session of the Executive Board. He also proposed the deletion of item 6.5 (Amendments to the Financial Regulations and Financial Rules) as no amendment had been proposed.

**The agenda, as amended, was adopted.<sup>1</sup>**

Dr JESSE (Estonia), speaking on behalf of the Member States of the European Union, said that the European Union worked closely with WHO on a wide range of subjects both within the European Region and at a global level. As agreed in the exchange of letters in the year 2000 between WHO and the European Commission concerning the consolidation and intensification of cooperation, and without prejudice to any future conclusion of a general agreement between WHO and the European Union, the European Union attended sessions of the Executive Board as an observer. She therefore requested that, as at previous sessions, the European Union be invited to participate as an observer, without vote, in meetings of the Executive Board and of its subcommittees or other subdivisions.

The CHAIRMAN said that he took it that the Board wished to accede to the request.

**It was so agreed.**

Mr GRALL (France) sought clarification of whether the discussion of item 3 would cover the governance of WHO and in that context an adequate process to be set up by the Executive Board, and would also deal with the independent evaluation and the elements that could be contributed by the Executive Board within the framework of cooperation with the Director-General.

The CHAIRMAN confirmed that those issues would be discussed under item 3.2.

---

<sup>1</sup> See page vii.

**2. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEUR:** Item 2 of the Agenda

The CHAIRMAN invited nominations for the office of Chairman.

Dr KHABBAZ-HAMOUÏ (Syrian Arab Republic) nominated Mr El Makkaoui (Morocco), the nomination being seconded by Dr ABDI (Somalia), Dr RASAE (Yemen) and Dr DANKOKO (Senegal).

**Mr R. El Makkaoui (Morocco) was elected Chairman.**

**The Director-General presented Dr Kőkény, the outgoing Chairman, with a gavel.**

Dr KŐKÉNY (Hungary) said that it had been an honour and an enriching experience to serve as Chairman of the Executive Board. He was particularly privileged to have been part of the team of “midwives” that had brought the new baby of WHO reform into the world. He thanked members for their dedication and support, and the Secretariat for its valuable assistance, and expressed appreciation for the Director-General’s leadership of the Organization.

**Mr El Makkaoui took the Chair.**

The CHAIRMAN, having expressed appreciation to Dr Kőkény for his work, said that he was honoured to have been elected Chairman of the Executive Board and would do his utmost to discharge his duties in accordance with the Rules of Procedure of the Executive Board and in line with the commitment of his country to the aims and goals of the Organization.

He invited nominations for the four posts of Vice-Chairman.

Dr BIRINTANYA (Burundi), seconded by Dr VALENTIN (Seychelles), Dr DE ASSUNÇÃO SAÍDE (Mozambique) and Dr DAOH (Sierra Leone), nominated Dr Dankoko (Senegal).

Mr DESIRAJU (adviser to Mr Chandramouli, India), seconded by Dr THAN ZAW MYINT (Myanmar) and Dr RASAE (Yemen), nominated Mrs Hanjam Soares (Timor-Leste).

Mr YUSOF (Brunei Darussalam), seconded by Dr REN Minghui (China), nominated Dr Omi (Japan).

Dr SEEBA (Germany), seconded by Dr JESSE (Estonia), nominated Mr Larsen (Norway).

**Dr Dankoko (Senegal), Mrs Hanjam Soares (Timor-Leste), Dr Omi (Japan) and Mr Larsen (Norway) were elected Vice-Chairmen.**

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure of the Executive Board, if the Chairman was unable to act in between sessions, one of the Vice-Chairmen should act in his place; the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election had taken place.

**It was determined by lot that the Vice-Chairmen would serve in the following order: Mrs Hanjam Soares (Timor-Leste), Dr Omi (Japan), Mr Larsen (Norway) and Dr Dankoko (Senegal).**

The CHAIRMAN invited nominations for the office of Rapporteur.

Dr GULLY (Canada), seconded by Dr DAULAIRE (United States of America) and Ms FROMOW RANGEL (Mexico), nominated Dr Chiriboga (Ecuador).

**Dr Chiriboga (Ecuador) was elected Rapporteur.**

**3. OUTCOME OF THE SIXTY-FOURTH WORLD HEALTH ASSEMBLY:** Item 3 of the Agenda

**General discussion on the outcome of the Sixty-fourth World Health Assembly:** Item 3.1 of the Agenda

Dr REN Minghui (China), referring to the extensive discussions in the Health Assembly on the agenda item on smallpox eradication, recalled that resolution WHA60.1 had stipulated that the Director-General should continue to report annually on progress in the research programme, biosafety, biosecurity and related issues to the Health Assembly, through the Executive Board. Decision WHA64(11) on the subject adopted by the Sixty-fourth World Health Assembly had not specified any reporting requirement. He requested an opinion from the Legal Counsel as to whether the stipulations of earlier resolutions on the matter remained valid, and thus whether the report on variola virus stocks and research progress would continue to be submitted to the Health Assembly each year.

Dr JESSE (Estonia), speaking on behalf of the European Union, observed that the Health Assembly's adoption of the Pandemic Influenza Preparedness Framework (resolution WHA64.5) had demonstrated that Member States were willing and able to find common solutions to difficult global health problems. The same spirit should guide future discussions on other pending controversial issues. She welcomed the adoption of several other important resolutions.

Welcoming also the strong start to the reform process, she assured the Director-General of the European Union's support for that process and expressed confidence that it would be taken forward successfully in tandem with the Organization's existing work and programmes, which were equally important. Organizational reforms invariably created insecurities, in particular among staff members. To minimize that problem, the reform process should be conducted in a transparent manner, in close consultation with WHO staff.

Mr YUSOF (Brunei Darussalam), welcoming the successful outcome of the Sixty-fourth World Health Assembly, expressed particular appreciation of the adoption of resolution WHA64.11 on WHO's role in the preparations for the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases. No effort should be spared to ensure the success of that meeting.

The public health sector, despite past achievements, would continue to face challenges at the global, regional and local levels. However, it was such challenges that had made the Organization and the health community so cohesive and resilient. He recalled with appreciation the message conveyed by the Director-General in her opening address to the Health Assembly: "Remember the people". That was the real challenge of health care. Health extended beyond the frontiers of diseases, and those with a responsibility for public health had to look at wider issues, expanding partnerships beyond the health sector to bring in government agencies, civil society and the private sector.

Dr OMI (Japan), referring to the Global Polio Eradication Initiative, recalled repeated announcements over the previous 10 years that eradication of poliomyelitis was within reach, and that the countries that were still reporting cases were fully committed and working hard towards that goal. Whenever those assertions had been made, however, they had been followed a few months later by the disappointing news that the decreasing trend of poliomyelitis cases had been reversed for one reason or another. It was to be hoped that the present might be the time to get rid of poliovirus once and for

all; that would need the commitment of both the countries reporting cases and the whole international community.

Ms FROMOW RANGEL (Mexico) said that, as a member of the Board, she would use her country's experience to contribute to the work of WHO and seek to promote global priorities, including road safety, universal coverage, maternal and child health, noncommunicable diseases and climate change. Significant progress had been made in road safety in Mexico following the implementation of a multisectoral national initiative, and her country had recently hosted the Second Ibero-American and Caribbean Congress on Road Safety (Mexico City, 11–13 May 2011). Mexico was actively involved in the preparations for the forthcoming high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases. If the serious socioeconomic impact of those diseases was to be mitigated, countries must continue their work, in line with international agreements, after that meeting. Mexico was grateful to the Secretariat for its assistance in the joint organization of a parallel event on climate change, vulnerable population protection and sustainability, which sought to promote the inclusion of health into the climate change agenda and present the conclusions of the climate change and health segment held as part of the sixteenth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (Cancún, Mexico, December 2010).

She noted with particular satisfaction resolution WHA64.5 on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits.

Dr FRANCO GAME (alternate to Dr Chiriboga, Ecuador) noted with particular satisfaction the adoption of resolution WHA64.13 on working towards the reduction of perinatal and neonatal mortality.

Speaking on behalf of the Union of South American Nations (UNASUR), she said that the WHO reform process should be participatory and transparent, and must also look at policy. Given that the global financial crisis had also affected WHO's programme budget, consideration should be given to the Organization's priorities in the light of the global health situation and to Member States' cooperation requirements. The functions and mandates of WHO were being diluted by the sheer number of other actors in the world health arena, including those in the United Nations system. Those additional layers of participation were raising the cost of delivering the services needed by countries. The earmarking of funding by public or private donors distorted the priorities set by WHO's governing bodies. Necessary mechanisms should be established urgently in order to improve the internal organizational processes of the Organization and thus its results.

With regard to the reform process, she expressed concern about the independent evaluation and the procedures for collecting funds from private entities, which could entail conflicts of interest. Ideally, the reform should be financed from the regular budget, supplemented by voluntary contributions from Member States. Member States must be the driving force behind, and active participants in, the reform process, and she urged that ways be found to involve all Member States. In addition, civil society and WHO's partners should be parties to the consultations.

Mr INNISS (Barbados) expressed particular satisfaction at the adoption of resolution WHA64.11 on preparations for the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases. It was to be hoped that, with guidance from WHO and the multisectoral involvement of United Nations bodies, that meeting would produce a road map to combat those diseases.

Dr DE ASSUNÇÃO SAÍDE (Mozambique) proposed that the Executive Board should consider a draft decision which read:

The Executive Board,

Having discussed the deliberations of the Health Assembly on the future financing of WHO and WHO process;

Acknowledging that an incremental, fully transparent, Member-driven and inclusive reform process is conducive to a successful outcome;

Recognizing the need to further examine and better define the next steps,

1. URGES Member States to support and actively engage in the reform process;
2. REQUESTS the Director-General to establish as soon as possible an open-ended intergovernmental consultative process to give guidance to the reform development plan, including the terms of reference for the independent evaluation, and to closely oversee the reform process until the 130th session of the Executive Board.

Mr BURCI (Legal Counsel), responding to the request for clarification made by the member for China, said that, on the basis of statements made in the informal working group and in Committee A of the Health Assembly, there was, in his view, a clear understanding that decision WHA64(11) on smallpox eradication was a process decision, the purpose of which was to indicate when the item on smallpox eradication: destruction of variola virus stocks would be discussed again by the Health Assembly as a substantive item and to reaffirm previous resolutions of the Health Assembly. The decision did not override the provisions of previous Health Assembly resolutions, in particular those concerning the research programme, which took place with the oversight of WHO, and the annual reporting by the Director-General on the research activities conducted, on the work of the WHO Advisory Committee on Variola Virus Research and on the biosafety inspections of stocks held at the two repositories. The clear reference in the second paragraph of the decision to research outcomes reinforced that view.

Dr GULLY (Canada) asked whether any flexibility existed with regard to the mode of reporting on progress in the research programme, biosafety, biosecurity and related issues, in order to ensure compliance with resolution WHA60.1 and that sufficient time was made available in the future for the discussion of other issues, in particular those relating to reform.

The DIRECTOR-GENERAL said that the Secretariat would follow carefully the continuing work of the WHO Advisory Committee on Variola Virus Research and include an update, if necessary, on the work relating to the destruction of variola virus stocks in its progress report to the Executive Board. In the light of decision WHA64(11), the introduction into the Board's provisional agenda of a substantive item on the timing of the destruction of existing variola virus stocks was not envisaged before the session of the Executive Board due to be held in January 2014.

### **WHO reforms for a healthy future: road map: Item 3.2 of the Agenda**

The DIRECTOR-GENERAL said that she wanted to comment generally on the proposed reform process in light of the various views expressed during the Health Assembly. She also sought guidance from the Executive Board, whose special role as a governing body gave it the duty, responsibility, expertise and legitimacy to do so, on the way forward with respect to the reform agenda.

In the Health Assembly discussions, Member States had clearly and unequivocally endorsed the reform agenda, which sought to make WHO stronger, inclusive, transparent and, most importantly, driven by Member States, particularly in the decision-making process; she expressed appreciation of the trust and confidence placed in her. Delegates had clearly wanted a comprehensive package, which seemed reasonable because the reforms were linked, and a step-by-step approach, which appeared pragmatic. Much work had to be done to facilitate detailed consideration of the matter by all Member States at the Sixty-fifth World Health Assembly.

Member States appeared to favour her selecting some elements of the reform package in order to develop ideas, proposals and suggestions that they would decide upon at a later date, whereas there were other areas, including the proposed world health forum, in which they wanted to take the lead.

She wished to make it clear that no attempt was being made to dilute Member States' authority in driving the process. She would advance that process at a pace at which the Members felt comfortable. Another issue was the independent evaluation of the thematic work of WHO, one component of which might entail a rapid review of the Secretariat's capabilities to strengthen the health systems of countries, in terms of human resources, health information systems, universal coverage and proper health financing. She sought guidance on terms of reference for the independent evaluation and on how best to involve outside experts in the review of the Organization's work; the Secretariat should not review itself. Recalling the draft decision proposed by the member for Mozambique, she considered that an intergovernmental working group would not be necessary to review the performance of WHO. She would be pleased to address any concerns Mozambique might have.

The future of financing for WHO was another important area in which Member States might want to play a guiding role. The Secretariat would make proposals on issues such as the replenishment model and the mechanism to address assessed and voluntary contributions. Member States had made it very clear that they did not want the priorities of the Organization to be driven by donors or foundations.

There were three broad areas of reform: first, internal managerial reform, on which she, as the chief administrative officer, was prepared to make proposals for subsequent consideration by Member States; secondly, matters on which she required strong guidance from Member States; and thirdly, matters on which she required advice, such as the financing of WHO.

Member States had made different suggestions, formally and informally, about the process to be followed. If WHO really believed in an inclusive and transparent approach, all members of the Executive Board must be involved; sessions of the Board were open to all Member States. However, in order to foster even greater transparency, a mechanism for web-based consultation might be established to capture the input of as many Member States as possible, and she looked forward to hearing the Board's views in that regard. The next round of regional committees would provide an excellent platform for canvassing the views of all Member States, but any substantive input would have to be distributed weeks in advance of the first regional committee session at the end of August. To facilitate such tightly-scheduled preparations, the Board might want to establish two or three working groups to work electronically as well as in-session on the issues of greatest importance, such as the work of the governing bodies, the proposed world health forum, and the terms of reference for the independent evaluation. If it was not possible to conclude the discussions at the session of the Executive Board in January 2012, a special session of the Board, open to non-Board members, might have to be held before the next Health Assembly. An additional session would incur a cost, but she noted that some Member States had indicated a readiness to provide additional funding given the importance of the reform process. Before the end of the year, Member States also wanted her urgently to re-convene the intergovernmental working groups on the election of the Director-General and on substandard/spurious/false-labelled/falsified/counterfeit medical products.

She invited Board members to consider how best to move forward, and to present their views on the proposed reform process and the establishment of working groups.

Mr INNISS (Barbados), observing that change was never easy, said that he supported the reform process, which was necessary and should be sustainable. The time frame envisaged was a cause for concern. If real progress were to be made, discussion of the issues should not be left to the session of the Board in January 2012, and it might be necessary to convene an additional session before the end of 2011. He supported the establishment of working groups to facilitate the reform process, and noted that the Secretariat should have the resources and skills necessary to ensure that the regional committees had all the materials they needed to make informed decisions. Although he recognized the need for WHO to remain inclusive, the Organization could not be run by all 193 Member States through mini-Health Assemblies. The Board ought to be empowered to take decisions on the basis of the views of the wider membership. He supported the call for an independent evaluation, which should be conducted outside the Secretariat. With regard to the concerns expressed about financing from donor agencies and the private sector, he was confident that a balance could be struck to ensure that Member States did not lose their autonomy, influence and control over the Organization while



engaging those Members with the financial resources needed to move ahead with the reform process. Member States must continue to determine WHO's policies and programmes, but they should not miss opportunities for partnership with the private sector and donor agencies.

Dr GULLY (Canada) agreed that matters such as those relating to the governing bodies, the proposed world health forum and the independent evaluation needed further consideration. Issues regarding the governing bodies included: whether the current framework for governance and oversight met the needs of Member States and was fit for purpose in the light of the changing health environment; steps to ensure that the Board and its committees addressed more effectively the key strategic policy issues facing WHO; and the need for the Board to provide direction on critical and emerging global health challenges and to support the Secretariat in the implementation of WHO's core functions. The relationship between existing governing structures and the operation of existing bodies must be assessed before any new committees were created. In addition, it was necessary to ensure a more strategic and disciplined approach to priority setting, and to better structure the budget process to facilitate more informed decisions.

Canada would support the holding of an open meeting of the Board, in accordance with Rule 7(b) of its Rules of Procedure, in order to consider: the strengthening of governance and a strategic oversight framework to ensure better strategic priority setting; efforts to optimize current practices in order to move the work forward; and how to ensure that budget decisions were based on timely and relevant information. Preparatory work would include the preparation of documents on current practices and the establishment of a working group on governing bodies. Consideration should be given to timing to ensure that the discussions on governance were coordinated with the work on the proposed world health forum and the independent evaluation. A working group-based approach was acceptable, but every effort should be made to ensure the broadest possible participation by electronic means.

Mr DESIRAJU (adviser to Mr Chandramouli, India), noting the proposal by the member for Mozambique regarding an intergovernmental consultative process, pointed out that such a process would have a structure much more elaborate than one involving working groups, with more substantial budgetary implications. In his view, the reform process should comprise four stages: a Geneva-based process to produce documentation; submission of the materials produced to the regional committees for discussion, so as to elicit the opinions of all Member States; one or more sessions of the Board, with the proposed special session being held either just before or just after the 130th session of the Board in January 2012; and the establishment of working groups on each issue made up of members of the Board. Any meetings of the working groups should take place in conjunction with the sessions of the Board, as some Member States lacked the human and/or financial resources to attend additional meetings. The working groups should be able to communicate electronically. He opposed the formation of groups with restricted membership, which ran counter to the spirit of the reform process.

Dr IKRAMOV (Uzbekistan) welcomed the comments of previous speakers and expressed support for the comments of the Director-General. It was important for work on the reform process to take into account the experience of WHO staff members and the contributions of the regional and country offices. With regard to the issue of working groups, he pointed out that the task of setting up such groups and agreeing on their composition, terms of reference and the duration of their work could be lengthy. He requested clarification on the proposed number of working groups, who would chair them and whether their meetings would be held electronically or require personal attendance. He welcomed the suggestion by the member for Barbados that any special session of the Executive Board to discuss those matters should be held before the 130th session of the Executive Board in January 2012, preferably in November or December 2011 so as not to conflict with the earlier sessions of the regional committees that would provide useful input for the discussions.

Dr REN Minghui (China) welcomed the comments of the Director-General on the need for the reform process to be inclusive, transparent and Member State-driven. Discussion of the reform process

should also take place in the regional committees, especially with regard to the proposed world health forum, the independent evaluation and improving the efficiency of the governing bodies. He encouraged Member States to hold extensive discussions on the reform process, both among themselves and at the national level. Country offices should provide support for those discussions and invite civil society and the private sector to provide input on methods to reinforce the reforms. Member States should also be encouraged to provide written comments to the Secretariat. He welcomed the proposed establishment of working groups to bring together opinions from different quarters and stressed that they should comprise both developing and developed countries and reflect balanced regional representation. With regard to the independent evaluation, the method of communication of the results of the evaluation should be discussed by the Board before the evaluation took place.

Ms ABBAS (adviser to Dr Khabbaz-Hamoui, Syrian Arab Republic) supported the establishment of working groups but stressed that more specific details and timetables for their work needed to be decided upon. All Member States had to have the opportunity to participate, and the regional offices could play an important role in that regard. Although discussions by electronic means would be a good solution, she expressed concern that not all Member States would have regular and easy access to the Internet, so that their opportunities for effective participation would be limited. Other methods would have to be used in conjunction with electronic or web-based consultations to allow all Member States to participate. She stressed the importance of governmental mechanisms in the decision-making process and the leading role played by Member States in guiding WHO's work.

Mr SILBERSCHMIDT (Switzerland) welcomed the road map proposed by the Director-General and echoed the opinion expressed by several Member States during the Sixty-fourth World Health Assembly to the effect that the reform process should be funded by Member States. His country was willing to provide additional funding for that process and encouraged other Member States to do the same. With regard to the proposed working groups, it was important to maintain a balance between inclusiveness and efficiency. Owing to time constraints, it would be difficult to produce high-quality documentation before the sessions of the regional committees, but all Member States should have the opportunity to submit comments on the issues being discussed. One possible solution could be for the Secretariat to draft a list of questions for the regional committees to discuss and then to establish a specific period for Member States to submit comments in writing. The working groups should meet separately at first and then hold a combined meeting to provide an update on the different discussions. With regard to documentation, the production of draft documents by the Secretariat after informal consultations would reduce transparency; thus a more formal process was needed. He stressed that priority setting and the methods used to set priorities should be a key element of the reforms.

Mr LARSEN (Norway) expressed appreciation for the strong message of support from the Health Assembly for the reform package proposed by the Director-General. His country fully supported her efforts to improve the efficiency, responsiveness, objectivity, transparency and accountability of the Organization. The Executive Board should play an active role in the reform process, thus allowing it to fulfil its function of shaping the work and decisions of the Organization and to lend legitimacy to the process. It was important that the reform process was inclusive, transparent and country-driven, taking into account the opinions of all Member States. He requested further information on the proposed timeline, particularly with regard to the schedule for completion of the process; the outcomes to be expected in time for the 130th session of the Executive Board in January 2012; the planned revision of the budget planning process; and clarification of the way in which the independent evaluation would affect reforms.

He emphasized the need for changes in governance as part of the reform agenda and welcomed the inclusion of language in resolution WHA64.2 requesting the Executive Board to establish an appropriate process for examining governance issues. However, he had concerns about the different possible interpretations of that language, as governance could be understood to refer to the five issues identified in paragraph 89 of document A64/4 or global health governance issues in general. He

supported the proposals for the holding of a special session of the Executive Board in the second half of 2011 and recommended that discussions at that session should focus on governance issues on the basis of documentation prepared by the Secretariat detailing possible ways forward and their consequences. As part of the preparation for a special session of the Board, consultations could be held during the following few months to enable Member States to provide input to the Secretariat on possible topics for discussion. He welcomed suggestions that the regional committees should be involved in preliminary discussion of the reform process based on documentation provided by WHO headquarters.

The proposed independent evaluation could contribute valuable information to the reform process as long as it was limited in scope, results-oriented and time-limited. However, in order for the results of an independent evaluation to be usable as a basis for reform, the timetable of the working group on that particular issue would need to differ from that of the other two working groups. With regard to the financing of the reform process, he stressed the need for a financing model that would secure the independence of the Organization, and he expressed appreciation for the commitment of some Member States to secure funding for the process. Although Norway already provided substantial unearmarked funding, it would consider how it could contribute financially to the reform process.

Dr OMI (Japan) identified two main areas of concern with regard to the proposed reform process. First, it was important to involve the regional committees at the beginning of the process, but it would be almost impossible for the Secretariat to issue the relevant documentation in time for the first regional committee meeting to be held in August 2011. Secondly, there were three elements for discussion, namely the independent evaluation, the proposed world health forum and governance issues, and more information was needed on each of the specific issues before discussion could take place. All Board members should participate in at least one working group and should be allowed to state a preference as to which group they wished to join. Once all Board members had stated their preference, the Director-General could adjust the number of participants in each group, if necessary, to ensure balanced participation. Board members could submit specific questions to the Secretariat within two weeks following the current meeting. The Secretariat could then draw up a list of issues and Board members could provide their input on the issues to be addressed by each working group. That list could be shared with the regional committees. Subsequently, a special session of the Executive Board could be held for the purpose of further discussion. Funding for the special session should come from Member States rather than the private sector.

Mrs HANJAM SOARES (Timor-Leste), speaking on behalf of the Member States of the South-East Asia Region, expressed appreciation of the Director-General's explanatory remarks on the reform process. She highlighted five main points for discussion: ways of achieving regional balance in the working groups; the timeline for the establishment and work of the working groups; how to address financial issues; differences in approach between developed and developing countries; and how to communicate the views of the working groups to the Health Assembly.

Mr GRALL (France), referring to the discussions on governance, said that the Secretariat should be asked to establish methods of work, a list of issues and a detailed timetable. With regard to working methods, he supported an inclusive process within the existing governance structure, including the possibility of holding a special session of the Executive Board as long as there was advance preparation. The overall process should take place through web-based consultations using a dedicated web site for Member States. Noting the issues identified in paragraph 89 of the Director-General's report (document A64/4), he said that the process should apply to all levels of the Organization. Moreover, the issue of subsidiarity should be included in the workplan on governance with a view to strengthening the coherence and efficiency of the Organization's work. The timetable should take into account the different stages of reform detailed in the annex in document A64/4.

He supported the Director-General's proposal for an independent evaluation of WHO's activities and noted the proposal for a participatory process involving Member States. To ensure a proper balance between evaluation and reform, consideration should be given to the terms of reference

for the evaluation. Noting the information on the financial and administrative implications of the reform process, he requested clarification of the role of Member States in validating the terms and conditions of the evaluation and of the timetable for the evaluation's different stages, particularly the preparatory stage. Preliminary factual elements could usefully feed into the discussions on governance, and he therefore suggested that an interim report should be produced in October or November 2011.

With regard to the proposed world health forum, he welcomed the Director-General's remarks on consultation with Member States. The financial implications of the establishment of such a forum should be made clear and there should also be discussion of the respective responsibilities of Member States and external partners in that regard.

Dr JESSE (Estonia), speaking on behalf of the European Union, said that Member States should be consulted on the managerial reforms that were to be led by the Director-General. Such consultations should be open and inclusive, using existing rather than new structures. With regard to the elements of reform that were to be led by the Member States, the latter should be given the opportunity to contribute to the identification of potential solutions to issues. Before the suggestion of establishing working groups, the European Union had considered that the process could start with web-based or Geneva-based informal consultations to gather initial thoughts on specific questions, followed by the drafting of initial papers by the Secretariat to inform the discussions in the regional committees. While recognizing that the regional committees scheduled to meet in August 2011 would have less information at their disposal than those scheduled to meet in October 2011, she said that regional committee sessions could usefully gather opinions and foster strategic discussions at the regional level. However, interregional discussions were also needed before finalization of the documents and she therefore supported the proposal to hold a special session of the Executive Board after the regional committee sessions and before the 130th session of the Executive Board.

Speaking in her capacity as the member for Estonia, she said that face-to-face meetings were often more valuable than solely web-based consultations as many members did not use their native languages and body language was a useful indicator of meaning. That was an additional reason to hold a special session of the Board as preparation for a constructive 130th session in January 2012.

Speaking again on behalf of the European Union and turning to the question of an independent evaluation, she endorsed the Director-General's suggestion that a possible area for evaluation was health system strengthening and agreed that focusing on that area could be a good way to identify issues and challenges that were affecting WHO performance. Another possible area was maternal and child health. However, it was important to ensure that, in the consideration of any one area, cross-cutting issues such as budgeting, priority-setting, performance management and how different levels of the Organization worked together should be taken into account. Regarding the establishment of working groups, she said that more time was needed to consider the various options and she therefore proposed that discussion of the issue should be taken up again at the second meeting of the Board that afternoon. She welcomed the request from the Health Assembly<sup>1</sup> that the Executive Board should establish an appropriate process to examine governance issues, but questioned whether the Board needed to produce a draft decision in order to establish that process.

Dr SEEBA (Germany) said that WHO was the leading organization in global health. The reform process must be transparent, effective and Member State-driven. He welcomed the Director-General's pledge to ensure transparency by deciding on the terms of reference for the independent evaluation in conjunction with the Executive Board, which should be regularly informed of the evaluation's progress. Germany had always supported an independent evaluation, especially for matters of internal governance. Reform success crucially depended on the terms of reference, scope, timing and the skills of the evaluator.

---

<sup>1</sup> Resolution WHA64.2, paragraph 3.

The Board had a decisive role to play in the whole reform process, which should be both driven and financed by the Member States. Germany was committed to the process and was considering making a financial contribution. He agreed to the holding of a special session of the Executive Board later in the year, provided that it was soundly prepared, but he was open to the alternative proposals made by the members for Japan and Switzerland.

Dr DANKOKO (Senegal) endorsed the proposal to set up working groups to discuss the reform process, provided that the Executive Board quickly decided on their terms of reference and membership. National health ministries had already examined the issue in preparation for the Health Assembly, but that reflection should be reinforced by consideration of Member States' exchanges during the Health Assembly itself and documentary support. Perhaps the Secretariat could initially send all countries a questionnaire, albeit a brief one? The responses to such a survey would enable the regional committees to discuss the issues and Member States to prepare their participation in the working groups. A special session of the Executive Board would undoubtedly be necessary. In addition to the strengthening of health systems, health cooperation might also be the subject of independent evaluation to determine how it might help the development of countries' health structures.

Dr DAULAIRE (United States of America) said that, as health officials, members of the Board were used to giving urgent matters priority over important ones. The reform process had become urgent and the Director-General deserved full support for her initiative. He likened WHO to a patient who had suffered recent weight loss, bore symptoms of peripheral weakness and even ataxia, was prone to bouts of incoherence and displayed early signs of schizophrenia. As the primary care provider, the Board should not agree to an open-ended intergovernmental consultative process, especially since the patient required urgent attention, not several years of treatment.

The first step would be to evaluate the patient's needs. As a matter of urgency, the Secretariat should provide the Board with background documents and forward them to the regional committees. A fully independent external evaluation of WHO, the top priority, should be funded by the Member States. His country was committed to participating in the funding but no Member State with a commercial interest in the evaluation should be allowed to contribute. He agreed with the suggestion that health system strengthening and maternal and child health were two specific topics that should be evaluated. Governance, the second priority, should be addressed at a special session of the Executive Board to be convened towards the end of 2011. Although he supported the proposal to hold a world health forum, he did not consider it to be a priority. He warned that, unless all Member States were fully committed to the reform process, it might be perceived as being dominated by the interests of only a few.

Ms FROMOW RANGEL (Mexico) supported the proposed reforms, in the light of the current state of international public health and the global financial crisis. Her Government was committed to participating fully. The process had to be Member State-driven, as it was in countries' interests that WHO should be able to respond to current and future challenges efficiently and with financial flexibility. It must also be open and transparent, with Member States fully involved in all decisions.

She agreed with the proposals to set up three working groups: on governance, the proposed world health forum and the independent evaluation. The Board must decide on a timetable for the process, on the basis of the proposals made by the members for Canada and India. The suggestion by the member for Japan of a discussion document identifying the key issues was also useful; the document should be distributed electronically to all members of the Board. A virtual meeting of the working groups on the Internet might be scheduled for July and the documents could be discussed by the regional committees in August and September. A meeting of Member States should be held in November, with further meetings in January 2012, immediately before and after the next session of the Executive Board. She favoured holding a special session of the Executive Board after January 2012. Since the cost of the reform itself must be met, flexible financing of WHO should be included on the agenda of one of the working groups, but a separate working group would not be required.

Dr JESSE (Estonia), speaking on behalf of the European Union, said that, with regard to the review of governance issues, consideration should be given to the proper involvement of regional economic integration organizations.

Professor BABLOYAN (Armenia) said that the difficulties faced by WHO in recent years had made the need for reforming the Organization even more acute. He agreed that clear goals must be set before the process began and endorsed the proposal by the member for the United States of America that action should be taken urgently, albeit on the basis of a step-by-step approach. Therefore, although the Executive Board would take the final decisions, the regional committees should be involved in the process. Following a special session towards the end of 2011, the Board would be sufficiently prepared to take informed decisions at its regular session in January 2012.

Mr BOUCHEDOUB (Algeria)<sup>1</sup> supported the Director-General's proposal to set up the three working groups. All Member States, not only the members of the Executive Board, must be fully involved in every stage of the process and in the working groups. He favoured the holding of a special session of the Executive Board before the next regular session in order to discuss an interim report and thereby facilitate Member States in drawing up a reform implementation strategy according to a specific timetable. The Secretariat should send Member States a questionnaire and consult them by e-mail before the special session. Algeria wished to play a full part in the reform process.

Ms MATSAU (South Africa),<sup>1</sup> agreeing with many of the comments made by previous speakers, said that only a general overview of the reforms had been provided. The Board needed documents from the Secretariat setting out the specific issues and goals related to each of the three areas for which working groups had been proposed. For the sake of efficiency, the reform process should be as inclusive as possible; it was important for the process not to be labelled as interest-led. Bearing in mind the powerful coordinating role played by the Regional Committee for Africa, she emphasized the need for the regional committees to be fully involved. The current financial state of WHO would require financial contributions to be made to the process by the Member States. Since the reform could not be fully comprehensive, priorities would need to be set on the basis of clearly and impartially defined criteria.

Mrs NYAGURA (Zimbabwe),<sup>1</sup> thanking the Director-General for her reform proposals, agreed that the process must be transparent and Member State-driven, according to principles that could be embraced by all Member States. Since account had to be taken of countries with limited capacities, the proposed working groups should not be convened simultaneously and must also be inclusive, which meant that all Member States, and not only those that designated members of the Executive Board, should participate. She endorsed the proposal of the member for India, *inter alia*, for a special session of the Board to be held. Member States would have to finance the process. She, too, wanted to know how the independent evaluation would inform the reform process, in particular the governance issues. In that connection, recommendations on the technical work would provide valuable input into the other aspects of reform.

With regard to documentation, she endorsed the proposals made by earlier speakers. In view of the consultations it had already held, the Secretariat was best placed to compile all the background documents, which should be circulated to the Member States and the regional committees. The documents should shed light on the main challenges facing WHO. If Board members were invited to contribute to those documents, the timetabling of the process would become very complicated. She pointed out that the issue of adequate financing for WHO was central to the reform process, in view of the need to maintain the Organization's independence.

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Dr WATT (United Kingdom of Great Britain and Northern Ireland)<sup>1</sup> noted the existence of a consensus on the need for Geneva-based informal consultations and web-based consultations on governance, the proposed world health forum and the independent evaluation throughout the reform process. On the question of regional consultation and coordination, she suggested that the Vice-Chairmen of the Executive Board could play a coordination role, instead of or in addition to the regional committees. At the same time, the Secretariat should take the lead in preparing the key documents needed for all reform-related discussions.

She recognized that the Health Assembly's main mandate related to governance issues, whereas informal mechanisms might be better for discussing other reform issues. The Executive Board had a central role in guiding work on those issues. She concurred that some countries found it difficult to participate in multiple working groups simultaneously. It might be preferable, therefore, to use existing structures to discuss the reform. Rather than hold a special session of the Executive Board, it might be sufficient to extend the January 2012 session. She called for informal discussions to be held during the current session before the Board reached a final decision.

Dr EKMEKCI BOR (Turkey),<sup>1</sup> thanking the Director-General for her guidance on the reform process, noted that the Sixty-fourth World Health Assembly had reached consensus on the need for an ambitious process that was transparent, inclusive, Member-driven and results-oriented. She therefore suggested that proposals from the Secretariat and the Member States should first be collated and forwarded for discussion in the regional committees and on the Internet. The outcome would then be discussed at a special session of the Executive Board to be convened by the end of 2011, at which members and non-members of the Board would participate on an equal footing. In regard to the independent external evaluation, the terms of reference should be drafted in cooperation with the Member States, the exercise should be transparent, and all Member States should contribute to it. Turkey was willing to participate actively in every stage of the reform.

Dr MUKUKA (Zambia),<sup>1</sup> endorsing the remarks made by the member for Senegal and the representatives of South Africa and Zimbabwe, said that regional consultations were an important part of the reform process and detailed documentation would be required by the regional committees. The timing of the independent evaluation was important as it would inform the whole process. Agreeing with the member for Estonia that human contact was important for conducting discussions, she suggested that web consultations should not be used excessively.

Ms ESCOREL DE MORAES (Brazil)<sup>1</sup> agreed that the reform process must be transparent, inclusive and Member-driven, so as to ensure a sense of ownership among all Member States. Brazil wished to participate constructively in the process and would consider supporting it financially. Although there was a consensus on the urgent need to start a consultative process, ideas differed as to the method to be used. Proposals included web consultations, involvement of the regional committees and a special session of the Executive Board, any of which Brazil could support.

The Executive Board should adopt a text on the next steps to be taken and might take as its basis the draft decision proposed by the member for Mozambique. Every aspect of the independent evaluation needed to be discussed. She therefore suggested that a drafting group be set up to work on the different proposals.

**The meeting rose at 13:00.**

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

## **SECOND MEETING**

**Wednesday, 25 May 2011, at 14:45**

**Chairman:** Mr R. EL MAKKAOUI (Morocco)

### **1. OUTCOME OF THE SIXTY-FOURTH WORLD HEALTH ASSEMBLY:** Item 3 of the Agenda (continued)

#### **WHO reforms for a healthy future: road map:** Item 3.2 of the Agenda (continued)

The DIRECTOR-GENERAL, summarizing comments made during the previous meeting by members of the Executive Board and other representatives of Member States, said that the goals of the reform process were to create greater coherence in global health, with WHO playing a leading role and enabling other actors to make contributions; to improve health outcomes at country level; and to ensure that WHO pursued excellence and was an effective, efficient, responsive, objective, transparent and accountable organization.

Members of the Board had agreed that the reform should be transparent, inclusive, driven by Member States, and efficient; it should make use of existing mechanisms involving the Executive Board and the regional committees; and the process should be financed by the Member States. The reform package should be presented to the Board at its session in January 2012. With that in mind, she proposed the following steps. The Secretariat would prepare and distribute three concept papers – on WHO governance, independent evaluation and the proposed world health forum – to all Member States by the middle of June 2011. To facilitate broad consultation, WHO would use a web-based platform, and would hold consultations in Geneva with representatives of Member States' permanent missions. The concept papers would be revised in the light of Member States' comments and then submitted to the regional committees by early August, after which they would again be revised. The resulting documents would be submitted to a special session of the Executive Board in early November 2011, which would also consider the Director-General's proposals for managerial reform. Following the special session, a working group for each of the three issues would be set up.

A final document summarizing the entire consultation process would be submitted to the Board at its 130th session in January 2012, and then to the Sixty-fifth World Health Assembly, where all 193 Member States would be present to debate and make decisions on the reform.

Dr GULLY (Canada), endorsing the process outlined by the Director-General, requested clarification as to when the working groups would be convened. His understanding was that it would be after the special session of the Executive Board.

The DIRECTOR-GENERAL said that the working groups could be set up after either the special session of the Board in November 2011 or its ordinary session in January 2012. As requested by several speakers, the working groups would be open to both members and non-members of the Board.

Dr FRANCO GAME (alternate to Dr Chiriboga, Ecuador), acknowledging the consensus that reform of the Organization was essential and urgent, wished to propose a draft decision on the reform process which, although it was a regional effort, took into account the views of all Member States.



Ms VIVAR (adviser to Dr Chiriboga, Ecuador) read out the draft decision:

The 129th Executive Board,  
Having discussed the deliberations of the Health Assembly on the future financing of WHO and WHO reform process;  
Acknowledging that an incremental, fully transparent, Member-driven and inclusive reform process is conducive to a successful outcome;  
Recognizing the need to further examine and better define the next steps,

1. DECIDES to establish an incremental, transparent, Member-driven and inclusive consultative process comprising of the following elements:
  - (1) to hold as soon as possible an informal consultation of Member States at WHO headquarters and to create a platform for web-based consultations;
  - (2) to request the Director-General to prepare three concept papers, drawing from the above-mentioned consultations, on the following issues: governance of WHO, world health forum in 2012 and independent evaluation, as outlined in resolution WHA64.2;
  - (3) to encourage regional committees to engage in strategic discussions regarding the reform process and report on these discussions to the meeting outlined in subparagraph 4 below;
  - (4) to hold an inclusive consultative meeting of Member States before the 130th session of the Executive Board to make specific recommendations on the next steps of the reform process;
2. URGES Member States to support and actively engage in the reform process;
3. REQUESTS the Director-General to support the aforementioned elements of the consultative process.

The CHAIRMAN advised that time would be needed for the Secretariat to distribute the text.

Mr DESIRAJU (adviser to Mr Chandramouli, India) said that the Director-General's plan of action accurately reflected the comments made at the Board's previous meeting. The draft decision proposed by the member for Ecuador summarized the process adequately. He reiterated his earlier statement that any working group to be set up should be open to both members and non-members of the Board.

Mr SILBERSCHMIDT (Switzerland) thanked the member for Ecuador for the proposed decision, but said that he preferred to start with the process outlined by the Director-General, which represented a good compromise, and asked that it be submitted to the Executive Board in the form of a draft decision. He also asked the Legal Counsel to clarify the status of the special session of the Executive Board being proposed for November 2011 and stressed that renumbering of future sessions should be avoided. Information on the status of the special session should be included in the draft decision.

Mr LARSEN (Norway) said that a time frame should be fixed for determining the terms of reference of the independent evaluation called for in resolution WHA64.2, so that the preliminary results of the evaluation, which would have an impact on the reform process, would be available in time for the Sixty-fifth World Health Assembly in May 2012. The special session of the Executive Board in November 2011 should be open to all Member States.

Mrs TZIMAS (adviser to Dr Seeba, Germany) affirmed that reform of the financial planning and budgetary process was urgently needed and, in the view of many Member States, should begin immediately. That reform would be a catalyst for the overall reform process and should therefore be

dealt with in at least one of the initial concept papers, for example, the one on governance, and by a subsequent working group.

Mr HOHMAN (alternate to Dr Daulaire, United States of America) said that he appreciated the draft decision proposed by the member for Ecuador, which he assumed was a proposal on behalf of UNASUR. He too would welcome a draft decision from the Secretariat covering the process proposed by the Director-General. He supported the comments by the member for Norway but expressed concern that the consultative process might delay the independent evaluation; it must be conducted as soon as possible. He asked the Director-General for more information on how the working groups would contribute to the reform process.

Dr JESSE (Estonia) supported the call for the Secretariat to prepare a draft decision on the reform process. According to Health Assembly documentation, the independent evaluation would mainly be carried out in 2011. She requested more information on the evaluation schedule.

Mr AWUTE (Nigeria) endorsed the proposed process outlined by the Director-General, but was concerned about its financing. If, as had been stated, the reform was to be funded solely by contributions from Member States, it might not be possible to guarantee full funding. The Secretariat should therefore be empowered to use its own funds to supplement those contributions, if necessary, so that the scope and speed of the reform process was not limited by the amount received from Member States and the rate at which it arrived.

Dr FRANCO GAME (alternate to Dr Chiriboga, Ecuador) said that consultations had been conducted with Member States in the Region of the Americas, but the final proposal was national.

Dr RASAE (Yemen) endorsed the draft decision proposed by the member for Ecuador.

Ms ABBAS (adviser to Dr Khabbaz-Hamoui, Syrian Arab Republic) said that she would support the Director-General's proposed consultation process on the understanding that the working groups were open to all Member States. The meetings of the working groups should be scheduled separately to enable smaller delegations to attend all three of them. She would welcome a draft decision from the Secretariat.

Professor BABLOYAN (Armenia) endorsed the request for a draft decision prepared by the Secretariat, which should be issued as soon as possible so that debate on it could get under way.

Ms FROMOW RANGEL (Mexico) thanked the Director-General for elucidating the stages in the reform process and expressed appreciation to the member for Ecuador for the draft decision, setting out how the work would be carried out and its time frame. It remained essential to establish when and in what form the results of the evaluation to be conducted by the Director-General would be available.

Ms ARTHUR (alternate to Mr Grall, France) expressed satisfaction with the discussion in the previous meeting on WHO reform. The conclusions of the discussion should be formalized in an Executive Board decision, and the consultation process should be inclusive and take place under the auspices of the Board. She therefore endorsed the Director-General's proposals. Several members had mentioned the time frame for the independent evaluation; she recommended that it begin as soon as possible in order to shed light on the reform process as a whole.

Ms LANTERI (Monaco)<sup>1</sup> expressed support for the Director-General's summing up based on the Board's earlier discussion. She agreed with Board members that the Secretariat should prepare a draft text, which could then be incorporated into the text of Ecuador's draft decision. She had understood that the evaluation would take place between July and December 2011, and that the results would be presented to the Board at its 130th session. Such a process should be independent and begin as soon as possible. It would be appreciated if the Secretariat could provide a schedule of work for the consideration of those involved. With regard to the proposed working groups, she assumed that they would be under the auspices of the Board and that their membership would be open to all Member States. Like some other Member States, Monaco would find it difficult to participate in more than one group at a time, so the meetings should not take place in parallel.

Mrs NYAGURA (Zimbabwe)<sup>1</sup> said that the Director-General's proposals provided a practical approach. She supported the suggestion that the Secretariat should produce a draft text, as well as the draft decision put forward by the member for Ecuador. It should be possible to amalgamate some of its provisions with the Director-General's proposals.

Dr EKMEKCI BOR (Turkey)<sup>1</sup> congratulated the Director-General on once again demonstrating her pragmatic approach to problem solving. She underlined the importance of holding a special session of the Executive Board, open to all Board members, as everyone's voice should be heard.

Ms ESCOREL DE MORAES (Brazil)<sup>1</sup> expressed support for the Director-General's proposals, particularly regarding convergence. She thanked the member for Ecuador for preparing the draft decision, which exemplified the concept of a Member-driven process. It was difficult to understand why some members of the Board wanted the Secretariat to prepare a different text when that of Ecuador captured the points raised. One solution might be to use the latter as a basis for discussion; it would be simpler to amend that text than to draft a new one. It was important that initiatives should come from Member States rather than from the Secretariat.

Mr AGHAZADEH KHOEL (Islamic Republic of Iran)<sup>1</sup> commended the Director-General on her summing up and echoed the views of previous speakers regarding the need for a special session of the Executive Board, as well as working groups, which should be open to all Member States. He supported the suggestion of the member for Brazil to use the draft decision put forward by the member for Ecuador as a basis for negotiation.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)<sup>1</sup> endorsed the suggestion of the member for Brazil: eliminating duplication of effort was part of the reform process. Regarding the evaluation, he suggested that whichever text was approved could include wording to the effect that the Secretariat would provide terms of reference with regard to the work on health system strengthening within a limited period, say two or three weeks, in order to avoid any unnecessary delay.

Dr DANKOKO (Senegal) commended the Director-General on her summing up and thanked the member for Ecuador for preparing the draft decision. To ensure that all the consultations were official, he suggested amending the first paragraph of the draft decision to reflect that proviso.

The DIRECTOR-GENERAL, responding to the points raised, said that the draft decision prepared by the member for Ecuador provided a basis for negotiation. Regarding the independent evaluation, she said that the special session of the Executive Board would provide the first opportunity for Member States to decide on how it should proceed. Assuming that a decision was taken, conducting the study would require a few more months. And, if the outcome were to be submitted

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

directly to the Health Assembly, experience had shown that that could cause difficulties. The representative of the United Kingdom had suggested a period of two or three weeks for formulating the terms of reference. She would try to complete the task in two weeks, after which the draft terms of reference could be circulated to Member States for comment.

Mr SILBERSCHMIDT (Switzerland) explained that he had not meant to suggest that the Secretariat should carry out the drafting, but that any proposal should be introduced through the Chairman. The Director-General's proposals constituted a good middle ground and should be translated into a text that could be viewed alongside the draft decision proposed by the member for Ecuador.

The CHAIRMAN suggested that consultations should be held between the member for Ecuador and the Secretariat with a view to producing a revised version of the draft decision for consideration later in the meeting.

**It was so agreed.**

(For adoption of the decision, see section 6 below.)

## **2. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the Agenda (Document EB129/2)**

Dr MOHAMED (Oman), speaking in his capacity as Chairman, Programme, Budget and Administration Committee, introduced the Committee's report on its fourteenth meeting. Three of the six items reported on had not been on the Board's agenda, namely: General management: progress report; Report of the Independent Expert Oversight Advisory Committee; and External and internal audit recommendations: progress on implementation.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)<sup>1</sup> recalled that, at the Committee's fourteenth meeting, the submission of a report by the Chairman of the Independent Expert Oversight Advisory Committee had been followed by a discussion on the management of foreign-currency hedging procedures. He requested an update from the Comptroller on the Secretariat's initial reflections on the matter following the submission of that report.

Mr JEFFREYS (Comptroller) said that WHO's assessed contributions were received in United States dollars but the remainder of the Organization's income was received in numerous currencies. The short-term challenge was to ensure that the approved Programme budget in United States dollars was sufficient to cover all budgeted expenditure, much of which was denominated in other currencies. The longer-term challenge was to overcome the structural imbalance between the currencies of receipt and expenditure, particularly as the decline of the United States dollar in recent times had reduced purchasing power.

The Secretariat had the possibility of using currency risk-management techniques (hedging) to try to protect against the shorter-term risk. Hedging required decisions to be made in order to reduce the likelihood of adverse consequences of movements in exchange rates, for which purpose the Secretariat obtained the latest available information on currency trends from financial experts. The Independent Expert Oversight Advisory Committee had recommended that the Organization should

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

adopt a more flexible approach to currency management and also address the longer-term structural issues.

The decision had been made not to use hedging during the biennium 2010–2011 because of the relatively high cost of that practice compared with the relatively low benefit. That decision had proved to be the right one for most of 2010, but since December 2010 it had resulted in a significant adverse effect, given the sharp decline of the United States dollar against the Swiss franc. Each 1% fall in the dollar/franc rate gave rise to additional expenditure of US\$ 4 million in the biennial budget for headquarters. Current forecasts indicated that the United States dollar could recover in the coming months and the Organization proposed not to undertake any hedging activity for the remainder of 2011 and to continue to monitor the situation closely and make adjustments in line with any recovery of the United States dollar. The Secretariat would follow the guidance of the Independent Expert Oversight Advisory Committee before finalizing the decision for both the remainder of 2011 and the biennium 2012–2013.

The CHAIRMAN said that he took it that the Board wished to take note of the report of the Programme, Budget and Administration Committee.

**The Board noted the report.**

**3. TECHNICAL AND HEALTH MATTERS:** Item 5 of the Agenda

**Consultative expert working group on research and development: financing and coordination:**  
Item 5.1 of the Agenda (Document EB129/3)

Dr REN Minghui (China) expressed appreciation of the fact that the Consultative Expert Working Group on Research and Development: Financing and Coordination had adopted transparent mechanisms to deal with any conflict of interest involving any of its members. He welcomed the links that had been established between the Consultative Expert Working Group's work and the elements of the global strategy and plan of action on public health, innovation and intellectual property, and agreed in particular with the identification of Element 2 (Promoting research and development) and Element 7 (Promoting sustainable financing mechanisms) as the focus of the Group's core mandate. The Consultative Expert Working Group was thus well placed to fill the gaps in the work of the former Expert Working Group on Research and Development: Coordination and Financing.

He approved the suggestion to organize side meetings during the sessions of the regional committees at which the Secretariat could report on progress and hear the perspectives of the regions. The Secretariat should also ensure that relevant information was consistently available to the regions.

Dr GULLY (Canada) welcomed the fact that the Consultative Expert Working Group had begun its work in a timely and efficient manner, had agreed a practical plan to fulfil its complex and challenging mandate, and had taken a transparent approach to its work.

The Group had decided to consider all proposals submitted by Member States or other stakeholders as well as proposals previously considered by the former Expert Working Group on Research and Development: Coordination and Financing. He said that he trusted that both the Consultative Expert Working Group and the Secretariat, in adopting such a thorough approach, had not underestimated the amount of work that would be required to complete the analysis and issue a final report and recommendations.

Dr KIENY (Assistant Director-General) thanked members for their comments and reaffirmed the commitment of the Consultative Expert Working Group and the Secretariat to building on the work already done and continuing to report on progress made.

**The Board noted the report.**

**4. MANAGEMENT AND FINANCIAL MATTERS:** Item 6 of the Agenda

**WHO publications policy: report on implementation:** Item 6.1 of the Agenda (Document EB129/4)

Dr DAULAIRE (United States of America) welcomed the report and the clear progress that had been made in terms of investment, greater efficiency and higher quality of documents. He urged the Secretariat to increase its use of the Internet for posting documents and reports, for reasons of efficiency as well as to facilitate more rapid feedback.

He drew attention to a report that had been made available to the Executive Board on WHO's response to the floods in Pakistan in 2010 and asked how it had been funded and at what cost, given the limited resources available to the WHO country office for Pakistan and the Regional Office for the Eastern Mediterranean. Further, was its publication consistent with the guidelines referred to in the Secretariat's report?

Dr REN Minghui (China) welcomed the effective work done by the Secretariat and the Guidelines Review Committee in the process for developing guidelines on publications policy and expressed the hope that that effort would be maintained.

He noted the important advantages afforded by the use of WHO's electronic library (or e-library), which not only greatly reduced the need for printed publications but also facilitated research. The report stated that the e-library had been established at headquarters and in all regional offices, but made no mention of how it was used by Member States. He requested an update on what progress had been made in making the e-library freely available to all developing Member States, a stipulation that had been made when the matter had last been discussed at the 123rd session of the Executive Board.<sup>1</sup>

He encouraged the Secretariat to ensure that electronic versions of all journals and publications were made available in the six official languages of the Organization, in order to help to overcome current financial difficulties, and to authorize their publication by Member States.

Dr KIENY (Assistant Director-General) said that the e-library was currently freely available to all Member States and the Organization was trying to increase the number of publications made available in more than one or two of its official languages.

Dr GEZAIY (Regional Director for the Eastern Mediterranean), responding to the member for the United States of America, said that an amount was set aside within each programme for publications, and an amount had been taken out of surplus resources in order to assist Pakistan as a result of the recent floods. Many of the countries that provided voluntary contributions had requested information on what activities had been undertaken and results achieved, and it was therefore in the interests of each programme to provide as many details as possible in that regard. Such transparency encouraged donor countries to provide voluntary contributions for future programmes.

Dr DAULAIRE (United States of America) expressed serious reservations with regard to the form and content of the publication in question, which did not represent a good use of the resources made available by donor countries to support flood relief in Pakistan.

**The Board noted the report.**

---

<sup>1</sup> Document EB123/2008/REC/1, summary record of the first meeting, section 6, and second meeting, section 1.

**Method of work of the governing bodies:** Item 6.2 of the Agenda (Document EB129/5)

Dr JESSE (Estonia), speaking on behalf of the European Union, welcomed the report. It was important for the Organization not to be burdened with unhelpful or outdated reporting requirements. Nevertheless, reporting requirements in resolutions were an essential mechanism of accountability, and some resolutions adopted more than six years earlier were still valued by health professionals and civil society. She suggested establishing a flexible time limit for reporting, and that those drafting resolutions gave deeper consideration to reporting and sought appropriate advice from the Secretariat. It would also be worthwhile to review the reporting requirements of resolutions already adopted.

The report indicated that the resolutions adopted by the Board at its 128th session had a total cost implication of US\$ 43 million for the current biennium. She supported the proposal that the Programme, Budget and Administration Committee consider the financial implications of the draft resolutions submitted to the Health Assembly in May each year, but called for further examination of the principle of financing additional costs incurred by resolutions through supplementary assessed contributions; the second sentence of paragraph 8 of the report should therefore be deleted. The establishment of a time limit for the introduction of formal proposals on agenda items was a helpful suggestion, and she sought the Secretariat's guidance on its practical implications for the work of the governing bodies.

All the issues she had mentioned should be discussed further in the context of the comprehensive review of WHO's governance.

Dr GULLY (Canada) supported an enhanced role for the Programme, Budget and Administration Committee, whereby the Committee would be required to review the financial and administrative implications of resolutions recommended by the Board before they were considered by the Health Assembly. However, the proposed use of supplementary assessed contributions to fill funding gaps created by new resolutions was unclear and appeared to imply that, in the absence of confirmed funding, Member States would agree to share the cost of any remaining gap through the use of such contributions. Although the Secretariat had explained that the proposal was only an option, he recommended that it should be considered in the context of the broader WHO reform process and, more specifically, in the discussions on ways of strengthening governance. He therefore supported the proposal made by the member for Estonia on that point.

Dr REN Minghui (China) said that, with a view to reducing costs, he favoured the proposal to institute specific reporting requirements with an initial time frame of a maximum of three bienniums. He endorsed the proposal that the financial and administrative implications of resolutions adopted by the Board at its January session and recommended to the Health Assembly should be examined before they were considered by the latter. Referring to the informal document on reporting requirements that had been re-issued,<sup>1</sup> he urged the Secretariat to identify among the resolutions that had reached the proposed six-year reporting limit those which no longer required reporting and those for which reporting requirements should remain in place. In order to reduce the very large number of resolutions adopted, consideration should be given to their financial and administrative implications as an integral part of the process of adoption rather than focusing solely on their future implementation. He called for the establishment of a mechanism to ensure that only draft resolutions with added value were accepted for consideration by the governing bodies. That issue should be discussed within the broader framework of the independent evaluation.

He shared the view that a time limit should apply to the introduction of formal proposals, although he noted that the suggestion to introduce agenda items within 48 hours of the adoption of the agenda would apply to the January session of the Executive Board rather than the May session, which lasted only one day. Rule 11 of the Rules of Procedure of the Executive Board should be amended

---

<sup>1</sup> Document WHO/DGO/GBS/11.1.

accordingly. In addition, the documents containing the proposals should be distributed to Member States on time and the Secretariat should be given sufficient time to translate them into the six official languages.

Mr SILBERSCHMIDT (Switzerland) said that the report illustrated well the need to review the method of work of the governing bodies. It contained a combination of useful and complex proposals which should be considered in the broader context of the governance reform process. It would be appropriate to generate considerably fewer resolutions by creating “omnibus” resolutions or possibly reverting to the former “sunset” provision model, whereby not all resolutions were carried forward. It would also be worthwhile to examine the reporting requirements enshrined in Articles 61 to 65 of the Constitution of WHO, which Member States appeared to have ignored thus far. A twenty-first century reporting tool for Member States that helped to achieve a better balance in reporting requirements would be welcome.

Ms ALVEBERG (alternate to Mr Larsen, Norway) stressed that reporting was important for monitoring Member States’ progress on technical and administrative aspects of Health Assembly resolutions. Biennial programme budget indicators measuring levels of implementation did not provide sufficiently accurate information in that respect. However, as progress reports from the Secretariat did not always receive the same attention as reports on newer subjects and other technical items on the agenda, ways needed to be considered of enhancing the use of the Secretariat’s resources, as part of the reform programme. Consideration should also be given to ways of reducing the high total number of reporting requirements. She supported the idea of a “sunset clause” and the proposal for the submission of a maximum of three reports for some resolutions, within a period limited to six years, to the governing bodies. Requests by Member States to report on a triennial or quadrennial basis should be accommodated within that time limit.

Recognizing the merit of having a deadline for the submission of draft resolutions or decisions to the Executive Board at its January session, she endorsed the proposal that that deadline should be no later than the opening of the session. She requested clarification, however, as to whether the proposal concerned only draft resolutions and decisions and whether it implied that a draft text would have to be submitted as an official document in all the official languages no later than the evening before the opening of the session.

She acknowledged the budget challenges posed by the adoption of resolutions with subsequent additional costing during a biennial period for which an adopted Programme budget was already in place. Neither the Executive Board nor the Health Assembly always took into account the full administrative and financial implications for the Secretariat of resolutions before their adoption; that was a major issue to be addressed in the overall reform process. She acknowledged the need to determine how additional costing from resolutions would be handled, but would not take a final position on any proposal until the issue was discussed within the context of WHO reform.

Mrs TZIMAS (adviser to Dr Seeba, Germany) considered that strengthening the governing bodies was a central item on the reform agenda. Member States had invested substantial resources in the preparation of governing body meetings; therefore, the limited time available should be focused on issues of strategic importance, as had been clearly indicated by the Programme, Budget and Administration Committee. Being strongly in favour of reducing the current burden on the Secretariat, she commended the proposal to reduce the number of reporting requirements and considered that it should apply to future and, where possible, existing reporting requirements. She asked the Secretariat to submit a proposal on its implementation. She also supported the proposed time limit for the introduction of proposals but had concerns regarding the proposed approach to the financial implications of resolutions. Although it appeared that the total cost implication of the resolutions adopted by the Board at its 128th session, for instance, had not been as high as the figures seemed to suggest, she did not support the idea of using supplementary assessed contributions to cover those costs.



Dr DAULAIRE (United States of America) expressed broad satisfaction with the proposals put forward and asked the Secretariat to take prompt action on reforms already agreed upon. The Organization was burdened with an excessive reporting schedule and a “sunset” provision was required. A six-year time frame seemed fitting, but there was a need to determine which reporting requirements were important to the ongoing activities of the Organization, and action to reduce the frequency of some reports would give the Secretariat more time to prepare documentation for the Member States. He did not support any recourse to supplementary assessed contributions, and similar suggestions in the past had been rejected. He agreed that the full-cost implications for the Secretariat of draft resolutions should be reviewed carefully and welcomed the proposal that the Programme, Budget and Administration Committee should be entrusted with that task. He supported the proposed time limit for the introduction of draft resolutions and other proposals at the January session of the Board, as outlined in paragraph 10 of the report.

Dr OMI (Japan) supported the comments of the previous speaker on reporting requirements. The Director-General had previously stated that one of the three objectives of the reform agenda was improving the health status of countries. Noting the considerable number of resolutions adopted in the past by the regional committees, the Board and the Health Assembly, he noted that they placed heavy demands on the Director-General and the regional directors, in terms of evaluating the performance of the Secretariat. In that connection, he asked the Legal Counsel to clarify what mechanism was available to monitor evaluation performance at the country level.

Mr BURCI (Legal Counsel) expressed appreciation to Board members for their support for the proposals by the Secretariat in response to the requests relating to the method of work made by members of the Board at its 128th session.<sup>1</sup> He noted a general preference for discussing the issues within the context of the review of WHO’s governance, as part of the reform process. In reply to the request for clarification by the member for Norway, he explained that under the Rules of Procedure of the governing bodies, the word “proposal” meant a draft resolution or decision submitted to a governing body for adoption. In order to ensure that the proposal was formally ready by the opening of the session, it needed to be submitted to the Secretariat by the end of the day before, thus allowing for its translation into all the official languages.

Replying to the member for Japan, he said that Chapter XIV of the Constitution of WHO required Member States to report periodically to the Organization, including on the action they had taken to implement the recommendations of the Organization. However, a large number of resolutions had partially overlapped in the course of time and frequent reporting was considered burdensome by many countries, particularly developing countries. It was considered that the country reports submitted annually by way of participation in the general discussion largely fulfilled the spirit of Chapter XIV. Other legal instruments, such as the WHO Framework Convention on Tobacco Control, had their own reporting requirements, which in some cases were more specific than the provisions of the Constitution, and required detailed country reports on implementation.

Mr INNIS (Barbados), acknowledging the challenge faced by the Secretariat in having to deal with so many resolutions, feared that WHO might be perceived as a bureaucratic entity. He requested clarification of the statement in the report (paragraph 7) about the total cost implications of the resolutions adopted by the Board at its 128th session. Did US\$ 43 million reflect additional expenditure or only potential cost implications that could have arisen from the new resolutions? The Programme, Budget and Administration Committee should clearly explain to the Board how such figures were derived, as some activities under the resolutions might already have been budgeted for. In that connection, priority areas for WHO’s activities should be identified before additional financial contributions were requested from Member States.

---

<sup>1</sup> See document EB128/2011/REC/2, summary record of the seventh meeting, section 2, and twelfth meeting, section 4.

**The Board noted the report.**

**Committees of the Executive Board: filling of vacancies:** Item 6.3 of the Agenda (Documents EB129/6 and EB129/6 Add.1)

The CHAIRMAN introduced the report contained in document EB129/6 and invited the Board to consider his proposals for filling vacant posts, as set out in document EB129/6 Add.1.

#### **Programme, Budget and Administration Committee**

**Decision:** The Executive Board appointed as members of the Programme, Budget and Administration Committee, Mr Donville Inniss (Barbados), Mr K. Chandramouli (India), Dr Shigeru Omi (Japan), Dr Mouzinho Osvaldo de Assunção Saíde (Mozambique), Dr Abdulla Al-Qahtani (Qatar), Mr Gaudenz Silberschmidt (Switzerland) and Dr Abdul Karim Yahia Rasae (Yemen) for a two-year period or until expiry of their membership on the Board, whichever comes first, in addition to Dr Norbert Birintanya (Burundi), Dr Paul Gully (Canada), Dr Ren Minghui (China), Dr Ewold Seeba (Germany) and Mrs Madalena Hanjam Soares (Timor-Leste) who were already members of the Committee. Mr Rahhal El Makkaoui (Morocco), Chairman of the Board, and Dr Boubacar Samba Dankoko (Senegal), Vice-Chairman of the Board, were appointed members ex officio. It was understood that, if any member of the Committee, except the two ex officio members, was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.<sup>1</sup>

#### **Standing Committee on Nongovernmental Organizations**

**Decision:** The Executive Board appointed Dr Maria Teresa Valenzuela (Chile), Dr Pe Thet Khin (Myanmar) and Dr Awad Ibrahim Abdi (Somalia) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board, in addition to Professor Ara Saenovič Babloyan (Armenia) and Dr Bernard Valentin (Seychelles), who were already members of the Committee. It was understood that, if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.<sup>2</sup>

#### **Foundation Committees**

##### **State of Kuwait Health Promotion Foundation Selection Panel**

**Decision:** The Executive Board, in accordance with the Statutes of the State of Kuwait Health Promotion Foundation, appointed Dr Abdulla Al-Qahtani (Qatar) as a member of the Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that, if Dr Al-Qahtani was unable to attend, his successor or the alternate member of

---

<sup>1</sup> Decision EB129(1).

<sup>2</sup> Decision EB129(2).

the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Panel.<sup>1</sup>

#### **Dr LEE Jong-wook Memorial Prize Selection Panel**

**Decision:** The Executive Board, in accordance with the Statutes of the Dr LEE Jong-wook Memorial Prize for Public Health, appointed Dr Clement Malau (Papua New Guinea) as a member of the Dr LEE Jong-wook Memorial Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that if Dr Malau was unable to attend, his successor or the alternate member of the Board designated by the government concerned would participate in the work of the Prize Selection Panel, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization.<sup>2</sup>

#### **Representatives of the Executive Board at the Sixty-fifth World Health Assembly**

The CHAIRMAN proposed that the Board should be represented by the Chairman and first three Vice-Chairmen. In the event that any of them were not available, the fourth Vice-Chairman and/or the Rapporteur could be asked to act in that capacity. He took it that the Board wished to accept his proposals.

**It was so agreed.**

**Decision:** The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Mr Rahhal El Makkaoui (Morocco), and its first three Vice-Chairmen, Mrs Madalena Hanjam Soares (Timor-Leste), Dr Shigeru Omi (Japan) and Mr Bjorn-Inge Larsen (Norway), to represent the Executive Board at the Sixty-fifth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr Boubacar Samba Dankoko (Senegal) and the Rapporteur, Dr David Chiriboga (Ecuador), could be asked to represent the Board.<sup>3</sup>

### **5. STAFFING MATTERS: Item 7 of the Agenda**

**Statement by the representative of the WHO staff associations:** Item 7.1 of the Agenda (Document EB129/8)

Mr BELGHARBI (representative of the WHO staff associations) observed that some 350 staff were to lose their jobs in the current year, but the problems being cited as the cause seemed to the staff to be only symptoms, which had been detected long before and against which measures could have been taken in due time. Some of the measures taken or about to be taken were tardy palliative steps, and he gave the staff members' five main concerns about why a critical review of the proposed human resources policies and practices was needed before implementation was even considered.

The first was a sense of exclusion. The staff were fully behind the reform project, but wanted the Member States seeking to direct the reform to do so in greater consultation with them; four years

---

<sup>1</sup> Decision EB129(3).

<sup>2</sup> Decision EB129(4)

<sup>3</sup> Decision EB129(5).

earlier the staff associations had warned that problems would arise if measures were not taken. In resolution EB128.R4, the Executive Board had sought a modification to Staff Rule 420 on continuing appointments that offered no guarantee of employment; the appointments were a convenience designed to reduce the Organization's administrative burden, as they could be terminated if the post of the incumbent was abolished. As international civil servants who did not participate in national social protection schemes, staff members were concerned at any plan to reduce their chances of remaining employed; such changes would also damage WHO's appeal as an employer. The staff associations had suggested that the Staff Rules should not be modified prematurely, but the Board was now being asked to modify the Rules which in any event were going to be modified again the following year. In good discussions with the administration, the staff associations had reached some points of agreement. The administration had proposed a new human resources management model, which appeared to offer potential for better management and greater flexibility, an interesting approach that the staff associations supported even though many details remained to be clarified. The staff associations considered that the Organization should be increasing the human resources budget and making investments that would lead to savings and enhanced performance, but examination of the budget showed that not to be the case. The staff associations considered that they would be able to achieve a consensus of support among staff for the reform and achievement of the objectives that the Health Assembly and the Executive Board had set.

Secondly, contradictory explanations about why the changes were necessary had not helped staff or management to find solutions. Staff across the Organization had difficulty in believing that the sole cause was the financial crisis: another component was a crisis of management, a failure to look ahead. Management should improve.

A third concern stemmed from a sense of lack of accountability. The Director-General had acknowledged that some aspects of the current crisis in WHO were due to management shortcomings and had publicly stated on several occasions that she strongly supported the introduction of 360-degree performance reviews. Such a move would be an important step towards building trust and demonstrating that WHO was implementing a new mechanism to improve its way of doing business. Management accountability also needed a clear process to implement, monitor and revise the new WHO policy on the prevention of harassment, in order to ensure the Director-General's zero-tolerance policy throughout the Organization.

Fourthly, more coordination and solidarity were needed among the Organization's offices, because staff saw that they were working as six different organizations. As one element for working as "one WHO" there could be better rotation of staff (which idea the staff supported) and greater flexibility in responding to the needs of the Organization. The staff also looked for better external communication of WHO's achievements and wondered why the Organization's work was not more widely recognized in the international media.

Fifthly, the staff associations wished their input to be heard by the Independent Expert Oversight Advisory Committee. Their clear and immediate cost-saving proposals had been largely ignored. Savings could be made by halting the abusive re-hiring of retirees to perform long-term functions.

Evidently, the Organization's greatest asset and resource was its staff, but staff members sought evidence that they were valued by senior management, otherwise praise sounded like an empty refrain. Strategic and visionary thinking, driven not only by the lack of funding but also by the desire to mitigate negative impacts on public health, was the key to the future of the Organization, which was no longer perceived as the jewel in the crown of the international agencies. To do more to achieve the Organization's objectives, staff had to be given sufficient resources. Restored to its traditional position at the centre of global health WHO would attract funding and enhance staff motivation and performance. The staff of WHO called for the help and support of the Member States.

Dr DAULAIRE (United States of America) observed that as the Organization entered a historic phase of reform, it was essential that the staff be fully integrated into planning, implementation and monitoring of progress. Without their full participation, no long-term success would be possible. He did not believe that the budget crisis was the only or even the principal driving factor in reform: rather,

the Director-General had recognized that in the current fragmented global health architecture, WHO's role and unique contribution had somehow become lost, or at least muddled, and was therefore leading a process to determine how to reverse those trends, to make the Organization genuinely fit for purpose and to place it on a more secure financial footing. The reform initiated at the Health Assembly should move WHO in the direction of the transparent, inclusive process that the staff considered essential for its success.

He fully agreed that decisions on staffing in a particular department or programme should be based on strategic considerations and overall long-term organizational priorities, not on some immediate crisis in funding. Sharing many of the concerns raised by the staff associations about the need for comprehensive budget and financing reform, he remained committed to finding and implementing creative solutions. With regard to human resource policy reforms, he supported the Director-General and her leadership, believing that significant changes were needed for the Organization to be able to carry out its core mandates.

He thanked the staff for their thoughtful proposals on organizational reform and commitment to its success, and most importantly for the work they did every day to make the world a healthier place.

Dr JESSE (Estonia) expressed appreciation for the staff associations' constructive proposals, which should be given due consideration as the human resources part of the reform was debated. She empathized with the concerns raised by the representative of the staff associations, Estonia having itself experienced organizational reform, redundancies and salary cuts in recent years. As she had said in her remarks on behalf of the European Union on the outcome of the Sixty-fourth World Health Assembly, the European Union wished the reform to be transparent and carried out in consultation with the staff associations.

Dr GULLY (Canada) welcomed the detailed and constructive statement of the staff associations and their support for the reform process. Both staff and management faced difficult and challenging times. The Programme, Budget and Administration Committee and the Executive Board should be constantly mindful of the effects that any agreed changes would have on the staff.

Mr PELLET (adviser to Mr Grall, France) observed that human resource policy was an essential element of the reform, even the key to its success. Cooperation and transparency were crucial to ensuring a clear understanding by the various stakeholders of what was at stake and to the quality of the dialogue, so as to promote efficient execution of the necessary reforms which all favoured, Member States and staff alike.

Dr DANKOKO (Senegal) noted that the Organization's mission was to enhance the well-being of mankind and it should therefore focus on finding solutions to the problems raised by the staff associations in the context of the reform currently in preparation.

Mr SILBERSCHMIDT (Switzerland) welcomed the support that the staff associations had expressed for the reform process. He took seriously the anxieties expressed in their statement. It needed to be remembered that WHO did not exist for the Member States, for holding successful meetings, or for the staff as such: it existed to fulfil the objective enshrined in Article 1 of its Constitution, as reflected in the Director-General's exhortation in her opening address: "Remember the people". Switzerland looked forward to working closely with the staff on the reform that was needed to make the Organization fit for the 21st century, to serve the people and the health of the world.

Dr RASAE (Yemen) said that the skills and competence provided to the Organization by its staff were admirable; the recession must not be allowed to deprive the Organization of all that ability and knowledge. To the objectives that had to be achieved, including the Millennium Development Goals, should be added the important issue of responding to the staff associations' concerns. The Board should take a carefully considered position and reach a decision that was satisfactory to all parties.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)<sup>1</sup> said that he took very seriously the concerns voiced by the staff associations. It was important that the staff continue to inform the Executive Board of their concerns so that they could be factored in to the decisions of the Executive Board on how it discharged its governance responsibilities.

His country had not been spared staffing cuts in its ministries. He understood the uncertainties that they brought to individuals and their families. Regular and open dialogue was a vital component of managing change in any organization, as the United Kingdom had seen in its domestic experience, particularly within the Foreign and Commonwealth Office. Staff in any organization needed to have clarity and understanding about such changes. He therefore encouraged senior management to continue to build on the existing dialogue with staff about the reform process, and to deal with the concerns highlighted in the staff associations' statement.

Mrs NYAGURA (Zimbabwe)<sup>1</sup> considered that the staff associations' statement was timely, as the Organization was embarking on a historic reform process. There was undoubtedly a need to make WHO fit for purpose, but that process should be implemented in a manner that did not undermine the rights of the staff. The backbone of any institution was its staff. Consequently, it was crucial that the reforms were executed carefully, taking into account the need to maintain staff morale and ensure that staff felt valued. She trusted that the Director-General would put in place adequate mechanisms to ensure that the reform agenda moved forward with transparency and equity.

The DIRECTOR-GENERAL said that it was important that the staff associations share their concerns with the owners of the Organization. She had said before that "Without staff, there is no WHO" and, in her opening address to the Health Assembly, she had commended to the Member States the experience, talents, skills and commitment of the Organization's staff.

Clearly, much of the Organization's work was not properly recognized. That might be due to shortcomings in management's communication with the media, but at the same time management needed guidance from the staff on how it could articulate the value that WHO added for countries and peoples.

Reform was not solely a response to the financial crisis. In a fragmented global health architecture, WHO had to change in order to be relevant and to meet the expectations of its Member States and their populations. The financial crisis added extra urgency. It was not easy to get all staff to support reform, which created resistance, uncertainty and anxiety, and it was commendable that WHO's staff had in recent months committed themselves to working with management and the Member States on the way forward. For her part, she committed management to open and regular dialogue with the staff associations, in order to understand their concerns and find ways to alleviate some of their anxieties.

She was confident that, with the support of the staff and Member States, WHO could make itself a much stronger and better organization, meeting the aspirations of countries and partners and, most importantly, remembering the people it existed to serve.

She had zero tolerance for harassment in any form; mechanisms had been put in place to deal with any cases in a fair and transparent manner.

The CHAIRMAN said that he took it that the Board wished to take note of the statement by the representative of the WHO staff associations.

**The Board noted the statement.**

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

**Amendments to the Staff Regulations and Staff Rules:** Item 7.2 of the Agenda (Documents EB129/2, EB129/9 and EB129/9 Add.1)

The CHAIRMAN drew attention to the report in document EB129/9 and to paragraphs 22 and 23 of the report of the Programme, Budget and Administration Committee of the Executive Board (document EB129/2). The Board was invited to confirm the changes made to the Staff Rules and to consider the draft resolution set out in paragraph 6 of document EB129/9 with its financial and administrative implications for the Secretariat (document EB129/9 Add.1).

Dr DAULAIRE (United States of America) welcomed the amendments to the Staff Rules made by the Director-General. However, he remained concerned that Staff Rule 420.2 still appeared to indicate that all staff were entitled to consideration for a continuing appointment. It was important to ensure that WHO staff represented the right mix of skills. The Director-General had been requested to re-examine the Rule, taking into account the more rigorous criteria recently established by the United Nations General Assembly, which were linked to long-term core staffing needs. It was in the interests of WHO's management to ensure that the granting of continuing appointments was based on the Organization's own long-term requirements.

Dr GEHRMANN (adviser to Dr Seeba, Germany) recalled that in resolution EB128.R4 the Board had requested the Director-General to submit revisions to Staff Rule 420.2 for its consideration. As a matter of principle and in view of the forthcoming comprehensive reform of internal WHO governance, he proposed that the Rule should be further amended by inserting the words "in consultation with the Programme, Budget and Administration Committee" after "Director-General".

Mr PELLET (adviser to Mr Grall, France) repeated that human resources were central to the success of WHO reform. A policy should be developed that strengthened flexibility in human resources management, together with a social dialogue on the new provisions that were to be introduced as an integral part of the reform process. The new human resources structure envisaged was not entirely in line with contract reforms in the United Nations system and should be implemented with caution.

The proposed changes to Staff Rule 420.2 were somewhat imprecise and did not give any indication as to how many staff members might be concerned and how the Rule was to be implemented. He therefore proposed that consideration of the decision on the matter should be deferred to the Board at its 130th session in order to allow time, on the one hand, for the independent evaluation and, on the other, for consideration at the fifteenth meeting of the Programme Budget and Administration Committee in January 2012.

Dr GULLY (Canada) sought clarification of the amendment proposed by the member for Germany. Staff Rule 420.2 related to specific individual appointments and it might therefore not be appropriate to mention consultation with the Programme Budget and Administration Committee.

Dr JESSE (Estonia) concurred that further consideration of the proposed amendments to the Staff Rules, together with any other proposed changes to the Staff Regulations and Staff Rules that might be deemed appropriate as a consequence of the reform process, should be deferred to the Board at its 130th session, by which time a more comprehensive package of measures should be available.

Dr DAULAIRE (United States of America) said that the proposed amendments improved the provisions of the Staff Rules concerned and should be endorsed immediately. It would always be possible to re-examine the text later to determine whether they required further modification.

Mr SILBERSCHMIDT (Switzerland) asked whether a delay in endorsement by the Board would have any adverse consequences for the Organization and whether transitional implementation could be envisaged pending further consideration of the amendments at a later session if necessary.

The DIRECTOR-GENERAL said that the amendment to Staff Rule 420.2 had been proposed by the member for the United States. It was for Board members to decide whether to support the further amendment proposed by the member for Germany, and whether to confirm the amended Staff Rules at the current session, to do so at the current session and re-examine it at the 130th session in January 2012, or to defer a decision until the 130th session.

Dr REN Minghui (China) expressed a preference for deferral of the matter to the Board's 130th session, as there appeared to be no consensus on the text as submitted. Moreover, the amendment proposed by the member for Germany did not appear to be appropriate.

Dr GEHRMANN (adviser to Dr Seeba, Germany) supported deferral of the decision to allow more time for consultation on the changes, including his own proposed amendment.

Dr DAULAIRE (United States of America) reiterated his view that it would be better to endorse the proposed changes immediately, since they represented an improvement, subject to the possibility of reviewing the matter at a later session if necessary.

Dr OMI (Japan) supported deferral of the decision. There was much room for improvement in WHO's recruitment policy. It was vital to ensure that all WHO offices were staffed by competent personnel with the right mix of skills and nationalities, and a good balance between the sexes. In his experience as a former staff member, WHO offices with a good balance of staff performed better, and gained strength from diversity.

Dr JESSE (Estonia), noting that document EB129/9 Add.1 indicated that the proposed changes would not take effect until 1 January 2012, said that deferral of a decision to the 130th session of the Board should not delay implementation by too long, and would allow consideration to be given to other appropriate amendments to the Staff Regulations and Staff Rules.

Dr DAULAIRE (United States of America) indicated that he was prepared to accept the prevailing view that adoption of a decision be deferred to the Board's 130th session.

The CHAIRMAN took it that the Board wished to defer a decision on item 7.2 to the Executive Board at its 130th session.

**It was so agreed.**

**6. OUTCOME OF THE SIXTY-FOURTH WORLD HEALTH ASSEMBLY:** Item 3 of the Agenda (resumed)

**WHO reforms for a healthy future: road map:** Item 3.2 of the Agenda (resumed)

The CHAIRMAN drew attention to a revised draft decision, which was based on the draft decision proposed by the member for Ecuador earlier in the meeting, and which read:

The Executive Board,

1. DECIDES to establish an incremental, transparent, Member State-driven and inclusive consultative process comprising of the following elements:



- (1) requests the Director-General to prepare three concept papers on the following issues: governance of WHO, independent evaluation of WHO and the world health forum as outlined in resolution WHA64.2;
  - (2) to hold consultations of Member States at WHO headquarters, on these papers, and to create a platform for web-based consultations;
  - (3) requests regional committees to engage in strategic discussions regarding the reform process and report on these discussions to the meeting outlined below;
  - (4) to hold a special session of the Executive Board in 2011 following the Regional Committee meetings to discuss outcomes of the consultative process on the three papers and draft proposals of the managerial reforms prepared by the Secretariat, and to make specific recommendations on the next steps of the reform process;
2. URGES Member States to support and actively engage in the reform process;
  3. REQUESTS the Director-General to support the aforementioned elements of the consultative process.

Dr JESSE (Estonia) proposed that there should be a short suspension to allow time for Board members to consider the text.

**It was so agreed.**

**The meeting was suspended at 18:10 and resumed at 18:25.**

Ms VIVAR (adviser to Dr Chiriboga, Ecuador) said that the text proposed by the Chairman reflected the main points of the draft decision that she had put forward, with many improvements. Since the consultative process would be led by the Member States, she proposed including in the draft decision a reference to consultations with Member States at headquarters before the preparation of the three concept papers.

Mr DESIRAJU (adviser to Mr Chandramouli, India) queried the use of the word “incremental” in paragraph 1, as it did not seem to add anything to the text. He suggested that in subparagraph 1(3), the words “regional committees” should be capitalized for the purpose of clarity. With reference to subparagraph 1(4), he asked the Secretariat to explain why the Board needed to hold a special session in 2011, rather than simply holding a regular session. In that same subparagraph, he suggested that the words “and draft proposals of the managerial reforms prepared by the Secretariat” should be replaced by “and consider any proposals for managerial reform which may have come through the consultative process” since the Secretariat’s proposals would surely be modified during the consultative process.

Dr DANKOKO (Senegal) suggested that the words “by the end of June 2011” should be added at the end of subparagraph 1(1). In subparagraph 1(4), the word “managerial” should be deleted. A new paragraph should be added to the draft decision, to read: “to establish a working group on each subject and to hold successive meetings of those working groups”.

Mr AWUTE (Nigeria) asked whether the consultations referred to in subparagraph 1(2) would require a special meeting. He also wished to know what exactly was meant by “draft proposals of the managerial reforms prepared by the Secretariat” in subparagraph 1(4). He was concerned that the draft decision would weaken the Board’s role as leader of the reform process and thus threaten to undermine its coordinating function.

Dr JESSE (Estonia) said that a separate paragraph on the independent evaluation of WHO might be needed, since the time frame for the evaluation was not the same as for the other issues referred to in subparagraph 1(1). It would also be helpful to establish a precise schedule for the preparation of the

concept papers, the holding of consultations and the creation of a platform for web-based consultations. She suggested that in subparagraph 1(3), the words “based on the updated concept papers” should be inserted after “to engage”. The words “and regional economic integration organizations, where appropriate” should be inserted in subparagraph 1(2) after “hold consultations of Member States” and in paragraph 2, following “URGES Member States”.

Mr SILBERSCHMIDT (Switzerland) said that Member States should have an opportunity to discuss the three concept papers before they were submitted to the regional committees, and asked whether it would be feasible to hold web-based consultations before consultations at headquarters. Given that the regional committees were to meet between the end of August and mid-October 2011, clearly only some of their observations could be incorporated in the concept papers in time for the special session in November 2011. In addition, the terms of reference for the independent evaluation should be elaborated during the consultations and finalized at the special session so that, once approved, the evaluation could begin immediately. He suggested that, in subparagraph 1(4), the words “managerial reforms” should be replaced by “other aspects of the reforms outlined in document A64/4”.

Dr BAYE (Cameroon) endorsed the comments of the members for Estonia and Senegal with regard to time frames for the action proposed in the draft decision.

Dr DAULAIRE (United States of America) maintained that the details of deadlines and management should be left to the Secretariat. In response to the concerns raised by the members for India and Estonia, he suggested that, at the end of subparagraph 1(1), the words “which will be further revised on an ongoing basis during the consultative process” should be added after “resolution WHA64.2”. In subparagraph 1(4), the word “managerial” should be deleted since the reforms in question had a broader scope. He could not support the call from the member for Senegal for an additional paragraph on the establishment of working groups since that was already covered by the words “to make specific recommendations on the next steps of the reform process” in subparagraph 1(4). It was vital for the independent evaluation to get under way immediately; it should not be postponed until after the special session of the Board in November 2011.

Dr OMI (Japan) suggested that in paragraph 1, the word “incremental” should be deleted and the word “elements” should be replaced by “steps”. In subparagraph 1(4), the words “to the January 2012 session” should be inserted after “to make specific recommendations”. A fifth subparagraph should be added under paragraph 1, to read: “the January Executive Board decides on the final document on the reform to be submitted to the World Health Assembly, taking into account the views expressed about the process”.

Dr GULLY (Canada) said that he could not support the suggestion by the member for Japan to add a new subparagraph setting out what the Board would do at its 130th session, as that might prevent the Board from acting freely.

Dr REN Minghui (China) said that in paragraph 1 the word “incremental” should be deleted. A reference to the reform process should be added, and the words “based on existing mechanisms” should be inserted after “consultative process”. In paragraph 2, the word “support” should be made more precise.

In reply to a question by Dr DAULAIRE (United States of America) about the meaning of the phrase “based on existing mechanisms”, Dr REN Minghui (China) said that “existing mechanisms” was meant to refer to prior work done by the Executive Board, the Health Assembly and the regional committees.

Dr GEHRMANN (adviser to Dr Seeba, Germany) suggested that in subparagraph 1(1), the words “including the strengthening of financing and resource mobilization” should be inserted after “governance of WHO”.

Mr TOSCANO VELASCO (alternate to Ms Fromow Rangel, Mexico) suggested that the time frame for the action proposed in the draft decision should be made more specific: June for subparagraph 1(1), July for subparagraph 1(2), August for subparagraph 1(3) and November for subparagraph 1(4). In subparagraph 1(3), the words “to engage Member States in discussions” should replace “to engage in strategic discussions”.

Mr LINDGREN (alternate to Mr Larsen, Norway) said that he favoured a separate time frame for the evaluation process, given its urgency. He supported the idea of requesting the Director-General to prepare three concept papers before consultations with Member States. He suggested that, in subparagraph 1(4), the words “open to all Member States” should be inserted after “Executive Board”. He requested information from the Legal Counsel on the legal implications, if any, of the proposed consultative process.

Dr LAHTINEN (Finland)<sup>1</sup> underlined the importance of inclusiveness in the reform process.

Mr BOUCHEDOUB (Algeria),<sup>1</sup> aligning himself with the proposal of the member for Senegal, suggested that a new subparagraph should be added under paragraph 1, to read: “decides to establish three working groups on governance, the independent evaluation and the world health forum, based on the results of the special session of the Executive Board and the consultations held on the reform of WHO, open to all the Member States”.

Ms EKEMAN (Turkey)<sup>1</sup> said that it was vital that all Member States had the opportunity to participate in the consultative process. She suggested that in subparagraph 1(4), the words “open to all Member States, on an equal footing” should be inserted after “special session of the Executive Board in 2011”.

Mr KAZI (Bangladesh)<sup>1</sup> said that his country was in favour of a holistic rather than fragmented approach to the reform process, which should be conducted at a slow and steady pace. A mechanism to allow Member States not represented on the Board to participate in the reform process, on an equal footing, would be welcome.

Mr BURCI (Legal Counsel) said that the Rules of Procedure of the Executive Board applied equally to its special and regular sessions. Those rules ensured broad participation by Member States not represented on the Board. In particular, they had the right to make proposals and to participate, on an equal footing with members, in working groups and similar subsidiary bodies of the Board.

Ms ROSE-ODUYEMI (Office of the Governing Bodies) said that paragraph 1 of the draft decision, as thus far amended, would read: “DECIDES to establish a transparent, Member State-driven and inclusive consultative process, based on existing mechanisms, comprising the following steps:”.

Mr SILBERSCHMIDT (Switzerland) said that he could accept that amended wording.

Ms ROSE-ODUYEMI (Office of the Governing Bodies) said that subparagraph 1(1) of the draft decision, as thus far amended, would read: “requests the Director-General to prepare three concept papers which will be further revised on an ongoing basis through the consultative process, on the

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

following issues: governance of WHO, including the strengthening of financing and resource mobilization, independent evaluation of WHO, and the world health forum, as outlined in resolution WHA64.2, by the end of June 2011”.

Dr DAULAIRE (United States of America) suggested that the words “by the end of June 2011” should be moved and inserted after “requests the Director-General to prepare”.

Mr SILBERSCHMIDT (Switzerland) said that the words “strengthening of financing and resource mobilization” should be deleted because that was a subject separate from governance which merited separate consideration.

Dr GEHRMANN (adviser to Dr Seeba, Germany) said that he was in favour of maintaining the phrase “strengthening of financing and resource mobilization” because a connection had been made between that aspect and governance in paragraph 89 of document A64/4 on the future of financing for WHO.

Mr SILBERSCHMIDT (Switzerland) said that paragraph 89 simply linked governance to the problem of multiple resolutions with uncertain funding whereas section V of document A64/4 took a much broader approach to strengthening financing and resource mobilization, which, he reiterated, should be treated as a separate subject.

Ms CHEDEVILLE-MURRAY (adviser to Mr Grall, France) stressed the importance of including the question of subsidiarity in the treatment of governance.

Ms ROSE-ODUYEMI (Office of the Governing Bodies) said that subparagraph 1(2) of the draft decision, as thus far amended, would read: “to hold consultations of Member States (followed by a footnote 1 reading: “and, where applicable, regional economic integration organizations”) at WHO headquarters on these papers, and to create a platform for web-based consultations by the end of July 2011”. Subparagraph 1(3), as thus far amended, would read: “requests the Regional Committees to engage Member States, based on the updated concept papers, in strategic discussions regarding the WHO reform process and report on these discussions to the meeting outlined below”. Subparagraph 1(4), as thus far amended, would read: “to hold a special session of the Executive Board, open to all Member States, in November 2011, following the Regional Committee meetings, to discuss outcomes of the consultative process on the three papers, and draft proposals on other aspects of the reforms outlined in document A64/4 prepared by the Secretariat, and to make specific recommendations on the next steps of the reform process to the January Executive Board in 2012”.

Dr DANKOKO (Senegal) reiterated his suggestion that another subparagraph, on the establishment of working groups, should be added to paragraph 1. Such groups could meet between the Board’s special session in November 2011 and its regular session in January 2012.

Ms ESCOREL DE MORAES (Brazil)<sup>1</sup> said that wording suggested by the member for India had not been incorporated in subparagraph 1(4), namely “and consider any proposals for managerial reform which may have come through the consultative process”.

Mr DESIRAJU (adviser to Mr Chandramouli, India) said that the words “on other aspects of the reforms outlined in document A64/4”, suggested by the member for Switzerland and now incorporated in subparagraph 1(4), made his own amendment superfluous.

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Mr SILBERSCHMIDT (Switzerland) said that the consultations referred to in the draft decision should avoid focusing on issues with which the Director-General would be dealing directly.

Ms FROMOW RANGEL (Mexico) said that subparagraph 1(3) should stipulate that, once prepared, the reports of the regional committees should be transmitted immediately to Member States to give them time to examine the reports before the special session of the Executive Board.

Dr JESSE (Estonia) said that, in subparagraph 1(4), the words “open to all Member States” should be followed by a footnote reading “and, where applicable, regional economic integration organizations”. Furthermore, given that the independent evaluation would already be under way by the time the Executive Board met in special session, the draft decision should make reference to a report on the progress of the independent evaluation.

Ms ROSE-ODUYEMI (Office of the Governing Bodies) confirmed that the appropriate footnote would be inserted.

Ms ESCOREL DE MORAES (Brazil)<sup>1</sup> suggested that the words “prepared by the Secretariat” in subparagraph 1(4) should be placed in brackets to leave the door open to proposals from other sources.

Ms VIVAR (adviser to Dr Chiriboga, Ecuador) said that the words “prepared by the Secretariat” should be deleted from subparagraph 1(4), while Dr GULLY (Canada), Dr JESSE (Estonia) and Dr RASAE (Yemen) argued in favour of retaining those words.

The DIRECTOR-GENERAL assured Board members that, whatever changes were proposed under the reform process, they would always be submitted to the Member States for a final decision. Deleting the words “prepared by the Secretariat” in subparagraph 1(4) did not make sense, as only the Secretariat would draft proposals relating to the reforms outlined in document A64/4.

Dr JESSE (Estonia) said that it was not necessary in subparagraph 1(3) to request the regional committees to engage Member States in strategic discussions because the Constitution specified that the regional committees were composed of representatives of Member States. There was no need for a new subparagraph on the establishment of working groups; the Board could decide on such action at its special session.

Mr DESIRAJU (adviser to Mr Chandramouli, India), supported by Ms ESCOREL DE MORAES (Brazil),<sup>1</sup> suggested that, in subparagraph 1(4), the words “draft proposals” should be followed by “prepared by the Secretariat or proposed by Member States on other aspects of the reforms outlined in document A64/4”

Dr OMI (Japan) suggested that, in subparagraph 1(4), the words “next steps” should be replaced by “content” since the next steps were obvious.

Mr SILBERSCHMIDT (Switzerland) asked the Legal Counsel whether it was necessary for the Executive Board, at its special session, to provide guidance with regard to its next session, as was implied by the phrase “to make specific recommendations on the next steps of the reform process to the January Executive Board in 2012” at the end of subparagraph 1(4).

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Mr BURCI (Legal Counsel) said that, even if that phrase was omitted, the Executive Board at its special session would still retain the plenitude of its powers to take decisions or refer them to its January session.

Dr DANKOKO (Senegal) said that, if no explicit reference was made in subparagraph 1(4) to working groups, there were two possible ways to approach the matter. Either the wording following “document A64/4” could be deleted entirely, which would give the Executive Board the freedom to define what should be done before its session in January, or the words “and to define the next steps in the reform before the Executive Board in January 2012” could be added after “document A64/4”, leaving the Board free to set up working groups if it so desired.

Dr DAULAIRE (United States of America) said that he was in favour of deleting the wording following “document A64/4”.

Dr REN Minghui (China) proposed that, in paragraph 2, the phrase “, with possible funding,” should be inserted after “to support”.

The DIRECTOR-GENERAL said that the deadline of June 2011 set for the preparation of the concept paper on governance, including the strengthening of financing and resource mobilization, might be difficult to meet.

Dr GEHRMANN (adviser to Dr Seeba, Germany) said that he understood governance to include the strengthening of financing and resource mobilization. If a reference to the future of financing was not included in the draft decision, at what point would that question be dealt with?

The DIRECTOR-GENERAL stressed that she fully intended to consult and put proposals on strengthening financing, resource mobilization and strategic communication before the governing bodies, but she really did not consider that a concept paper on that subject could be prepared by the end of June.

Mr SILBERSCHMIDT (Switzerland) supported the request by the member for Germany regarding content; several Member States had, on an informal basis, made constructive suggestions with reference to financing. He sought reassurance from the Director-General that consultations would be undertaken on the subject while the paper on the subject was being prepared for the special session of the Board in November.

Dr GEHRMANN (adviser to Dr Seeba, Germany) said that his country was prepared to remove the phrase but reserved the right to make proposals on the subject of the future of financing at the special session of the Executive Board in November 2011.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland),<sup>1</sup> reaffirming the importance of financing and resource mobilization and supporting the position of the member for Switzerland, sought reassurance from the Director-General that there would be consultation and that a paper on the subject would be available for consideration between the present and the January session of the Board.

The DIRECTOR-GENERAL said that the area of financing and resource mobilization was one in which neither the United Nations system nor the private sector was necessarily using best practices. There was a need to engage outside expertise to help WHO to identify the most relevant mechanisms

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

for addressing its future. She promised that she would consult and provide the Board before November 2011 with proposals on financing and resource mobilization.

**The decision, as amended, was adopted.<sup>1</sup>**

**7. MANAGEMENT AND FINANCIAL MATTERS:** Item 6 of the Agenda (resumed)

**Future sessions of the Executive Board and the Health Assembly:** Item 6.4 of the Agenda (Document EB129/7)

The CHAIRMAN drew attention to the draft decisions on future sessions contained in document EB129/7. He reminded members that it had already been decided to hold a special session of the Board later in the year.

Dr JESSE (Estonia), speaking on behalf of the European Union, expressed concern that the holding of a short session of the Executive Board in January 2012 would generate numerous night meetings, as discussions regarding governance were often lengthier than expected. Therefore, she proposed that the 130th session of the Executive Board should be extended by two days to avoid such an eventuality.

Dr REN Minghui (China) acknowledged that a lengthy and in-depth discussion of the reform agenda had taken place at the current session. However, given that the special session of the Board, to be held later in the year, would provide a forum for further discussion of those issues, he did not consider it necessary to envisage an extension of the 130th session.

The DIRECTOR-GENERAL said that the 130th session of the Executive Board was already scheduled to last one day longer than usual. She hoped, therefore, that members would agree that a further extension was unnecessary.

The CHAIRMAN took it that the Executive Board wished to adopt the draft decisions contained in document EB129/7.

**The decisions were adopted.**

**Decision:** The Executive Board decided that its 130th session should be convened on Monday, 16 January 2012, at WHO headquarters, Geneva, and should close no later than Monday, 23 January 2012. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its fifteenth meeting on Thursday and Friday, 12 and 13 January 2012, at WHO headquarters.<sup>2</sup>

**Decision:** The Executive Board decided that the Sixty-fifth World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 21 May 2012, and that it should close no later than Saturday, 26 May 2012. The Board further decided that the Programme,

---

<sup>1</sup> Decision EB129(8).

<sup>2</sup> Decision EB129(6).

Budget and Administration Committee of the Executive Board should hold its sixteenth meeting on Thursday and Friday, 17 and 18 May 2012, at WHO headquarters, Geneva.<sup>1</sup>

**8. MATTERS FOR INFORMATION:** Item 8 of the Agenda

**Report on meetings of expert committees and study groups:** Item 8.1 of the Agenda (document EB129/10)

The CHAIRMAN drew attention to the report by the Secretariat on the meetings of Expert Committees of certain food additives and contaminants in food and the Specifications for pharmaceutical preparations. In the absence of comments from the floor, he thanked the experts who had participated in the meetings and took it that the Board wished to note the report and request the Secretariat to implement the recommendations contained therein.

**The Board noted the report.**

**9. CLOSURE OF THE SESSION:** Item 9 of the Agenda

The DIRECTOR-GENERAL reiterated her commitment to working closely with Board members in order to develop a detailed and coherent package of reforms as quickly as possible. She thanked members for their enthusiastic engagement in the discussions on the reform process and welcomed the adoption of decision EB129(8) on WHO reform, which had captured many of the ideas expressed during the meeting. She thanked the member for Ecuador for providing the basis for the decision. The Secretariat was aware that implementing fundamental reforms within the Organization would be a difficult job but was fully committed to meeting the requests of Member States on time. She expressed her appreciation of Board members' contributions to the discussions on governing bodies, reporting requirements and the financial implications of resolutions, and noted their clear intention to eliminate unnecessarily burdensome requirements on the Organization. It was important that the concerns of the WHO staff associations be addressed in the reform process, even as WHO was refitted to operate as the foremost authority on international health.

After the customary exchange of courtesies, the CHAIRMAN declared the 129th session closed.

**The meeting rose at 20:25.**

---

<sup>1</sup> Decision EB129(7).