



WORLD HEALTH ORGANIZATION

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# **EXECUTIVE BOARD**

**137<sup>TH</sup> SESSION**

**GENEVA, 27 and 28 MAY 2015**

**DECISIONS**

**ANNEX**

**SUMMARY RECORDS**

**LIST OF PARTICIPANTS**

**GENEVA**

**2015**

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## 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	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

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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 137th session of the Executive Board was held at WHO headquarters, Geneva, on 27 and 28 May 2015.<sup>1</sup>

The Sixty-eighth World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board<sup>2</sup> in place of those whose term of office had expired,<sup>3</sup> giving the following new composition of the Board:

Designating country	Unexpired term of office <sup>4</sup>	Designating country	Unexpired term of office <sup>4</sup>
Albania .....	1 year	Kuwait.....	2 years
Andorra.....	1 year	Liberia.....	2 years
Argentina.....	1 year	Malta.....	3 years
Brazil .....	1 year	Namibia.....	1 year
Canada.....	3 years	Nepal.....	2 years
China .....	2 years	New Zealand.....	3 years
Congo .....	3 years	Pakistan.....	3 years
Democratic People's Republic of Korea.....	1 year	Philippines.....	3 years
Democratic Republic of the Congo.....	2 years	Republic of Korea.....	1 year
Dominican Republic .....	3 years	Russian Federation.....	2 years
Egypt .....	1 year	Saudi Arabia.....	1 year
Eritrea.....	2 years	South Africa.....	1 year
France.....	3 years	Suriname.....	1 year
Gambia.....	2 years	Sweden.....	3 years
Japan.....	1 year	Thailand.....	3 years
Jordan.....	3 years	United Kingdom of Great Britain and Northern Ireland.....	2 years
Kazakhstan.....	3 years	United States of America.....	2 years

Details regarding members designated by the above Member States can be found in the list of members and other participants.<sup>5</sup>

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<sup>1</sup> Decision EB136(19).

<sup>2</sup> Decision WHA68(7).

<sup>3</sup> The retiring members had been designated by Australia, Azerbaijan, Belgium, Chad, Croatia, Cuba, Iran (Islamic Republic of), Lebanon, Lithuania, Malaysia, Maldives and Panama (see decision WHA65(7)).

<sup>4</sup> At the time of the closure of the Sixty-eighth World Health Assembly.

<sup>5</sup> See page 57.



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2. Opening of the session and adoption of the agenda
3. Outcome of the Sixty-eighth World Health Assembly
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. Financing dialogue
6. Technical and health matters
  - 6.1 Newborn health: draft accountability framework
  - 6.2 Mycetoma
7. WHO guidelines: development and governance
8. Management and financial matters
  - 8.1 Strategic budget space allocation
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  - 8.3 Committees of the Executive Board: filling of vacancies
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  - 9.2 [deleted]
10. Matters for information: report on meetings of expert committees and study groups
11. Future sessions of the Executive Board and the Health Assembly, and draft provisional agenda of the 138th session of the Executive Board
12. Closure of the session

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





## LIST OF DOCUMENTS

EB137/1 Rev.2	Agenda <sup>1</sup>
EB137/1 (annotated) Rev.1	Provisional agenda (annotated)
EB137/2	Report of the Programme, Budget and Administration Committee of the Executive Board
EB137/3	Financing dialogue
EB137/4	Newborn health: draft accountability framework
EB137/5	WHO guidelines: development and governance
EB137/6	Strategic budget space allocation
EB137/6 Add.1	Report on financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board or Health Assembly <sup>2</sup>
EB137/7	Evaluation: annual report
EB137/8 and EB137/8 Add.1	Committees of the Executive Board: filling of vacancies
EB137/8 Add.2	Membership of the Independent Expert Oversight Advisory Committee
EB137/9	Report on meetings of expert committees and study groups
EB137/10	Future sessions of the Executive Board and the Health Assembly, and draft provisional agenda of the 138th session of the Executive Board
EB137/11	Mycetoma
<b>Information document</b>	
EB137/INF./1	Statement by the representative of the WHO staff associations

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

<sup>2</sup> See Annex.

**Diverse documents**

EB137/DIV./1 Rev.1	List of members and other participants
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# COMMITTEES<sup>1</sup>

## 1 Programme, Budget and Administration Committee<sup>2</sup>

Dr Andrea Carbone (Argentina), Ms Zhang Yang (China), Dr Blanchard Mukengeshayi Kupa (Democratic Republic of the Congo), Professor Benoît Vallet (France), Mr Omar Sey (Gambia), Dr Ali Saad Al-Obaidi (Kuwait), Mr Khaga Raj Adhikari (Nepal), Dr Jeon Man-bok (Republic of Korea), Dr Abdullah bin Mifreh Assiri (Saudi Arabia), Dr Phusit Prakongsai (Thailand), Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland), Dr Thomas Frieden (United States of America), Ms Precious Matsoso (South Africa), Chairman of the Board, member ex officio, and Mr Josep M. Casals Alís (Andorra), Vice-Chairman of the Board, member ex officio.

**Twenty-second meeting, 14 and 15 May 2015:**<sup>3</sup> Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland, Chairman), Mr D. Magallanes (Argentina, alternate to Dr A. Carbone), Ms Zhang Yang (China), Mr Kim Myong Hyok (Democratic People's Republic of Korea, alternate to Mr Kim Chang Min), Dr Mukengeshayi Kupa (Democratic Republic of the Congo), Mr A.W. Roushdy (Egypt, alternate to Professor A. Al-Adawy), Mr O. Sey (Gambia), Dr M. Ushio (Japan, alternate to Dr S. Omi), Dr V.J. Grabauskas (Lithuania), Ms L. Silwal (Nepal, alternate to Mr K.R. Adhikari) and Dr R.G. Roa Rodriguez (Panama).

## 2. Standing Committee on Nongovernmental Organizations<sup>4</sup>

Dr Gazmend Bejtja (Albania), Mr Sylvain Segard (Canada), Dr Bernard Haufiku (Namibia), Dr Assad Hafeez (Pakistan) and Dr Janette Loreto Garin (Philippines).

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<sup>1</sup> Showing current membership as of 28 May 2015, and listing the names of those committee members who attended meetings since the previous session of the Executive Board (see document EB137/8 Add.1).

<sup>2</sup> Decision EB137(1).

<sup>3</sup> See document EBPBAC22/DIV./1.

<sup>4</sup> Decision EB137(2).



**PART I**  
**DECISIONS**  
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## **DECISIONS**

### **EB137(1)      Membership of the Programme, Budget and Administration Committee**

The Executive Board appointed as members of the Programme, Budget and Administration Committee Dr Andrea Carbone (Argentina), Dr Thomas Frieden (United States of America), Dr Phusit Prakongsai (Thailand), Professor Benoît Vallet (France), Dr Ali Saad Al-Obaidi (Kuwait) and Dr Jeon Man-bok (Republic of Korea) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Dr Blanchard Mukengeshayi Kupa (Democratic Republic of the Congo), Mr Omar Sey (Gambia), Mr Khaga Raj Adhikari (Nepal), Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland), Dr Abdullah bin Mifreh Assiri (Saudi Arabia) and Ms Zhang Yang (China) who were already members of the Committee. Ms Precious Matsoso (South Africa), Chairman of the Board, and Mr Josep M. Casals Alís (Andorra), Vice-Chairman of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, 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.

(Second meeting, 27 May 2015)

### **EB137(2)      Membership of the Executive Board's Standing Committee on Nongovernmental Organizations**

The Executive Board appointed Mr Sylvain Segard (Canada), Dr Assad Hafeez (Pakistan) and Dr Janette Loreto Garin (Philippines) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board, in addition to Dr Gazmend Bejtja (Albania) and Dr Bernard Haufiku (Namibia), 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.

(Second meeting, 27 May 2015)

### **EB137(3)      Appointment of representatives of the Executive Board at the Sixty-ninth World Health Assembly**

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Ms Precious Matsoso (South Africa), and its first three Vice-Chairmen, Dr Andrea Carbone (Argentina), Dr Jeon Man-bok (Republic of Korea) and Dr Assad Hafeez (Pakistan), to represent the Executive Board at the Sixty-ninth World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Mr Josep M. Casals Alís (Andorra), and the Rapporteur, Mr Kim Chang Min (Democratic People's Republic of Korea), could be asked to represent the Board.

(Second meeting, 27 May 2015)

**EB137(4) Membership of the Independent Expert Oversight Advisory Committee**

The Executive Board noted the report contained in document EB137/8 Add.2 on membership of the Independent Expert Oversight Advisory Committee and appointed Ms Jeya Wilson (South Africa and New Zealand) and Mr Leonardo P. Gomes Pereira (Brazil) as members of the Committee for a four-year non-renewable term of office, in accordance with resolution EB125.R1, starting May 2016.

(Second meeting, 27 May 2015)

**EB137(5) Place, date and duration of the 138th session of the Executive Board and the twenty-third meeting of the Programme, Budget and Administration Committee of the Executive Board**

The Executive Board decided that its 138th session should be convened on Monday, 25 January 2016, at WHO headquarters, Geneva, and should close no later than Saturday, 30 January 2016. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its twenty-third meeting on Thursday, 21 January, and Friday, 22 January 2016, at WHO headquarters, Geneva.

(Third meeting, 28 May 2015)

**EB137(6) Place, date and duration of the Sixty-ninth World Health Assembly and the twenty-fourth meeting of the Programme, Budget and Administration Committee of the Executive Board**

The Executive Board decided that the Sixty-ninth World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 23 May 2016, and close no later than 18:00 on Saturday, 28 May 2016. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its twenty-fourth meeting on Thursday, 19 May and Friday, 20 May 2016, at WHO headquarters, Geneva.

(Third meeting, 28 May 2015)

**EB137(7) Strategic budget space allocation**

The Executive Board, having considered the report by the Working Group on the Strategic Budget Space Allocation,<sup>1</sup> recommended to the Sixty-ninth World Health Assembly the adoption of the following decision:<sup>2</sup>

The Sixty-ninth World Health Assembly decided the following:

- (1) to welcome the report of the Working Group on the Strategic Budget Space Allocation and express its appreciation to the members of the Working Group for their thoroughness in reviewing the previous work and for developing a revised model in an objective and timely manner;

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<sup>1</sup> Document EB137/6, Annex.

<sup>2</sup> See Annex for the financial and administrative implications for the Secretariat of the adoption of the decision.



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- (2) to endorse the proposed model recommended by the Working Group on the Strategic Budget Space Allocation;
- (3) to request the Director-General, with respect to the endorsed model:
- (a) to implement the recommended model, over a period of three to four bienniums, and to minimize any negative budgetary impact at regional and country levels, particularly in the countries with the greatest need, in consultation with the regional directors, using the current allocation for technical cooperation at country level as the starting point;
  - (b) to report every biennium on the implementation of the new model, as part of the programme budget reports, to the Executive Board through its Programme, Budget and Administration Committee;
  - (c) to conduct reviews at least every six years in order to assess the relevance of the model to country needs and its impact on the regional budget envelopes;
- (4) to further request the Director-General to work with regional directors to strive towards the use of WHO country budgets and the Organization's social and intellectual capital to leverage additional resources in order to implement and sustain national priority programmes effectively.

(Third meeting, 28 May 2015)

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## ANNEX

### Financial and administrative implications for the Secretariat of decisions adopted by the Executive Board

<b>1.</b>	<b>Decision EB137(7) Strategic budget space allocation</b>		
<b>2.</b>	<p><b>Linkage to the Proposed programme budget 2016–2017 (see document A68/7 <a href="http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_7-en.pdf">http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_7-en.pdf</a>)</b></p> <p>Category: 6. Corporate services/enabling functions</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Programme area: Strategic planning, resources coordination and reporting</td> <td style="width: 50%;">Outcome: 6.3 Output: 6.3.1</td> </tr> </table> <p><b>How would this decision contribute to the achievement of the outcome of the above programme area?</b>  The decision will endorse implementation of the guiding principles for strategic budget space allocation in order to improve performance and use of resources for technical cooperation at country level.</p> <p><b>Does the Programme budget already include the outputs and deliverables requested in this decision? (Yes/no)</b>  Yes.</p>	Programme area: Strategic planning, resources coordination and reporting	Outcome: 6.3 Output: 6.3.1
Programme area: Strategic planning, resources coordination and reporting	Outcome: 6.3 Output: 6.3.1		
<b>3.</b>	<p><b>Estimated cost and staffing implications in relation to the Programme budget</b></p> <p><b>(a) Total cost</b>  <b>Indicate (i) the lifespan of the decision during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).</b></p> <p>(i) The decision is not time-bound.</p> <p>(ii) With respect to Secretariat activities, the decision would not incur any costs related to the Programme budget.</p> <p><b>(b) Cost for the biennium 2016–2017</b>  <b>Indicate how much of the cost indicated in 3(a) is for the biennium 2016–2017 (estimated to the nearest US\$ 10 000).</b>  n/a  <b>Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.</b>  The decision relates to all three levels of the Organization, but no further costs would be incurred.  <b>Is the estimated cost fully included within the approved Programme budget 2016–2017? (Yes/no)</b>  <b>There is no cost implication in relation to the Programme budget.</b>  <b>If “no”, indicate how much is not included.</b>  n/a</p> <p><b>(c) Staffing implications</b>  <b>Could the decision be implemented by existing staff? (Yes/no)</b>  Yes.  <b>If “no”, indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.</b></p>		
<b>4.</b>	<p><b>Funding</b></p> <p><b>Is the estimated cost for the biennium 2016-2017 indicated in 3(b) fully funded? (Yes/no)</b>  There is no cost implication, thus the question of full funding is not applicable.  <b>If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).</b></p>		



## **PART II**

### **SUMMARY RECORDS**

### **LIST OF PARTICIPANTS**



# **SUMMARY RECORDS**

## **FIRST MEETING**

**Wednesday, 27 May 2015, at 09:40**

**Acting Chairman:** Dr JEON Man-bok (Republic of Korea)

**Chairman:** Ms P. MATSOSO (South Africa)

### **1. OPENING OF THE SESSION:** Item 2 of the Provisional agenda

The ACTING CHAIRMAN declared open the 137th session of the Executive Board and said that the Board would proceed to elect its Chairman, Vice-Chairmen and Rapporteur before adopting its agenda.

### **2. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEUR:** Item 1 of the Provisional agenda

The ACTING CHAIRMAN drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing the Officers of the Board. Following the principle of rotation among geographical WHO regions, Ms Precious Matsoso (South Africa) had been nominated for the office of Chairman of the Executive Board. In the absence of other nominees, and pursuant to Rule 48 of the Rules of Procedure of the Executive Board, the Board could decide to proceed without taking a ballot on the agreed candidate.

**Ms Precious Matsoso (South Africa) was elected Chairman.**

Dr JEON Man-bok (Republic of Korea) congratulated Ms Matsoso on her election and said that it had been both an honour and an enriching experience to serve as Rapporteur of the Executive Board.

**Ms Matsoso took the Chair.**

The CHAIRMAN said that she was honoured to be elected Chairman of the Executive Board and would do her best to carry forward the work of the Organization in an efficient manner in order to achieve fruitful outcomes.

She drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing the Officers of the Board. Following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairmen: Dr Andrea Carbone (Argentina) (Region of the Americas), Dr Assad Hafeez (Pakistan) (Eastern Mediterranean Region), Mr Josep M. Casals Alís (Andorra) (European Region) and Dr Jeon Man-bok (Republic of Korea) (Western Pacific Region).

**Dr Andrea Carbone (Argentina), Dr Assad Hafeez (Pakistan), Mr Josep M. Casals Alís (Andorra) and Dr Jeon Man-bok (Republic of Korea) were elected Vice-Chairmen.**

The CHAIRMAN said 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 or her 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: Dr Carbone (Argentina), Dr Jeon Man-bok (Republic of Korea), Dr Hafeez (Pakistan) and Mr Casals Alís (Andorra).**

The CHAIRMAN said that, pursuant to Rule 12 of the Rules of Procedure of the Executive Board and in accordance with the principle of rotation among geographical regions, Mr Kim Chang Min (Democratic People's Republic of Korea) had been nominated Rapporteur.

**Mr Kim Chang Min was elected Rapporteur.**

**3. ADOPTION OF THE AGENDA:** Item 2 of the Provisional agenda (Documents EB137/1 Rev.1 Corr.1 and EB137/1 (annotated) Rev.1)

The CHAIRMAN said that in the absence of any amendments to the Staff Regulations and Staff Rules, she proposed that item 9.2 should be deleted.

Mr KOLKER (United States of America) congratulated the Chairman on her election and attested to her skills as a negotiator. With regard to footnote 1 on the first page of the provisional agenda, he commended the efforts that had already been expended in trying to reach consensus on a way forward in the wake of decision EB133(1). However, the time had come for a new approach. After broad consultation, it appeared that the only solution was to delete footnote 1 and to form a working group representing all six regions, whose remit would be to prepare a new proposal that would achieve consensus among all those regions.

Dr GWENIGALE (Liberia) observed that WHO was a technical body whose only concern should be people's health. He supported deleting the footnote if doing so would put an end to further references to sexual orientation.

Dr HAFEEZ (Pakistan), speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the deletion of the footnote and said that, were the establishment of a working group to be decided on, it should be open-ended.

Mrs VALLINI (Brazil) asked for the footnote to be retained until a decision had been agreed upon. She would be willing to join a working group, as suggested, in the interests of arriving at such a decision.

Mr SEGARD (Canada) commended the proposal to establish an open-ended working group but felt that the footnote should be retained, unless its deletion would serve to move the process forward. He asked the Secretariat to give a clear indication of the nature of the process envisaged.

Dr MUKENGESHAYI KUPA (Democratic Republic of Congo) supported the deletion of the footnote.

Mr GHEBRETINSAE GHILAGABER (Eritrea) also supported deletion of the footnote, as well as the establishment of an open-ended working group.



Dr CARBONE (Argentina) expressed concern that the subject of access to health care for lesbian, gay, bisexual and transgender populations had still not been fully addressed by the Board. She feared that deleting the footnote could lead to the item being removed from future agendas, either deliberately or in error. She supported the establishment of a working group representing all six regions but requested that, in the meantime, the footnote should remain.

Dr BUSUTTIL (Malta), speaking on behalf of the European Union and its Member States, regretted not having had the opportunity to discuss the subject further. He preferred to keep the footnote but supported the proposal to establish a cross-regional working group, provided such a compromise solution was not prejudicial to the role and mandate of WHO to deal with the topic from a health perspective. He would welcome further details on the proposed working group.

Dr SUWIT WIBULPOLPRASERT (Thailand) recalled the amount of time that had already been devoted to the subject in previous Board sessions. He supported the proposals put forward by the members for the United States of America and Canada aimed at achieving consensus, and urged the Board to take action along the lines proposed.

Dr RODRÍGUEZ MONEGRO (Dominican Republic) supported the proposals put forward by the members for the United States of America and Canada. Vulnerable groups experienced difficulties in securing access to health care, and WHO and its Executive Board should not feel that any health problem was taboo.

Dr AXELROD (Russian Federation) said that access to health care should not be influenced by a person's affiliation to a religious or social group. She supported the establishment of an open-ended working group and would welcome details of its envisioned composition and working methods.

Dr JESSAMINE (New Zealand) endorsed the proposals put forward by the members for the United States of America and Canada. He supported retaining the footnote as a marker of the Board's commitment to resolving the matter.

Mr RAMADAN (Egypt) supported the statements by the members for Liberia and Pakistan and favoured deletion of the footnote in the agenda. The subject under discussion would clearly not be resolved in the present forum, nor indeed subsequently by any working group. It was therefore preferable to focus on the work that could be achieved together, in order to fulfil the mandates of the World Health Assembly and the Executive Board and avoid intellectual and cultural topics on which there was no consensus.

Dr BEJTJA (Albania) aligned himself with the statement made by the member for Malta.

Professor KULZHANOV (Kazakhstan) supported the establishment of an open-ended working group, which would be the most effective way of reaching consensus.

The DIRECTOR-GENERAL, summarizing the opinions expressed by Board members, said that there appeared to be a consensus to convene an informal, open-ended working group involving representatives of all six regions to discuss the inclusion of an agenda item regarding the lesbian, gay, bisexual and transgender community's access to health care. However, there were differing views on whether to retain or delete the footnote containing the text of decision EB133(1).

At the request of the CHAIRMAN, Mr BURCI (Legal Counsel) gave an overview of the two proposals under consideration. The proposal by the member for the United States of America involved the establishment of an informal working group with regional representation and the deletion of the footnote. The alternative proposal included the establishment of a formal working group appointed by the Executive Board, which would be subject to Rules 16 and 16 bis of the Rules of Procedure of the Executive Board, and the inclusion of the footnote.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) expressed support for the proposal to establish an informal working group with regional representation. Her country would be willing to compromise on retaining the footnote, if required, in order to reach consensus on the matter.

The DIRECTOR-GENERAL said that the proposal by the member for the United Kingdom echoed the decision made by the Board at its 133rd session, when it had agreed to keep the footnote and had requested the Director-General to conduct informal consultations with Member States from all regions. She wished to know whether Member States would be happy to support that solution.

Mr CASALS ALÍS (Andorra) expressed full support for the proposal made by the member for the United Kingdom of Great Britain and Northern Ireland.

Mr KOLKER (United States of America) said that he recognized that the issue was a highly sensitive topic. His country had proposed the deletion of the footnote as it firmly believed that Member States rather than the Director-General were best placed to lead the informal discussions on the issue.

Dr AXELROD (Russian Federation), supported by Mrs VALLINI (Brazil), said that, in order to be in a position to support the deletion of the footnote, she would require further clarification on the working methods and terms of reference of the informal working group, including details about the role that would be played by the Secretariat.

Dr GWENIGALE (Liberia) stressed that the issue was a matter for individual Member States, and that his country was opposed to the establishment of an informal working group. The Executive Board should focus solely on global health concerns and should not waste any further time on the issue.

Mr RAMADAN (Egypt) said that the proposed informal working group could only provide a way forward if all Member States agreed to continue discussing the topic, which did not appear to be the case.

Ms TAKAENZANA (Zimbabwe)<sup>1</sup> expressed support for the proposal made by the member for the United States. The inclusion of the footnote had only divided Member States, rather than serving its original purpose of bringing about consensus.

Dr MAKASA (Zambia)<sup>1</sup> also supported the United States' proposal to delete the footnote and hold informal consultations. That position represented a considerable compromise on the part of the Member States of the African Region.

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

Mr EMANUELE (Ecuador)<sup>1</sup> said that it was necessary not only to focus on universal health coverage and access but also to take additional measures to ensure equity for vulnerable groups. The lesbian, gay, bisexual and transgender population must not be marginalized, discriminated against or made invisible, which deleting the footnote would do. His country supported the establishment of an informal working group but wished to keep the existing footnote.

Mr ALAKHDER (Libya)<sup>1</sup> supported the proposal made by the member for the United States and emphasized that the informal working group must be open-ended.

Dr BUSUTTIL (Malta), supported by Professor ELIRA DOKEKIAS (Congo), urged the Secretariat to provide clarification on the functioning of the informal working group and the measures that would be put in place to ensure that individual Member States' opinions were taken into account and the item was not sidelined.

Mr BURCI (Legal Counsel) said that the open-ended, informal working group would not be subject to the Rules of Procedure of the Executive Board and could work towards consensus among Member States in an informal manner. The working group could establish its own working methods and terms of reference and could appoint its own chairman. All Member States would be able to participate, and the group could report back to the Executive Board directly, with support by the Secretariat, or via the Director-General.

The CHAIRMAN, summarizing the proposed functioning of the open-ended, Member State-led working group and noting an emerging consensus on the matter, asked whether members of the Board would be willing to proceed with the establishment of the informal working group on that basis.

Mrs VALLINI (Brazil), while agreeing with the need to discuss the issue on an informal basis, stressed that the footnote must be retained, in addition to the establishment of an informal working group, in order to maintain the visibility of the issue.

Mr RAMADAN (Egypt) asked for clarification on the topics that would be discussed by the informal working group.

The CHAIRMAN drew the Board's attention to decision EB133(1), which requested that informal consultations with Member States from all regions should be held with a view to reaching consensus on the title and content of the agenda item. She proposed that the Executive Board should first decide on establishing a working group and then consider whether to retain the footnote.

Mr SEGARD (Canada) suggested that the members for the United States of America and Thailand and other interested members could discuss the functioning of the working group on an informal basis and report back to the Board with a more in-depth proposal.

Dr GWENIGALE (Liberia), noting the Board's inability to reach consensus on the issue, proposed that a vote should be taken on whether discussion on the item should continue.

Dr MAKUBALO (South Africa) expressed support for the proposal made by the Chairman on the establishment of the informal working group.

The DIRECTOR-GENERAL said that the proposal made by the Chairman offered the best solution to the issue and urged Member States to pay it due consideration.

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

Mr RI Jang Gon (Democratic People's Republic of Korea) expressed support for the proposal made by the member for Liberia. Given that the matter under consideration had not been included on the provisional agenda, discussion on it should cease.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) applauded the Chairman for succinctly summarizing the consensus reached thus far among Board members and called for approval of her proposal.

The CHAIRMAN, responding to the statement made by the member for the Democratic People's Republic of Korea, clarified that the matter under discussion had indeed been included on the provisional agenda in the form of a footnote which referred to consultations to be undertaken by the Director-General. The proposal under consideration was to replace that footnote with a decision by the Board to establish instead a Member State-led informal open-ended working group that would report back to the Executive Board, with support from the Secretariat.

Mrs VALLINI (Brazil), thanking the Chairman for the proposal, requested that the outcomes of the working group be communicated to the Board.

The CHAIRMAN said that the proposal would be recorded as a decision of the Board in its summary record, taking into account the suggestion made by the member for Brazil to communicate the outcomes of the working group to the Board.

Mr RAMADAN (Egypt) said that, as consensus had not in fact been reached among Board members, it was important that the report of the working group should be factual and clearly specify those countries in favour of, and those against, the outcomes of the consultations.

Mrs VALLINI (Brazil) said that consensus could be achieved through discussion, but only via a suitable platform. She requested the Secretariat to read out the current version of the proposed text of the decision, with a view to its approval by Board members.

Mr BURCI (Legal Counsel) said that the text of the proposed decision could read:

“The Executive Board decided:

- (1) to delete the footnote to the item on adoption of the agenda;
- (2) to support working towards consensus through an informal open-ended working group of Member States;
- (3) to request the Director-General to support the working group and to report to the Executive Board on the outcomes/the progress of the work of the working group.”

Dr AXELROD (Russian Federation), noting that there was no consensus among Board members, said that she did not support establishment of a working group.

Dr FORSTER (Namibia) expressed support for the proposal put forward by the Secretariat, given that it would move discussion of the matter from the meetings of the Board to a working group whose results would be reported back to the Board.

Dr RODRÍGUEZ MONEGRO (Dominican Republic) recalled that the problem of HIV/AIDS in the early 1980s had given rise to the need for legislation to protect the rights of people living with HIV/AIDS to access the health care they required. Although the prevalence of HIV infection in the general population in the Dominican Republic was around 0.7%, the rate among populations with a non-heterosexual sexual orientation and other vulnerable groups was 5%, thereby demonstrating the importance of formulating targeted policies for those populations as part of national public health policies. Viewing health as a right meant that all health-related problems should be addressed. It was

therefore essential to establish a working group to discuss the matter, with the elective participation of Member States. Consensus did not mean unanimity.

Mr RI Jang Gon (Democratic People's Republic of Korea) reiterated that, as he understood it, the matter under discussion had not been included on the provisional agenda and, as such, consideration of the item should cease.

In response to a request by the CHAIRMAN for clarification, Mr BURCI (Legal Counsel) said that the item had originally been proposed for inclusion on the agenda of the Board at its 133rd session. In view of the disagreement among Board members, a compromise had been reached whereby a footnote appended to the item on the agenda would be retained for future sessions of the Board. In the meantime, the Board had requested the Director-General to hold informal consultations with Member States with a view to reaching consensus on the title and content of that item. In that sense, the item had therefore been neither included in, nor removed from, the agenda: the Board had instead decided to retain a placeholder on its agenda, in order to reflect the fact that the discussions led by the Director-General were still under way.

Mr SEY (Gambia) expressed concern that the Executive Board, as the technical arm of the Organization, was focusing on the matter under consideration rather than on pressing health issues of global concern. Even in the African Region, consensus on the item under discussion had not been reached. Noting the need to refocus the discussions at the current session, he requested that consideration of the item be suspended and deferred to the next session of the Board.

The CHAIRMAN said that the discussions should focus on reaching a decision on whether to accept or reject the proposal under consideration, rather than on putting forward new ones, in order to allow the meeting to move forward.

Mr SEY (Gambia) reiterated that, as the technical arm of the Organization, the Board should concentrate on discussing important issues of global public health concern, such as poliomyelitis, meningitis, mycetoma, Ebola virus disease and health system strengthening, rather than a specific group of people. He therefore requested deferral of the item under consideration.

Mr RAMADAN (Egypt) said that any informal process of consultation on the issue that might be agreed should not be viewed as a way of surreptitiously including the item on the agenda; the sole purpose of the consultation was to help the Board to reach a conclusion on the matter. His country was willing to engage in that process. The chairman of the working group, not the Director-General, should be tasked with reporting back to the Board. In addition, the discussions in a working group were unlikely to influence national governments and health authorities to take the necessary measures to deal with any problems they faced at the national level; individual countries were free to implement anti-discrimination policies if they so wished.

Dr SUWIT WIBULPOLPRASERT (Thailand), expressing support for the proposed text read out by the Legal Counsel, said that the Board should first consider and aim to reach consensus on the Secretariat's proposal. If agreement could not be reached, the proposal put forward by the member for Canada, to hold an informal discussion during the lunch break, should be endorsed in order to conclude the matter under consideration by the end of the day and enable the meeting to move forward.

Dr FORSTER (Namibia) said that consensus appeared to have been reached on the proposal made by the Secretariat but sought confirmation that the request made by the member for Brazil for a formal decision had been addressed.

Mrs VALLINI (Brazil) drew attention to the fact that, although procedures were being discussed, people, their health and rights lay at the core of the matter under consideration. She endorsed the text proposed by the Legal Counsel and concurred that the chairman of the working group should report back to the Board.

Dr CARBONE (Argentina) endorsed the comments made by the member for Brazil, noting that health was indeed a human right.

Dr BUSUTTIL (Malta), speaking on behalf of the European Union and its Member States, expressed support for the proposal put forward by the Secretariat.

The CHAIRMAN requested the Legal Counsel to read out the proposed text again with a view to concluding discussion on the matter.

Mr BURCI (Legal Counsel) said that, taking into account Board members' comments, the proposed decision would read:

“The Executive Board decided:

- (1) to delete the footnote to the item on adoption of the agenda;
- (2) to support that further work be conducted through an informal open-ended working group of Member States;
- (3) to request the Chair of the informal open-ended working group to report on the progress of the work of the working group to the 138th session of the Executive Board;
- (4) to request the Director-General to support the work of the working group.”

The footnote “And, where applicable, regional economic integration organizations” would also be inserted into the text after the words “Member States”.

The CHAIRMAN asked if the proposed text was acceptable to the Board.

Mr RAMADAN (Egypt) said that the proposed text would not be acceptable in its current form. He therefore proposed to amend it by replacing the words “the progress” with the words “the outcome” in paragraph (3). The proposed working group was not a standing body but rather a platform from which to hold informal consultations before the next session of the Board.

Dr GWENIGALE (Liberia) said that the item should be permanently deleted from the agenda of the current and all future sessions of the Board. As consensus among Board members had clearly not been achieved, any agreement reached should be referred to as representing the majority view.

In response to a question by Mrs VALLINI (Brazil) about the status of the words “the progress” in the proposed text, the CHAIRMAN requested that the members for Brazil and Egypt discuss the wording of the footnote among themselves in order to reach agreement on whether the words “the progress” or “the outcome” should be included in the final text.

Dr SUWIT WIBULPOLPRASERT (Thailand) suggested that the Secretariat distribute a printed version of the text that had been read out; if concerns were raised regarding the wording, informal discussions could take place, as proposed by the member for Canada, with the aim of reaching consensus by the end of the day.

The CHAIRMAN proposed that the Board continue with its business while waiting for the outcome of the informal consultations.

**It was so agreed.**

The CHAIRMAN said that the Sixty-eighth World Health Assembly had forwarded an additional agenda item entitled Mycetoma (document EB137/11) to the Executive Board for its consideration at the current session. She drew attention to the draft resolution on strengthening control of mycetoma proposed by Egypt, Jordan and Sudan, which read:

The Executive Board,  
Having considered the report on Mycetoma,<sup>1</sup>

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

**(PP1)** Deeply concerned about the burden of Mycetoma, especially among children and young adults in the productive age, and its health and socioeconomic impacts on poor rural communities;

**(PP2)** Aware that early detection and treatment minimize the adverse consequences of the disease;

**(PP3)** Noting with satisfaction the progress made by the Mycetoma Collaborating Centre, in coordinating control and research activities among partners;

**(PP4)** Concerned that several factors, including late detection of cases and lack of effective tools for diagnosis, treatment and prevention, impede further progress;

**(PP5)** Mindful that achievement of two of the United Nations Millennium Development Goals, namely, to eradicate extreme poverty and hunger and to achieve universal primary education, may be hampered by the negative impact of neglected diseases of the poor, including Mycetoma;

**(OP1)** URGES Member States in which Mycetoma is or threatens to become endemic:

- (a) to assess the burden of Mycetoma and, where necessary, establish a control programme;
- (b) to accelerate effort for early detection and treatment of mycetoma cases;
- (c) where feasible, to build up effective collaboration with other relevant disease-control activities;
- (d) within the context of health-system development, to establish and sustain partnerships at country and regional level for control of Mycetoma;
- (e) to ensure that sufficient national resources are available to meet surveillance and control needs, including access to treatment and rehabilitation services;
- (f) to promote community awareness of the disease;
- (g) to provide training to all health workers in the diagnosis and management of Mycetoma;
- (h) to add Mycetoma as one of the priority of neglected tropical diseases;

**(OP2)** ENCOURAGES all Member States:

- (a) to intensify research to develop tools to diagnose, treat and prevent the disease, and to integrate Mycetoma into the national disease-surveillance system;
- (b) to intensify community participation in the recognition of disease symptoms and prevention;

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<sup>1</sup> Document EB137/11.

- (a) to cooperate directly with countries in which the disease is endemic in order to strengthen control and research activities;
- (b) to develop partnerships and to foster collaboration with organizations and programmes involved in health-system development in order to ensure that effective interventions can reach all those in need;
- (c) to provide support to the Mycetoma Collaborating Centres;

- (a) to continue to provide technical support to the Mycetoma Collaborating Centers, in order particularly to advance understanding of the disease burden and to improve early access to diagnosis and treatment by general strengthening of health infrastructure;
- (b) to foster technical cooperation among countries as a means of strengthening surveillance, control and rehabilitation services;
- (c) to promote research on better diagnostic, treatment and preventive tools through coordination by, and support from, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

<b>1. Resolution:</b> Strengthening control of mycetoma disease	
<b>2. Linkage to the Programme budget 2014–2015 (see document A66/7 <a href="http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf">http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf</a>)</b>	
Category: 1. Communicable diseases	
Programme area(s): Neglected tropical diseases	Outcome: 1.4
	Output: 1.4.1, 1.4.2, 1.4.3
<b>How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?</b>	
Activities mandated by this resolution are part of the deliverables that need reinforcement specifically for the control of mycetoma.	
The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases no longer engages in managing research and development for drugs and diagnostics, should this be required for mycetoma. The UNICEF/UNDP/World Bank/WHO Special Programme would assist the Secretariat in convening expert groups to analyse the situation and form research priorities.	
<b>Does the Programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)</b>	
Yes.	
<b>3. Estimated cost and staffing implications in relation to the Programme budget</b>	
<b>(a) Total cost</b>	
Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).	
(i) 10 years	
(ii) Total: US\$ 10 million (staff: US\$ 6 million; activities: US\$ 4 million)	
<b>(b) Cost for the biennium 2014–2015</b>	
Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).	
Total: US\$ 500 000 (staff: US\$ 300 000; activities: US\$ 200 000)	



<p><b>Indicate at which levels of the Organization the costs would be incurred, identifying specific regions, where relevant.</b></p> <p>Initially, at headquarters. As of the next biennium, costs are expected also at regional and country levels in the African Region, the Region of the Americas, the South-East Asia Region and the Eastern Mediterranean Region.</p> <p><b>Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)</b></p> <p>No.</p> <p><b>If “no”, indicate how much is not included.</b></p> <p>US\$ 500 000</p> <p><b>(c) Staffing implications</b></p> <p><b>Could the decision be implemented by existing staff? (Yes/no)</b></p> <p>No.</p> <p><b>If “no”, indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.</b></p> <p>Up to two additional staff at grade P.4.</p>	<p><b>4. Funding</b></p> <p><b>Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)</b></p> <p>No.</p> <p><b>If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).</b></p> <p>US\$ 500 000; source(s) of funds not yet identified. The funds required to take these priorities forward are not included in the present report. A potential source of external funding may be negotiated with WHO partners (through product development partnerships).</p>
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The CHAIRMAN took it that the Board agreed to the inclusion of the additional item on mycetoma.

**It was so agreed.**

(For continuation of the discussion and adoption of the agenda, see the summary record of the second meeting, section 2.)

#### **4. OUTCOME OF THE SIXTY-EIGHTH WORLD HEALTH ASSEMBLY:** Item 3 of the Provisional agenda

Dr BUSUTTIL (Malta), speaking on behalf of the Member States of the European Union, said that the Sixty-eighth World Health Assembly had been a success; WHO's mandate had been reinforced and it was quickly becoming a fit-for-purpose 21st-century organization. The Ebola virus disease outbreak had exposed weaknesses in WHO, but the Health Assembly had demonstrated the Organization's commitment to reform and to increasing its capacity to prevent and respond to emergencies. The approved 8% budgetary increase implied a need for more transparency and accountability at all levels of the Organization, and he looked forward to progress in that regard. The Member States of the European Union remained committed to maintaining WHO's technical nature and independence.

Dr HOLM (Sweden) said that important decisions had been taken at the Sixty-eighth World Health Assembly, which would shape the Organization's work in the years ahead. However, there had once again been governance challenges with regard to the functioning of the Health Assembly.

Too many agenda items, concurrent meetings of working groups, and meetings immediately before sessions of the Assembly that resulted in late documents, *inter alia*, had made it difficult – even for a medium-sized delegation such as Sweden’s – to participate adequately in the Health Assembly’s work. It was the responsibility of both Member States and the Secretariat to ensure that small and medium-sized delegations were able to prepare and participate in an equal way. Maintaining the status quo was not an option; the governance reform process initiated by the Executive Board at its 136th session must go forward and new solutions must be tried.

Dr OMI (Japan) said that the Sixty-eighth World Health Assembly had been one of the best Health Assemblies that Japan had attended, in terms of the efficient conduct of discussions and its outcomes – most notably, the approval of the increased budget.

The CHAIRMAN said that Member States demanded a great deal of the Secretariat: the creation and management of working groups, the organization of formal and informal meetings, and the timely production of documents, for example. She had therefore asked the Secretariat to make a presentation to the next session of the Executive Board about how much work such requests entailed.

Professor VALLET (France) looked forward to working with WHO to strengthen its essential functions, particularly in the areas of international health crises and universal health coverage. The outcomes of the Sixty-eighth World Health Assembly were encouraging. It was worth highlighting the lessons learnt from the Ebola virus disease outbreak, which would ensure that WHO had sufficient resources to respond to future global health crises and reinforce Member States’ capacity to implement the International Health Regulations (2005), as well as their research and development capacity. The adoption of global action plans on antimicrobial resistance and on vaccines, as well as of the resolution on air pollution, was also noteworthy. Continued implementation of reforms across the three levels of the Organization and the pursuit of work on the financing dialogue were prerequisites for WHO to realize the goals that it had set itself.

Dr MILAN (Philippines) highlighted the Health Assembly’s adoption of the global action plan on antimicrobial resistance, the resolution on air pollution and the Programme budget 2016–2017, as well as the progress made on the framework for engagement with non-State actors. She echoed the observation made by the member for Sweden about the tight schedule, which was compounded by an increasing number of parallel meetings. The situation should be resolved so that small delegations could benefit fully from the various discussions.

The DIRECTOR-GENERAL said that the Sixty-eighth World Health Assembly had indeed been one of the best Health Assemblies. Efficiency had been improved, notwithstanding the many working groups – there had been only a few night sessions, for instance. The Secretariat would certainly conduct an exercise to show the linkage between the many demands made of it, and as part of that it should calculate how much time it devoted to the organization of side events. Member States should, in future, consider the impact on the total workload of their requests for side events.

Member States had made it clear that they expected lessons to be learnt from the Ebola virus disease outbreak and other humanitarian crises, and the Secretariat would do its utmost to move relevant reforms forward. Member States’ work to pass the budget increase was appreciated. They had also made it clear that they expected improved transparency, accountability and internal control. The next meeting of the Programme, Budget and Administration Committee was fast approaching, as was the financing dialogue, in November 2015, and the Secretariat would soon need to show what work it had done to meet Member States’ expectations. The outcomes of the Health Assembly, notably the progress made on antimicrobial resistance and air pollution, as well as on WHO reform, were the Member States’ achievements.

**5. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD:** Item 4 of the Provisional agenda (Document EB137/2)

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, reported on the three items considered by the Committee that did not appear separately on the Board's agenda, as reflected in document EB137/2 (hosted health partnerships, the annual report of the Independent Expert Oversight Advisory Committee, and external and internal audit recommendations: progress on implementation).

She expressed her appreciation at having chaired the meeting and said that the Committee's members had been disciplined and focused, if somewhat shy. The Committee's role was to help the Organization to navigate complex financial, managerial and governance issues, therefore its members needed to show leadership and participate actively in meetings.

Dr HOLM (Sweden) said that reform must continue if WHO was to retain its leadership role in global health; the reform agenda needed to be integrated into routine business at all levels. Measures should be taken to contain costs and limit the Staff Health Insurance liability. Oversight and internal controls needed to be strengthened to address systemic weaknesses. A zero-tolerance approach to non-compliance was paramount. The agreement on the Programme budget 2016–2017 was welcome; the next step had to be to ensure its financing. Sweden remained open to a possible future increase in assessed contributions and urged the Secretariat to ensure that proposals had sufficient rationale and forward planning. Regarding the planned renovation of WHO headquarters, life-cycle management and the sharing of experiences with other organizations of the United Nations system were important.

Dr RODRÍGUEZ MONEGRO (Dominican Republic) said that the Secretariat had made it clear that the recommendations on oversight and a culture of zero tolerance of non-compliance with the Organization's rules and policies, and on the external and internal audits, would be followed. The appropriate follow-up mechanisms should be put in place, and the Dominican Republic looked forward to participating in the relevant working groups.

Dr FORSTER (Namibia) said that the culture of tolerance of non-compliance remained somewhat problematic, so the Director-General's and the regional directors' clear commitment to zero tolerance was welcome. Measures to mitigate the impact of misconduct on the Organization were indicative of the extent to which the zero tolerance approach was being implemented, and the Committee might wish to look at that matter in more detail in future.

Dr CARBONE (Argentina) agreed that there should be zero tolerance of non-compliance. It was important to update and make available the list of partnership agreements, along with the justifications for them. Partnerships with non-State actors could be beneficial, but transparency and clarity as to their composition and funding sources were vital.

Professor KULZHANOV (Kazakhstan) said that non-compliance, particularly at lower levels of the Organization, was of concern because it created risks. More needed to be done to monitor the situation, but the reasons for non-compliance also had to be understood. Better coordination at all levels of the Organization was extremely important in that regard. Zero tolerance of non-compliance was to be welcomed, but it was even more important to deal with the problems that arose from non-compliance.

Dr JESSAMINE (New Zealand) was disappointed by the audit report findings on the business practices of the Organization. He agreed that small countries had difficulty participating in meetings that covered both technical and policy decision-making and which required a robust understanding of economics and finance. Nonetheless, his country had ideas on how to improve the way items were discussed and managed in committees, how WHO staff members' engagement and compliance could

be improved, and how agencies could respond to the current environment of austerity, and he looked forward to sharing them with the Programme, Budget and Administration Committee and the Board.

Dr SURIYA WONGKONGKATHEP (Thailand) shared the concerns about non-compliance, as reported by the Internal Auditor and emphasized by the Independent Expert Oversight Advisory Committee.

Dr MUKENGESHAYI KUPA (Democratic Republic of the Congo) said that he had been impressed by the recommendations of the internal and external auditors. Both internal and external oversight should be strengthened.

The CHAIRMAN informed Board members that the Secretariat was proposing to hold orientation sessions for new members of the Programme, Budget and Administration Committee.

The DIRECTOR-GENERAL said that she and the six regional directors were very unhappy about the consistent audit findings, which performed the very important function of highlighting some of the weaknesses to which special attention had to be paid. With regard to zero tolerance, there had to be consequences for non-compliance, for both staff members and countries. Two years previously she had issued a warning to all Member States that she might even terminate direct financial cooperation as a mechanism. Member States had wanted it to continue but with tighter control and monitoring, and there had been some improvement, but not enough. There was a dual responsibility on the part of the Secretariat and Member States to ensure that WHO reform was an example that other organizations in the United Nations system could follow.

**The Board noted the report.**

## **6. FINANCING DIALOGUE:** Item 5 of the Provisional agenda (Document EB137/3)

Dr MAKUBALO (South Africa), speaking on behalf of the Member States of the African Region, welcomed the proposal that another financing dialogue be held in November 2015. It was an extremely important tool for an organization that relied so heavily on voluntary funds, which were often neither flexible nor predictable. The dialogue would provide an opportunity for further discussion of funding gaps and forecast income, and even on the future of current levels of assessed contributions. She looked forward to updates on the work on predictability and other areas, as those would form the basis for reflecting on priorities for the 2015 financing dialogue.

Mr SEGARD (Canada) said that his country remained concerned at WHO's dependency on a small number of donors for most of its voluntary contributions. He therefore strongly supported the plan to include non-State partners and potential contributors in the second financing dialogue. The dialogue had given Member States a much better understanding of how WHO was financed and its funding challenges, but there was still room to improve information sharing, communications and transparency. He urged the Secretariat to review the 2014–2015 financing dialogue process, to ensure that future efforts were based on past experience and lessons learnt.

Mr KOLKER (United States of America) said that the desired budget flexibility would only follow increased donor confidence, which in turn depended on increased transparency. The web portal was a good start, and his country would welcome the opportunity to work with the Secretariat and other Member States to discuss the information to be included in the next version. It was essential for WHO to be able to tie its budget expenditures more clearly to its activities and demonstrate how those activities linked to overall health impacts. The financing dialogue would be an opportunity for the Secretariat to present priorities to Member States and stakeholders and to improve the linkage between

those priorities and the Programme budget 2016–2017. It was very disappointing that WHO had not managed to broaden its donor base: more balanced support from the international community would promote wider ownership and better results for the Organization.

Dr OMI (Japan), recalling that the Health Assembly had agreed to increase the budget and to establish a contingency fund of US\$ 100 million, noted that the financing had to be found. If the Secretariat provided technical support to those Member States that had not yet developed the minimum core capacities required under the International Health Regulations (2005), it would be able to convince the international community to provide more support.

Dr HAFEEZ (Pakistan), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that transparency and predictability of financing needed to be further improved, and WHO should continue to encourage contributors to provide flexible funds and align their contributions with the priorities set in the programme budget. In order to widen the donor base, WHO's brand, visibility and communication of results had to be improved; the financing dialogue should be held in a less formal setting and include potential new donors in the audience. Member States would need substantial increases in country allocations to strengthen health security and preparedness, meet global commitments on noncommunicable diseases, and implement the post-2015 development agenda. During the second financing dialogue, the Director-General's original proposed increase of assessed contributions should be further discussed. Other innovative fund-raising methods should be explored, including philanthropic contributions, particularly at the country level.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) said that she was broadly satisfied with the modalities proposed for the 2015 financing dialogue meeting. The ambitious programme budget increase agreed by the Health Assembly made a successful dialogue essential, and the Secretariat should accelerate the development of its strategy to broaden the donor base. WHO needed a corporate approach to resource mobilization, in order to ensure alignment of funding with agreed priorities across the three levels of the Organization. The web portal was a valuable tool that should be updated at least every three months. It should also include results reporting, in order to further increase WHO's transparency.

Mr RI Jang Gon (Democratic People's Republic of Korea) said that the success of the financing dialogue depended on building trust among donors and potential donors, and that could only happen if the Organization was transparent and accountable to every stakeholder. The web portal would play a critical role in the success of the financing dialogue, as it enabled stakeholders to see what WHO was doing with their contributions. The Secretariat should act on the recommendations from the independent evaluation, in particular with regard to making the financing dialogue more inclusive and interactive, extending the time horizon, and improving the web portal. The increase in the programme budget approved by the Health Assembly made the role played by the financing dialogue in resource mobilization all the more critical.

Professor ELIRA DOKEKIAS (Congo) said that he would appreciate a forecast from the Secretariat that took into account the framework of engagement with non-State actors, despite the fact that it had yet to be finalized. Increased transparency as part of WHO reform would make the Organization more efficient. The budget needed to take into account the burden borne by African countries, most of whom had not been able to achieve all the health-related Millennium Development Goals. In the case of Congo, it would not be possible to terminate direct financial cooperation because WHO funds were managed by the country office and not by the Government.

(For continuation of the discussion, see the summary record of the second meeting, section 6.)

**The meeting rose at 12:35.**

## **SECOND MEETING**

**Wednesday, 27 May 2015, at 14:35**

**Chairman:** Ms P. MATSOSO (South Africa)

**1. FINANCING DIALOGUE:** Item 5 of the Provisional agenda (Document EB137/3) (continued from the first meeting, section 6)

Ms SURIWAN THAIPRAYOON (Thailand) noted the positive outcomes of the first financing dialogue but asked for the programme budget web portal to be updated more regularly. The Secretariat should ensure that the second financing dialogue was more informal, interactive and included potential new donors. It should seek not only to fill funding gaps but also to ensure flexibility of contributions. Income resulting from the financing dialogue came in the form of voluntary contributions; WHO was in danger of becoming dependent on such contributions and therefore donor-controlled. Assessed contributions provided only for maintaining the Organization and meeting staff costs, not for an operations budget. WHO should consider increasing assessed contributions or developing a mechanism to ensure that the proportion of non-earmarked voluntary contributions increased in order to guarantee its financial sustainability and independence. The Secretariat should produce an annual list of donors with the highest proportion of non-earmarked voluntary contributions, as well as information regarding the trend of earmarked voluntary contributions in the previous 10 bienniums.

Dr HOLM (Sweden) said that the four guiding principles of alignment, flexibility, predictability and transparency had contributed to sounder financing of WHO. Sweden intended to retain a flexibility clause in new bilateral agreements with WHO, giving the Director-General the right to move earmarked funding to underfunded areas if required. The second financing dialogue and complementary coordinated resource mobilization should institutionalize the Organization's primary financing mechanisms. Bilateral meetings with current and potential new donors would be essential in preparing for the second financing dialogue and obtaining full funding for the budget at the beginning of the biennium. He urged Member States to consider making voluntary contributions in view of the agreed increase to the Programme budget 2016–2017.

Ms ZHANG Yang (China) commended the outcomes of the first financing dialogue and recognized the financing challenge resulting from the agreed 8% increase in the Programme budget 2016–2017. Member States and the Secretariat should adequately prepare for the second financing dialogue, in order to secure funding for the biennium 2016–2017. She supported the Organization's funding efforts, with particular regard to the global health emergency workforce and the contingency fund.

Professor KULZHANOV (Kazakhstan) supported efforts to strengthen the Organization's financial independence and stability. Recognizing the need to improve long-term budget predictability, he supported efforts to broaden the donor base. The number of economically stable middle-income countries was growing, but they had a poor donor culture; that insufficiency should be redressed through awareness-raising activities, particularly by WHO's regional offices. Contributions from private donors and funds should not be earmarked, dilute the Organization's independence or weaken priority-setting; resources should be allocated to identified public health priorities. The allocation of the agreed budget increase for 2016–2017 should be carefully considered in the European Region, owing to the varying national contexts, levels of gross domestic product and health problems.

Dr ASSIRI (Saudi Arabia) acknowledged the establishment of a Coordinated Resource Mobilization Unit and the definition of roles and responsibilities at all levels of the Organization. As 20 donors contributed 80% of the Organization's voluntary contributions, the second financing dialogue should be more inclusive and informal. Additional funds should be allocated to core programmatic areas at the country level, reducing the gap between needs and allocated resources, particularly in underfunded programmes. The second financing dialogue should allow for strategic resource mobilization initiatives at the regional and country levels.

Dr JESSAMINE (New Zealand) said that the innovative financing dialogue should include a more explicit commitment to business and operational reform and evidence of changes made to internal controls, in order to attract a wider range of donors. The financing dialogue had to demonstrate the Organization's credibility. To increase donor confidence, WHO should formulate, publish and implement its criteria and framework for prioritizing and costing programmes. That would increase transparency and reduce donor uncertainty by aligning flexible funding commitments with clearly defined and predictable health outcomes.

Dr RODRÍGUEZ MONEGRO (Dominican Republic) encouraged the Secretariat to continue promoting the guiding principles of the financing dialogue, which would ensure greater resource coordination and mobilization and facilitate the Organization's reform process by aligning investment more closely with expected outcomes. Member States were making increasing demands on the Secretariat's capacity in terms of global emergency response and country-level technical support to developing countries, with particular regard to health systems strengthening. The Organization required flexibility to provide an effective and timely response, while maintaining complete transparency and accountability.

Dr MILAN (Philippines) shared the concern of other members about WHO's limited donor base and the fact that some important programmes remained underfunded. She had noted efforts to broaden the donor base and improve flexibility. Better communication of Member States' core needs and gaps in the Organization's budget, especially with regard to the health-related Millennium Development Goals, the proposed sustainable development goals and health emergencies, would improve resource mobilization. WHO should become more oriented towards donors, recognizing their needs and accountability requirements, and to improve donor confidence through ongoing reform processes and respect of the principles of the financing dialogue.

Ms HERNÁNDEZ NARVÁEZ (Mexico)<sup>1</sup> recognized the need to elaborate the modalities for the financing dialogue, which had been an important step in the Organization's reform process but which required further harmonization with other elements of that process, such as bottom-up planning, results-based management and resource allocation. As recommended by the external evaluation in May 2013, the impact of the second financing dialogue should be evaluated during and after the biennium 2016–2017. She was pleased to note that the financing dialogue incorporated risk management, transparency and accountability, and she looked forward to the presentation of a financial strategy at the next session of the Executive Board. The Secretariat should improve the programme budget web portal by including greater detail and updating it more regularly. The Organization's image needed to be improved by ensuring that the resources invested addressed global health priorities.

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

Mr RIETVELD (Netherlands)<sup>1</sup> noted the effectiveness of the financing dialogue and emphasized the need to broaden the Organization's donor base, which was a matter of great concern. He encouraged more Member States to contribute to the core voluntary contributions account, as his country did, which would result in greater flexibility.

Ms TAKAENZANA (Zimbabwe),<sup>1</sup> echoing comments made by the member for Thailand, said that the financing dialogue was a good opportunity for the Secretariat to make concrete proposals to Member States on how to increase assessed contributions. While recognizing the need to broaden the Organization's donor base, she said that Member States should also meet their financial responsibilities.

The CHAIRMAN recalled that the 20 contributors referred to by members as giving 80% of the Organization's voluntary contributions were not all Member States.

Dr SMITH (Executive Director, Office of the Director-General) thanked speakers for their guidance with regard to the second financing dialogue and reiterated its guiding principles. Funding the agreed increase in the Programme budget 2016–2017 represented an ambitious target, which the Secretariat would continue to work to meet. It was also aiming to improve, rather than change, the financing dialogue, which, as part of the wider reform process was contributing to increasing trust and confidence. He took note of requests to broaden the donor base and to improve the programme budget web portal, including information on the current status of financing of the Programme budget 2016–2017 and more regular updates, and asked Member States to provide further guidance to the Secretariat on how that portal could be most useful.

As previously, non-State actors contributing more than US\$ 1 million that were not private-sector entities would be invited to participate in the second financing dialogue. He acknowledged the request to provide a list of donors providing earmarked funds but said that the list of those providing flexible funds was shorter and would provide a greater incentive to other Member States. He therefore thanked the governments of Australia, Belgium, Denmark, Finland, France, Ireland, Kuwait, Luxembourg, Monaco, Netherlands, Norway, Spain, Sweden, Switzerland and United Kingdom of Great Britain and Northern Ireland for their flexible contributions to the core voluntary contributions account, as listed on the programme budget web portal. He thanked the member for Sweden for his Government's additional flexibility regarding the potential reallocation of earmarked funds to underfunded programmes.

**The Board noted the report.**

**2. ADOPTION OF THE AGENDA:** Item 2 of the Provisional agenda (Document EB137/1 Rev.1 Corr.1) (continued from the first meeting, section 3)

The CHAIRMAN said that, following informal consultations, it was proposed that the Board agree:

- (1) to delete the footnote to the item "Opening of the session and adoption of the agenda";
- (2) to support that new work be conducted through an informal open-ended working group of Member States;<sup>1</sup>

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

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



- (3) to request the Chair of the informal open-ended working group of Member States to report on the outcome of the working group by the 139th session of the Executive Board; and
- (4) to request the Director-General to support the work of the working group.

**It was so agreed.**

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

### **3. TECHNICAL AND HEALTH MATTERS: Item 6 of the Agenda**

#### **Newborn health: draft accountability framework: Item 6.1 of the Agenda (Document EB137/4)**

Dr ASSIRI (Saudi Arabia), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that monitoring progress towards the objectives of the newborn health action plan that had been endorsed by the Health Assembly in resolution WHA67.10 should be part of a joint framework for ending maternal and neonatal mortality and stillbirths, aligned with the Ending Preventable Maternal Mortality initiative. He called on WHO to continue coordinated action with UNICEF to implement the Every Newborn Action Plan through working groups on advocacy, country implementation and metrics.

Dr MUKENGESHAYI KUPA (Democratic Republic of the Congo), speaking on behalf of the Member States of the African Region, acknowledged the continued relevance of the strategic objectives in the Every Newborn Action Plan. The existence of a monitoring plan with agreed indicators would facilitate better evaluation of results, but those indicators should be part of a common framework under the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Members in the Region supported the approach of harmonizing that action plan with the Ending Preventable Maternal Mortality initiative, as described in the report (paragraph 3), and the coordination of interventions. Particular attention should be paid to women, children and adolescents in situations of conflict, displacement or natural disasters. Several Member States in the Region had integrated within their health systems measures against preventable maternal, neonatal and child mortality and specific actions on adolescent health. Community health interventions were supported by civil society organizations. The proposed post-2015 sustainable development goals should take into account all such elements, and any monitoring framework should be aligned with existing processes to ensure efficient resource mobilization, implementation of priority interventions and results monitoring.

Mr SEGARD (Canada) said that improving maternal, newborn and child health was his country's top international development priority, particularly in the context of the post-2015 development agenda. Canada was playing a leading role in improving accountability in that area, and in developing improved methods and tools for measuring results. He supported the efforts of the working group on metrics, which was seeking to define and improve the measurement of neonatal mortality, newborn health and stillbirths. Canada was supporting the development of tools to measure results. His country was also jointly leading efforts to strengthen the accountability framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) said that she was encouraged to see that an increasing number of countries had developed newborn health action plans and integrated them into the full continuum of reproductive, maternal, newborn and child health.

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

Stillbirths were a central point in the Every Newborn Action Plan that should also be reflected in national plans. She commended the initiatives taken by WHO at the regional level to develop a common monitoring framework and supported the approach proposed in the report.

Ms WOOD (United States of America) said that her country was pleased to be part of the Every Newborn Action Plan management team and satisfied that indicators and measurement tools had been identified for testing and application in national systems. She supported the development of newborn and maternal targets and welcomed the fact they were informing the development of the proposed post-2015 sustainable development goals and the renewed Global Strategy for Women's, Children's and Adolescents' Health. Efforts to facilitate the harmonization of newborn and maternal metrics should be stepped up.

Mr GHEBRETINSAE GHILAGABER (Eritrea) said that no progress had been made in reducing neonatal mortality in his country, despite overall progress towards attaining Millennium Development Goal 4 on reducing child mortality. His Government was seeking to improve newborn health in a comprehensive and holistic manner, which would contribute to attaining the relevant proposed post-2015 sustainable development goals.

Dr SHIMIZU (Japan) said that it was crucial for the proposed framework and indicators for monitoring the Every Newborn Action Plan to be aligned with related global frameworks, such as the proposed post-2015 sustainable development goals and the Global Strategy for Women's, Children's and Adolescents' Health. Indicators for newborn and maternal health should be integrated into comprehensive national statistics, in order to collect and make use of the data obtained. The Secretariat should continue to develop the framework and related indicators in harmony with the post-2015 development agenda and should support Member States in applying them in practice.

Dr HAFEEZ (Pakistan) said that newborn health was one of the "last frontiers" in maternal and child health. His country had recently launched an action plan for maternal, newborn and child health. As the reasons behind stagnant neonatal mortality rates in certain countries and regions might not be obvious, the tracking of research and development in that field should be part of the draft accountability framework.

Ms ZHANG Yang (China) stressed the importance of universal health coverage to newborn health. The approach to developing monitoring indicators and mechanisms set out in the report would help Member States to implement the Every Newborn Action Plan. Attention should be paid to high-risk neonates and a relevant care management system and monitoring indicators should be introduced; an emergency treatment and referral system should be established for such high-risk babies under the guidance of national governments; and the report should include a reference to the impact of maternal nutrition and mental health on newborn, child and adult health.

Dr CHOMPOONUT TOPOTHAI (Thailand) said that she expected the working group on metrics to be more active and finalize its outcome in time for finalization of the proposed post-2015 sustainable development goals. It appeared that the metrics group had not focused on objective 4 of the Every Newborn Action Plan. In order for the Action Plan to harness commitment and investment at the national and international levels, WHO should ensure that the proposed targets to end preventable deaths of neonates and children under five years of age and to reduce the global maternal mortality ratio to less than 70 per 100 000 live births by 2030 were accepted as global targets under the sustainable development goals. She asked the Secretariat for information on the progress of work in the other two working groups, on advocacy and country implementation.

Mr BOISNEL (France) welcomed efforts to coordinate the different initiatives in the field of newborn and maternal health and to harmonize follow-up and accountability. He expressed support for the draft accountability framework as an unparalleled shared framework.

Dr AXELROD (Russian Federation) welcomed the Secretariat's work on the draft accountability framework and the updated Global Strategy for Women's, Children's and Adolescents' Health, which were relevant to discussions on the post-2015 development agenda. The indicators for monitoring the updated global strategy should include the mortality of neonates with low and extremely low birth weights and preterm birth rates. The Secretariat should develop national plans that low- and middle-income countries should implement in full.

Mrs VALLINI (Brazil) noted the slow progress in reducing neonatal mortality but that effective interventions and service delivery for newborn health had been identified. Progress on newborn health in her country included the establishment of a network of breast-milk banks, and she was willing to share information about that initiative. Up-to-date information was essential to improving the quality of care for newborns and their mothers. She supported the development of a more detailed monitoring plan with indicators that would allow progress in implementing the Every Newborn Action Plan to be tracked.

Professor KULZHANOV (Kazakhstan) expressed support for the draft accountability framework. WHO's recommendations on child and maternal health were useful and had helped to improve health in his country.

Professor ELIRA DOKEKIAS (Congo) said that in the African Region postnatal care and conditions should be improved through measures such as lowering cultural barriers through awareness-raising, guaranteeing access to care through universal health coverage, and training health workers on newborn nutrition. The Secretariat should provide countries in the Region, in partnership with UNICEF, UNFPA and other international organizations, material and technical support for implementing the Every Newborn Action Plan.

Dr CARBONE (Argentina) supported efforts to align the Every Newborn Action Plan with the Ending Preventable Maternal Mortality initiative and noted that guidance would be required on aligning both initiatives with the proposed post-2015 sustainable development goals. Newborn and maternal health care should not be viewed as separate from ordinary health care services and needed an integrated and inclusive approach, including in the period before pregnancy and childbirth.

Dr RODRÍGUEZ MONEGRO (Dominican Republic) welcomed initiatives aimed at improving newborn health and emphasized the need to make health a visible element of work in every sector. Policy-makers should be made aware of the importance of improving health systems and quality of life in order to assist development and support newborn and maternal health. Attention should be paid to the high numbers of adolescent pregnancies – which were high-risk – in developing countries and to the need for investment in specialized services and improved living conditions, which would help to prevent health problems. Universal health coverage was essential to delivering adequate care in primary health care settings, and care in rural areas could be improved by linking rural health care services to urban ones.

Dr VAN DIJK (Suriname) said that more emphasis should be placed on gender analysis and the valuable role of men and fathers. The social determinants of health and the health-in-all-policies approach should be taken into account.

Mr RAMADAN (Egypt) noted that newborn and maternal health were important public health issues and supported the identification of newborn health as a priority area in the post-2015 development agenda. His country would continue to support the cause of newborn health at the national, regional and global levels. He supported the draft accountability framework.

Ms PADILLA RODRÍGUEZ (Mexico)<sup>1</sup> said that good-quality health care coverage would contribute to attainment of the objectives set out in the Every Newborn Action Plan and that care should be extended to cover the period from conception to the postnatal stage to reduce stillbirths. It was important to link the draft accountability framework for newborn health to the indicators to be established for the post-2015 sustainable development agenda, since those parameters would strengthen the Global Strategy for Women's, Children's and Adolescents' Health and would guide Member States in designing and implementing measures to reduce preventable maternal and child mortality.

Professor SIMIC (World Federation of Societies of Anaesthesiologists), speaking at the invitation of the CHAIRMAN, recalling the reference to anaesthetic staff and neonatal resuscitation in the Every Newborn Action Plan, said that, although anaesthetic and resuscitation services were available only for women who delivered in hospital, they could help to reduce neonatal morbidity and mortality. Anaesthetic practitioners could help to build multidisciplinary teams to coordinate the care of pregnant women. They took the lead in data collection and should be part of any effort to develop and implement a monitoring framework for caesarean sections, neonatal resuscitation, treatment of sepsis, and maternal and neonatal mortality and stillbirth.

Dr BUSTREO (Assistant Director-General) welcomed the Board's clear expression of support for national and international actions on newborn health, including the emphasis on ensuring that the close link between maternal and newborn health was reflected in the draft accountability framework and that the draft framework focused on the quality of care for mothers and children. The renewed Global Strategy for Women's, Children's and Adolescents' Health would provide an opportunity to address those ideas. The Secretariat was working with the United Nations Secretary-General on that strategy and with the governments of Canada and the United Republic of Tanzania, which were leading the work on accountability. She had taken note of comments on the importance of monitoring newborn and maternal health in conflict situations, monitoring research and development of new tools for newborn health, focusing on high-risk neonates, maternal nutrition and mental health, placing national leadership and national capacity at the centre of the renewed Global Strategy for Women's, Children's and Adolescents' Health, and the need for an integrated approach that included social and environmental determinants of health. In response to the question about progress on the working groups on advocacy and implementation, she referred to a progress report issued the previous month.<sup>2</sup>

**The Board took note of the report.**

**Mycetoma:** Item 6.2 of the Agenda<sup>3</sup> (Documents A68/1 Add. 1 and EB137/11)

The CHAIRMAN recalled the draft resolution and the related financial and administrative implications of its adoption for the Secretariat introduced in the first meeting, during the discussion under agenda item 2.

Dr SHIMIZU (Japan) recognized the effect of mycetoma on quality of life and the lack of affordable countermeasures. Further research was essential to drug development and to provide evidence of the disease burden and its impact on public health.

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

<sup>2</sup> WHO. Every Newborn Action Plan: progress report. Geneva: World Health Organization; 2015 (<http://www.everynewborn.org/wp-content/uploads/2015/05/Every-Newborn-Progress-Report-May2014.pdf>).

<sup>3</sup> Item added to the provisional agenda of the Executive Board at its 137th session by the Sixty-eighth World Health Assembly at its first plenary meeting.

Dr ASSIRI (Saudi Arabia) noted that mycetoma was difficult and costly to manage, with most affected people living in remote areas with limited access to diagnosis and treatment. Little was known about the burden of disease. There was a lack of appropriate control tools, low investment in research and development and no international commitment to control or care; mycetoma should be included in the list of neglected tropical diseases. Saudi Arabia cosponsored the draft resolution and he urged the Secretariat to work with Sudan and other affected countries to prepare for consideration of the matter by the Sixty-ninth World Health Assembly, in 2016.

Dr THITIKORN TOPOTHAI (Thailand) concurred that mycetoma had been neglected as it was endemic only in tropical countries with low socioeconomic status. He supported the draft resolution but noted that, because of its association with poverty and poor social conditions, elimination of mycetoma depended also on further socioeconomic development. Other neglected diseases in South-East Asia warranted attention, such as opisthorchiasis, a parasitic disease caused by trematodes, which was widespread in northern Thailand and other countries in the region and was a leading cause of liver cancer. He expressed the hope that the Health Assembly would soon adopt a programme to eliminate the latter.

Dr HOLM (Sweden) welcomed the establishment of the WHO Collaborating Centre on Mycetoma in the University of Khartoum. He requested information from the Secretariat about work by the relevant country and regional offices on prevention, diagnosis and control of mycetoma. Given that the Health Assembly had just approved the Programme budget 2016–2017, he expressed reluctance to present the Secretariat with additional tasks that were not included in that budget and sought clarification about the financial implications of the draft resolution for the biennium 2016–2017. As further consideration was needed, the matter should be considered by the Executive Board at its next session.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland) recalled her Government's commitment to tackling neglected tropical diseases and strengthening health systems, which would be implicated in the control of mycetoma. Given the challenges presented by mycetoma, she said that submission of a draft resolution to the Sixty-ninth World Health Assembly would allow for prior consideration by the regional committees in regions with countries that were endemic for mycetoma and their subsequent input into the Secretariat's report to the Board at its session in January 2016 and the drafting of a related decision or resolution.

Dr HAFEEZ (Pakistan), noting that the disease was present in his country, supported the inclusion of mycetoma in the list of neglected tropical diseases and its consideration by the Sixty-ninth World Health Assembly. The lack of attention at the international level meant that there were no programmes for prevention or control or for the systematic management of patients.

Professor ELIRA DOKEKIAS (Congo) said that patients with mycetoma often had a more severe clinical presentation than patients with Buruli ulcer. Given its scale and neglected status, mycetoma required particular attention and he supported its inclusion in the list of neglected tropical diseases, calling for an integrated approach to be factored into the Programme budget 2016–2017. Voluntary contributions could enable the Secretariat to take immediate action to combat the disease.

Dr AXELROD (Russian Federation) said that neglected tropical diseases formed an important component of her country's international development cooperation programmes and its assistance to low- and middle-income countries. She supported the inclusion of mycetoma in the list of neglected tropical diseases. As the disease required prolonged treatment with antibiotics, the problem of antimicrobial resistance should be taken into account. Furthermore, as certain paragraphs of the draft resolution needed clarification, the Board should give further consideration to the subject at its 138th session.

Ms MAJALI (Jordan) said that the development of a cost-effective public health strategy on mycetoma would require significant investment in research and development. Although the resulting resource mobilization process would prove challenging, no efforts should be spared to that end and she supported the inclusion of mycetoma in the list of neglected tropical diseases. She called on the Secretariat to foster technical cooperation between countries to further strengthen the prevention and control of the disease, and she encouraged Board members to support the draft resolution.

Mr GHEBRETINSAE GHILAGABER (Eritrea) said that, although the prevalence of mycetoma in his country had not been well documented, its presence in neighbouring countries called for vigilance. The situation required an aggressive prevention strategy and it was important to bring the issue of mycetoma to the Sixty-ninth World Health Assembly. Regional research centres required capacity building and technical assistance and he therefore supported the draft resolution.

Mr RI Jang Gon (Democratic People's Republic of Korea) supported the draft resolution, as it was important to draw attention to mycetoma at the local, regional and global levels. It should also be included in the list of neglected tropical diseases.

Ms HAN Jianli (China) supported the inclusion of mycetoma in the list of neglected tropical diseases in principle. She commented that the late addition of the item to the agenda had not allowed sufficient time to study the report and the financial implications of the draft resolution.

Dr ALI YAHIA ELABBASSI (Sudan)<sup>1</sup> emphasized the association of the disease with poverty, its presence in four of WHO's regions, the lack of preventive measures, and the probably large degree of under-reporting. Recognition would enable countries and stakeholders to enhance their capacities to prevent, control and treat the disease, and raise political and community awareness. It was important to consider mycetoma as a neglected tropical "disease" rather than a "condition" in order to ensure that it was given appropriate attention. Board members had raised concerns about the budgetary implications of adopting the resolution, but the process to bring the matter to the Board had taken three years and the draft resolution had received the approval of the regional committees for Africa and the Americas. He urged the Board not to postpone its adoption any further.

Dr MAKASA (Zambia)<sup>1</sup> supported the inclusion of mycetoma in the list of neglected tropical diseases and the submission of the draft resolution to the Sixty-ninth World Health Assembly, but requested additional epidemiological information.

Ms TAKAENZANA (Zimbabwe)<sup>1</sup> recommended that the report be expanded. She supported the inclusion of mycetoma in the list of neglected tropical diseases, noting the adverse consequences for the poor people affected and health systems. She strongly urged the Board to support the draft resolution and its submission to the Sixty-ninth World Health Assembly.

Mr DE RAEDT (Belgium)<sup>1</sup> said that, while recognizing the significant challenges posed by the disease, he had reservations regarding the financial implications of the draft resolution. Even if the Board adopted the draft resolution, it would not take effect until the biennium 2016–2017, following adoption by the Health Assembly in May 2016. He asked why the information on financial implications and needs for resource mobilization referred to the current biennium. It would be preferable to discuss the matter more extensively at the Board's session in January 2016.

Dr NAKATANI (Assistant Director-General) recalled that the Health Assembly had mandated the Secretariat to target 17 neglected tropical diseases, including the eradication of dracunculiasis and

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

the elimination of lymphatic filariasis, leprosy, blinding trachoma and human African trypanosomiasis. Policies, programmes and budgets had been set accordingly. Any decision by the governing bodies to add another disease to the list would have significant programmatic and policy implications.

Regarding the difference between neglected tropical conditions and diseases, he explained that the term “condition” referred to diseases for which WHO did not have a strong capacity or resources, its activities being restricted to advocacy and raising awareness; mycetoma fell into that category. The Secretariat worked to promote research into mycetoma. At the Sixty-seventh World Health Assembly the Secretariat had worked with several governments, the University of Khartoum (recently designated as the WHO Collaborating Centre on Mycetoma) and the Drugs for Neglected Diseases initiative to stage an awareness-raising side-event. Further action would be based on the guidance of the Board.

Dr OMI (Japan) expressed a preference for the Board to discuss the matter again at its 138th session on the basis of input from the relevant regional committees, before submitting it to the Health Assembly.

The CHAIRMAN took it that the Board accepted that process, with a more extensive report by the Secretariat and further input from the relevant regional committees.

**It was so agreed.**

#### **4. WHO GUIDELINES: DEVELOPMENT AND GOVERNANCE: Item 7 of the Agenda (Document EB137/5)**

Mr SEY (Gambia), speaking on behalf of the Member States of the African Region, welcomed the clear report and encouraged the Secretariat to continue to ensure that WHO's recommendations remained independent, evidence-based, unbiased and transparent. One serious concern was the length of time taken to develop guidelines, which threatened to diminish their quality, especially for guidelines requested in response to public health emergencies. Further investment was needed to assure the further improvement in the development and governance of WHO's guidelines.

Dr BUSUTIL (Malta) said that the credibility of the Organization depended on its integrity, which in turn depended on the transparency of its work. Constant efforts should be made to improve the guideline development process and any steps to that end were welcome. However, efforts to improve transparency should not overburden the process with demands that added no value and might render the process unproductive. It was important to safeguard the technical nature of guideline development and ensure that any additional measures protected the process from conflicts of interest. The feasibility, resource implications and sustainability of measures should also be taken into consideration.

Professor KULZHANOV (Kazakhstan) said that the report was timely and assisted public health systems in responding better to the challenges of the modern world. Research undertaken by scientific institutions in his country, particularly in the area of nutrition and dietary risk factors, could contribute to the Secretariat's guideline development process. He recognized the need to prevent conflicts of interest and undue influences, and encouraged WHO to continue its efforts in that regard.

Dr ALQATTAN (Kuwait), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that WHO should maintain its neutrality and integrity as a technical leader in public health. Its process for the development and approval of guidelines was lengthy, but scientifically valid and robust. Member States needed support from the Secretariat in the implementation of WHO's guidelines. Given that more than half the countries in the Region, and

many others elsewhere, were in emergency situations, special attention should be given to the development of guidelines on public health issues in emergency situations. She supported the need to strengthen capacity and training of both WHO staff members and experts working on guidelines in order to ensure the highest technical standards.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland), supporting the statement by the member for Malta, highlighted the need for a rigorous approach to WHO's guideline development that maximized transparency and was free from inappropriate influence. Her Government was willing to share its considerable experience in developing independent health guidelines. She supported the approach set out in the report and encouraged the Secretariat to continue its work to further strengthen the development of guidelines.

Dr JEON Man-bok (Republic of Korea) welcomed any suggestion to improve the guideline development process to ensure that the Organization and its normative and standard-setting work remained independent and free of political and industrial influences.

Dr HOLM (Sweden), supported by Mrs JARASCH (Germany),<sup>1</sup> accepted the suggested evaluations on the impact of WHO guidelines as essential and asked whether they would be part of the evaluations referred to in document EB137/7. The Secretariat should continue its work to ensure that WHO guidelines were developed on the basis of evidence, relevance, independence and transparency.

Dr ASSIRI (Saudi Arabia) said that the handbook for guideline development did not specify the participation from Member States and other stakeholders, which could contribute at the consultation stage, before the guidelines' finalization and publication. Direct participation of "countries and other stakeholders" ran the risk of a greater involvement of industry and an increased risk of conflicts of interest. He endorsed the priority being given to the creation of a web-based repository of WHO guidelines, provision of guidelines for public consultation and development of guidelines for public health emergencies.

Dr MAKUBALO (South Africa) said that WHO was well respected for its normative and standard-setting work, drawing on the best scientific minds to produce guidelines. Guidelines should continue to be developed on the basis of best practice, transparency and independence. As a learning organization WHO should be constantly looking for ways to improve, responding to particular identified challenges.

Mr BOISNEL (France) said that, although he supported any improvement that would enhance transparency and protect the independence of the Organization, he considered that the current process for guideline development was satisfactory and well adapted, in particular for ensuring WHO's integrity, credibility, and scientific and political independence.

Dr HAFEEZ (Pakistan) said that the process of WHO guideline development was transparent, evidence-based and constantly improving in line with current scientific principles. Member States should have a role in prioritizing the areas for guideline development and in implementing those guidelines domestically. The considerable difficulties that his Government had faced in introducing domestic tobacco control measures exemplified the many dimensions and influences to be dealt with. He urged WHO to maintain its neutrality in all technical areas.

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



Ms ZHANG Yang (China) encouraged WHO to continue improving guideline development and quality assurance; and to ensure that the guideline development groups included members from developing countries as well as regional representation.

Dr CARBONE (Argentina) said that monitoring by Member States, which was essential in order to protect the transparency and legitimacy of standards and norms defined by WHO, was not required to the same extent in all cases. She expressed her appreciation for the high quality and scientific rigour of WHO's guidelines, but expressed concern that, in recent months, some State and non-State actors had sought to intervene in the design and definition of guidelines relating to noncommunicable diseases. For the sake of the Organization, and especially for the well-being of the people it served, sectoral interests could not be permitted to influence the production of guidelines, which had to be based on solid scientific evidence.

Mrs VALLINI (Brazil) underscored the importance of independence and an evidence-based process: transparency and the avoidance of conflicts of interest were necessary both for the development of WHO guidelines and for the reform process.

Dr SUWIT WIBULPOLPRASERT (Thailand) said that his Government had occasionally found the application of WHO guidelines to be problematic. WHO was a technical rather than an implementing agency, with responsibility for knowledge generation and management through the publication of science-based guidelines and recommendations, but Member States were free to interpret or implement them in their own public health policies as they deemed appropriate.

Dr BEJTJA (Albania) noted the existence of safeguards that guaranteed the neutrality and independence of the Organization, the management of conflicts of interest, and the application of scientific rigour.

Ms MUKUNDJI EKAKA-EALE (Democratic Republic of the Congo) said that the production of independent guidelines was essential in order to protect WHO against all external influence and maintain its neutrality. She reinforced the principle that recommendations in guidelines could be implemented in and adapted to local settings and contexts for the benefit of the populations concerned.

Ms STRESINA (Romania),<sup>1</sup> acknowledging that the guidelines must be of the highest quality, unbiased and based on a comprehensive review of evidence, said that their impact depended on their implementation under the sole authority of Member States. The Secretariat should take action in the areas identified as requiring additional investment. The process of elaboration and management of the guidelines could be improved through better communication with Member States and presentation of an annual progress report to the Executive Board. As the guidelines were intended for clinical practice or public health policy, their usefulness could be enhanced by giving more attention to the clarity of recommendations and providing sound explanations on the scientific basis for issuing them. Links to background documents in the web-based repository of guidelines would help to strengthen quality assurance and should not be seen as undermining the independence of the expert-driven process.

Dr RUOCCO (Italy)<sup>1</sup> said that new, more efficient instruments should be used to further improve the elaboration and management of guidelines in order that communications with Member States were clearer and more transparent. The Secretariat could submit each year a report to the Board on guidelines developed during the year and planned for the subsequent year. Such information would enable Member States to understand better the prioritization process, and to respond more coherently to the guidelines in the context of WHO's overall strategies. He advocated the wider use of public

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

consultation of Member States and stakeholders, and stressed the need for guidelines to be based on robust scientific evidence, which should be shared at all levels, in line with a request to the Director-General in decision EB136(4) concerning follow-up to the Second International Conference on Nutrition. Such an approach would reinforce the credibility and independence of WHO, as the final decision on guidelines would still be taken by the Secretariat. It would also limit the risk of any recommendation being based on low-quality scientific evidence. In order to maximize transparency, he asked for the documents referred to in the elaboration of guidelines to be published on a dedicated website. Guidelines development and governance was a sensitive issue; it should be debated further within the Organization in the future.

Mrs PENIĆ-IVANKO (Croatia)<sup>1</sup> noted the role for Member States highlighted in the report on the guideline development process (paragraph 6) in providing direction and identifying priorities; that was important for maintaining WHO's independent, normative function. Evaluation of the clarity and usefulness of guidelines was also important, in particular to ensure their accuracy, relevance and applicability in the national context. The information gathered through such an evaluation would be crucial in further improving the quality of guidelines.

Dr ABDELGELIL (Egypt) recommended that the handbook for guideline development should continue to be regularly reviewed and updated to ensure that it reflected the commitments of stakeholders, including Member States; such action would increase the accountability and maintain the independence of the Organization. She supported the statement by the representative of Italy. Transparency would be further enhanced by the publication in a web-based repository of all guidelines and background documents.

Mr DIKMEN (Turkey)<sup>1</sup> said that transparency and the clear definition of roles and responsibilities were vital for all aspects of the Organization's work, including development of the guidelines. More could be done to promote an inclusive development process and to improve governance and efficiency while maintaining a focus on strong scientific evidence. He supported the proposal that the Board should receive regular reports on guidelines developed and proposed. Pressure to shorten the guideline development process should not lead to a reduction in the Organization's capacity to respond to emergencies.

Mr REMON MIRANZO (Spain)<sup>1</sup> supported the remarks by the representative of Italy. Continued attention must be paid to the essential work of developing guidelines. The process was robust and efficient and contained strong risk prevention elements but, as acknowledged in the report, could be improved.

Dr KARRER (Switzerland)<sup>1</sup> said that the requirement for the normative work of WHO to be independent and free from undue interference in decision-making, whether from Member States or other actors, inspired trust around the world. Efforts should be made to continue the progress made in improving transparency. The proposal to establish a public, web-based repository for all the guidelines and background information was particularly welcome. Although it would be difficult to consult on the drafting of all guidelines, he requested the Organization to establish clear criteria on which to base decisions to hold consultations for all situations other than emergencies.

Switzerland had reservations about "conditional" recommendations, as all recommendations should be formulated when the guideline development group was certain that a recommendation would be beneficial. He sought further information to justify the use of conditional recommendations.

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

Dr OMI (Japan) noted the consensus on the need to maintain transparency and independence in guideline development, although it was not clear how Member States would be involved in that process. He asked how Member States had been consulted in the past and what would be the implications for the workload of the Secretariat if the proposals of the representative of Italy were implemented.

Mr MAMACOS (United States of America) endorsed the comments and suggestions made by the representative of Switzerland.

Mr KONGSTAD (Norway),<sup>1</sup> speaking also on behalf of Finland, welcomed the detailed description of the process for developing guidelines and the measures taken in order to ensure scientific integrity and accuracy. Finland and Norway strongly agreed with the principles for guideline development set out in the report and welcomed WHO's efforts to maximize the transparency of the process. Nevertheless, Member States should not be directly involved in the development process; to do so could introduce political disagreement that could undermine both the credibility of the guidelines and the trust placed in the Organization. Guideline development must continue to be based on a robust process for assessing scientific evidence and be independent of commercial and political interests.

Mr TOMIĆ (Serbia)<sup>1</sup> shared the appreciation of the Secretariat's efforts to ensure the independence and transparency of guideline development, a process to which all Member States should contribute. It should be possible to further enhance the process without prejudice to the integrity and independence of WHO.

Ms IMPERATOR (Netherlands)<sup>1</sup> said that her Government aligned itself with the comments made by the member for Sweden.

Mr COTTERELL (Australia)<sup>1</sup> concurred with the view that the current methodology for development of the guidelines was sound. The independence of WHO and the transparency of its processes were essential to the development of guidelines with the highest technical standards and to Member States' confidence in them. He supported the priorities for further development and quality assurance.

Dr KIENY (Assistant Director-General) thanked speakers for their support and suggestions. The development of guidance on public health was a core function of the Organization and it carried with it a unique responsibility. Many countries relied on its guidance as they did not have the capacity for full scientific evaluation and guideline development. WHO played a specific role in bringing together all relevant expertise and perspectives to address new and emerging health challenges, such as the research and development carried out in response to the outbreak of Ebola virus disease. Following a review which had identified weaknesses in the development process, the WHO Guideline Review Committee had enhanced the process of development and quality assurance as well as identifying areas for improvement.

She confirmed that the Secretariat was in the process of developing guidelines for use in emergencies, and that the WHO guidelines would be included in a planned evaluation of all WHO publications. Clear criteria would be formulated as the basis for decisions to hold consultations; the past involvement of Member States had not always been consistent. With respect to workload, the Secretariat was willing to continue to write retrospective reports, but reports on prospective guidelines would pose difficulties as, even outside emergencies, there was often a need to adapt according to changing evidence in public health. Further resources would be required to develop the website but the

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

work would be completed as quickly as possible. The continuous improvement of the guideline development process would be undertaken in conjunction with the WHO Guideline Review Committee and technical programme staff members in accordance with the priorities set out in the report and in line with the suggestions put forward by Board members and representatives of Member States. The Secretariat would willingly learn from the experience of the United Kingdom of Great Britain and Northern Ireland concerning avoidance of conflicts of interest.

**The Board noted the report.**

**5. MANAGEMENT AND FINANCIAL MATTERS:** Item 8 of the Agenda

**Committees of the Executive Board: filling of vacancies:** Item 8.3 of the Agenda (Documents EB137/8, EB137/8 Add.1 and EB137/8 Add.2)

- **Programme, Budget and Administration Committee**

The CHAIRMAN said that the Programme, Budget and Administration Committee was composed of 14 members: two from each region from among Board members, plus the Chairman and the Vice-Chairman of the Executive Board, members ex officio. There were six vacancies to be filled on the Committee.

Following a statement by Dr SUWIT WIBULPOLPRASERT (Thailand), she noted that the Government of Thailand would inform the Board of the name of the person designated to replace the Minister of Public Health, Professor Rajata Rajatanavin, as a member of the Committee. On that understanding, she asked whether the Board approved the proposals contained in paragraph 2 of document EB137/8 Add.1.

**It was so decided.<sup>1</sup>**

- **Standing Committee on Nongovernmental Organizations**

The CHAIRMAN said that there were three vacancies to be filled on the Standing Committee on Nongovernmental Organizations. In the absence of any objections, she took it the Board wished to approve the proposal contained in paragraph 3 of document EB137/8 Add.1.

**It was so decided.<sup>2</sup>**

- **Appointment of representatives of the Executive Board at the Sixty-ninth World Health Assembly**

The CHAIRMAN proposed that the Executive Board be represented by the Chairman and the first three Vice-Chairmen. If any of them were not able to attend the Health Assembly, the other Vice-Chairmen and/or the Rapporteur could be asked to represent the Board. In the absence of any objections, she took it that the Board wished to approve that proposal.

**It was so decided.<sup>3</sup>**

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<sup>1</sup> Decision EB137(1).

<sup>2</sup> Decision EB137(2).

<sup>3</sup> Decision EB137(3).

- **Membership of the Independent Expert Oversight Advisory Committee**

The CHAIRMAN said that there were two vacancies to be filled. In the absence of any objection, she took it that the Board wished to approve the proposals contained in document EB137/8 Add.2.

**It was so decided.<sup>1</sup>**

**The meeting rose at 17:35.**

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<sup>1</sup> Decision EB137(4).

### **THIRD MEETING**

**Thursday, 28 May 2015, at 09:35**

**Chairman:** Ms P. MATSOSO (South Africa)

**later:** Mr J.M. CASALS ALÍS (Andorra)

**later:** Ms P. MATSOSO (South Africa)

#### **1. MANAGEMENT AND FINANCIAL MATTERS: Item 8 of the Agenda (continued)**

##### **Strategic budget space allocation: Item 8.1 of the Agenda (Documents EB137/6 and EB137/6 Add.1)**

The CHAIRMAN drew attention to the draft decision contained in the report (Annex, paragraph 14).

Dr FORSTER (Namibia), Rapporteur of the Working Group on Strategic Budget Space Allocation, noting that the Organization's resource allocation formula had last been updated in 2006 and was still being applied, said that under the reform process, the Executive Board, and through the Board the Programme, Budget and Administration Committee, had been requested to check that the formula met the needs of Member States, and to make proposals for realigning the budget segments. Following extensive discussion, the Board had agreed at its 136th session, on the recommendation of the Programme, Budget and Administration Committee, that the recommendation with regard to three of the four operational segments should be implemented, but requested the Working Group to further develop operational segment 1 (technical cooperation at country level)<sup>1</sup> in order to find a formula that was more suitable and acceptable to all Member States. The report of the Working Group (document EB137/6, Annex) included three possible models. The Working Group recommended the application of model C, with gradual implementation over three bienniums, which would mean that the proportions calculated in the formula would be reached by the biennium 2020–2021. The Working Group had agreed on the need for regular reporting and considered that the model should be reviewed at least every six years. The Working Group's recommendations were contained in the draft decision submitted for consideration by the Executive Board.

Ms MAJALI (Jordan), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the States in the Region were facing considerable challenges to health development, given the rising magnitude of crises. They therefore expected greater technical engagement from WHO and a stronger WHO country presence. She commended the choice of indicators used in the recommended model, particularly the inclusion of political stability, as they constituted a reasonable representation of many aspects of countries' health requirements yet took into account possible future needs. She supported the recommendations of the Working Group, commending in particular the proposed gradual implementation of the model, which, combined with the 8% increase in budget space for the biennium 2016–2017, would mean that no region would suffer a drastic reduction in resources at the outset.

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<sup>1</sup> Decision EB136(5).

That said, there was an urgent need to consider increasing the programme budget as a whole, and in particular the segment on technical cooperation at country level. Given the volatile situation in the Region, she proposed that the model should be reviewed every four years instead of every six years.

Dr CARBONE (Argentina), speaking on behalf of the Member States of the Region of the Americas, commended the proposed methodology for operational segment 1 (technical cooperation at country level), and said that model C constituted a clear, sound and objective proposal that took account of the needs and concerns of the various regions. She welcomed the indicators on health status, economic variables and access, and recognized the usefulness of the OECD median as a basis of comparison for each indicator. She supported the Working Group's proposal for the gradual implementation of the new model to avoid a drastic reduction in resources for any region. It was essential to ensure regular monitoring and reporting on the application of the new model.

Dr FORSTER (Namibia), speaking on behalf of the Member States of the African Region, welcomed the progress made by the Working Group, and noted with satisfaction that the proposed resource allocation model and indicators had been revised to take account of the concerns raised during the Board's 136th session. He particularly welcomed the inclusion of a metric focused on poverty, which was the key social determinant of health; its inclusion would embed the principles of equity and universal health coverage directly in biennial budget planning. He therefore agreed with the recommendation to use model C for the compilation of the programme budget over the next three bienniums. He supported the draft decision.

Ms ZHANG Yang (China) expressed support for the proposed model C and welcomed the Working Group's use of the indicator calculation methodology proposed by China. She suggested that a plan be developed to implement the model over three bienniums. With further enhancement of data quality, the model could be continuously improved to facilitate fairer and more feasible allocation of budget space. Implementation of the budget allocation reform must be made subject to retrospective evaluation.

Dr OMI (Japan) said that, although he had been disappointed at the level of reduction in the budget space allocated to the Western Pacific Region, he understood that that reduction was due to the Region's success in achieving its health objectives. Gradual implementation of the new model would be essential. Japan supported the proposed budget space allocation formula, as it was a key element of WHO reform.

Dr MAKUBALO (South Africa) said that the implementation of model C would help to improve access to health and health equity everywhere and would bring the global community closer to achieving universal health coverage. Although she supported the draft decision, she requested clarification regarding the time frame for the regular reporting on the implementation of the new model provided for in subparagraph 3(b) of the draft decision.

Mr MOHAMED (Egypt) hailed the finalization of the full methodology for the four operational segments of the budget as a remarkable achievement. Model C was a comprehensive, precise tool, which took account of sound evidence and clear indicators. In order to ensure that the model was implemented successfully, attention must be paid to gathering good-quality, comprehensive, up-to-date data on all the indicators. Country needs should be regularly assessed and the model made subject to continuous review. To that end, regional envelopes should be reviewed regularly with the regional coordinators, in particular during times of crisis and emergencies, to ensure that the model remained in line with the realities on the ground.

Ms NAM Hoohee (Republic of Korea) welcomed the modifications that had been made to the proposed indicators, taking account of data availability, quality and relevance, and agreed with the

Working Group's rationale for recommending the application of model C. She supported the draft decision.

Professor KULZHANOV (Kazakhstan) welcomed the Working Group's analysis and agreed with its recommendations. Model C was optimal and balanced. Kazakhstan would be in favour of reviewing the model every four years.

Dr MUKENGESHAYI KUPA (Democratic Republic of the Congo) expressed support for model C, which took account of the needs of the regions. He agreed that the model should be gradually implemented and regularly reviewed.

Mr TALISAYON (Philippines) echoed the sentiments expressed by the member for Japan regarding the impact of application of model C on the Western Pacific Region. He welcomed the report and supported the draft decision, but sought clarification on how gradual implementation of the model would cushion reductions in budget allocation. He would also appreciate more details of the review process.

Dr ANGKANA SOMMANUSTWEECHAI (Thailand), speaking on behalf of Board members from the South-East Asia Region, said that she saw no reason for changing the existing budget space allocation model and expressed strong concern that increases in the budget envelopes for some regions would result in marked reductions for others, such as the South-East Asia and Western Pacific regions, which seemed to reflect a zero-sum game. Resource allocation was both a science, in terms of the aim of achieving equity and efficiency, and an art, from the standpoint of ensuring peace, solidarity and satisfaction among Member States. She expressed support for the gradual implementation of the new model, which, combined with the 8% increase in budget space approved by the Health Assembly, would mean no real reduction in the resources allocated to any country in the biennium 2016–2017.

She wished to propose three amendments to the draft decision: the words "to five" should be inserted after "three" in subparagraph 3(a); the words "and ensure no real reduction of WHO budget to any country" should be added at the end of subparagraph 3(a); and a new subparagraph should be inserted between subparagraphs 3(a) and 3(b), to read: "to ensure that WHO uses its country budget and its social and intellectual capital to leverage much bigger financial resources from the other government organizations and partners to effectively implement and sustain priority national programmes;".

Dr HOLM (Sweden) said that the report and the proposals of the Working Group demonstrated progress: in a changing world, flexibility was required when adjusting the budget space, and new metrics might further improve the parameters that for the time being were the most adequate to meet strategic resource allocation requirements. He supported the Working Group's proposals with respect to operational segment 1, as the parameters took account of the conditions that had a major impact on health. He was concerned at the high levels of missing data as reliable statistics were essential to implementing models of distribution. He asked what would be the implications of the decision of the Health Assembly to increase budget space by 8% in relation to the strategic budget space allocation. He supported the draft decision.

Ms SCHMITT (France) said that strategic budget space allocation was a cornerstone of WHO reform that enabled objective criteria to be adopted for the programme budget for country offices and regional offices on the basis of WHO's priorities and the needs of countries and regions. The report of the Working Group was sound, balanced and the result of broad and inclusive consultation. She supported its recommendations and the appropriate measures for gradual implementation over several bienniums, and review in a few years.

Dr RODRÍGUEZ MONEGRO (Dominican Republic) noted that the discussions had taken into account country situations, measured through a series of health, economic and access indicators that



evaluated countries in an integrated manner. Model C was the most suitable as it allowed for financial balance with equality. As the planned period of implementation or introduction of the financing model was long, continual monitoring would be essential in order to identify risks and areas for improvement. He advocated approving the draft decision without amendment.

Dr JESSAMINE (New Zealand) said that, having been assured that the formula used was robust and that the impact on health programmes and operations would be monitored and reviewed, he supported Model C and accepted the implied decrease in the Western Pacific Region's funding over three bienniums. A review period of four years would have meant completion of the review before the current formula was fully implemented, which could complicate future planning and funding, and might be unnecessary if the interim reviews identified significant problems with the model and if the Board was prepared to change the allocation formula if necessary. A review at six years with a robust interim review process was a good compromise.

Ms SILWAL (Nepal) supported Model C, which seemed to be the most scientific of all three models, and its gradual implementation, which would avoid drastic changes in the country and regional budget allocations. Given the change in country needs over time, Nepal was also in favour of reviewing the budget space allocation model every six years.

Dr BEJTJA (Albania) welcomed the proposed implementation of the model over three bienniums. Implementation would require a strengthening of countries' health-information systems to ensure timely and good-quality data, for which the Secretariat should provide more support to Member States. He supported the draft decision without amendment.

Mr COTTERELL (Australia)<sup>1</sup> accepted that, as health systems became more effective and health outcomes improved, less in-country support from the Secretariat would be needed. His country would monitor carefully the impact on country office budgets in countries affected by emerging infectious diseases (in particular those of the Greater Mekong subregion), those with fragile health systems such as the Pacific island countries regularly affected by natural disasters, and those where other support was being withdrawn, for example countries no longer eligible for support from the GAVI Alliance but whose health systems might not be strong enough to maintain effective vaccination programmes. He asked whether data would be updated during the proposed six-year review programme to enable the review to be based on updated data.

Mr MUSTONEN (Finland)<sup>1</sup> said that the model proposed, and especially its gradual implementation, would allow for flexibility and adjustment without hardship. He supported the draft decision, and urged Member States to adopt it without amendment.

Mr SALEHIN (Bangladesh),<sup>1</sup> supported by Dr ANGKANA SOMMANUSTWEECHAI (Thailand), proposed replacing the word "regularly" in subparagraph 3(b) by "every year", in order to give a more specific reporting provision and ensure transparency in budget programming, and the words "six years" by "four years" in subparagraph 3(c). As the purpose of the review was to assess the relevance of the model against country needs and its impact on the regional budget envelopes, a review every four years could identify possible gaps between theory and practice and facilitate an appropriate response.

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

Ms HERNÁNDEZ NARVÁEZ (Mexico)<sup>1</sup> said that Mexico, as a member of the Working Group since its inception, affirmed the rigour with which the Group had developed the methodology. It had taken into account the comments made by the Board at its 136th session and the subsequent written submissions by Member States. As the aim had been to develop a methodology that was fair, transparent and met the concerns of each region, it had been decided to propose gradual implementation with the necessary flexibility, so that no region was adversely affected. She urged Member States to support the draft decision as presented.

Mr DE RAEDT (Belgium)<sup>1</sup> pointed out that the Programme budget 2016–2017 adopted by the Health Assembly the previous week was already based on the same basic principles that underlay the proposed model, as the Board had requested of the Director-General in decision EB136(5). In the Health Assembly no Member State had raised concerns about the differences in the budget allocation to each region for the biennium 2016–2017. Evidently, the formula proposed, in combination with the three other segments, was acceptable to all Member States. He supported the draft decision and urged other Member States to do the same.

Dr BUSUTTIL (Malta) said that the issue was not the parameters used in the model – there was no disagreement on those – but fear of the impact of their application. He too recalled that the Health Assembly had supported the model in approving the allocations in the Programme budget 2016–2017. Those parameters would be used in future bienniums, so that Member States, when approving the budget, would know whether the allocation was fair and what would be the impact on each region and on WHO in general.

Mr REDDY (India)<sup>1</sup> noted that consensus had been reached on the model to be used; the remaining concerns were only over its implications. The amendments proposed by the member for Thailand were practical.

The CHAIRMAN recalled decision WHA66(9), in which the Health Assembly had decided to request the Director-General to propose for consideration at the Sixty-seventh World Health Assembly, in consultation with Member States, a new strategic resources allocation methodology in WHO, starting with the Programme budget 2016–2017, utilizing a robust bottom-up planning process and realistic costing of output based on clear roles and responsibilities across the three levels of the Organization. The current exercise was therefore only about implementing that decision.

Dr TROEDSSON (Assistant Director-General) thanked speakers for their comments and support for the proposed model, and the Working Group for its considerable achievement in reaching consensus.

Implementing the model in the biennium 2016–2017, in line with decision WHA66(9), was possible for two reasons. First, the Working Group was recommending a gradual approach, and the Secretariat had taken its thinking into account when preparing the Programme budget 2016–2017. Secondly, the approval of an 8% increase in the Programme budget and the Director-General's allocation of technical cooperation to countries meant that there would not be a decrease in the allocation for any region in the biennium 2016–2017.

Adjustments to the review and monitoring of the implementation of the new model were possible and the Board could decide to instruct the Director-General to review the model. The implementation period of three bienniums had been chosen because the indicators when aggregated at a regional level were unlikely to change much within a shorter period, even if they changed more markedly for some countries. The Secretariat would monitor and report on the implementation of the programme budget to the Board every year through the Programme, Budget and Administration

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

Committee. The Secretariat would also inform Member States on how the allocations were faring and whether there had been any misalignments, which, if the governing bodies so decided, could be adjusted.

The DIRECTOR-GENERAL added her appreciation to the members of the Working Group, whose work should do much to restore the Organization's solidarity and unity. Resource allocation was complex and it was natural that those regions facing a budget cut wanted slower implementation whereas those with a budget increase wanted faster movement. The proposal of a six-year review was linked to the quality of data that Member States were requesting; macro data would not change on an annual or biennial basis. That cycle was important and should be embraced.

She fully agreed with Australia's call for careful monitoring of in-country resources; the Secretariat would also be doing just that. Money came with responsibility, and ensuring that monies were properly used in-country and aligned with WHO reform in terms of efficiency, effectiveness, transparency and accountability was part of her commitment to Member States and to that reform.

In terms of good governance, the Executive Board could only make a recommendation; it was the Health Assembly that granted approval. She proposed that the introductory paragraph to the draft decision should read: "The Executive Board, having considered the report by the Working Group on the Strategic Budget Space Allocation, recommended to the Sixty-ninth World Health Assembly the adoption of the following decision: ..." The thinking behind the draft decision was that, if the Sixty-ninth World Health Assembly approved, the proposed implementation of the model would start during the biennium 2016–2017, half way towards approval of the subsequent programme budget, and so introducing the decreases gradually. If approved, the recommended model would be implemented over the next three and a half to four bienniums, rather than the three to five bienniums proposed by the member for Thailand. She encouraged the Board to accept her proposal without amendment.

Dr SUWIT WIBULPOLPRASERT (Thailand) said that, despite some reservations, Model C was acceptable to all speakers; his friendly amendment had been intended merely to further reduce the chance of conflict and to give the Director-General and regional directors greater flexibility. The second proposal, which could realistically be implemented, was intended to ensure that no country's budget would be reduced. His third proposal was that WHO use its country budgets – which constituted a very small proportion of health ministry budgets – and its social and intellectual capital to harness more resources and support from other government organizations, including health ministries, and partners to implement its top priorities. With the Secretariat's agreement, the focus was currently on only a few programmes, and, by concentrating its resources, WHO could make a significant impact.

Mr CASALS ALÍS (Andorra) welcomed the progress made by the Working Group since the Board's 136th session. Given that the Health Assembly approved a new programme budget every two years, the model would be subject to continuous review. He recognized the intention of the proposal of the member for Thailand to allow the Organization greater flexibility, and it should be viewed in a spirit of consensus.

The CHAIRMAN suggested that, with regard to Thailand's proposal, the investment case development model could be followed. WHO was already helping with the elaboration of investment cases – for tuberculosis and HIV, for example – and its Country Cooperation Strategy. A text incorporating the proposals would be translated and circulated.

(For adoption of the decision, see section 5 below).

**Evaluation: annual report:** Item 8.2 of the Agenda (Document EB137/7)

Mr KOLKER (United States of America) warmly welcomed the establishment of a separate Evaluation Office as an excellent development for WHO and WHO reform. The report indicated that its findings were already being used to inform financing, management and organizational changes, and its focus was commendable. The questions concerning the timely evaluation of WHO's presence on countries (paragraph 9) were worth considering in connection with the previous agenda item on strategic budget space allocation. Owing to the complexity of the evaluative function, the establishment of the Evaluation Advisory Group that included external experts was welcome.

Mr GHEBRETINSAE GHILAGABER (Eritrea), speaking on behalf of the Member States of the African Region, welcomed the report and the development of a framework for strengthening evaluation and organizational learning, with its key action areas. He expressed confidence that the Secretariat's prompt responses to the findings of the initial evaluations would enhance the Organization's efficiency and effectiveness. The plan to review all evaluations that had been completed within the past five years was also welcome. WHO should stringently follow up on the implementation of recommendations and expand the evaluation process to all three levels of the Organization.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland) commended the establishment of the independent Evaluation Office, but requested more information on its capacity to conduct its evaluation workplan, including its human and financial resources. She underlined the need for evaluation in order to continuously improve an organization's work and results, in particular, the planned evaluation of WHO's presence in countries and its contribution to WHO's attainment of both Organization-wide and country-level goals. The Secretariat should provide more information on how it intended to implement recommendations made in future evaluations.

Dr HOLM (Sweden) said that future reports should provide more detailed information about the recommendations resulting from evaluations and the steps taken to implement them. He keenly awaited the results of the three evaluations being conducted as corporate priorities. Regarding the evaluation of the resource mobilization function at WHO, he sought additional information on lessons learnt from the first round of the financing dialogue and measures being taken to ensure coordinated resource mobilization during and after the second financing dialogue (5 and 6 November 2015). He welcomed the response of the Special Programme of Research, Development and Research Training in Human Reproduction to recommendations, but underlined the need to continue to increase the level of involvement of researchers from programme countries. Noting the recommendation (paragraph 44) to expand the Global Learning Programme on National Health Policies, Strategies and Plans, he asked why the programme was discontinued.

Dr PHUSIT PRAKONGSAI (Thailand) said that the report would have been more useful if it had contained information on the outcomes and impact of evaluations, rather than merely process indicators. Details of the implementation of recommendations and their contribution to the achievement of targets should be included. Evaluation was often painful, and it was important to bear the evaluation stage in mind when planning and implementing actions. Continuous evaluation and feedback were vital to the maintenance of well-functioning global health management and governance systems.

Dr SHIMIZU (Japan) said that internal evaluation only had value when its results were used to improve activities and management. WHO should fully implement its enhanced evaluation system at all three levels of the Organization in order to continue to be effective and efficient.

Dr MAKUBALO (South Africa) emphasized implementation of recommendations arising from evaluations. The first annual evaluation report, issued in 2012, contained recommendations on support

for country offices that still required follow-up. Furthermore, the report of the working group on governance reform, which also focused on country offices, should be considered in connection with the evaluation of WHO's presence in countries. Specifically, the working group's report discussed the type of support that countries without country offices would receive, an issue not covered by the questions in the current report (paragraph 9). Ongoing discussions should be aligned, and the framework for the evaluation of WHO's presence in countries should be updated with reference to the working group's discussions.

Ms FIERRO (Mexico)<sup>1</sup> was pleased to note that the Evaluation Office was learning from other United Nations agencies' success, for instance through its collaboration with colleagues from the ILO. Making the Evaluation Office the focal point for external evaluations was also a positive initiative. Mexico supported the corporate priorities set in the evaluation workplan for 2014–2015, particularly the planned evaluation of the normative function of WHO, which should be rigorous and comprehensive in order to provide Member States with guidance with regard to the WHO reform process. The new framework would certainly improve WHO's work, and planning and decision-making processes.

Mr DE RAEDT (Belgium)<sup>1</sup> said that the Evaluation Office's interim assessment of WHO's response to the outbreak of Ebola virus disease was only one of many ongoing evaluations. Other assessments could also provide valuable lessons for WHO, but Member States would not have the opportunity to discuss them if they remained dispersed over several reports. It was important to remain open to new insights on the Ebola crisis; the Evaluation Office should therefore compile all the recommendations that pertained to WHO as the basis for discussion by the Board at its 138th session.

Dr JESSAMINE (New Zealand) said that the WHO reform process entailed complex interactions between audit, review, evaluation and strategic planning. In order to be effective, reform initiatives must be adequately resourced, logically sequenced and completed within an agreed time frame. WHO's transformation into a modern, efficient organization should take no more than six years, ideally much less. Accordingly, and given the expanding work programme of the Evaluation Office, he sought reassurance that it was being appropriately resourced.

Dr RENGANATHAN (Director-General's Representative for Evaluation and Organizational Learning) said that serious consideration would be given to Member States' suggestions concerning the implementation of the framework for strengthening evaluation.

The annual report contained only a brief summary of the analysis of the eight evaluations examined. A fuller document in English only with more information on how the recommendations had been implemented, "Selected corporate and decentralized evaluations: findings, recommendations, actions and learning", was available in the meeting room. The Evaluation Office intended to ensure high-level ownership of recommendations and actions. It would track recommendations, following a standard format used by other evaluation offices in the United Nations system. Information on progress would be published on the Office's planned website, one intent being to encourage thereby Member States' engagement in the evaluations, especially as some evaluations would have involvement of and implications for Member States, such as the current evaluation of WHO's presence in countries.

Regarding resourcing, the Director-General had allocated funding to establish the Evaluation Office in August 2014. It had initially had four staff members, and another two or three would be recruited. The need for more resources for the broader area of oversight had been highlighted in the discussion on the Programme budget 2016–2017. However, the quality of evaluations depended not on large numbers of staff but on the kind of resources available. Models of best practice involved having

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

an evaluation advisory committee, such as the Evaluation Advisory Group currently being established; a roster of pre-qualified evaluators; or a set of experts who could be brought in to collaborate on the evaluations – the Evaluation Office was currently considering those options.

Responding to questions on the pilot analysis, he clarified that the original financing for the Global Learning Programme on National Health Policies, Strategies and Plans had largely come from voluntary contributions. Much of the work that had been done at the global level under the programme continued, but at the regional level. Moreover, the Evaluation Office's aim with the pilot review had been to document what had happened in eight cases, so that Member States could see how recommendations were acted on. One challenge the Office faced was the tendency of evaluations to produce too many recommendations: they should come up with a limited number of recommendations that could be implemented and tracked.

The DIRECTOR-GENERAL, responding to the representative of Belgium, said that everything would be done to draw lessons relevant to WHO from the many studies and evaluations of the response to the Ebola outbreak, but because of their different publication schedules she could not promise to consolidate them in time to report back by January.

She agreed that the necessary resources should be available for planning, evaluation and similar tasks, but they all came under budget category 6, "enabling functions", which was the category that Member States were averse to increase. A balance had to be found between Member States' wish for WHO to do more to make itself a transparent, accountable, professional organization and their opposition to increasing the operational budget; a position she felt sure that the member for the United Kingdom of Great Britain and Northern Ireland would support. Instilling an evaluation culture meant including evaluation as part of programme planning, not an afterthought.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland) said, for the record, that the United Kingdom had never suggested that the budget for category 6, for evaluation and increased transparency, should be cut or reduced as long as accountability for spending that money was just as rigorous as for the other areas of the budget.

**The Board noted the report.**

## **2. STAFFING MATTERS: Item 9 of the Agenda**

**Statement by the representative of the WHO staff associations:** Item 9.1 of the Agenda (Document EB137/INF./1)

Dr USTUN, speaking on behalf of the WHO staff associations, summarized the main issues of the statement contained in document EB137/INF./1.

Dr HOLM (Sweden) paid tribute to the hard work and dedication of WHO staff members, in both emergencies and the Organization's day-to-day work. The Health Assembly's decision to increase the budget substantially and the follow-up to the special session of the Executive Board on Ebola should alleviate some of the challenges identified in the statement. He had taken note of the concerns expressed about the geographical mobility policy, which should be addressed as fully as possible, although it might not be possible to deal with all of them before the introduction of the scheme. Sweden supported the change as a fundamental part of WHO reform and necessary to make the Organization fit for purpose, which should be implemented in a full and timely manner with staff representatives playing a key role. The mobility policy would be beneficial for Member States, the Secretariat and its staff members.

Mr KOLKER (United States of America) fully endorsed Sweden's tribute to WHO staff members. His understanding was that WHO already had a mobility policy and that many of the questions raised by the representative of the staff associations had already been dealt with. He considered that the mobility policy would not lead to a loss of expertise, but would build on WHO's expertise and contribute to the expertise and qualities of staff members. It would be a mistake to agree to a feasibility test before further action and decisions were taken. The policy needed to be accelerated.

Professor ELIRA DOKEKIAS (Congo), speaking on behalf of the Member States of the African Region, paid tribute to the commitment of WHO's staff members, especially in emergency situations and expressed the hope that suitable answers would be found to the questions raised by the staff representative. He welcomed WHO's reforms; the current initiative should accelerate the resolution of health problems, as human resources were fundamental for achieving health goals. The recruitment, mobility and use of staff members should be equitable and take into account geographical representation and the needs of each region. The mobility policy should not be used to reduce the size of the workforce at the Regional Office for Africa or, in particular, the country offices and intercountry support teams. Referring to decision WHA68(11) he called for better implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, observing the principles of usefulness, efficiency and equity.

**The Board took note of the statement by the representative of the staff associations.**

**Mr Casals Alís took the Chair.**

**3. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS:** Item 10 of the Agenda (Document EB137/9)

Dr GWENIGALE (Liberia), speaking on behalf of the Member States of the African Region, expressed appreciation for the role of experts in committees to advise the Director-General, and endorsed the recommendations in the report. He particularly welcomed the actions recommended by the Expert Committee on Biological Standardization, especially those referred to in paragraphs 23 and 24 of the document. He asked that the Expert Committee take cognizance of events in West Africa, where research was being done into medicines and vaccines for, and serology and natural progression of, Ebola virus disease, and ensure its engagement. The Member States of the Region did not have the expertise to control the many actors involved and were anxious to avoid abuses such as the historical study of the natural progression of untreated syphilis.

Mr KOLKER (United States of America) said that the outcomes of both consultations were substantive and helpful. The expert committee process should continue to generate such results.

Dr KIENY (Assistant Director-General) agreed on the importance of monitoring the research being done in West Africa. WHO had been involved from the outset, helping researchers overcome problems and, through expert committees, setting priorities in terms of which drugs, vaccines and diagnostics were worth testing. WHO had published the latter information but also issued a list of drugs that were not thought sufficiently promising to be tested in Africa. It was trying to ensure that there was coordination of work on the use of convalescent plasma or serum. WHO had a clear role in assisting with coordination and providing support to health ministries to establish what was happening in their countries.

The CHAIRMAN requested the Secretariat to convey the gratitude of the Board to the experts for their contributions and to follow up on the recommendations as appropriate.

**The Board noted the report.**

**Ms Matsoso took the Chair.**

**4. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY, AND DRAFT PROVISIONAL AGENDA OF THE 138TH SESSION OF THE EXECUTIVE BOARD:** Item 11 of the Agenda (Document EB137/10)

The CHAIRMAN took it that the Board wished to adopt the two draft decisions contained in document EB137/10.

**It was so decided.<sup>1</sup>**

In response to a point of order by Mrs TYSON (United Kingdom of Great Britain and Northern Ireland), Mrs ROSE-ODUYEMI (Governing Bodies and External Relations) explained that Rule 8 of the Rules of Procedure of the Executive Board stipulated that the Director-General draw up a draft provisional agenda which should be circulated to Member States and Associate Members within four weeks of the closure of the current session. In recent years, the Secretariat had provided the first draft of that agenda for information.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland) cautioned that the large number of topics on the initial draft already constituted an ambitious programme of work for a one-week meeting. She urged the Secretariat to consolidate similar issues under one agenda item or find other ways to keep the agenda manageable so that adequate time was allocated to each matter under consideration. As a specific proposal, she suggested that the three global health sector strategies (provisional agenda items 9.2–9.4) be considered together.

The CHAIRMAN said that the comments would be noted and confirmed that the draft provisional agenda would be distributed within four weeks for comment. She reassured Dr ELABBASSI (Sudan) that mycetoma would be included in the draft that would be distributed.

**5. MANAGEMENT AND FINANCIAL MATTERS:** Item 8 of the Agenda (resumed)

**Strategic budget space allocation:** Item 8.1 of the Agenda (Documents EB137/6 and EB137/6 Add.1) (resumed)

The CHAIRMAN drew attention to a revised version of the draft decision, which showed the amendments and which Dr TROEDSSON (Assistant Director-General) read out:

The Executive Board, having considered the report by the Working Group on the Strategic Budget Space Allocation, recommended to the Health Assembly the following decision:

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<sup>1</sup> Decisions EB137(5) and EB137(6).



The Sixty-ninth World Health Assembly decided the following:

- (1) to welcome the report of the Working Group on the Strategic Budget Space Allocation and express its appreciation to the members of the Working Group for their thoroughness in reviewing the previous work and for developing a revised model in an objective and timely manner;
- (2) to endorse the proposed model recommended by the Working Group on the Strategic Budget Space Allocation;
- (3) to request the Director-General, with respect to the endorsed model:
  - (a) to implement the recommended model, over a period of three **to four** bienniums, in consultation with the Regional Directors, using the current allocation for technical cooperation at country level as the starting point, **and to ensure no nominal reduction of such allocation to any region**;
  - (b) to report **every biennium** ~~regularly~~ on the implementation of the new model, **as part of** ~~in conjunction to implementation of~~ the programme budget reports, to the Executive Board through its Programme, Budget and Administration Committee;
  - (c) to conduct reviews at least every six years in order to assess the relevance of the model to country needs and its impact on the regional budget envelopes;
- (4) **to request the Director-General to work with the Regional Directors to strive towards the use of WHO country budgets and its social and intellectual capital to leverage additional resources to effectively implement and sustain national priority programmes.**

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland) proposed inserting, in subparagraph 3(a), the words “strive to” before the word “ensure”, so as to provide the Director-General and the Secretariat with greater flexibility in years where there was no nominal budgetary increase. Otherwise the new resource allocation model on which there was agreement would be suspended for a biennium.

Ms BLACKWOOD (United States of America) agreed that the Director-General should be given greater budgetary flexibility, and proposed that, in subparagraph 3(a), the words “to minimize any negative budgetary impact at country level” should be inserted after the word “bienniums”.

Mr BOISNEL (France) said that either proposal would represent an appropriate solution to Member States’ concerns.

Dr HAFEEZ (Pakistan) asked for clarification of the word “nominal”. He stressed that, rather than making small changes to the percentage of resources allocated to each region, efforts should be made to increase the overall budget.

Dr PHUSIT PRAKONGSAI (Thailand), acknowledging the proposals made by the members for the United Kingdom of Great Britain and Northern Ireland and the United States of America, proposed that the words “to minimize any negative budgetary impact at country level” should be inserted after the words “to any region” in subparagraph 3(a).

Dr OMI (Japan), supported by Dr JESSAMINE (New Zealand) and Dr ELABBASSI (Sudan),<sup>1</sup> proposed that, in subparagraph 3(a), the words “particularly the countries with the greatest need” be inserted after the words “at country level”.

Mr AASLAND (Norway)<sup>1</sup> supported the proposals by the members for the United Kingdom of Great Britain and Northern Ireland and especially the United States of America, although in principle he would prefer to include neither. He wanted to avoid text that restricted possible decisions about future budgets; without increasing budgets the current wording precluded changes to the distribution of funds across all three levels of the Organization.

Dr HOLM (Sweden) agreed with the proposal made by the member for the United States of America and, supported by Ms ST. LAWRENCE (Canada) and Dr PHUSIT PRAKONGSAI (Thailand), proposed that the text after the words “starting point” in subparagraph 3(a) be deleted.

Mrs VALLINI (Brazil), supported by Mr CASALS ALÍS (Andorra), endorsed the proposals by the members of the United Kingdom of Great Britain and Northern Ireland and the United States of America.

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland), supported by Dr MILAN (Philippines), accepted that the proposal made by the member for the United States of America, as amended by the member for Sweden, offered the best solution to ensure that WHO was not forced to make country-level budget reductions in years when there was no nominal budgetary increase.

Dr PHUSIT PRAKONGSAI (Thailand), supported by Dr BUSUTTIL (Malta), proposed that the word “regional and” should be inserted before “country”.

Dr CARBONE (Argentina), supported by Mrs VALLINI (Brazil), Mr CASALS ALÍS (Andorra) and Ms ST. LAWRENCE (Canada), sought clarification on whether the Board had been requested to adopt the draft decision for implementation following the current session or to recommend it to the Sixty-ninth World Health Assembly for adoption. She asked whether, in the former case, the provisions of the decision would take effect in the current biennium.

Dr TROEDSSON (Assistant Director-General) said that the Board recommended action to the next Health Assembly, but in practice the implementation of the strategic budget space allocation could commence in the biennium 2016–2017. He underlined the fact that the proposed Model C corresponded to only 23% of the total budget and, where required, a nominal (not the minimum) amount of around US\$ 900–1000 million could be established as the floor for technical support to Member States, even though that would limit the Director-General’s margin for manoeuvre within the budget.

In response to a question by Ms HERNÁNDEZ NARVÁEZ (Mexico)<sup>1</sup> about whether the Board could inform the Health Assembly about its decision, the CHAIRMAN referred again to decision WHA66(9) in which it explicitly requested the Director-General to propose to the Health Assembly a new methodology for consideration. Supported by Mr SOLOMON (Office of the Legal Counsel), she recalled that the Board was recommending a draft decision to the Health Assembly; the Sixty-ninth World Health Assembly would therefore make the final decision.

**The decision, as amended, was adopted.<sup>2</sup>**

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

<sup>2</sup> Decision EB137(7).

**6. CLOSURE OF THE SESSION:** Item 12 of the Agenda

The DIRECTOR-GENERAL warmly congratulated the Chairman on her ability and discipline, as demonstrated by the timely completion of a challenging agenda, and thanked her for taking the Board through complex issues.

After the customary exchange of courtesies, the CHAIRMAN declared the 137th session of the Executive Board closed.

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

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Mr P. Sørensen, Ambassador, Permanent Delegation, Geneva  
Mr D. Porter, Deputy Head, Permanent Delegation, Geneva  
Dr C. Nolan, Deputy Head of Unit, Strategy and International Issues, Senior Coordinator, Directorate General Health, European Commission, Brussels  
Ms L. Chamorro, Counsellor, Permanent Delegation, Geneva

Ms M. Matthews, First Secretary, Permanent Delegation, Geneva  
Mr A. Gnädinger, Intern, Permanent Delegation, Geneva

**Organisation of Islamic Cooperation**

Mr S. Chikh, Ambassador, Permanent Observer, Geneva  
Ms A. Kane, Deputy Permanent Observer, Geneva  
Ms Y. Eren, Attachée, Permanent Mission, Geneva

**South Centre**

Mr M. Khor, Executive Director, Geneva  
Mr G. Velasquez, Special Adviser, Health and Development, Geneva  
Mr N. Syam, Programme Officer, Geneva  
Ms M.Y. Alas Portillo, Consultant, Geneva  
Mr E.K. Oke, Intern, Geneva

## REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

### Alliance for Health Promotion

Ms G. Sozanski, Board Member and Honorary Secretary, Geneva

### Caritas Internationalis

Mr S. Nobile, Advocacy Officer, Geneva

### European Society for Medical Oncology

Dr J. Cleary, Director, Pain and Policy Studies Group, University of Wisconsin Carbone Cancer Center, Madison, Wisconsin

### Framework Convention Alliance on Tobacco Control

Mr P. Diethelm, Representative, Geneva

### International Association of Cancer Registries

Dr R. Zanetti, President, Turin

### International Baby Food Action Network

Dr L. Lhotska, Regional Coordinator, Geneva  
Ms R. Norton, Programme Officer, Geneva  
Ms C. Wing Lok Ching, Programme Manager, Penang

### International Council of Nurses

Ms J. Barry, Consultant, Nursing and Health Policy, Geneva  
Dr D. Benton, Chief Executive Officer, Geneva  
Ms Y. Kusano, Consultant, Nursing and Health Policy, Geneva  
Mrs L. Williamson, Communications Officer, Geneva

### International Federation of Medical Students Associations

Ms Ljiljana Lukic, Projects Support Division Director, Zagreb  
Mr A. Mello, Liaison Officer, Public Health, Belém (Brazil)  
Mr A. Moreira de Sousa, President, Lixa  
Ms C. Petrin-Desrosiers, Vice-President, External Affairs, Montreal  
Ms Zeinali Zahra, Regional Coordinator for the Eastern Mediterranean Region, Tehran

### International Federation of Pharmaceutical Manufacturers and Associations

Ms S. Crowley, Consultant  
Ms C. Ramirez, Senior Manager, Global Institutions, Pfizer

### International Federation of Surgical Colleges

Professor W. Gunn, Immediate Past President, Geneva  
Mr R. Lane, President, London

### International Pharmaceutical Students' Federation

Ms A.C. Duarte, Representative, Porto  
Ms B. Scoralick Villela, Chair, Public Health, Juiz de Fora

### International Union against Tuberculosis and Lung Disease

Dr J.L. Castro, Executive Director, Paris

### Medicines Patent Pool

Mr E. Burrone, Head, Policy, Geneva  
Mr C. Clift, Board Member, Geneva



Ms E. Duenas, Advocacy Officer, Geneva  
 Mr C. Park, General Counsel, Geneva  
 Mr G.N.J. Perry, Executive Director, Geneva

**Medicus Mundi International (International Organization for Cooperation in Health Care)**

Mr D. Amoun, MMI Project Representative:  
 WHO Watch  
 Mrs S. Barria, MMI Project Representative:  
 WHO Watch  
 Mrs M. Berger, MMI Project Representative:  
 DGH Coalition on the WHO Reform  
 Mrs K. Bhardwaj, MMI Project  
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 Mr D. Bukenya, MMI Project Representative:  
 WHO Watch  
 Mrs C.E. Burdet, MMI Project Representative:  
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 Mr L. Fasehun, MMI Project Representative:  
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 Mrs V. Gystiane, MMI Project Representative:  
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**Thalassaemia International Federation**

Dr V. Boulyjenkov, Scientist, Geneva

**The Cochrane Collaboration**

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**The Save the Children Fund**

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 Ms A. Bay Bundegaard, United Nations  
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 Ms A. Lamazière, Humanitarian Advocacy  
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**WaterAid**

Ms A. Macintyre, Health Adviser, Melbourne

**World Federation for Medical Education**

Professor D. Gordon, President, Ferney-  
 Voltaire  
 Dr I. Oborna, Vice-Rector for International  
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**World Federation of Chinese Medicine Societies**

Dr Dong Hongguang, Medical Doctor, Geneva

**World Federation of Societies of  
Anaesthesiologists**

Professor D. Simic, Chair, Paediatric  
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**World Self-Medication Industry**

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**World Stroke Organization**

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**World Vision International**

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