

WHO Reform: Debate and decisions at the 130th Session of the WHO Executive Board Geneva, 16-23 January 2012

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Debate on WHO Reform 18 January 2012

Programmes and priority setting (EB Document 130/5 Add.1)

The discussion about the WHO reform began with comments on document EB 130/5 Add.1 “Programmes and Priority Setting”. Commenting on the 7 proposed categories for the next general programme of work, some Latin American countries asked how these categories came to be suggested. Following this observation, Norway and Switzerland, explicitly suggested, at this point in time, to focus on the process and criteria for priority setting rather than on the priorities themselves. On the same issue, Estonia, talking on behalf of EU, directly asked the Secretariat to set up a drafting group that should work separately during the EB, to define the Terms of Reference for priority setting through a Member States-driven process.

Beyond technical arrangements, Estonia as well as Japan and Germany pointed out that priority setting should be linked with the financial reform and that resource mobilization and allocation should necessarily be subordinated to the identified areas of work.

According to Member States suggestions, priority definition should be based on a bottom-up approach taking individual country needs as a starting point. Striking a discordant note, US suggested that global objectives should guide regional and local ones and eventually go back to the centre. The discussion on country needs led to question the resource allocation among the three level of the Organisation and the concept of country grouping proposed in the document (Par. 12). India and China highlighted how the 5 categories proposed are almost entirely based on level of development rather than on the burden of diseases and how countries in the same group can have different health needs.

Last but not least, Ecuador and France complained about the late release of the document EB130/5 Add. 1 and Add.2, which prevented Member States to adequately analyze and react on them.

Afterwards, three NGOs took the floor: Medicines Sans Frontiere, Medicus Mundi International and the People’s Health Movement, and Democratizing Global Health Coalition (a group of public interest organizations that have come together to focus on the WHO Reform). Civil society comments were recalled also in the final speech by the Director General who congratulated them by saying “*You have done a lot of work and you could really highlight the important points*” but she didn’t really answered the question posed.

At this point, Dr. Chan summarized the discussion and cleverly clarified that the EB documents prepared by the Secretariat were not meant to be the basis for a negotiation, but just an instrument to stimulate the discussion. She also said: “*This is not a decision making time*”.

Addressing Member States suggestions and concerns, she grouped the interventions into two broad categories: process and content.

Concerning the content, she declared to be happy to hear that many countries agreed that priority setting should give very strong attention to country needs. Trying to address Member States concerns about the 5 typologies of country and the 7 categories of work, Dr. Chan declared that these were just a first attempt to systematize the available information as well as the current activities of the Organization.

Regarding the process, she fully agreed on the EU proposal to create a working group to set ToR and the scope for the Member State-driven process. Moreover she proposed to adopt the first option mentioned in paragraph 55 which means starting the Member States-driven process with a main meeting to be held in late February. Although this option was fully supported by many countries, others, especially the furthest (Japan) and the smallest (Bahamas and Barbados), expressed their concerns on the economical and human resources sustainability.

Debate on WHO Reform 19 January 2012

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

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

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

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

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

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

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

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

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

The **engagement with other stakeholders** was one of the thorniest issue; the discussion focused on the criteria for the inclusion of non-state entities and on the need to differentiate between PINGOs (Public Interest NGOs) and BINGOs (Business Interest NGOs).

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

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

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

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

Managerial reform: making WHO’s financing more predictable (EB130/5 Add.5)

Managerial reform: contingency fund for outbreaks (EB 130/5 Add.6)

WHO evaluation policy (EB130/5 Add.8)

Managerial reform: evaluation (EB130/5 Add.9)

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

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

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

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

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

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

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

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

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

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

Decisions on WHO Reform 23 January 2012

After Member States comments and requests for clarification, a written document was provided to Member States.

The document summarizes the conclusions of the Executive Board on WHO Reform:

Programmes and priority setting: programmes and priority setting will be discussed in a Member State-driven process, which will include a meeting to be held in Geneva on 27-28th February and open to all Member States. The Secretariat will provide documentation for this meeting no fewer than seven days before the meeting.

Governance: as proposed following the discussion last week, Member States are invited to submit their comments on this item through a web site before 17th February (one week before the priority setting meeting, as requested by Switzerland during the discussion). Further consultations with Member States will be required on WHO's engagement with other stakeholders, including NGOs and industry, and the proposals to review and update principles governing WHO relation with NGOs, and to develop comprehensive policy frameworks to guide interaction with the private-for-profit sector, as well as non-for-profit philanthropic organizations.

Managerial reform: The Secretariat will further elaborate the proposals for the predictable financing mechanism and the contingency fund, based on the feedback from the EB at the present session, and present these to the 131st EB through PBAC. Member States are invited to submit their comments on the draft evaluation policy through a web site before 17th February. Concerning stage one of the independent evaluation of WHO, the EB has welcomed the offer of the External Auditor to carry out this step, and expects that the report of stage one will be presented to the 65th WHA, and will include a proposed road map for stage two of the independent evaluation.

In preparation for the May meetings of the governing bodies, the Secretariat will prepare a consolidated report covering all aspects of WHO reform for submission to the 65th WHA. In line with the desire of the EB to strengthen the oversight of the PBAC, which already has a crowded agenda for a one day meeting, it was decided that this particular May meeting of the Committee will be extended to three days. It was also decided that the 131th Executive Board will be extended to two days to ensure adequate time to consider the reform proposals.