

EB131 (28-9 May, 2012)

Item 5. WHO reform

Chair: we are not considering the totality of the reform, but only 2 components: 1. draft formal evaluation policy (EB 131/3) and 2. revised terms of reference for PBAC in EB131/10. The PBAC has reviewed and recommended that the EB approve the evaluation policy.

US: Speaking to the evaluation policy: we appreciate the report. We have some questions:

- regarding the role of the Office of Internal Oversight Service (OIOS), the policy is unclear; does the OIOS have the capacity of taking on this role? will the WHO give more human resources and more funds to the OIOS?
- The evaluation policy doesn't discuss the need for improve the actual outcomes. Evaluation needs to assess the actual contribution of WHO to population health at country level.

Lithuania: has strong ambitions to contribute creatively on behalf of EU. Reiterate our position on reform: WHO finds itself overcommitted, over-extended, needs reform. Expected outcome is greater leadership by WHO, improved health outcomes, meeting expectation of MS, org is effective, transparent, etc. Welcome the engagement of both the DG and her staff to progress. Urge the DG to ensure that human and financial resources are allocated. Three issues: 1. welcome draft evaluation policy; follow up and learning is crucial; like to reiterate proposal to conduct a review after 3 years; 2. strengthening the oversight role of PBAC; 3. look forward to paper on 2nd stage of evaluation; expect it to include time lines and who will provide the evaluation; would welcome info on costs and funding.

Norway: On evaluation, we welcome the new evaluation policy. Any organisation striving for excellence will benefit from such policy. Dedicated budget for evaluation. Support the new TORs for PBAC. Support ethics committee in PBAC's agenda.

Qatar: DG has declared on several occasions that "what cannot be measured, cannot be done" for a realistic and affordable reform process. We noticed that the org already has several audit, assessment and evaluation tools. At a time of financial crisis and scarcity of resources, adding another mechanism will be costly and time-consuming. Recommend strengthening and considering using existing tools.

Morocco: welcome the high quality of the document. The formal evaluation policy should be implemented in the reform process itself.

China: no objection to the document, but we have a suggestions. Every year WHA adopt many resolution but we don't know what is their impact on the countries. Concerning the revised ToR for PBAC, we have amendments to keep this doc coherent.

Par 5: (i) should be put in the chapeau of par 5.

Lebanon: not clear whether an evaluation of existing M&E strategies has been done-- should be done before adding new layers of evaluation. Program evaluation should be borne

by the concerned program itself and make this explicit in the text. So, programs evaluated with extra/special funds should not be evaluated by general organizational funds.

Belgium: welcome the evaluation policy. If we allocate budget for evaluation policy, this is a very imp signal for the WHO. Believe the EB should express a stronger message under para 44.c instead of only encouraging the evaluation – we should certainly recommend a more explicit form of evaluation.

Senegal: we are satisfied with the introduction of an evaluation culture in WHO. Concerning country offices, we should make sure there is a regular development of these offices in order to have an efficient monitoring of them.

Mexico: pays tribute to work and effort in draft evaluation policy. We think in order to have great clarity on what and how will be evaluated, should be included in the very terms of reference.

Cameroon: aligns with Senegal's statement. We know how important it is to carry out evaluation but also to implement recommendations. See para 46: responsibility of the owner and para 48: owner ensures management: seeking clarification.

Cuba: evaluation is extremely important in order to control what is implemented. What we are doing is to improve our evaluation system and we would like to know how much this new formal evaluation policy will cost.

Australia: seek clarification re para 45. point e. to maintain a system to track responses and f. maintain an online inventory. Request that point e be available in some electronic form--hope that it already is?

Barbados: welcome the evaluation policy; - support the themes for all types of evaluation; clarity in evaluation plans, to be not conducted by same personnel. Clarification as to role of regions and more frequent feedback will be important for this exercise – so that evaluation take into account office performance. Annual reports on evaluation should be considered by the EB.

Iran: purpose of evaluation policy should be that WHO has timely strategic and objective information to produce results. Should foster common institutional function in WHO and strengthen transparency and effective. Further strengthen evaluation function and basis on policy through fewer high-quality policy and analyze results. Enable findings to fit systematically into organizational learning. Support eval policy as proposed, but want to define roles of relevant stakeholders. Appreciate emphasis on sensitivity to social and cultural environment. Terms of reference acceptable. Capacities of PBAC need to be strengthened. most useful aspects will be to strengthen RD and EB links. Obligation for regional committees to report to January EB will convey positive message to regional committees on the progress of the reform progress.

US: we support the revised Tor for PBAC and the establishment of the Ethics Office. The independence of the Ethics Office is important as well as its reporting to the governing bodies.

Switzerland: support revised evaluation policy. Welcome this EB is moving towards an evaluation culture. Support drafting changes proposed by China and US to terms of reference. Support Lebanon's remarks on paying for evaluation. We do the same in our own evaluations.

Turkey: We appreciate the evaluation policy. During the WHA we were pleased to see the results of the first stage of the evaluation. In par 33 there is a reference to “users”, we consider that the definition is not sufficient. We suggest a stakeholder analysis is made before the second stage starts. We should revise the communication strategies with all stakeholders. Communication with stakeholder is the most critical point. Another issue we would like to raise is that inclusion of staff in the evaluation group will raise concern of COI.

Germany: aligns with Lithuania. On the terms of reference for the PBAC: the relevant qualifications discussion from PBAC should be reflected in the terms of reference for the evaluation as well (is it already, how?).

Libya: welcome the report and comments made by other MS; 1. need for evaluation selection criteria i.e. selection criteria for evaluation team; 2. in the interest of transparency, there has to be MS regional representation – preferably including non-EB MS. Need for well defined evaluation process before the evaluation is begun. 3. WHO disclosure policy

Director of OIOS: thanks for your appreciation for the doc. I will answer to the question raised by different countries.

- concerning the question from US, the evaluation policy doesn't cover the performance assessment of the organizational programme. The potential area for evaluation will derive from the budget performance assessment .

- answer to Qatar: the aim is to improve the oversight by the governing bodies, it is not appropriate for OIOS to run all the evaluation

- China: yes, you're right, clearly the evaluation should aim at evaluating the impact of our activities and future processes.

- We did a pre-work on what other organizations did in terms of best practices so there were some input from these organizations.

- Concerning the question raised by Belgium, Australia and Barbados, the results will be published on our website. Annual report will also be presented to EB.

- Concerning the question raised by Senegal, strengthening the evaluation competencies at country level is part of the evaluation policy

-Concerning the question raised by Iran, you are right, there are challenges but this is a good starting point

DG responding to EB comments

- point by Iran: regional committee meeting – require producing a report to be submitted to the EB. We work with RD to facilitate this process

- EMRO finishes in Oct – latest of all RC meetings. WE need to give them some time to make sure ready for Jan

- USA: raised independent channel of reporting to the governing bodies. I need to move to high gear to draw the road map, recruit Ethics Office, etc.

- You also mentioned having standardised ethics procedures, at the three levels of the org. Yes

- Turkey suggested a stakeholders' evaluation and get their views before second stage evaluation; let me remind you, re the second stage of evaluation: the Assembly is to take note and DG to provide a paper on specific modality of this evaluation; in this regard, we hope to get stakeholders' views before 2nd evaluation.

- So I can move on to issues where MS agreed

- Libya: about the disclosure policy of this organisation –commit the organisation to be aligned with best practices of UN bodies.

- Germany: when selecting PBAC members from their countries, pay attention to their qualification – your prerogative

- It is the right as well as responsibility of MS to see if PBAC members are doing their job properly.

USA: US is deeply committed to WHO reform and to proceed in a collective manner. Decisions from last week will help guide us for the next year. Recognize the necessity of MS participation in two areas which will benefit from MS input: 1) program budget development; 2) more options in financing guidelines. For upcoming meetings, specifically PBAC session in December, this needs to be clarified. Want MS to be able to be present in WHO governance meetings where there are vital issues that require thoughtful debate. Suggest stepwise governance: EB, special meeting in March (optional), WHA.

Suggest amend draft decision: the EB at 132 session convened on Jan 21 and close. Same first part of para as before (change begins) PBAC should hold an extraordinary meeting on 5-7 Dec open to all MS that focuses its agenda on particular aspects of WHO reform, on transparency and predictability of WHO financing and review of the program budget. EB further decided that PBAC should hold meeting on 17-18 January to take up the remainder of the PBAC issues. Provide regular MS briefings ahead of WHA66. Requests DG to provide a paper on elements of WHO governance for MS and provide to 132nd meeting of EB.

Norway: Give high priority of the reform. Norway is concerned, that financing has little progress. As a donor, we see today's financing undermining the democratic nature of the organisation. We risk that donors set the priorities and not the Assembly. Regret lack of better understanding on the financing dialogue.

Expect a proposal on a new financing mechanism to be better elaborated. Ask for a special meeting on the financing in Fall. Also further debate on the scheduling of the meetings. Unclear why the Secretariat suddenly changed its mind. At the RC, expect to get more details of the GPW and of the PB. Expect to get the SDH much more concrete in the GPW.

Concerning priorities: we expect the org to prioritize implementation of the codes of conduct and conventions in its GPW. It is important.

Yemen. I hope during EB we come with a roadmap for the reform process. 1. What do we expect from regional committee this year? What would they contribute to the reform process? 2. Involvement of private sector and civil society? What would be expected from EB related to stakeholders? 3. On the reform process in general: what would be the results of the reform process – in terms of advocacy – media, WHO, outside, how much will the WHO be more responsible; will make our reform process more successful and visible to the others;

who sets the global health agenda? Is it the WHO? Who are the other stakeholders?
Programmatic work – aligned interests of other stakeholders?

10% of the population of the world are colour blind! Traffic lights!

Australia: financing is at the core of this; no one has been prepared to face this yet; agree with the sentiments of accountability, etc but fundamentally, we have to talk about money; we must reconcile what is un-reconcilable: donor priorities vs. the democratic principles. Need a number of options; think outside of the box. How we reconcile this with the donor priorities, I don't know. We have to talk about it. On the schedule of meetings: January for us is August for you. Stepwise is the way to go here, but only if the process tackles the key issues.

Switzerland: fully committed to WHO reform. We need MS to remain involved. We ask the Secretariat to prepare the papers for which we should give input during the RC. We would like to raise 2 issues : financing and governance. We could use the extraordinary meeting of PBAC in December to discuss financing. Meeting on governance possibly in March? Finally, we support Yemen on the post 2015 agenda.

Lebanon: also consider that financing not given the focus it deserves. Instead of having separate component of the reform, it was dealt with under management section. Support Norway and Switzerland to create a clearer plan for next EB and come to next WHA with a substantive strategy.

Panama: important that EB take an important role in the implementation of this reform process. We would like to have greater clarity on where we're going. RC have an important role to play and will contribute to the GPW. Other important issues are the relation of WHO with local health stakeholders, with other UN agencies, with WTO and the private sectors. Financial aspect must be dealt with in a broad meeting of the PBAC. We should have a clear definition and deepening of the financial discussion. We need documents sufficiently in advance. We support the ToR of PBAC.

Lithuania: wanted to speak on USA draft decision....will wait until later.

Senegal: AFRO welcomes the progress in the WHA about the reform process. We are satisfied with the decisions emerged from our work. We await the results of the 12th Work programme as well as the dialogue on financing and the meetings or consultations that will follow on these issues.

Barbados: Re documents: there is always room for improvement. Not only to have an effective plan but also nimbleness as well; emphasise the importance of the financing dialogue. In some MS private corporations are bigger than governments! Emphasise big corporations!

Brazil: support proposal by US. Have spoken previously with them and think it is good. The idea is an MS-driven process. We, as MS, can follow the discussion, progress, etc without too many huge breaks in the discussion. Also support comments made by Panama. We need to have more discussion on 1) financial aspects which is the elephant in the room 2) global health architecture and its governance (WHO is talked about as the coordinating and leading authority; how can this be a reality?). What is the relationship with other actors in global health (foundations, partnerships, other UN agencies, etc.). And industry--how to

engage. Final product of discussion to agree on a global health pact or agenda. Everyone feels some ownership in the product. How to start this discussion; not premature to discuss. We have some ideas, for instance, in the EB. Have to find the right time. The discussion cannot be delayed anymore.

Canada: the past year's discussion has demonstrated the complexity of the issue of WHO reform. The approach to better identify our priorities is important, but this alone however is not sufficient. We have to address also the other issues of reform: First, the funding. The financing dialogue is still at a concept stage. Second the alignments between the 3 levels of WHO. We have yet to get substantial changes. More in depth discussion on both these issues is necessary. This needs to take place after the RC discussion and before next EB. We need also a more strategic agenda for WHA, need to have documentation well in advance. We need a roadmap as it has been proposed by Yemen.

Algeria: one general comment: the universal nature of the WHO should be based on the decision making process; the WHA is the supreme body of this organisation; strengthening the EB should in no way be done to the detriment of the members who are not members of the EB

DG: thank MS for giving various advice and guidance. before you review the proposal by US, would like to share the calendar for rest of the year. ground decision in reality. whether or not having special PBAC and additional routine PBAC, reinforce what have heard. 4 items that are very important. 1)financing 2)draft GPW12 3)program budget and 4)engagement of partnerships. but, these are all reform-related issues only. at WHA65, they also gave us a lot of additional works. NDCs, nutrition, CEWG. Additionally, normal events happening. We want to give documents in advance...it normally take a month to prepare. remind us because it is already the end of May. based on your guidance, immediately, we have to prepare GPW12 and draft program of work so they can be translated and transmitted. financing and partnerships also have to do consultations right after this meeting. by the time I receive the comments from regional committees, it will be October. we must see if there are regional differences. must have debate with regional directors to present a cohesive plan. will try to be fair to all regions. will make amendments and that will take several weeks. So, if want a PBAC meeting in early Dec., need have time to prepare heavy documents by mid November. partnerships are important. want those papers to be ready for the normal EB in Jan. Summarize 2 options: we have Dec. a special PBAC for GPW and prog budget. Jan to look at partnerships and finance. (2 meetings). Could also have 1 meeting back-to-back and have special EB and regularly EB together. in GPW12 we outline important global health issues. out of those, the MS and sec have a contribution and then could go into discussion on financing if you do back-to-back meeting (1 meeting). Either way, feel comfortable. must be flexible with timing as you decide.

Australia: I need a clarification. Will PBAC discuss GPW and also financing?

DG: my advice is to provide options on the financing dialogue. It could be presented to the meeting in December. My advice: you look at the priority of the WHO and then you look at finance. In this way you de-link priority setting from financing.

Switzerland: Questioning the modalities of the financial dialogue – not the dialogue itself; Dec meeting will be the first when we can look at the modalities; Look at full fledged

GPW for the EB; You prepare short papers for RCs on issues for guidance to come with to the EB. Issue of communication on reform. How to communicate what to do with this reform. I gave an interview on the radio on reform and I must admit I failed!

DG: thank you. Regarding the GPW12, in particular the program budget, I urge regional committees to give guidance. Would not like financial allocation and how we are going to do the resource allocations. Once we have the program of work, then do the finance piece; we are concurrently doing a costing analysis.

Chair: DG gave us 2 options: separate meeting or 1 long meeting. It is important that this is digested and further discussed. We have to be clear on what we want to achieve.

Norway: 1. we are all aware, proposal of meeting in Dec as USA suggested. These are the times proposed by Sec: hold PBAC meeting at the same time proposed by the Sec – focus on financing through Regional Committee meetings, EB meeting. 2. Summary on the important issues to be discussed. Scheduling of meetings and financial dialogue need to be discussed together: when to have the final dialogue – after the WHA or before? Norway thinks another body other than WHA is going to decide on the priorities for this organisation.

Meike: DG: very clear at the WHA that all members agree on the sequence and the governing body to the WHA who make the final decision on the priorities. process start with Regional meetings. that will be consolidated. feed into PBAC and the EB. now, the EB is different than in previous years. welcome input at the EB as well. then, need to revise program budget which will then go to the assembly. Assembly is the ultimate authority. your question is whether the calendar where all the governing body where all meetings take place will be change. at WHA, we will retain the status quo until next year in the EB and the WHA whether we want to change the calendar of events. sequece in giving all input to assembly will not change. some MS, particularly EU, start regional committee meeting and proecess runs from there and WHA at the end of the year. no decision has been taken.

Chair: draft evaluation policy adopted ([EB131\(1\)](#)). Draft ToR with amendment by China is adopted ([EB131.R2](#)).