

Highlights from the fourth day of the 132nd Executive Board (Geneva, Thursday, 24.01.13)

Item 11.1 Implementation of Programme budget 2012–2013 (Document EB132/25)

During this session an update on the implementation of Programme Budget 2012–2013 was presented. Although the Programme Budget is currently financed to a level of 86%, there are still differences in the level of financing of various strategic objectives and gaps across regions.

Some requests for clarifications were raised by Morocco and Panama. Morocco asked to see the percentage of funding for each Regional Office according to each strategic objective. Panama expressed its concerns on the different levels of funding among regions and requested the Secretariat to provide an explication because the available documents are silent to this regards. These shortfalls, according to the Panama delegate, reveal the current problems of high levels of earmarked and specified funds.

Item 11.2 DRAFT TWELFTH WHO GENERAL PROGRAMME OF WORK (Document EB132/26) and Item 11.3 Proposed programme budget 2014–2015 (Document EB132/27)

This overwhelming session started with the resume of the discussion held during the session of the Programme, Budget and Administration Committee (PBAC) by the chair of the PBAC. He welcomed the progresses made in developing the Draft Twelfth General Programme of Work (GPW) and the proposed Programme Budget 2014-2015 (PB), both of them intended as tools for implementing the reform, and recommended to take into account the comments that Member States (MS) will made through the online consultation that will be closed on February 15th.

The Director General (DG) replayed that both the GPW and the PB have to be intended as work in progress due to the ongoing nature of the reform process.

During the lively discussion all MS expressed their support to the proposal of approving the entire PB during the World Health Assembly (WHA) and their willingness to participate in the online consultation that will provide further inputs to the process.

MS raised many issues and concerns about the procedure that has led to elaborate the two

documents under discussion.

The first concern, expressed by several European countries, was about the methodology the Secretariat and the DG utilized to identify the strategic priorities and the relation between these priorities and the categories identified in the previous stage.

On the same topic, the USA highlighted the mismatched inclusion into the strategic priorities of both technical and cross-cutting issues (such as Universal Health Coverage).

Another general perception was that further work needs to be done on the result chain: indeed many targets/indicators are to be finalized (the most cited example was the social determinants of health section mentioned by China, Canada and the USA) while others are still missing such as those related to human rights, gender and environmental factors. At the same time, several Member States asked for the inclusion in the GPW of further items that, according to their country situation, are currently missing such as social protection, disability, human health security and neglected zoonotic diseases.

Moving from the considerations on the GPW to those related to the PB, many words were spent on the allocation of resources among the different WHO regions. In particular MS of the SEARO expressed their great concern about the decreasing of the budget assigned to their region that, according to them, won't cover the needs of the countries and won't be sufficient to properly fund WHO technical support to local governments. The risk of wasting the results achieved in polio eradication was mentioned by India as a possible consequence of cost cutting upon this region.

The point of regional resource allocation was raised also by Mexico and Ecuador: they called for more clarity and transparency in this process. On the other hand, Croatia backed by Morocco and Azerbaijan, outlined the importance for regional specificities to be reflected in the PB.

The importance of guaranteeing the flexibility of funds was another matter of discussion: MS requested to find a balance between the authority of the DG in reallocating funds and the role of Governing Bodies in deciding upon that.

While taking the floor, almost all MS asked for clarification on the new financial model, the so called "financing dialogue" and the role that the Governing Bodies will have in this process in terms of participation and orientation.

Before the response of the Secretariat and the DG, three NGOs read out their statements, between them Medicus Mundi International and the People's Health Movement, both members of the Democratising Global Health coalition (*see the statement at the link: http://www.ghwatch.org/sites/www.ghwatch.org/files/EB%20132_PHM%20statement_WHO*

[%20reform_GPW%20PB.pdf](#))

At the end of this intense discussion the DG took the floor to address the concerns and the questions posed by MS. She thanked all MS, non-EB MS and civil society for their inputs and highlighted the convergence between the present discussion and the one held during the PBAC. Recognizing that changes cannot happen overnight and therefore more work is needed, she reassured that WHO will continue working on that.

She summarized the debate in the following points:

(1) GPW: Member States asked for better explanation on the process that led to the identification of the strategic priorities through the application of categories and criteria for priority setting. Six of them refer to technical priorities (MS suggested to rename them “programmatic or leadership priorities”) while other two are linked to the reform process. Dr Chan assured that, after receiving the inputs from MS through an online consultation, the Secretariat will elaborate a new draft of the GPW in which the two “reform priorities” will be in one chapter and the “programmatic priorities” in another one.

(2) PB 2014-2015: the Secretariat will better articulate the results chain and will work on the development of agreed indicators as asked by several MS.

Trying to address MS requests for clarification on costs, Dr Chan said that at this point in time is difficult but the Secretariat will provide more costs information on staff and activities based on expenditure patterns.

Concerning the allocation of resources among different WHO regions she assured that she will work on that issue with the regional DG and that the allocation will be linked to monitoring and evaluation through an accountability mechanism.

(3) concerning the *financing dialogue*, the DG provided several details on how this process will work (see table below).

	First meeting	Second meeting
OBJECTIVES	Provide informations on resource requirements, secured fundings and funding gaps.	structured dialogue with MS and contributors to identify solutions to address remaining funding gaps
TIME	One day meeting on June or July	Two-day meeting on October or November
VENUE	EB room	CICG Geneva

PARTICIPATION	WHO MS and current major financial contributors to WHO	WHO MS and current major financial contributors to WHO
METHODS OF WORK	chair could be the chair of PBAC or vice-chair of PBAC (this represents the GB engagement and they will report to the EB); it will be an informal consultation	chair could be the chair of PBAC or vice-chair of PBAC; informal consultation
COST IN ORGANIZATION OF MEETING	300.000 USD (for translation and travel for LMICs)	350.000 USD
EXPECTED OUTCOMES	assessment of current status of funding of PB 2014-2015 and resource required	update of status of financing of PB 2014-2015; identification of funding gaps and concrete actions to reduce financial gaps; approach/proposals for resources mobilization to address the financial gaps; information on proposed allocation of AC.

The following discussion focused on the timing, modalities (on line or face-to face) and outcomes of the first meeting of the financing dialogue.

After a long debate, it was decided that if the 66th WHA approves the financing dialogue, the first meeting will be virtually held through an online document sharing on a website that will be accessible for both MS and major contributors to WHO (Chan mentioned the Bill Gates Foundation and the Rockefeller Foundations) and after that WHO will organize briefings on the Missions. The second meeting will be a face to face one and will be organized in October or November 2013.

Item 7.1 Monitoring the achievement of the health-related Millennium Development Goals (Document EB132/11) and Monitoring the achievement of the health-related Millennium Development Goals: Health in the post-2015 development agenda (Document EB132/12)

All countries stated that MDGs have a central role in WHO's work and have been a powerful reference point. However, even if substantial progress has been made, large gaps still persist in the achievement of the MDGs.

Speaking on behalf of the Africa Region, Senegal said, upon assessing the MDGs, that progresses have been made on MDG 6, but goals 4 and 5 have still to be looked at.

According to Senegal, reduction in child mortality has been 4% in some areas (1990– 2011). Senegal added that access to adequate health care at the time of birth is still a big challenge in the region; women are not sufficiently empowered and the results are not what they hoped for.

Regarding the post 2015 development agenda, Senegal stated that the health framework to be developed must reflect current and future challenges, and efforts must be made to sustain the progress made. Finally it recalled that equal and equitable access to health for all is extremely relevant and that Universal Health Coverage will help the African region in overcoming the inequalities.

On its part, Norway called on the need to remain focused to achieve the health related MDGs, and said that this is an important agenda to be completed. The USA also said they have made bilateral and multilateral efforts and fully intend to continue these contributions and that they expect MDGs to retain a central place in WHO's priorities. The European Union (EU) pointed out that MDGs have made world a better place, and enabled MS to assess progress; at the same time the delegate highlighted that many progresses still need to be made reassuring that EU is strongly committed to achieve MDGs by 2015. Finally, EU stressed the need to focus on cross cutting challenges like SDH, water and sanitation and Health System Strengthening and the need to adopt a right based approach and good governance to achieve MDGs.

The Chinese delegation endorsed the Secretariat review on recent progress in health related MDGs and its analysis, and urged countries to do their utmost best in the next three years to move closer towards achieving the goals. Similarly, Mexico expressed its support to the draft resolution proposed by Norway, Nigeria and USA. The Chinese delegate also added that "Universal Health Coverage (UHC) is a target that may loose easily focus, so there should be a quantifiable measure for this issue".

Other MS endorsed the report and suggested that MDGs should be taken into account in the development of the post 2015 health framework as much remains to be done. One key suggestion was that UHC could be an overarching goal that covers both health and poverty reduction goals. In addition, several countries said that UHC is a powerful element in the post-

2015 agenda, and that it will be at the heart of domestic health reform. They asserted that UHC is not an outcome in itself but a means.

Non Communicable Diseases was another key health issues that received a lot of attention in the discussions; MS called for a focus on it in the post 2015 health agenda.

Civil Society organizations, including the Medicus Mundi International and the People's Health Movement (PHM), made statements on the floor of the EB on the post-2015 agenda (the statement is available at the following link: http://www.ghwatch.org/sites/www.ghwatch.org/files/WHO%20EB%20132_MMI_PHM_MDGs%20statement.pdf).

Item 7.3 Social determinants of health (Document EB132/14)

The discussion on this agenda item was driven by strong and continuous references to the Rio Political Declaration on Social Determinants of Health and to the Rio+20 Conference on Sustainable Development.

The floor was opened by Seychelles, on behalf of the African Region, that stated their strong commitment to Social Determinants of Health (SDH) in implementing health interventions and the need to consider SDH as a priority in the agenda of WHO. Morocco highlighted the important role that WHO has to play in prioritising SDH in the Twelfth General Programme of Work. The contributions from the European countries focused on the "health in all policies" approach and on the need to improve the integration between different sectors to concretely address the SDH, driven by principles such as equity, Universal Health Coverage (UHC) and collaboration with local communities. In this discussion the floor was definitely led by Central and South American Countries, that brought very concrete and meaningful arguments on the issue: Cuba started affirming that the Cuban health system is based on full inclusion and on social justice as a strategy to ensure UHC, and added that this is the result of a permanent political will to fight against social exclusion and inequalities. Panama mentioned the need for advocacy campaigns in the American Region, Mexico called for better tools to measure distribution of health and Colombia stressed the need to prioritise SDH. The most interesting point was raised by Ecuador that required explanations about the fact that some countries made more advances than others. Ecuador strongly brought to the floor the unmentioned reasons of inequalities with the aim to address the attention on the different contexts that each country is facing, and finally mentioned the Minamata Convention on Mercury as a good

instrument to integrate environment and health. Argentina closed the contribution from MS, highlighting the importance of facing inequalities through the “health in all policies” approach, and stressing the fundamental role of WHO in setting the plan for sustainable development .

Then International Federation of Medical Students' Associations (IFMSA) took the floor with a clout for the fact that the report avoids to identify the root causes of poverty, quoting the “Closing the gap” report.

The Assistant DG closed the discussion recognizing that more concrete interventions have to be done at global, regional and local level, but avoided to reply to the specific question raised by Ecuador, even after having been solicited by DG.

Item 8.1 Implementation of the International Health Regulations (2005) (Documents EB132/15 and EB132/15 Add.1)

The primary focus of the report was to provide an update on progress made in taking forward the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009, as requested in resolution WHA64.1. The Secretariat reported that it is working on criteria for approving extension of the IHR for MS to be presented at the 66WHA.

MS noted the report and linked the importance of IHR with “global health security”. Many MS raised the issue of capacity to implement the IHR. AFRO highlighted problems of ‘insufficient training, lack of infrastructure, poor lab capacity, weak coordination, fragmented approach in implementing IHR’. Iran, Morocco and China called for further funds to assist MS on implementing the IHR, with China asking the Secretariat to produce a report on a contingency fund for MS to assist them in implementing the IHR. Maldives raised the point that the IHR received the lowest budget allocation compared to other budget categories. While some countries raised the issue of yellow fever, Iran sought advice on advance vaccine agreements. The WHO ADG Keiji Fukuda sought further guidance from MS on the criteria for the 2014 extension of implementation, to be provided through Regional Committees. The WHO stated that it worked to support countries on yellow fever and supported the call for a contingency fund.

Item 8.2 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits (Document EB132/16)

Through WHA64.5 the DG provided the Board with a report on the status and progress of global influenza vaccine production capacity, the status of agreements entered into with industry, including information on access to vaccines, antivirals and other pandemic material, the financial report on the use of the partnership contribution, and the experience arising from the use of the definition of PIP biological materials.

MS noted the report and reflected on the importance of PIP for “global health security”. MS sought clarification of the financing, how WHO would work with the private sector, and the details of the partnership contributions as well as the need to track the benefits to WHO from the partnership contributions. Thailand reaffirmed the importance of building vaccine manufacturing capacity in developing countries as soon as possible. The USA encouraged MS to provide human and financial resources for the development of STMAs, as it is already doing. Brazil offered to provide legal support with respect of STMA-2 to the Secretariat.

The NGO coalition MMI/PHM/TWN raised the issue of transparency, calling on WHO to make all SMTAs signed with non-GISRS entities be made publicly available, as well as making publicly available which entities WHO has sent a “Notice of commencement of SMTA 2 Negotiations” and information as to which companies have contributed, the level of contribution, and the methodology of contribution. MMI also called for partnership contributions from any other ‘non- producing entities’ that acquire intellectual property on the basis of research utilizing GISRS materials, to reflect the benefits that they derive from the WHO system.

The WHO Secretariat responded to the Board stating that SMTA-2 involves negotiations with commercial entities and that a number of negotiations were underway since they were still discussing the methodology in terms of who pays what to the partnership contribution. The DG elaborated on the need for transparency and speed first that the Advisory Group is member focused, second that WHO had no legal support for negotiation SMTA-2. Two Secretariat staff had this as their “night job”. For that reason the negotiation was not as speedy as they would like. Since past offers from countries to offer WHO legal support had not materialised, the DG called for more legal support from MS.

Item 6.5 Disability (Document EB 132/10, EB 132/10 Add.1)

This agenda item was reopened and the draft resolution on disability was approved by the EB with the amendments proposed during the discussion held on Tuesday January 22.