People's Health Movement / WHO Watch
Draft Comment on Items for EB135
26-27 May 2014

This set of comments, prepared by the People's Health Movement, is presented as a contribution to Member State deliberation during the 135th meeting of the WHO Executive Board.

PHM is a global network of organisations working locally, nationally and globally for Health for All. Our basic platform is articulated in the People's Charter for Health which was adopted at the first People's Health Assembly in Savar in Bangladesh in December 2000. More about PHM can be found at www.phmovement.org.

PHM is committed to a stronger WHO, adequately resourced, with appropriate powers and playing the leading role in global health governance. PHM follows closely the work of WHO, both through the Secretariat and the Governing Bodies. Across our networks we have many technical experts and grassroots organisations who are closely interested in the issues to be canvassed in the debates in WHO governing bodies.

PHM is part of a wider network of organisations committed to democratising global health governance and working through the WHO Watch project. More about WHO Watch at: www.ghwatch.org/who-watch.

PHM representatives are attending the EB and will be pleased to discuss with you the issues explored below.

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EB135 26-27 May 2014

1. Election of Chairman, Vice-Chairmen and Rapporteur
2. Opening of the session and adoption of the agenda (EB135/1, EB135/1 (annotated))
3. Outcome of the Sixty-seventh World Health Assembly
4. Report of the Programme, Budget and Administration Committee of the Executive Board (EB135/2) PHM Comment.

5. Technical and health matters

5.1 Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage (EB135/3). PHM Comment

5.2 Health and the environment – addressing the health impact of air pollution (EB135/4). PHM Comment

6. Management and financial matters

6.1 Evaluation: annual report (EB135/5). PHM Comment

6.2 Committees of the Executive Board: filling of vacancies (EB135/6). PHM Comment

7. Staffing matters

7.1 Statement by the representative of the WHO staff associations (EB135/INF./1). PHM Comment

7.2 Amendments to the Staff Regulations and Staff Rules (EB135/7, EB135/7 Add.1). PHM Comment

8. Matters for information: report on meetings of expert committees and study groups (EB135/8). PHM Comment

8. Future sessions of the Executive Board and the Health Assembly (EB135/9).
Proposed

- WHA68: Monday 18 to Tuesday 26 May 2015, at the Palais;
- PBAC22: Wednesday to Friday, 13–15 May 2015, at WHO headquarters.

10. Closure of the session

4: Report of the PBAC

The Board will consider document EB135/2 which is the report of the twentieth meeting of the Programme, Budget and Administration Committee, which was held from 14 to 16 May 2014.

The PBAC report deals with:

- evaluation practice;
- report of the Independent Expert Oversight Advisory Committee (canvasses a range of issues concerning the administration and leadership of WHO);
- follow up of audit recommendations; and
- amendments to the Staff Regulations and Staff Rules.

Key documents

- Annual evaluation report (document EB135/5)
- Annual report of the Independent Expert Oversight Advisory Committee (document EBPBAC20/3
- Audit recommendations: progress on implementation (document EBPBAC20/4)
- Amendments to the Staff Regulations and Staff Rules (documents EB135/7 and EB135/7 Add.1)

3.1 Evaluation: annual report (document EB135/5)

2. The Secretariat introduced the first annual report on evaluation under the new WHO evaluation policy. In addition to providing information on the progress made in implementing the evaluation policy, the report presents the lessons learnt from the evaluations conducted at WHO, and proposes the Organization-wide evaluation work plan for 2014–2015 for consideration by the Board.

3. The Committee was informed that the Global Network on Evaluation will continue its work in 2014, having identified priorities and consolidated the task forces required to further the implementation of the evaluation policy in crucial areas.

4. The Committee noted the continuing progress on strengthening the culture of evaluation, highlighted the need to actively promote evaluation through a communications and advocacy strategy and welcomed the initiative to develop an e-learning tool based on the WHO evaluation practice handbook.

The Committee recommended that the Executive Board note the annual report on evaluation contained in document EB135/5 and approve the Organization-wide evaluation work plan for 2014–2015.

PHM comment

See further background and PHM comment here.

3.2 Annual report of the Independent Expert Oversight Advisory Committee (document EBPBAC20/3)

5. The Chairman of the Independent Expert Oversight Advisory Committee expressed his gratitude to the outgoing Chairman, Ms Marion Cowden, and to the other two members of the Committee, Mr John Fox and Mr Veerathai Santiprahbob, whose term expired in January 2014. He also thanked the three new members, namely: Mr Steve Tinton, Mr Robert Samels and Mr Mukesh Arya.

6. On the topic of WHO reform, the Independent Expert Oversight Advisory Committee highlighted both the need for a more effective communication strategy in order to engage staff at all levels and the importance of an effective human resource strategy for the successful delivery of WHO reform.

7. The Chairman of the Independent Expert Oversight Advisory Committee noted the significant efforts made by WHO's management in respect of the internal control framework and the new accountability framework.

8. With regard to the audit reports of the Office of Internal Oversight Services, the Independent Expert Oversight Advisory Committee recommended that the management of the Organization adopt a specific plan of action to tackle the weaknesses noted, based on specific targets and indicators. The Independent Expert Oversight Advisory Committee highlighted the recurrence in the reports of the Office of weaknesses in controls in WHO country offices, often in the same areas of activity.

9. The Independent Expert Oversight Advisory Committee expressed its concern about the large unfunded long-term liabilities and recommended that their implications be duly noted by the governing bodies.

10. The Independent Expert Oversight Advisory Committee recommended that the Staff Health Insurance Fund be subjected to a high level of scrutiny and controls, and that its governance and reporting practices be revisited in order to enhance accountability and transparency.

11. The Committee shared the concerns of the Independent Expert Oversight Advisory Committee in respect of long-term unfunded liabilities of the Organization and the risks posed to the overall financial health of WHO. The Secretariat was urged to consider measures for managing and monitoring the matter. The Committee also appreciated the focus of the Independent Expert Oversight Advisory Committee on the Organization's whistleblower policy.

The Committee noted the annual report of the Independent Expert Oversight Advisory Committee contained in document EBPBAC20/3.

The report of the IEOAC is not of itself an item on the EB agenda, except through the report of the PBAC. The IEOAC reports on:

- membership and meetings;

- integrity of financial statements (continuing unfunded liabilities in the staff health insurance and the terminal payment account, implementation of IPSAS);
- governance and financial situation of staff health insurance fund (unfunded liabilities, investments, controls, risks);
- WHO reform (IET report, stronger project management, communication, HR strategy, governance of reform);
- internal controls framework;
- progress of Office of Compliance, Risk Management and Ethics (link between risk register and IC framework, whistleblower policy, ethics);
- internal oversight services (audit methodology, control weakness in country offices, accountability for action on IOS reports);
- specific compliance and control issues in Africa region (some country offices are struggling);
- other (org wide IT strategy governance, other).

Also relevant to this item are

- WHA67 Item 20.1 on Performance Assessment of the Programme Budget for 2012/13 (see A67/42 (Sect), A67/55 (PBAC) and record of debate);
- WHA67 Item 20.2 20.2 Financial report and audited financial statements for the year ended 31 December 2013 (A67/43 (Financial Report and Audited Statements), A67/43 Add.1 (Proposal in respect of supplementary funding for real estate and longer-term staff liabilities), and A67/56 (PBAC report on Financial report and audit report) and record of debate).
- WHA67 Item 21 Auditors reports
    - External Auditor (A67/45 (Report), A67/58 (PBAC), record of discussion)
    - Internal Auditor (A67/46 (Report), A67/59 (PBAC), record of discussion)

Notable issues to emerge include:

- transaction costs of being required to provide different acquittals for all of the donors;
- funding the budget;
- need improved performance indicators incl closer links between activities and outcomes (results chain);
- long term liabilities
- risks associated with procurement practices (goods and services, including personnel), need for strategic procurement plan
- risks associated with direct financial cooperation (DFC)

PHM

The dispersed character of WHO with semi autonomous regions and distant country offices presents particular challenges in terms of standardising procedures and controlling risks. To this is added the fragmentation dynamic associated with self-funding in the present funding crisis.

3.3 External and internal audit recommendations: progress on implementation (document EBPBAC20/4)

12. The Secretariat presented the report, noting that its purpose was to demonstrate the Secretariat's commitment to implementing the recommendations made in the reports of the internal and external auditors, as well as to fully implement WHO's internal control framework.

13. The Committee was informed that the Secretariat has given special attention to implementing long-standing audit recommendations, as well as recurrent issues highlighted in the audits, in areas such as the management of direct financial cooperation, procurement of services, imprest management and asset management. In that regard, although further improvements are still required, significant progress has been made and the Secretariat remains committed to tackling the remaining challenges as a matter of priority.

The Committee noted the report on implementation of external and internal audit recommendations contained in document EBPBAC20/4.

Document EBPBAC20/4 provides a report by the Sect on progress with respect to the follow up and implementation of previous audit recommendations.

It appears that the backlog of open audit reports is being addressed.

One of the notable issues arising concerns weak controls in some country offices, include the management of direct financial cooperation, procurement of services, asset management and imprest management (a form of a financial accounting system mainly used for small value payments at the country level) and the integrity of managerial information.

The report discusses further

- DFC and weaknesses in reporting for such transfers (para 18)
- asset management (para 19)
- procurement of services (para 20)
- imprest accounts (22)
- performance of Afro and EMRO regions (23-24)

PHM

See PHM note above.

3.4 Amendments to the Staff Regulations and Staff Rules (documents EB135/7 and EB135/7 Add.1)

14. The Committee considered the amendments to the Staff Regulations and Staff Rules, and the associated draft resolution. The following subjects were concerned: the effective date of the Staff Rules; assignment grant; appointment policies; determination of recognized place of residence; leave without pay; sick leave under insurance cover; and travel of spouse and children.

The Committee recommended that the Executive Board adopt the draft resolution contained in document EB135/7.

5.1 Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

In focus at EB135

At the request of Member States, on the basis that strengthening capacity to deliver basic surgical services at first referral facilities can contribute to reducing death and disability from both communicable and noncommunicable diseases and support progress towards universal health coverage, the Board is invited to consider EB135/3 and give further guidance.

On the 'Emergency and essential surgical care' page of the WHO website several publications are highlighted:

- a paper by Paul Farmer and Jim Kim from 2008 which refers to surgery as 'the neglected stepchild of global public health' (see)
- the chapter on surgery from the World Bank's 2006 Disease Control Priorities Project[1] (here), highlighting the statistic that *11 percent of the world's DALYs are from conditions that are very likely to require surgery*;
- a reference (which appears to be a broken link, here) highlighting that *the poorest 35% of the world's population received only 3.5% of all surgery undertaken*,
- a US paper from 2009 by Bickler, Spiegel and Speigel referring to WHO's pivotal role in developing surgery in low- and middle- income countries (see here) and arguing for a WHO resolution leading to a program of 'structured collaboration' involving international surgical societies and other stakeholders.

It seems likely that the plan is for a resolution to be developed for WHA68 which will call for a strategy and plan of action. The prominence given to the Kim article suggests that the Secretariat is expecting that the WB may be involved.

PHM comment

This is an important area and it is good that WHO is moving to adopt a formal integrated strategy and plan of action.

The issues canvassed in the Secretariat paper are important. The following issues are of particular importance to PHM (but are not very clearly spelled out in EB135/3):

- models of service organisation and service delivery,
- surgical and anaesthetic task distribution within the health workforce,
- efficacy and effectiveness: evidence, clinical guidelines, clinical audit,

[1] Jamison, D. T., Breman, J. G., Measham, A. R., Alleyne, G., Claeson, M., Evans, D. B., Jha, P., Mills, A. & Musgrove, P. (eds.) 2006. Disease Control Priorities in Developing Countries: Oxford University Press and The World Bank.

- safety and quality, clinical governance and clinical accountability,
- professional accountability and public policy control over training, regulatory frameworks and financing,
- the role of informed public and community involvement in policy, planning, management and institutional accountability.

It will be important to explore and evaluate the options with respect to service organisation and service delivery in different settings as part of planning this initiative. This will involve surveying existing models and developing criteria for assessing options.

Ensuring a high return on investment with respect to any expansion of surgical services will depend on: focusing surgery for conditions where surgical treatment has demonstrated efficacy; ensuring high quality and safety with respect to environments and practice; sustainable financing and payment arrangements; and appropriate workforce policies.

There are many lessons from the experience of surgery in rich countries including what to avoid: unreasonable reimbursement, exploitation of professional monopoly power, inappropriate and unsafe practices.

One of the key issues for L&MICs is ensuring appropriate workforce profiles. Surgery in rich countries is highly specialised, relatively autonomous both in clinical decision making and entry control (associated with long training programs), and generously remunerated. However, many surgical (and anaesthetic) procedures can be performed by personnel with more limited training and less generous remuneration. The use of such practitioners in a supportive organisational context can ensure greater cost-effectiveness, reach and access. Carefully designed training programs for these practitioners, including rich continuing in-service training, is critical.

Developing models of service delivery will involve identifying in broad terms the types of surgery which might be carried out in local (often quite isolated) hospitals, those which might be restricted to the referral centres, and the more complex but less urgent surgery which can be scheduled for visiting teams. In many L&MICs properly equipped mobile surgical teams play a critical role in facilitating access. Mobile teams can also play an important role in providing in-service training. Surgery should be integrated within existing PHC programs; it should not be constructed as a new vertical program. Provision should be made for adequate supplies, maintenance and technical support to ensure that surgical facilities in isolated areas and for mobile teams are safe for both patients and staff. It may be necessary to include security for mobile teams in some settings.

Organisational policies and information systems to ensure that surgical services provided are efficacious and effective are critical. This will require systems for reviewing and synthesising evidence and the availability and observance of clinical guidelines.

Safety and quality are critical. This will require clinical governance arrangements which ensure professional accountability - to peers, to management, to communities and to families and patients.

Excessive professional autonomy of the surgical and anaesthetic professions is to be avoided. This requires that arrangements are in place for effective public policy control over training, regulatory frameworks and financing (including remuneration).

The process of expanding access to surgery in low resource settings will be fraught with risks and challenges. One of the pre-requisites for success will be to ensure that policy making, service planning and operational management are all embedded within an environment of public and community accountability.

There will be no ‘one size fits all’ model for expanding surgical services. While general principles and strategies can be elaborated, institutional arrangements and operational details will need to respond to local and national context. Adapting general principles to local context will require developing local capacity for operations research before, during and after the roll out.

The development of any future strategy and action plan for WHO will need to break away from the prevailing culture of prolonged training, high specialisation, high clinical autonomy, private practice and high remuneration. We urge that whatever expert committees are assembled for this exercise they include people with experience in delivering surgery in low resource settings and that the process includes careful documentation and analysis of existing models of service delivery.

5.2 Health and the environment - addressing the health impact of air pollution

In focus at EB135

At the request of Member States, recognizing that addressing the social, economic and environmental determinants of health is a leadership priority in the Twelfth General Programme of Work 2014–2019 and that air pollution is a major global health issue requiring urgent response by all countries, the Board is invited to consider [EB135/4](EB135/4) and give further guidance.

It appears likely that a new strategy and global action plan is in the offing.

Background

The secretariat paper explores briefly:

- health impacts of exposure to indoor and outdoor pollution;
- the broader context and opportunities for action;
- the role of the health sector and priorities for action; and
- the existing work program of WHO (including the commitment to action around the social and environmental determinants of health).

Among the strategies listed are:

- systematically engaging in relevant sectors' debates about air quality, for example in relation to urban development, transport or energy, so as to ensure that health issues are adequately addressed as part of global, regional and national efforts to tackle air pollution and its sources, including as part of the development of national and regional action plans;
- advocating for the inclusion of health goals and the use of health-based guidelines in the development of national, regional or sector-specific air quality policies or standards;
- using decision support instruments such as health impact assessment to identify health risks and benefits associated with policies and interventions aimed at addressing air pollution, influencing specific sectoral policies so as to protect health, and facilitating the identification of potentially disadvantaged or disproportionally affected population groups;
- supporting the establishment or designation of national health institutions capable of conducting research on and monitoring and reporting on health impacts from air pollution and its sources;
- strengthening the capacity of health systems – in terms of skills, knowledge tools and resources – to work with other sectors, monitor and evaluate air pollution and related health impacts, and deal with acute air pollution episodes and emergency events;
- shaping the research agenda and promoting relevant research initiatives (such as on the effectiveness of interventions and experience with their implementation), so as to enrich the evidence base about the health risks and benefits associated with different policies and interventions put forward to address air pollution;

- developing and updating guidelines that inform norms and standards and thereby influence national, regional and global benchmarks and targets with regard to indoor and outdoor air quality;
- strengthening monitoring and evaluation, including through the development of relevant indicators (health indicators related to air pollution), and strengthening links between relevant existing monitoring systems (such as those used for weather, health, climate and air quality).

It seems likely that if a strategy and action plan were commissioned these would figure prominently.

PHM comment

PHM appreciates this note and urges WHO to strengthen the health sector's engagement around clean air policy and practice.

It is a very ambitious program but must be progressed.

We highlight swelling urbanisation as an important driver of air pollution and refer the Secretariat to the work of the Urbanisation Knowledge Network of the Commission on the Social Determinants of Health. We urge a focus on strategies such as rural electrification, investment in rural education and support for small farmers as strategies for restraining urbanisation.

We also urge attention to the geographic distribution of pollution within global production chains. It is too easy for transnational corporations to displace polluting production to L&MICs.

PHM endorses the package of strategic actions listed in EB135/4 but notes that the document does not address the political challenge of effecting change in this field. Retooling the household, urban and industrial infrastructure which generates air pollution will involve costs, will necessarily cut across vested interests and will thus confront opposition and conflict. Committing WHO (and MS MOHs) to this project should be based on a systematic mapping of the stakeholders and power relations involved; a structured exploration of various strategies and scenarios; and a clear set of strategies for building the constituencies which will drive for change.

There are already massive inequities with respect to the exposure of different populations to indoor and outdoor air pollution. Urban populations in developing country megacities and women cooking with open polluting fuels compare sharply with the conditions in the rich strata of rich countries. There is a risk that effective action on air pollution could further improve the air quality of the latter without significant change for the former. Thus any set of strategies for change need to demonstrate a capacity to redress the causes of such inequalities.

In this context the leading principle must be to work closely with those who have most to gain from effective, equitable and sustainable action. This includes the communities most at risk. It also includes the industries which offer reduced pollution in the kitchens, on the roads and in the workplaces.

PHM urges that in the conception and development of this strategy serious attention is paid to the development of meaningful partnerships with civil society organisations and networks, in particular those community based organisations who work with the communities who have most to gain. This includes workers who are exposed to air pollution in unsafe mines and workplaces.

The operationalisation of these principles will be very different in different countries and regions which points towards the need for extended capability building at the regional and country level and strengthening of the different constituencies for change in those settings. We urge full consideration of the principles of PHC in this context, in particular, the idea of PHC practitioners working in partnership with their communities to build a constituency which can demand healthy living conditions.

There are significant international dimensions to this project which will need attention as it develops. Ensuring open channels for technology transfer and providing support for innovation will be critical. We need strong international norms regarding air quality to protect national policy makers from the threat of corporate intimidation under investor state dispute settlement provisions in trade and investment agreements. We urge full consideration to the role of binding international instruments to achieve change, as opposed to voluntary codes of conduct.

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6.1 Evaluation: annual report

In focus at EB135

In line with decision EB131(1) and the evaluation policy adopted therein (see Annex 2 of EB131-REC1/B131_REC1), the Office of Internal Oversight Services reports annually to the Executive Board through the Programme, Budget and Administration Committee. The report describes progress made in the implementation of the evaluation policy, the lessons learnt from evaluations, and the Organization-wide evaluation work plan for 2014–2015. The Board is requested to note EB135/5 and approve the Organisation-wide evaluation work plan which is presented as an annex to the report.

Background

The current document, is the annual report of the implementation of the Evaluation Policy. It commences with a report on the work done in developing the global network on evaluation. It identifies the need for more support from senior management and for resources. It describes the work plan which includes a handbook, a registry and training.

The report describes the number of evaluations which have been undertaken in the various categories and in the regions. These evaluations are categorised as good, acceptable or poor in relation to a number of criteria derived from the policy. There is an extended discussion of the lessons learned from this exercise. This canvasses some general lessons for policy and operational management and more specific lessons for more effective evaluations.

The proposed work plan includes 19 evaluation projects.

PHM comment

Concern has been expressed about WHO evaluation practice and capability throughout the WHO reform period.

Much of this comment has been quite sweeping including the need for a culture of learning, evaluation skills and methodologies, evaluation and accountability, and the information systems upon which evaluation questions can be answered. One of the recurring themes has been criticism of the routinely collected indicators which reflect upon WHO's success in carrying out its mandate (currently referred to as the 'results chain').

Given this broad sweep of concern it is surprising that the evaluation policy is so narrow in its focus. The Evaluation Policy adopted in May 2012 (Annex 2 of EB131-REC1/B131_REC1) does not address the indicators through which WHO as an organisation evaluates itself. Rather the policy deals with relatively formal evaluations of particular programs. Indeed it is more an audit policy than a comprehensive evaluation policy.

The Update and Workplan for 2014-15 (EB134/38) which was circulated for EB134 (but not discussed) devotes more attention to the creation of a culture of evaluation and describes the establishment of the Evaluation Network but it still does not consider the 'results framework'.

The current document (EB135/5) continues the preoccupation with 'evaluation' as a component of the audit function unrelated to the results chain and monitoring of organisational impact.

The evaluation workplan for the next period includes some interesting topics although there is very little of any relevance to the results chain.

In contrast the Independent Evaluation Team (IET) commissioned to evaluate the implementation of the Reform was quite critical of WHO's 'results chain, theory of change and monitoring framework' (see EB134/39):

> *The robustness of the reform results-chain, theory of change and monitoring framework needs to be strengthened. Most notably outcome indicators are weak. This limits the ability of the Secretariat to first, direct efforts to areas that are most closely linked to the achievement of reform outcomes and second, report on the benefit realisation of the reform. Further outputs and deliverables are mostly of an 'Assess and Strategise' and 'Design' nature (33% and 51% respectively) and with only 3 out of 151 deliverables relating to training. Since the status of implementation and institutionalisation of deliverables is not tracked, the reporting on the completion of outputs can give a false sense of comfort that reform is more advanced than it actually is.*

The weaknesses of the results chain was reflected in document the WHA67 report on the 2012-13 programme budget (A67/42). Many of the Organisation Wide Expected Results, through which implementation of the PB12/13 was supposed to be monitored, are clumsy if not silly. The determination of the level of achievement appears to be self-assessed and highly subjective. The summary tables ('fully', 'partially' and 'not' achieved) are not very meaningful. The narrative comment on the achievement of the 13 strategic objectives does not seek to clearly identify how WHO has contributed to the changes which are reported.

The most recent official commentary on the results chain was in the GPW12 and PB14-15. PHM's critique of the results chain elaborated in the GPW12 is here (see analysis of Chapter 5). We noted: weak provision for attribution of change to WHO practice; lack of validity and reliability of measures; sole reliance on quantitative indicators; and confusion of indicators and targets.

An audit orientation to evaluation is necessary for purposes of accountability but there are other valuable perspectives. The distinction between single loop learning (are we doing what we said we would do?) and double loop learning (were our planning assumptions correct?) points to the importance of evaluation in identifying and clarifying uncertainties in our planning frameworks. This kind of evaluation is not necessarily encouraged by a focus on the audit purpose.

Notwithstanding these considerations, the PBAC endorses the evaluation report and recommends that the EB note the report and approve the proposed work plan.

PHM urges the EB to reflect upon the weaknesses of WHO's current results chain framework and to ensure that a more robust approach to monitoring inputs, processes and outcomes across the organisation is put in place, giving particular attention to: validity and reliability, qualitative as well as quantitative indications and attributability.

PHM urges the EB to reflect upon the scope of reform that would be needed to make WHO into a high performing learning organisation. This would need to go beyond the present focus on evaluation as audit.

7.1 Statement by the representative of the WHO staff associations

In focus at EB135

The Board will hear from the representative of the 10 staff associations (EB135/INF./1).

The issues canvassed in the staff associations report include:

- the challenge of maintaining excellence with inadequate resources;
- access to appropriate professional development;
- retaining talent and creating career pathways;
- need to balance managerial flexibility with technical depth and institutional memory;
- staff mobility: balance between building cohesion and multi-skilling versus building and maintaining technical depth;
- internal justice (and what appears to be a large number of grievance cases);
- staff health insurance and lack of recognition (and requirement for upfront deposits);
- concerns regarding the common UN system of employment;

PHM comment

The Staff Association statement needs to be considered in conjunction with the HR report provided for A67 (A67/47).

Neither the SAs Statement nor the HR report mentions interns who constitute around 16% of the human resources upon which WHO depends. Is this appropriate?

The distribution by region of nationality of staff working at HQ (See Figure 11 in A67/47) demonstrates that a far too greater number of HQ staff are from the European and American regions, constituting 70% of total HQ staff.

The restriction of Junior Professional Officers to Europeans, Australians and Japanese is very surprising. Is this because the Secretariat charges sponsors such high prices?

There remains a disparity between HQ and the regions especially PAHO. Further work on this matter is required.

The report does not discuss the culture of the Organisation. PHM is very concerned that the competition for visibility and funding across units, departments, clusters and regions creates a barrier to a focus on mandate, avoidance of improper influence and cross-organisational collaboration. We are aware of instances of units competing with the unit ‘next door’ for visibility and funding. How can MSs expect an efficient and coherent organisation when they torture the Organisation thus?

8. Reports on meetings of expert committees and study groups

In compliance with Regulation 4.23 of the Regulations for Expert Advisory Panels and Committees, the Director-General submits to the Board for its consideration her report (EB135/8) on meetings of expert committees and study groups, including a summary of the recommendations contained in the reports of expert committees and her observations on their significance for public health policies and implications for the Organization's programmes.

Document (EB135/8) includes reports from

- the Expert Committee on Biological Standardisation (more here), and
- the Expert Committee on Specification of Pharmaceutical Preparations (more here).