

Notes¹ of EB137 discussions (27-28 May, 2015)

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¹ Notes produced by volunteer watchers as part of WHO Watch, a project sponsored by People's Health Movement and Medicus Mundi International. See www.ghwatch.org/who-watch

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1. Election of Chairman, Vice-Chairmen and Rapporteur

Chair declares meeting open - election of 1 rapporteur and 1 chair + 1 vice-chairman. Rotation among geographical regions - this year: African region. Mrs. Precious Matsotso has been nominated to chair EB.

Chair, Precious Matsotso SA: DG doctor Chan, my former boss, all, I'd like to extend my warm welcome to EB137 gratitude to the African region for also giving me this responsibility, opportunity to thank delegations who extended their thanks. Gonna come up with very strict rules.

WHA68 demonstrate we can do work, I must confess I was sceptical with too many resolution and technical briefings, Secretariat team is GREAT, and MS commitment allowed to finish work. WHO reform, response to emergencies and epidemics, important resolutions on AMR, and environmental factors such as air pollution.

Congrats Secr for: good news for long time 2014 core savings?, 24% less expenditure on staff, general operating expenses gone down, better balance. When MS become more active and work hand in hand with Secr this produces results. Important items to address, let's progress swiftly. Secr to produce quality docs and dp it timely. Look forward to working with ALL OF YOU.

Election of vice chair and rapporteur, for principle of rotation among geographical areas. From American, EMRO, European or western pacific region, Nomination from vice chairman, EMRO-Pakistan, Argentina, from EUROpean region ..., from Korea for western PACific region. Declare elected these ones as vice chairs. Rule 15 of rule of procedure, one of vices will act as chairman in case of unavailability of chairman. 1st andre cabon from Argentina, 2nd Johnman Bloc from rep Korea, 3rd Hafis from pakistan, 4 Kasalis from Andorra. According to rule 12, now to elect rapporteur, this will be from region of SE Asia. Nominated person is from Poeples' rep of Korea, Mr Kimchan, now declared elected as rapporteur
CONGRATS

2. Opening of the session and adoption of the agenda

Documents:

- [EB137/1 Rev.1 Corr.1](#) Provisional Agenda:
- [EB137/1 \(annotated\) Rev.1](#) Provisional Agenda (Annotated)

Chair: proposes that EB deletes 9.2 amendment on staff regulations and staff rules

USA: I can assure your skills are a leader and mediator of the chairman, I am speaking on the footnote of the proposed agenda, thanks to the DG, we appreciate the personal efforts and engagements of all delegated from all regions, after consultation with interested delegation suggest to remove this footnote and USA with Thailand and other interested delegations compose work group and issue a new document. Delete footnote, Thailand and USA propose to form WG to develop new proposal

Liberia: this is a technical arena charged with responsibility of taking care of people who need care, we should have nothing to do with religious concerns. We should make no reference to anybody's sexual orientation in matters of health, irrespective of what you do in secret or in public. If you are ill, we take care of you!

Pakistan: congrats to chairman, on behalf of EMRO supports USA proposal, group form for WG should be open ended

Saudi Arabia: Congrats Mme Chairman, we align with statement from our colleagues of Pakistan.

Brasil: Congrats chair, we trust in your capacity of finding consensus in every issue we raise. We would like to keep the footnote of EB. Delete if we collectively agree on a decision. Proposition made by US for a WG is a good one, but we need to have on the table either a decision or we need to maintain a footnote. Trust in DG to carry discussion forward, good spirit, good will. Keep footnote, or, decision of building this open-ended work group.

Canada: wants to commend work of DG, consultation across regions to try to important issue, access to health services by everyone regardless sexual orientation. Happy to hear MS are happy to work on WG should be open ended, to take place and to conclude as soon as possible, if removing footnote is a way to lift equitation. As Argentina we want the pressure to be there still. Process and timelines to be clarified. This is an important dialogue. If removing the footnote is a way to lift hesitation to carry one this dialogue, so be it. But we want to keep the pressure up so that people come to the table, for this working group to come together ASAP.

DRC: Congrats Chair, you deserve it! The DRC supports proposal by US to leave the footnote.

Eritrea: Thank you chair, congratulations, aligns with Liberia on behalf of AFRO and support deletion of the footnote and formation of open ended group.

Argentina: Thank you chair, congrats. We are certain of your excellent leadership. Thanks for honour of being vice-chair. In principle we would like to reassert that right to health is an essential human right, particularly in populations facing discrimination whose right are infringed. Res 52/6 on LGBT we supported, including other resolutions on UHC. We are concerned that the smallest alarm such as a footnote in the agenda can be by mistake deleted! This needs to not occur. An open-ended work group should continue to work on this issue - and in the meantime we would like NOT to delete the footnote in this or other future sessions.

Malta: On behalf of Europe, congrats for election. We regret not having had opportunity to discuss this topic during EB. Express commitment to move forward on constructive way. For keeping footnote, in the spirit that EU and MS would like to support proposal made by USA for creation of WG to work on this future agenda item. Outline of such WG as outlined of Canada. Important to deal with this topic from health perspective.

Thailand: from your long experience in WHO we hope for successful EB, finishing today! My mom always says "be obedient to ladies and you will always be safe". But as a new member please be nice to

me. Mme, we spent several hours discussing this issue previous EB. Thailand would like to support proposal made by Canada, USA, and many others - and for the spirit of peace, we should move ahead.

Dominican: thank you chair, we would like to congratulate you too, we also would like to endorse the position of USA and Canada on creating a working group to create a position, MS and WHO shouldn't feel any taboo in taking up access health to everyone. WHO must not feel any taboo in taking up health of any vulnerable groups - we MUST take up this type of problem.

Russia: Good morning dear colleagues, Mme chair, Russian Fed congrats you on your election to this very important office. As far as question under discussion, according to our medical laws, provision of health care must be guaranteed irrespective of affiliation to any sexual orientation or other ethnic/other group.

New Zealand: for inclusiveness so supports proposal by USA and Canada, but for proposal to go ahead then no objection for maintaining footnote

Egypt: Thank you chairperson, congratulations, regarding the item on discussion we align with Liberia and Pakistan we agree deletion of the footnote, this subject has been source of dissent, and we have passed half hour trying to proceed and it failed, I doubt any future working group will be able to solve the problem, we must seek to stay clear away from any cases that will remain vague and out of consensus. We fully agree to deletion of footnote, this subject has been a source of dissent. We shall not be able to solve this dissent at this present sitting - any future groups won't be able to solve the problem either, i doubt. Cultural issue that are not an object of consensus.

Albania: Your passion knowledge and expertise will guide us well. We align with statement from Malta. Move ahead. Open-ended group is most effective.

Kazakistan: congrats, support establishment of WG and agree with Malta, open ending decision to be reached it will be likely to be accepted by everyone

Jordan: Thank you Mme Chairperson. Congrats on election, we support. I associate the position of Jordan with that delivered by Pakistan, echoed by Saudi Arabia and Egypt. The working group to be established should be open-ended.

DG: before I respond let me congratulate. While I listen to MS, it is interesting. Actually USA made two proposal in the intervention deletion of FN and have small informal group. many support this if WG open ending.

Deletion of footnote AND have a SMALL informal group. Others say we support, as long as open-ended. Different positions by either keeping or deleting footnote. Good news, you spent less than 1hr, last time more than 5 hrs, so it is 80% improvement. I suppose you always want me to propose way forward.

Chair: I want to protect you, because I don't want MS to say that YOU asked to delete the footnote. I want to hear from Secretariat.

Secretariat: 2 positions. US: informal group, that will work in consultation with DG in informal way. Some propose more formal group - in that case subject to rules of the board. US proposal is INFORMAL process, informal group of states working towards consensus and endorsement of proposals.

UK: congrats, echo Thailand, aligns with Malta/EU, we need to move forward though, supports proposal of informal cross region WG. Keeping footnote, compromise is viable option for UK. Support proposal of INFORMAL cross-region discussion group endorsed by EB, rather than setting up formal group - if that means keeping the footnote OK.

DG: Listening to UK, we are going back to EB133 decision. At that time, decision to KEEP the footnote and conduct regional consultation in INFORMAL work group. So do other MSs agree with this, which is keeping the status quo? Until we find consensus in our working group and then we get back to you.

Andorra: congrats. vice chair. Regarding issue supports UK, issue needs deep discussion with open spirit and large participation of all regions, good way for going ahead with work

Chair: So proposal of INFORMAL WG.

USA: It is because we know that there is a lot of sensitivity that we thought footnote should be removed. Important nuance to move this ahead. This issue is important, we have been through enough EBs with no consensus on this footnote, and it no longer serves the purpose that we sought out 3 years ago by putting it on EB agenda. So we hope deleting it will be constructive to pushing dialogue forward.

Russia: informal WG with regional representation means the secretariat to participate, supports open ending WG and that would mean that more members would be able to participate, position is that any decision to be taken has to be discussed by EB

Liberia: I don't really know where we are. If there is a member country who wants to discriminate against LGBT they should not mess with rest of MS. We should get rid of this discussion. We should not waste our time on this issue. We should form a small working group to discuss this further.

Egypt: thank you chair, I asked for the floor before Liberia but Liberia said it all, as USA mentioned we have been going into circles for 3 years now, I don't think there is consensus over having a working group, it is not formal versus informal group, if it is formal we need to deal on the terms of reference too!. It is not a question of formal vs informal. Formal group means we must agree on modalities of discussion.

Brasil: We express our absolute support of declaration made by Russian Federation. The discussion in this EB is important. We want to recognise the need to move forward, we want to have more clear from the secretariate how things are going to be. If informal group - how are we going to bring the result back? There are procedural aspects that the secretariat must bring back to us.

Chair: we have had a proposal for informal group and another dropping the item we need to have a vote over this; we have two MS asking for the floor.

Zimbabwe: Thank you chair. I congratulate you. With regards to this agenda item, I have been privileged to sit through in 2013 when this footnote was discussed. I agree here with USA that footnote is not serving its purpose. Was to instruct DG to continue discussing with MS informally to find consensus and once found, show the way forward. Now, there is even a level of mistrust as to the intentions. Some issues, must be discussed at regional level. If no consensus, then we must respect MS, and regions. It is a good way to move forward. It should be an informal group, so that it can come up with its terms of reference. For most African countries, we are available for consultations. (Phone rings & Chair Precious asks her to please turn her phone off) Zim: Sorry Mme DG,umm Chair.....she is also the DG in South Africa! Otherwise supports USA proposal

Zambia: thank you chair, we congratulate, we aligns with AFRO region supporting USA proposal, get rid of the footnote and get an informal working group, this is a compromise position because we didn't want to discuss this topic at all. Compromised position from African position, as we did not want to discuss this issue at all.

Ecuador: Thanks chair. Congrats. We are concerned at the way the agenda item, if not the issue itself, is being handled. As LGBT health is a HR issue, corresponds to health for all. If we are to agree on health equity with a universal health coverage approach, improving LGBT health is based on not marginalising them, not sweeping them to the edges and making them invisible. I believe with the footnote being erased that is what we are doing. We ask the footnote be maintained.

Libya: good morning, chair I sincerely hope that every time I speak in the EB room session, I don't want anyone to cry, I want to congratulate you bottom of my heart, your name is Precious and you are precious I noticed how you are so great how you move here and there to reach consensus, we support the proposal made by USA and we align ourselves with Liberia, we sincerely hope the informal open ended working group will result in hopped up results.

You are named Precious and you really are precious. From the GVAP resolution, though I am blind, I noticed that you are so great at bringing about consensus. Whenever there is the word consensus, look for Precious! Wants informal open-ended group.

Malta: Apologies for taking floor 2nd time. Consensus in the room, that need for further discussion in open-ended working group. Concerns: how will deliberations come back to EB so that this important item not lost.

Congo: Thank you chair, we congratulate you, we wanted not to speak on this but it's taking time and it's our first time to speak, its technical group and we are not supposed not to go in circles which makes me disappointed, what we would like to know what the method behind this consultation is going to be, we urge the secretariat to help us to get further clarity on this, we have been a lot on the same point of agenda, if we went on like this my disappointment will be deepened.

Secretariat: Thank you chair. So - as I said, the approach of an informal group means the EB endorses the approach, that consensus will go through a group. Open-ended: all delegations can participate. But informality means not subject to rules of chair appointed by EB etc, they find their own facilitators chairs

if need, its own modalities. How would the group report back? One possibility is for EB to provide aids: meeting room, documents if requested, etc. and perhaps reporting back - consensus fed back at further EB. Would not be a PBAC type of body, very formalised, would be up to member states to define.

Chair: If I understand - informal open-ended working group, with reporting mechanism back to EB. Group chooses own working methods and terms of reference. That group comes back to DG when are ready to report back. So the item is removed. Is that an acceptable option.

Brasil: I think we are almost there but not yet. We agree with this informal group. We understand must talk - but as it is a group not on regular basis, and Secretariate not part of group if only by request. So we would request maintaining of the footnote - ensuring that discussion will come back on this issue.

Chair: I propose issue of maintaining the footnote on agenda as separate discussion.

Egypt: we agreed on the working group, but we forgot what is the topic that working group is supposed to discuss.

Chair: the working group - perhaps we can refer back to previous EBs. That is the base of discussions that will take place. The DG will consult MS what was decided.

Canada: Thank you chair. Perhaps short term compromise. Pause on this. Ask USA Thailand and any other interested MS can meet to sketch out the procedural aspects, what timelines we hope to achieve, define broad lines, and reporting back. I do not think we could offer already terms of reference.

Chair: OK - proposal?? Informal meeting alongside EB and report back after lunch??

Liberia: I would like to propose to kill it, we don't have to come back to this again. I would like to propose a vote, to throw out this agenda item, for ever!!

Chair: Tolerance please.

South Africa: supports chair's proposal, as a compromise.

DG: the chair has proposed a way forward before discussing Canadian proposal, we listen to chair's proposal first if it meets the expectations if it works lets pick it. Is that OK with Canada? Canada is nodding.

Canada: nods.

DPRK (Democratic People's Republic of Korea): My delegation did not intend to intervene. We agree with Russia and Liberia on this subject. My delegation suggests we give up on discussing this issue, as it is not even part of the agenda. It was deleted from the initial request! Those who wish to discuss, please do so outside of this formal meeting. Let's stop discussion.

UK: I congratulate you chair for concluding, we would share with DG that we would like to see that now agreed and we move to next item on the agenda.

Chair: Item was on the agenda. But proposal is that footnote to item should be removed and followed by open-ending WG that will be reporting to EB.

Brasil: Thank you for your proposal, very reasonable. We want to lay down what will be the results and considerations.

Chair: I am going to request that this be written in a formal manner - taking into account Brazil's request. Acceptable? Egypt, can I use the gavel? I have been told this is a gavel!

(Assembly laughs)

Egypt: on reporting back whoever we are going to ask to facilitate this exercise, the report has to be accurate on which members taking which direction it has to be quantitative not qualitative results, not just the word consensus we need more of numbers. Jordan, Congo, Liberia, etc. are not part of consensus, though this word is being used right left and center.

Brasil: we can achieve consensus Egypt if we talk. Chair, I would just like to hear final text.

Secretariat: not so elegant I was trying to write while listening, EB decided to first delete the footnote on the item of adoption of agenda, second: to support working *towards* consensus (stresses TOWARDS) through formation of informal open ended working group, ask the DG to support the Working group and report to the EB, this seems the three main elements I could write.

Russia: Thank you. Obviously we have been discussing a long time, but please no gavel to my head! If we have no consensus as to setting the group at all...then there will be no consensus! What's the point in setting the group up in the first place?! Liberia etc have been very clear.

Namibia: We support the proposal by Secretariat - happy to see Africa as Chair, but not only Africa, Mother Africa! We are wasting time, wishes to see discussion end.

Dominican Republic: It's good to speak with examples to illustrate when HIV, now the majority of countries has legislations to protect these people, these people are again discriminated and segregated, if we health in terms of rights, we doesn't mean we don't have the duty to pick up this items, so the same happens with these persons, we should take this issue make the working group and countries who want to share in it they can, consensus doesn't mean unanimity but it's matter of vote.

DPRK: The procedure and question of clarification - my delegation understood that this question is NOT on the agenda. Maybe it is on the provisional agenda, but not on the official one. So if my understanding is right, let's stop and go on.

Secretariat: This is unusual situation - item proposed on 33rd session. As a compromise to it being deleted, board agreed to a footnote - for further sessions of EB, with in the meantime consultations with EB. Sort of a placeholder in the agenda, so that discussions underway with DG can go on in parallel.

Gambia: bit scared and worried while many people in developing and developed countries die, this institution should take care of health of only one group of people. Unnecessarily criticized by the rest of

the world for the ebola outbreak. We are now deviating, what we need to do. My proposal is we suspend this topic and bring it to next EB. focus to other issues really affecting the globe. CDC in Africa [is more relevant]. Concern and fear around all issue. This should come on day 2 of next EB. We are now diverting. People are doing things on their own! I have a lot of concerns and fears on this issue. I think we should bring this to next EB, and on day 2!

Chair: we already have one first proposal - and now you are bringing a 2nd one. Can you wait on yours, so we can evaluate this 1st proposal, and decide yes or no, and then we go on to further proposals if needed.

Gambia: we are deviating, people have gone their way, talking about polio, meningitis ebola, we don't even know what is happening in our health systems, we are technical health arm. While we are going the WHO way, people are going another way! We are technical health arm. This is my opinion.

Egypt: Any informal consults we do should not be seen as slipping an item on the agenda. So the consultations in my opinion are intended to see if the EB can get our positions closer or not. My personal position is that probably NOT - yet we are ready to give it a chance. Meanwhile I do not think that any discussion in this working group will force anything onto any government. If you feel there is any discrimination in your country, please take the appropriate action in YOUR country. I am perplexed by DG reporting back to EB however - it should be the chairperson from these informal consultations that reports back!

Thailand: I look at my watch and 80% time reduction is now close to 60%, new record to be made in this issue. Proposal Brazil: first to consider proposal summarized by Secr (Gianluca) on the 3 items, otherwise we go with Canadian proposal to have informal discussion and come back after lunch. But to finish the thing today

Chair: thanks

Namibia: I was hoping you give floor to Brazil first. As part of proposal from secretariat, in so far as Brazil's initial request for formal decision is taken care of. Brasil?

Brazil: here we are discussing not procedures but people's health and rights. Brazil wants to recognize that proposal made by Libya maybe

Argentina: endorse position of Brazil, this is a human rights issue

Malta: on behalf of EU, we endorse the proposal made by Secretariat

Secr: the Executive Board decided (1) to delete footnote; (2) support further work to be conducted through informal open ending WG of MS; will put economic org; (3) request chair (Brazil proposal) WG to report on progress of WG to EB138; (4) to request DG to support the work of WG.

Chair: is this acceptable?

Egypt: for this delegation it is not acceptable, it would be acceptable to report on the outcome of the group not the progress, this is not a standing working group.

Liberia: for the record we don't want this topic again to be opened forever, this is wasting our time call it majority or whatever but not consensus.

Chair: this concludes the item

Brazil: we have a doubt, we are not sure about language stated in the end, report to be made in the end or on the progress? the progress is needed for us

Thailand: the secretariat print out this proposal circulate it and try to reach consensus if not we proceed with Canadian proposal where we have consensus over lunch and we go on this again in the afternoon.

Chair: proposes to continue with the work of EB going to next item. We are not discussing agenda item, on provisional agenda there was Mycetoma. the report of secretariat on this issue is contained in http://apps.who.int/gb/ebwha/pdf_files/EB137/B137_11-en.pdf

[EB137/11](#)

Asks for consensus to include Mycetoma

Egypt: with your permission and acceptance of EB, we would like to hear from delegation of Sudan on this item.

Sudan: Mycetoma is a disfiguring disease, high morbidity, traumatic inclusion of certain fungi or bacteria in subcutaneous tissue. among 20-40 yo, manual workers farmers most affected. A lot of social and economic consequences on pop affected. Amputation? stigma, disability. Latitude involved. 2013 burden india, etc list of countries affected. includes 4 regions and continents of the world. due to many implications of this disease on PH. trying to bring this disease to attention of EB to include this mycetoma resolution in WHA69 this coming year, part of neglected tropical disease, need to involve countries and stakeholders. Implement prevention and control measures. This will foster ...in recognition of disease.

Chair: strict rules on traffic light rules and time-keeping. No long statements allowed

Sudan: item proposed for WHA68

Confusion

Chair: confirmed we have additional item on the agenda mycetoma. going back to agenda, now to 3 item adoption of the agenda, 2 mycetoma item adopted as amended

Gambia: we want to have agenda approved including mycetoma item,

This item suspended pending informal discussions around LGBT

Discussion resumed in Meeting 2

Team has met over lunch re LGBT footnote: number of delegations who participated decided to delete footnote, to support new work conducted through open ended WG, inform chair on work progress and report to EB138?

Proposed: delete footnote, 2nd informal open-ended meeting of group of states, 3rdly request that chair of this informal meeting reports at EB139 (? I hear 139??), Secretariat to support work

Proposal accepted (but not formalised as a decision); agenda approved; item concluded

3. Outcome of the Sixty-eighth World Health Assembly

Chair: move to 3 item outcome of WHA68

Malta: on behalf of the EU, it was successful and remarkable WHA, the mandate has been reinforced and ready to move full speed, that's what we all need and want, Ebola showed us that world isn't ready to face emergencies with health sequences, we had real commitments from MS to work and prevent emergencies on 3 levels of the organisation, we welcome miss GD, we welcome increase 8% approved, with regard the functions of the health assembly we see improvement with more work needed to be done, just needed one evening session, finally we express our commitment to support the technical nature and follow up.

Sweden: congrats on election. Aligns with statement of Malta/EU, honoured to have been given task. improve health governance. WHA important decisions, program budget 2016-17, session on ebola, risk of sounding a disc repeating itself, challenges in agenda items and working groups, capacity is small to follow all work. Docs presented late, democratic problem especially for small delegations to participate the work. an error to rectify. WHO reform, now time to find new solutions, evaluate and move forward. Several good suggestions put forward, willing to engage in this. Hopefully New tune to this item next year

Japan: we would like to make a brief observations on outcome of this WHA, like many others we have participated in the discussion of Assembly for 30 years now, this WHA is one of the best assemblies we have participated in, efficiency wise and outcome wise.

one of the important outcome we all should be proud of is increase in the budget and we would like to congratulate the GD and member states for their social solidarity.

Chair: before passing on to DG humble request, a bit of exercise; multiple WGs, intergovernmental WG and in between EB, WHA etc Asking secretariat of giving time lines etc , doc to be presented at next EB to have some reflections on the amount of work requested

France: DG, chairman, we endorse the statement by EU, we would like to indicate how much this session is important as we see it, it is a turning point at the life of the WHO, and it marks our come back to the EB, we should try to use our presence to strength WHO mandate, we also need to take better accounts for social and environmental determinants of health, we are encouraged by the WHA outcome this year, we also encouraged by adoption of plan of action of antimicrobial resistance as we are active on that, implementation and reform continuing work on financial sustainability.

Philippines: congrats on election. first one and half hour proved Chair skills. WHA68 concluded successfully, thanks supports of secr. very important decisions approved including passing of 2016-17 budget, FENSA, AMR, air pollution. We echo observation of Sweden, very tight schedule, side events, for small delegation difficult to contribute and participate to all events and technical meeting. Important to report on how much work to prepare, supports suggestion of report to be presented in EB in Jan

Chair: no other inputs give the floor to DG

DG: let me thank you for speakers, yes indeed it was one of the best if not the best of all WHAs, we have seen improving efficiency, we have so few night sessions and that's an example to illustrate efficiency, the sec will do the exercise requested by Chair, the late documents have many reasons behind(technicalities), many times secretariat was ordered to organize a side event, whenever you can do it alone you don't have to ask secretariat for support, you need to consider how your request impact the total burden of work.

You are prepared to consider the number of the delegation, technical briefing is almost done in lunch break, I have made calculations there is around 5-7 side events happening in that 1.5 hour, so for small and medium sized delegations you need to consider managing that. we will do our utmost to move forward, for sure passing the budget increase I thank you, for your information the sec is working with six regional directors because we know that financial dialogue is around the corner so we need to show you outcomes, thank you all for making crucial progress in pollution, AMR and many other essential cases.

It is your prerogative to ask as to reducing the number of technical briefings. They highlight important issues that MS need to come together to discuss. Normally done over lunch break - there are anywhere between 5-8 events in that 1.5 hours, I know because I go to all!! For small delegations, you need to think how to manage that. For ME, important to shine a light on importance of subject.

Chair: thank you DG. We conclude this item and move on to the next on agenda, item 4

4. Report of the Programme, Budget and Administration Committee of the Executive Board

Document:

- [EB137/2](#) - Report
- [EBPBAC22/1](#) – PBAC Agenda

- [EBPBAC22/2](#) - Hosted partnerships
- [EBPBAC22/3](#) - Report of IEOAC
- [EBPBAC22/4](#) - Audit recs implementation

Chair of PBAC (Catherine Tyson, UK): Thank you, Mme la Présidente.

PBAC: 14-15th May - she reports back to EB ([EB137/2](#) has full report). Hosted health partnerships and oversight advisory committee are the items she will speak on in depth as report not complete.

Full fair cost recovery mechanism. Asked was detail of collaborative arrangements. PBAC considered 5th annual report on oversight advisory committee. External auditor 2014 financial statements. Chair emphasized need to further culture of compliance. Structure and responsibilities. Formalising role of Global Policy Group. Role of GPG as advisory body, with DG keeping full responsibility. Principle zero for non-compliance, across all three layers. Secretariat detailed actions taken at regional level to strengthen culture of accountability.

Committee considered report of Secretariat as to enhanced compliance and accountability. Internal accountability tools, sanctions applied if misconduct, and recovery of funds, measures as to damages incurred by the organisation. Report noted by Secretariat. I liked being PBAC chair, though my members were a little shy. Majority of MS that spoke were not part of PBAC. **I would like delegations and regional offices to consider very carefully who you nominate for PBAC...complex financial managerial issues. Important job to do...which you will remember needs strengthened, members need to grasp the issues and speak (we have only 12 members)!**

Chair: open the floor for discussion

Sweden: this year PBAC provided with rich discussion, reform of WHO as important today as ever, WHO to retain its role, reform condition sine qua non. On financial side, unfunded part of health insurance represents...

This needs to be looked upon from other perspectives. Internal controls and effectively implement control in order to prevent systematic weaknesses. Welcome agreement on programme budget 2016-17. Financing dialogue to follow is welcome. Urge Secretariat to present proposal with strong rationale. Importance of life cycle management; experience sharing with other UN agencies; full funding of staff health insurance as of 2017 expected.

Strong internal controls at heart of good governance. First line of defense needs strengthening. Lessons learned need organisation wide perspective. Zero tolerance for non-compliance is paramount. Look forward to financing dialogue: look forward to proposals for increased assessed contributions to be provided sufficiently in advanced and fully argued for. Importance of life cycle management.

Dominican Republic: Thank you, we are grateful for report submission, the responses from the sec and DG was precise allowing us to make recommendation, we would like to see the implementation of decisions taken.

Namibia: firstly congrats PBAC on excellent report; appreciate work done, taking a lot of load of EB, which is heavy at this time of governance reform. Auditing: culture of tolerance of non-compliance still problematic. Zero tolerance agreed on this regard. On agenda item 3.4 (audit recs) discussed, mitigation and adaptation, this was interesting to see how much zero tolerance was really incorporated in the discussion.

Argentina: Thank you chair, we are grateful for the PBAC report, we express our agreement and gratitude to DG, we underline the importance of updates and making available of reports and updates.

Kazakhstan: welcomes report, satisfaction on quality, recomm extremely important, non-compliance esp at low level something cause of concern, Ministry looks at this problem in our country; important we take more action to monitor situation but also see reasons for it. Rely on WHO and effectiveness and we want to follow example of WHO, support zero tolerance for compliance, how to deal with compliance and follow up is the most important issue though

New Zealand: Thank you chair, I was impressed of the impression of the PBAC, I was disappointed about the findings of many reports on the business performance, I would like to echo the delegations who couldn't attend all the sessions and technical groups, WHA staff engagement can be improved as it seems significant issue, we would like to work with PBAC.

Thailand: My delegation appreciates 2nd PBAC's report, and congratulates outgoing members. Having read report of independent audit, advisory committee - since Thailand will serve in next PBAC committee we will work constructively with all PBAC members to achieve goals of organisation to improve transparency and better use allocation of resources.

DRC: Thank you, I align with proceedings on impression of the PBAC report, this auditing is extremely report the more recommendations we have the more we improve, it's aof a great help to the organisation.

Chair: OK, thanks DRC. To chair of PBAC I want to say that we took decision in previous EB that there will be orientation sessions for new members, I assume this will be the case as well for PBAC. Secretariat will share details

DG: I want to respond to some of the points. Yes, six reg directors and myself, we are unhappy with consistent audit findings, internal, external as well as Independent Expert Oversight Advisory Committee (IEOAC). We need to pay attention to manage. Zero tolerance: if things happen, there needs to be consequences. WHO is no different than other organisations; four staff were terminated because they did not adhere to our internal control, one staff reassigned to other job - sometimes people not fit for managerial work. This is consequence for staff, but there will be consequences as well for countries. If your institutions receiving technical support, are not delivering reports to show appropriate use of funds, well I will suspend funding. If you want us to manage this organisation, we need your help. So do not be upset if we suspend in case of not timely reporting. I may even terminate the DFC (Direct Financial Cooperation) as a mechanism. New policy to tighten quality control, transparency: I am

prepared. You want us to lead in the UN and make changes for other organisations to learn, well we can do that.

Chair: thank you DG for your resolve. EB137/2 noted. We can now go to next item on agenda.

5. Financing dialogue

Document:

- [EB137/3](#) – Sect report on Fin Dialogue
- [PHM comment](#)

By decision WHA66(8), the Health Assembly established a financing dialogue on the financing of the programme budget. The Secretariat will submit a report ([EB137/3](#)) to update the Executive Board on efforts to achieve the objective of a fully funded programme budget, and on plans for the second financing dialogue.

Chair: EB137/3, any comments on the attached documents?!

South Africa: Thank you Madam Chair. SA takes floor on behalf of AFRO. Financing dialogue that took place in 2014 was successful in making funding more predictable, bringing better stability. MS and Secretariat should be congratulated on this. We welcome another session to be held November 2015. Strengthen alignment, reducing vulnerability, resource mobilisation. As we plan for Nov dialogue, organisations relying on voluntary funds, difficult for them. We thank MS for positive response. Ask for continuation in this spirit as we move towards next dialogue. Important decisions with financial implications - resource mobilisation, as well as for contingency fund which we discussed. Funding gaps can be addressed, dialogue may also reflect on the future of current levels of assessed contributions. Finally, we look forward to update on predictability etc, so as to reassess priorities.

Canada: great importance on WHO in global health, stable and predictable funding is essential for the organisation, we will continue to engage in the WHO and support it. it's our collective responsibility to keep the budget fully financed, we call for concrete action by all member states to ensure stability of the budget, inclusive approach and joint solutions are critical to ensure WHO success, there is still room to enhance the transparency and efficiency, review 2014 and 2015 would be valuable task to do, we urge the sec to take the evaluation to make sure future decisions are based on experiences and lessons learned. We strongly support WHO's plan to include NSAs in financing dialogue. [Appears to be a reference to the 2013 [Task Force on Res Mobn and Mgt Strategies](#)]

USA: Thank you chair, as many of our points made by Canada. We appreciate change in budget process. Budget flexibility will only encourage donor confidence. Transparency at all three levels. Web Portal that WHO established is a good start, and that "2nd generation of granularity" is advisable. Essential that WHO tie its budget expenditures to its activities and overall impact. Financing dialogue will be occasion to discuss priorities. An area of disappointment is that donor base has not widened for the 80% of

voluntary contributions that are made by 20MS only. Support for multilateral base needs to be more inclusive.

Japan: we agreed to increase the budget, the Assembly agreed to establish contingency fund, its achievement we all should be proud of and we all aware that what we agreed is side of the envelope the envelope still need to be filled, at the same time WHO Sec under leadership of DG has a lot of work to do specially technical support for those member states who haven't developed core capacities, by doing this homework they will convince the international community to engage more.

Pakistan: On behalf of EMR member countries we welcome draft report. Financing dialogue must continue to improve. Via webportal. flexibility of funding showed little overall improvement - this requires more attention. Please WHO should encourage donors to provide flexible contributions to be aligned as per WHO needs. WHO depends on 20 contribs for 80% of contribs. WHO to improve its "brand" to include potential new donors. We advocate for continued country allocations, to strengthen country preparedness. NCDs an unfinished agenda in many countries as to MDG targets that will be carried over to SDGs. Finally, we urge MS and WHO for innovative fundraising. We emphasize role of philanthropy especially at country level to increase budgetary allocations.

UK: we welcome the Sect paper on the dialogue, we strongly support the statement by USA, we support the virtuous circle principle presented by USA, we are pleased of 2013 meeting we should work on more to replicate that, given the ambitious budget increase, it is essential to have a successful program dialogue, we encourage the sec to make progress, efforts are made so far yet the main budget is mainly depending on 20 contributors, WHO has to have corporate approach to ensure sufficient funding, almost 2 years after the launch of the web portal needs to be completely updated minimally once every 3 months, results reported is needed to ensure transparency, the financing dialogue worked well last time please keep it simple.

Almost 2 years after launch of webportal: very important tool. Update minimum every 3 months, we reiterate this. results reporting to further increase transparency. If it is not broken not to be fixed.

Chair: we are supposed to break to allow interpreters to break to rest their voices.

Korea Republic: Thank you chair. (difficult to understand speaker...) Success of financing dialogue will depend on reducing the gaps between ? and potential contributors. This trust can only be built if accountable to stakeholders. Please keep on working on report matters. We believe that budget portal will play critical role in success of financing dialogue, allows to see return on investment. Secretariat, take account of recommendations as to financing dialogue, esp in making it more inclusive, and importing(?) the web portal. 2016-17 budget approved at WHA68 - ?? We wish November 2015 financing dialogue full success.

DRC Congo: Thank you chair, our delegation along with other voices align with AFRO, the question of the agreement on NSA we want to hear from the sec about the consequences of some resolutions that haven't been adopted yet, we have a collective budget putting in mind the burdens put on our countries

which have not' achieved the MDGs yet, we need to have more clarification before we are able to give feedback. It is country offices not the governments that manage the WHO money.

End of Meeting One; beginning of Meeting Two

Discussion resumed in Mtg 2

Thailand: the report enhances transparency but need more of regular updates financing dialogue must include more donors, we wish to highlight the next financing dialogue has to work on covering the gaps, goals must be set clear, we supports the upcoming november financial dialogue, we would like to request from the secretariat information about donations made by donors. Asked for a list of the largest donors that contribute non-earmarked money.

Sweden: Fully supports report from Secretariat. WHO took lead in UN-family, holding 1st financing dialogue ever in 2013. Alignment, flexibility, transparency and predictability. Sweden intends as one of major donors, to retain flexibility, to move earmarked Swedish monies to underfunded areas if needed. Better resources coordination. Welcomes EB137/3. Current discussions with donors key to preparing dialogue of November 2015. Vulnerability in funding has not been reduced as compared with 2 years ago. Asks MS who are not yet donors to consider doing so in light of augmented 8% budget.

China: congratulations, thanks for the report, WHA68 has just included the first program budget, therefore MS and sec should fully attention for the challenge and stay prepared, seeking strong progress at the dialogue so we recommend to take the momentum of the WHA and seize the opportunity, China actively support WHO financing efforts and contingency fund.

Kazakhstan: Thank you chair. K supports efforts of WHO to encourage stability. We understand efforts to increase predictability, and support expanding the list of donors. Ever more countries with emerging stable economies - who may have insufficient culture of donorship. Perhaps you could visit these countries? With respect to private sector: there should not be earmarked financing if comes from private sector, should show flexibility according to WHO agenda. We feel strongly about this issue. With exception of UK Netherlands Denmark who give a lot money to us - we do not see money spent in our region, in our region people live on less than 1\$ a day.

Saudi Arabia: the first financing dialogue well received, coordinated resource mobilization dept. voluntary contribution for 80% of budget. More informal setting to include potential new donors, address gaps and shortfalls in the financing area. Needs and allocated resources to close gaps. Find any opportunity to increase funding.

New Zealand: Thanks, the financing dialogue is innovative approach to enhance financial situation, it needs more explicit commitment of the WHO and evidence of changes that happened, in order to increase confidence of donors WHO should develop criteria for programs before implementation, we support the support of this financial dialogue. Predictable health outcomes to be expected when a programme is funded.

Dominican Republic: Thank you Mme Chair. We are very happy to have this report on the financing dialogue, and hope to continue bringing forth the principles outlined (flexibility, predictability, transparency etc) to better focus the investments on results, and guide reform. MS are becoming more demanding in WHO's capacity for RESPONSE, for emergencies and technical support as well, so countries can increase/strengthen their health care systems. Accountability at all times.

Philippines: welcome report, concern on contributors based funding. efforts made, to reach flexibility of funding, improve resource mobilization efforts, combine critical needs of member states etc Donors and donors' needs, accountability to tax payers to be taken into account. Not donor driven but easier for donors to provide assistance. Improve donors confidence through WHO reform, We can think about being donor-centric without being donor-driven.

Chair: on to non EB members

Mexico: This is first time we take floor, so congrats on your election to lead work today. We recognise the need to strengthen working methods of dialogue, so programme and budget can be long term sustainable. Make sure dialogue fits into planning, results-based management, etc. Mexico thinks that according to exterior expert recommendation, we need to evaluate impact of meetings - as biennium coming (??). Webportal: greater detail and frequency of reporting there hoped for, detailed account of the various resources available at 3 levels. Agrees with need to brighten up the image of WHO in terms of priorities of world health being dealt with properly. Use of resources needs to comply with the objectives of this organisation.

Netherlands: thanks for the document, we are very pleased that preparations for November is on track, the dialogue is effective tool in all terms, we would like to stress that WHO should intensify work on widening the donors base, with the program budget 2016-2017 WHO will be more dependent on voluntary contribution.

Zimbabwe: aligns with SA on behalf of AFRO, highlight certain key issues, financing dialogue: good opportunity to make concrete proposals on how to increase assessed contributions, more responsibilities needed from MS

Chair: gives opportunity to Dr. Ean to respond on behalf of board. Rectifies, the 20 that contribute to 80% is 20 donors, not 20 member states, so if we speak of MSs, it is even less!

Secretariat: Purpose of financing dialogue is to commit to principles: alignment, transparency, flexibility, predictability. UK don't fix it if it ain't broken - but you ask us to do BETTER than we do. We appreciate that financing dialogue fits into broader scope of WHO accountability. Trust confidence, more likely to lead for more successful financing dialogue. Number of specific requests to us. We are committed to providing you with more detailed information as to financing sources. You also suggested ways we can further improve web-portal, and we appreciate guidance / advice as to making it more useful to you. Finer granularity, results-based reporting. Role of NSAs in financing dialogue in Nov 2015: there will be thus far no change in our practises, as 2013. NSAs who contribute more than a million will be invited, but otherwise not private sector actors. Flexibility issue: request to publish donors who provide

earmarked funds. To provide that incentive, we rather give list of donors giving FLEXIBLE non-earmarked monies: may I note Sweden, Denmark, Finland, Switzerland, etc... didn't catch the list, but they are somewhere listed online he says. Would like to thank these MSs. Looks forward to fruitful financing dialogue in November 2015.

Chair: taking that the board wishes to note the report, looking forward to financing dialogue in November, this concludes Item 5.

Report noted; item concluded

6. Technical and health matters

6.1 Newborn health: draft accountability framework

Document:

- [EB137/4](#) – Secretariat report
- [PHM comment](#)

By resolution WHA67.10 the Health Assembly endorsed the newborn health action plan and requested the Director-General, inter alia, to monitor progress and report, periodically until 2030, to the Health Assembly on progress towards achievement of the global goal and targets using the proposed monitoring framework to guide discussions and future actions. The Secretariat will submit a report to the Executive Board to update members on plans for monitoring progress.

Chair: Next item: Newborn health: draft accountability framework. floor open for discussion.

Saudi Arabia: Document on monitoring progress on newborn health. WHA67 requested finalisation of more detailed plan, with outcome metrics, for ending newborn mortality and stillbirths. Goals will only be achieved via improved quality of care of mothers and small and sick newborns, through community participation. Key areas: in-country leadership, a human rights based approach. Coordination with UNICEF on their every newborn plan...

DRC: thank you chair, on behalf of the AFRO, congratulates the Sec't on the report; the Africa group is aware the fragility of the newborn health that needs to be addressed separately, African group would like to say that the health strategy for mothers infants and teenagers must focus on matrix, harmonize the action plan with fair coverage of action plan, need to coordination of various procedures and interventions, the number of countries in Africa was able to implement activities. CSOs play important role in implementation of these activities. we thank DG for efforts cutting down mortality and morbidity, we call for noting this report.

Indicators need to be agreed upon. Speeding up harmonisation crucial. Need to coordinate number of different initiatives. Mentions natural disasters and conflicts. Fight against avoidable deaths. CSO plays important role in helping communities to "buy in" to these initiatives.

Canada: improving maternal newborn and child health is a priority for us. Canada has identified newborn health as key priority. Sponsored WHA67.10 WHO doc. Canada has been calling for this issue to remain at the centre of post SDG agenda. Stephen Harper co-chairing. Accountability for resources. Support development for improved methods for measurements for critical newborn period. Newborn metric WG supported by us. Providing support to Johns Hopkins to provide results including quality of care and program implementation. Renew global strategy on women, co-leading with Tanzania work to strengthen accountability framework at both country and global level, identifying key measurements for newborns. Canada supports John Hopkins U to develop tools to measure MCH.

UK: Thank you Madam Chair. Newborns have far too long been neglected. My own chief medical officer highlighted importance of getting it right for mother and children. Integrate this into full continuum of newborn, maternal and child health. While it is encouraging that some MS have included stillbirths in their action plans, this needs to be kept in focus. From the UK we welcome the proposed approach, very good start, but please carry on.

USA: the US thanks for update on draft. Pleased to be member of newborn coordinating action on implementation of plan. Update on national progress on measurements. Evidence based development supported by us, SDG and global strategy for women children and adolescent health, facilitate harmonization for newborn and maternal methods. US govt efforts to end preventable child and maternal death in one generation, high priority for national govt

Eritrea: Aligns with DRC statement on behalf of AFRO. Eritrea has made good progress on reducing child mortality and is on track to achieving MDG 4, MCH still stumbling block for us. The gvt is taking newborn health as its topmost priority. Not only for meeting MDG4, but also for SDGs. Newborn accountability framework crucial to moving forward.

Japan: thank you, congrats secr for draft framework, supports draft framework crucial for proposed framework that indicators are in line with global ones? SDG and global strategy for women children and adolescent health. Indicators to be developed with sound consideration and harmonization needed. Newborn indicators to be utilized effectively and to be harmonized in national statistics. Good collaboration needed at national level. In conclusion Secr to continue work harmonizing the indicators and to further support MS to integrate

Pakistan: Mme Chair, Pakistan aligns to remarks by Saudi Arabia made on behalf of region. Newborn health is one of last frontiers of MCH. This is a robust document, and thank you for a report covering almost all aspects. Pakistan has a national plan, conjugating synergy of both national and international efforts. However, research in this area should not slip through the cracks. Neonatal mortality rates remain too high for decades, and we must understand why - the reasons are perhaps not the obvious. This should also be part of the framework (research).

Chair: we are doing very well, I have been watching the traffic light, and I rarely see red! Keep it up.

China: appreciate regional coordination technical guidance etc. Stresses UHC importance taking seriously effective measures to ... newborn plan of action in china. Measurement indicators... pay great

attention set evaluation indicators, emergency treatment systems to be set up, only this way gain time and avoiding, nutrition and mental health have a great impact and they affect child

Thailand: Thank you chair. Appreciates joint movement of WHO and UNICEF. Every newborn action plan. Mme DG usually says that things that are measured are implemented, we must therefore measure our 5 objectives. Objective 4 however does not seem to be properly addressed by the metrics. We hope this will be different in finalised document. Additionally, in order to succeed with this action plan, we urge WHO that proposed target of preventable death of newborn and under 5 and maternal death reduction should be included in SDGs as part of UHC targets. We request info from Secretariat as to the 2 working groups, as these enable action on the ground.

Chair: Thank you Thailand for reminding us that what gets measured gets done - but what gets done must also be measured!

France: thank you, welcomes the report, we are very committed to ensure maternal and child healthcare, it's very important that's why we are happy to see different efforts to harmonize we underline the importance of single framework on reproductive health as well as neonatal care, maternal care and so on, we support the guidelines presented to us.

Russia: Russian fed supports work done by WHO welcomes report new global strategy to protect health of newborn, child etc. Special attention to protect health of mother and children we have perinatal...across the country, one of the countries who achieved indicators 4,5. Need to include indicator on Underweight and premature births and national plans, also ensure that middle and low income country are given support in this

Brasil: (translation was lagging/lacking as Brasil delegate was speaking too fast and it seems translator lost it!) Brasil recognises the work of WHO in the every newborn health initiative. Remarkable success in reducing worldwide infant mortality, since this initiative new channels of results, quality of healthcare. We developed a large network of human breast milk banks at low cost, with 200 banks and collection points reaching many mothers throughout the country. This is a service we provide for some time already. Thus we strengthen our health systems and overcome our problems. Monitoring progress.

Kazakhstan: thanks, support the report and plan of action to bring down maternal and newborn mortality rate, we has achieved some success and we have an accountable system, we are trying to enhance the quality of data we receive and still working on that, we follow WHO recommendation on this and hope to increase the performance and protection by following the WHO

Congo: We are very concerned about this issue. Maternal and newborn mortality are linked to health of the mother, but also the healthcare of the newborn which also has to do with "food care", socio-cultural barriers, maternal demise, all these postnatal care aspects must be addressed. Barriers must be overcome thru education campaigns. Assistance to poor families. Training of health personnel and their motivation. Quality of care for distressed neonates. Volunteer workers. Technical support needed to implement this action plan, as many African countries are in conditions of difficulty.

Argentina: Thank you, we would like to thank the sec, we support the plan to harmonize newborn plan of action, improving health coverage and quality. Manual/guide to make these compatible with SDGs.

Dominican Republic: We very much agree with all these strategies which aim at improving maternal and child health care. Integral part of socio-eco determinants. This is why so important to have the institutional work to make visible the theme of health in all sectors. Education, health, nutrition are the 3 pillars we talk of in developing countries - we must inform decision makers to invest in health. If we do not improve quality of life of our citizens, any other measure we take will be inefficient / insufficient. In child health for example, developing epidemic of adolescent pregnancies, which are high risk pregnancies - this is a difficult component to combat, infants die in their first 7 days of life (infections, etc). This is why it is important to work on prevention through human conditions, so that things never reach this state. Integration of care into primary health care, with universal health care. We can have very good care in cities, but not elsewhere - must also come to outlying clinics of remote areas. (NB: translation once again exceeded by speed of speech...)

Chair: thank you Dominican Republic for reminding us of health in all policies.

Suriname: thank you, we agrees that this framework is very special work to be done and we compliment the Sec for the report and also the three working groups, all good things have been already mentioned by previous speakers, we need more emphasis on gender analysis and role of fathers and social determinants of health, health in all policies approach, because health alone can't work it.

Mme Chair, health alone cannot work it.

Egypt: Mme chair I will be brief - this is an important public health issue, especially since preventable measures could solve this. We in Egypt have some achievements in preventing newborn deaths, and wish to achieve more in Egypt, as well as supporting efforts on global level. We are working on policies and frameworks for the future.

Chair: we move to Mexico

Mexico: thank you very much we follow with attention the objectives and accountability framework, equity in health care, the coverage and quality of health services contributes to the ... all of this chair for Mexico is very important is coverage of healthcare to prevent mortality. Equity in health care, improved measurement of outcomes. National leadership, a plan based on human rights, as well as strengthening health systems needed.

Chair: Mexico it is indeed your day, the traffic light was not working héhéhéhé. I invite world fed of anesthesiologists.

NGO statements:

- [World Federation of Societies of Anaesthesiologists \(WFSA\)](#)

Secretariate (Dr. Bustreo): Many thanks Mme Chair, and many members of EB that so clearly expressed support for MCH plan in their own countries. I thank and welcome all comments that you provided, and

also as you expressed the close link between maternal and newborn health and the quality of care provided to mothers and children! We work close with DG and with Canada and ?? to lead the stream for accountability. Importance of monitoring health of mothers and newborns in conflict, also need for research (Pakistan).Thailand: commented on other stream of work, advocacy and implementation. I would like to comment on progress report release just before the assembly. Gvt of India and SA: thank you for hosting the negotiations on this strategy, and for strengthening a strategy which promotes an integrated economic and social approach.

Report noted; item concluded

6.2 Mycetoma

Documents:

- [EB137/11](#) - Report by secretariat
- [EB137/CONF./1](#) – draft resolution Strengthening Control of Mycetoma Disease (Egypt, Jordan & Sudan)
- [EB137/CONF./1 Add.1](#) - Report on financial and administrative implications

At the request of a Member State, the Secretariat will submit a report to the Executive Board on this disease, which commonly affects young adults, particularly men aged between 20 and 40 years, mostly in developing countries, and in respect of which there is massive lack of health education and scarcity of medical care, control and prevention in areas where it is endemic. The Board is requested to note the report.

Japan: Thank you Sudan for attempting to focus on mycetoma, we recognize the affected quality of life caused by the disease, further research is essential to provide scientific evidence of disease burden and impact on public health. Despite no human to human spread, my delegation recognises burden and lack of medical countermeasure. Further research for drug development, scientific evidence.

Egypt: As we briefly indicated during inclusion of item this morning, draft resolution proposed by Egypt Sudan and supported by Nigeria Italy Netherlands and others as well, we still prefer to give floor to our colleagues from Sudan to preface on this issue.

Chair: I will first finish with EB members and will then refer to Sudan.

Saudi Arabia: thank you, the disease has multiple effects on patients, it's badly neglected disease and difficult to treat and manage, burden aren't studied, people living with disease usually live in remote area with limited access to services, adding it to the list will call for innovative approach and highlight the suffer of its patient. The WHA can consider it next meeting. Appropriate control tools are lacking. Research is low... In short, no international commitment to the victims of this disease. Saudi Arabia is a co-sponsor of this resolution.

Thailand: Thailand appreciates Sudan for raising this issue. Mycetoma has been neglected - only those counties with low economic-socio status are affected. Improving early access to diagnosis and treatment

needed. Disease associated with poverty - further socio-economic development in these countries needed to eliminate the disease. Other neglected diseases in our region: the liver fluke (Laos, Myanmar, Vietnam, China) one of the main causes of liver cancer, esp cholangiocarcinoma (?) or hepatocarcinoma (I missed which one).

Sweden: we thank for the report and Sudan, in this regard we welcome the new list made by the WHO, we support the resolution made by Egypt and Sudan, we need to know more from the Secretariat about what's done by regional offices on that topic, we have some concerns about the financial implications of adopting the draft resolution, we need more clarifications on this, I suggest we come back on that next EB.

UK: Thank you Chair. I'm delighted to follow wise remarks of my colleague from Sweden. We are committed to the London Declaration against NTDs and our committed support towards health system strengthening. We are well placed to comment. Supports idea of pushing the issue to next year's EB (January meeting). Would refine the drafting and resolution associated to this issue. Whilst we recognise the challenges of mycetoma, we believe it is too early to move forward, and propose bringing issue back to next EB.

Pakistan: we appreciate the efforts of sec to come up with the paper, thanks Sudan too, this neglected disease which so far received so few attention on international level, no preventive strategies made nationally in any country, we come across some cases and we realize the suffer of its patients, we call for adoption of the resolution at this EB.

Congo: Thanks Chair. It is a disease rarely mentioned but causes great deal of distress and suffering, much more than Buruli ulcer its sister disease. We believe it needs particular committed attention, which should cover all its aspects, should be covered by 2016-17 budget. Perhaps voluntary contributions could also help to alleviating the suffering associated to this NTD.

Russia: welcomes the proposal made by Sudan, Egypt and Jordan, neglected tropical disease we support putting this disease on the list, it needs long treatment, we now have draft resolution but we would like bit further explanation of some paragraphs so we suggest returning on that next EB. We should not forget that this disease needs long term antibiotic treatment. Draft resolution prepared by Sudan, etc... we want more explanations.

Jordan: Thank you chairperson. Thank you Secretariat for report on the issue. Significant investment and research would be necessary as well as mobilising resources - as challenging as is, efforts should not be spared. We should add on mycetoma on to list of neglected conditions. Technical assistance to research centre in Sudan, WHO should foster technical cooperation among countries in the region. We hope that resolution will be adopted for item to be at WHA69.

Eritrea: it's one of the chronic diseases that's not given enough attention, prevalence of the disease isn't studied but as it's existing in neighbouring country so it's important for us to have strategy on it. providing technical assistance, we support the report and the draft resolution

PRK (Korea): Delegation of Korea welcomes inclusion of this item on this EB, and supports fully this draft resolution to draw attention to this very serious problem, NTD. We support inclusion of this NTD mycetoma on the list.

China: thank you chair, in principle supports the adoption of the resolution, of course we also noticed that this disease has been added to the agenda not long ago so we didn't have enough time to study this disease and its financial impact on WHO sec so we hope to find a consensus by all members presenting here to find a route forward, we all have shared objectives which is targeting disease as long as they affect health of our people. We believe that all colleagues here have shared objective that whatever the disease must be addressed.

Chair: Invites Sudan.

Sudan: Thanks all countries for their proactive and productive interventions. Actually in the morning I have talked a lot about the issue, what I want to address now is the importance of the issue. Must be integrated into control efforts already in place for other diseases. This will foster political and communal awareness as to the disease. Neglected conditions and neglected diseases: neglected condition like a snakebite - vs a neglected disease (?? didn't get the point of this dichotomy). Extend knowledge and info to better inform control. People talk of impact of budget: this is bottom-up programming. Consider as integrated health care. the process has taken more than 4 years, I am sorry to push forward your traffic light, but I must say this: approval of movement forward at regional level already - so postponing to following EB is only delaying. We only delay, we need to move forward at WHA69.

Zambia: thanks, we need more of epidemiological information on the topic.

Zimbabwe: Thank you chair. We also welcome intro of mycetoma to agenda of EB already. We fully support that mycetoma should be placed on list of NTDs. Adverse consequences to affected peoples and countries and health systems. We support that be an item at WHA69.

Belgium: welcomes the agenda point but we also have questions along with UK and Sweden which relates to financial implications of adopting the resolution, if adopted now it won't take place before next program budget, moreover the cost of the resolution isn't very covered so we more support discussing this item next January.

Chair: Thank you Belgium, Secretariat can you respond? On recognition of Mycetoma on NTD and not as a neglected condition, could you explain difference, and also: item at WHA69?

Secretariat: Thank you Chair. First: mycetoma to be added to 17 NTDs yes or no? UK mentioned that our entire machinery is already addressing these 17 diseases, particularly 5. Four diseases scheduled for elimination: filariasis, trachoma, dracunculiasis and onchocerciasis - budget is accordingly prepared, and this is where UK and Sweden are concerned. So yes, there is a programmatic implication of adding one NTD to the list of 17. Condition vs disease: Light approach of advocacy for conditions where we are lacking research as yet. responding to Sweden: type of support that we should be doing, last EB we had side event, advocacy events in which Secretariat fully collaborated. Does not require lots of awareness,

to mycetoma. This is our approach so far. Third question: way forward. This needs guidance and decision from the Board.

Chair: I felt support that this go to 69th WHA may 2016, however should go via EB of Jan 2016 AFTER Secretariat has provided more robust/ substantive report with inputs from regional offices. Based on comments I sense that this should be put to 69 WHA however it should go through EB in January, also input from regional offices. Is this acceptable? Raises her hammer....interrupted by Saudi Arabia.

Saudi Arabia: Asks if Sudan can intervene.

Chair: first, member of the board, Japan.

Japan: we would like to support the proposal made by the chairperson as it sounds that anyway it is going to next WHA, our preference is to go discuss this again in January, get all needed information then discuss in the WHA.

Chair: Sudan is happy! (Hits hammer)

What is agreed upon is Japan proposal - ie mycetoma will go first to EB138, and then will go on the WHA69 after being informed by regions.

Resolution not formally adopted; informal decision taken; item concluded

7. WHO guidelines: development and governance.

Document:

- [EB137/5](#) - Report by Secr
- [Handbook 2012](#) – Secretariat Handbook on Guidelines Development
- [PHM pre EB comment](#)

At the request of a Member State, the Secretariat will submit a report to the Executive Board in order to enable members to review the process for the development, updating and approval of WHO guidelines

Chair: Get a copy and read it! I am going to request Secretariat to make it available to all EB members.

Gambia: congratulates the team, it's key and fundamental process, guidelines are used worldwide to guide everyone, the recommendations made by the guidelines particularly emphasis, the AFRO recognize that efficient guidelines is essential for sustainable development, the implement of WHO recommendation, we urge the WHO to continue in this manner. this long process might be seen as slow, we recognize the importance of sustainability.

Malta: Thank you chair. Thanks Secretariat for clear concise and focussed document. Credibility of an organisation depends on transparency of its work. Therefore, there must be no room for such comments (ill comments). The Book that Mme Chair has pointed to us states that protocols for producing a guidelines needs frequent updating. Any initiative that strengthens Organisation's credibility

must be enhanced. However gains are never absolute: beware of burdening with demands that slow down the process and render all of this ineffective. Protect this technical process of guideline development from parasitic processes / other interests.

Kazakhstan: thank you we endorse the report and welcomes it, thank governance team, we have everything organized across the world, the widely distributed risk factors related to nutrition for example and other is very important we are willing to become involved in this work, and involve in scientific institutions and academia, what we need is wide evidence based database of information, sometimes we get conflict of interests, we have seen this before when we tried to raise taxes on tobacco, these parties have interest in taxes being as low as possible. “70 yrs ago during 2nd WW, not a single step backwards, protection of the motherland!” We will say the same here!

Kuwait: thank you on behalf of the EMR, we noted with appreciation the report, the report was prepared on the request of the EB, guidelines is one of the core functions of the WHO, WHO should keep its neutrality to keep it’s leadership in public health, the guidelines have been revised to make sure no conflict of interests, further work is needed to support member states given more than half of the countries of the region and outside can be in emergency situations, we are sure that all the procedures used to reach these guidelines are scientifically sound, to ensure the highest technical standards neutrality and transparency are essential through all steps of reaching the guidelines.

UK: Not only do I align UK with Malta, but I fully agree. As a technical agency, quality of reports is key WHO work. Maximise transparency and keep free from inappropriate influence. In UK for ex, we are good at writing guidelines free of political and industrial influence.

Korea Republic: Thanks we thank DG for her leadership and commitment keeping WHO neutral and scientific, ... In international health matters, one of key things thru which WHO fulfills its mandate is guidance. It would be best for this organisation to remain free of political and industrial influence in its setting of high level technical guidance.

Sweden: Evidence, relevance, transparency. .to ensure the guidelines are of highest quality full review and scan for conflict of interest. Appropriate management of conflict of interest. Areas for improvement: evaluation for impact of guidelines. Is this part of evaluation already referred to in para 8 & 11 in the report? no need for further action by the EB we are ready to adopt the report.

Saudi Arabia: Thank you Madam Chair. We appreciate efforts put into guidelines. Does not require participation of MS into development of guidelines at initial stage. We believe that the consultation of draft guidelines provides adequate contribution of MS to guideline development. We believe that DIRECT involvement of MS could lead to industry implications, and risk of conflict of interest. We need also methods for developing emergency guidelines.

South Africa: very briefly we want to align with AFRO and thank sec, we believe we are on the right track it’s important that the guidelines continue to be developed according to sound rules, we are growing so there is room for learning and errors identification, we would like to thank the Secretariat along others.

France: Thank you chair, we also welcome excellent report by Secretariat, which are a core element of action and influence of WHO. In spirit of transparency, we welcome this discussion, the present system of development of WHO guidelines with all the improvements made seems perfectly adapted. We would like to recall how much we are attached to credibility of our organisation, and the scientific independence from any political commercial or other independence. we have had enough occasions over past few days (cf FENSA) to see that it is crucial to secure independence, we don't think it is necessary to talk further.

Pakistan: align with EMRO, appreciate the sec for comprehensive and focus, we believe the process is clear and evidence based, we not only need to protect the technical independence of the WHO we should be aggressive about it, this role should be done well, MS should have a role in deciding the area and lead it's implementaion, I think in line with other MS we strongly urge the WHO to keep its neutrality above doubts.

China: Chinese delegation appreciates the Secr efforts including devt of guidelines and quality assurance. Attention to developing countries.

Argentina: Argentina takes note of report, very clear in procedures and challenges, applicable to different national and international situations, not only question of control but also legitimacy. Not the same in all case, depending on application. Thanks for high quality and scientific rigour. concerned of attempt of any actor to deviate standards of org. NSA to intervention in design of guidelines to be concern about. Produce solid evidence based criteria; encouraged to continue to protect guidelines process from corporate interests

Brasil: Thanks for report. We want to reiterate that the independence and avoidance of conflict of interest is what we are defending in the reform process.

Thailand: 15 years ago when I was still young... asked mentor please tell me in two sentences what WHO responsibilities, reply it's easy, if you want to know something about PH, WHO know everything but does nothing. Technical agency not implementing agency. Guidelines are core business of WHO; these recommendations are not good, negative implications for my country. evidence to produce guidelines.

(15 yrs ago I asked a Prof to tell me in 2 sentences what is WHO. He said, WHO knows everything but does nothing. It is a technical agency but not an implementation agency. Knowledge production is the core business of WHO. Sometimes I think the guideline is poor, but then I find that it's ok, I don't need to implement. Implementation is also an *art*, you can decide. Since then I worry less about the WHO guidelines and recommendations.)

Chair: I thought Thailand that you would finish with which agency knows nothing and implements everything! (Laughs)

Albania: It is clear concise, describes steps procedures etc of the process of development of guidelines. Developing guidelines is one of core functions of WHO. We note in report some safeguards, to

guarantee scientific rigor, independence, manage conflict of interest etc. Therefore we are ready to note the report.

Chair: that concludes list of EB members. no DRC has the floor.

DRC: thank you chair, I wanted to thank Sec for this report which is so important, we align with Gambia, we stress importance of these guidelines, this guidelines is the skeleton that protects that organization from any external trials of influence, thanks sec.

Germany: brief interventions aligns itself with Sweden, thanks on report for topic.

Chair: I will buy you flowers, thank you very much (hahaha!)

Romania: Impact of these guidelines subject to national authority of states. We can discuss member states' management of WHO guidelines. This document also detects several areas still needing improvement. We support a yearly report from EB on progress of guidelines development. Guidelines are meant for clinical practice or public health policy. Clarity on scientific approach of developing them are the value added to their credibility and better applicability.

Italy: thanks EB for having opportunity to discuss, thanks Secr for document good starting point for further work; Italy regards this as essential; considers this item very relevant issue. Efforts made to guarantee independence and transparency made by Secretariat. Recent update for which they thank secretariat. Further improvement possible in guidelines process. More transparency needed, communication process to MS, report to be delivered, and yearly overview on GL for following year. Criteria for prioritization; important to understand general framework for guidelines. Will help in better responding to guidelines. Consultation of MS and other stakeholders necessary. Adopted guidelines have to be based on sound scientific evidence. Transparent approach adopted also by other international organisations will reinforce the WHO, process will include thorough knowledge of MS and stakeholders, this will marginalize low level of evidence. Dedicated website to be used. Thank all MS and Secr for collaboration on the issue and would like to come back on the issue; Mentions scientific evidence as in ICN2 ?!!

Croatia: Thanks secretariat. As many previous speakers stressed, the handbook and the report explain well the existing process of guidelines development. According to report, MS provide direction and provide priorities for selection of guidelines to be written. Especially we emphasize evaluation of clarity and usefulness of WHO guidelines for MS - applicability to national context, regional relevance, and clarity of language. This evaluation is crucial to continual guidelines improvement. We note the report.

Egypt: chair, Dr Chan, delegates, we appreciate and thank and love and all pink coloured flowers for the secretary, different international stakeholders involvement are being taken into account, we align with Italy, as WHO guidelines is developed responding to member states needs, we need to maximise the transparency, we need publishing all the procedures in a dedicated website.

Chair: Promises one handbook to all EB members as they are sticking to time and green traffic lights.

Turkey: thanks for report. Transparency and definition of clear roles and definitions is fundamental. Governance and efficiency. Support on submission to EB on guidelines,

Spain: Thank you chair. We thank Italy for having addressed this question, Spain has no taboos and here I refer to a phrase used by some delegation this morning. It is precisely the importance of this issue that is why we are focussing on it. We consider the ground situation to be adequate, but does not mean that we cannot improve it.

Switzerland: congratulations and thanks, preparing guidelines is fundamental of WHO mandate, it goes without said this should be done in total independence, we would like to congratulate WHO and encourage continuity of transparency, clarification and idea to share with you, we think it's useful for WHO to define clear criteria not emergent needs, EB 137 in paragraph 10. it is essential to determine ahead of time. The world places great deal of trust in this institution - in leading world global health. Needs to continue increasing transparency. Central public registry of all guidelines needed.

Japan: one question to ask the Secr it seems that everybody agrees on transparency. Two questions: how we involve the MS? Also, 2nd question: if we accept Italy's proposal of reporting back to EB, what kind of workload does this create??

USA: very brief everything has been said, endorse comments and suggestions made by Switzerland

Chair: still four more speakers. Let's finish the list so Secretariat can respond.

Norway: on behalf of Finland and Norway, thanks for report, including development of guidelines, setting norms and standards is a cornerstone of this org, this has to be based on sound scientific evidence, we welcome WHO effort to maximize transparency, this increases legitimacy of WHO. GL containing important recommendations. Need of transparency, but involving MS in the process will change the process into a battle ground. GL development should be independent of commercial and private interests, protect WHO from other external improper interests

Serbia: WHO guidelines are of utmost importance for MS and their institutions. Like Italy and other MS we highly appreciate independence and transparency in development of WHO guidelines. Important that all are based on clear scientific knowledge. Need to promote public health objectives as outlined in WHO constitution.

Netherlands: brief; fully aligns with statement made by Sweden.

Australia: thanks Secr for excellent report, we consider current methodology is sound. Independence and transparency of this process are paramount, vital for confidence of MS in WHO. Focus? Par 18 of the report

18. In the past seven years, the processes for development and quality assurance of guidelines produced by WHO have substantially improved. To maintain this trend will require further investment. Priorities for development currently include: a centralized, public, web-based repository of all guidelines and background documents; effective processes for public

consultation during guideline development; further elaboration of methods for preparing “emergency guidelines”, so that they are produced rapidly and rigorously; continuing training for all WHO staff, including those from regional and country offices, in guideline development methods; and, as noted above, evaluation of the clarity and usefulness of WHO guidelines for Member States.

Chair: Takes this opportunity to invite Dr. ?? / ADG to respond.

ADG/HIS: Thank you for your kind words of appreciation. Please note that we exclude Thailand from this acknowledgement!! Development of guidelines is one of core constitutional functions of WHO. Many countries do not have capacity to develop guidance and rely on WHO for this function. Ebola is an example of where WHO should be counted on to develop guidelines. Both the process and the quality and timeliness should be improved. Of the many good comments:

Emergency guidelines (Gambia): we are working on this actively.

To Sweden, on the evaluation of guidelines, WHO is currently looking at an eval of ALL documents we produce, and guidelines are included. Where we consult and where we don't consult. In terms of PAST of how MS were involved in guideline developments: sometimes MS nominated to expert panels - we want to make this process clear so there is no doubt as to how where when we consult. No problem to write a retrospective report - but in terms of prospective report: not everything is always planned long time in advance, and even outside of emergency, we need to change according to new evidences in public health and so we need to adapt (so prospective report would be difficult to make). We continue to work at constructive process. We are happy to discuss as suggested by UK about undue influences in developing of guidelines, and look forward to doing this.

Chair: thanks for response. can I suggest to note report. I am going to make a request, we are supposed to move to next item about management and financial matters.

Report noted; item concluded; Italy's requests quietly dropped

8. Management and Financial matters

Chair: Can we agree we discuss item 8.3 Committees of the Executive Board: filling of vacancies. Is it acceptable? Because it is 5h30, but I want to catch up a little bit.

8.3 Committees of the EB and filling of vacancies

Documents:

- [EB137/8](#) - Report by Secretariat
- [EB137/8 Add.1](#) - Committees of the Executive Board: filling of vacancies
- [EB137/8 Add.2](#) - Membership of the Independent Expert Oversight Advisory Committee

Chair: List of names available - all delegates have them so Chair not reading them out. Do you accept the proposal.

Thailand: Sorry DG please don't look at me like that - we are so scared. We have proposed a different name than what indicated as the appointee.

Chair: are we in agreement on the rest of the names, agreed

We have the PBAC members.

Standing committee composed of 5 members we have 3 vacancies, propose Canada Pakistan and ...we now have a standing committee on NGOs

Now representatives of EB at WHA69: chair and 1st three vice-chairs.

Membership of oversight advisory committee: EB is invited to appoint 2 new members for 4year term. It says SA and NZ - after we lost cricket I'm not sure...2 new members to replace the 2 outgoing members

Decisions:

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

The Executive Board appointed as members of the Programme, Budget and Administration Committee Dra. Andrea Carbone (Argentina), Dr Thomas Frieden (United States of America), Dr Phusit Prakongsai (Thailand), Professor Benoit Vallet (France), Dr Ali Saad Al-Obaidi (Kuwait) and Dr Jeon Man-Bok (Republic of Korea) for a two-year period or until expiry of their membership on the Board, whichever is first, in addition to Dr Mukengeshayi Kupa (Democratic Republic of the Congo), Mr Omar Sey (Gambia), Mr Khaga Raj Adhikari (Nepal), Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland), Dr Abdullah bin Mifreh Assiri (Saudi Arabia) and Ms Zhang Yang (China) who were already members of the Committee. Ms Precious Matsoso (South Africa) Chairman of the Board, and Mr Josep M. Casals Alis (Andorra), Vice-Chairman of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.

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

The Executive Board appointed Mr Sylvain Segard (Canada), Dr Assad Hafeez (Pakistan) and Dr Janette Loreto Garin (Philippines) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board. It was understood that if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.

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

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

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

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

I propose we adjourn and meet tomorrow at 9h30 - to take up budget space allocation (item 8.1, item 8.3 closed tonight)

Decisions EB137(1) – (4) ([here](#)) adopted; item closed

The end of Day 1 / Meeting Two of EB / Beginning of Meeting Three, Day 2

8.1 Strategic budget space allocation

Documents:

- [EB137/6](#) – Secret report
- [PHM comment](#)

In decision EB136(5), the Executive Board requested the Working Group on Strategic Budget Space Allocation to further develop operational segment 1 (technical cooperation at country level) taking into consideration the issues raised during the 136th session of the Executive Board with regards to the proposed methodology, the choice of appropriate indicators and availability of data, and written comments submitted by Member States to the Secretariat by 28 February 2015, and to report to the Executive Board at its 137th session in May 2015.

Chair: opens the meeting; gives the floor to the rapporteur Namibia to brief the EB on the progress of the working group on budget space allocation

Jordan: (on behalf of the EMR) thanks to everyone and support, health development in EMR is facing big challenges and, the technical contribution has never been important as it is now, we are confident that required technical support needed requires more budget than the currently available, there must be a way forward, we support the recommendations made by the working group including 8% increase of

2016-2017 budget, we must highlight the need of increasing the WHO whole budget, this is necessity to strengthen health capacities and support establish resilient health systems. We both revisions of the recommendations in 4 years not 6

Argentina: Thank you, Consider the Model C is realistic, we support group of indicators presented by the working group, we recognize comparing each of the indicators with OCDs, we support the recommendation of the working group to gradually implement Model C to avoid any drastic reduction of any region, we support the DG on applying in 3 biennia, the Americas confirm their involvement .

Namibia: Thanks Mme Chair (Afro). Commend DG on report and appendices; excellent progress by WG; must continuously strive to remain rel to global health agenda and needs of MS; strategic bud sp alloc part of this; note that EB136 did not approve new model esp for first segment; we have considered rep of WG and are satisfied that a wider review of UN methodologies was undertaken; has enriched the deliberations of the WG and has led to a robust revision of the methodology; satisfied with the set of indicators in the model reflects the wishes of EB136; pleased that the WG includes a metric focusing on poverty; a key SDH and therefore good to be included; relevant to equity and UHC; agree with Model C for the next three biennia starting in 16-17 support the decision

China: Thanks WG; support model C; China has been involved; our proposed indicator calculation has been used; we suggest (i) develop plan to develop model over three biennia (ii) improve the data; so alloc more fair and feasible; (iii) impl of budget alloc reform can be assessed; China support Sect work on budget space in future

China: Good morning, we thank the working group, we support the budget allocation (model C) china sent representatives to share in program amendments, we are pleased to have contribution to it as next step we suggest the following: 1- develop a plan to implement the model on 3 bienia; 2- with further improvements more modifications can be made with fair contributions; 3- the implementation should be assessed. We support the secretariat in future work on budget space allocation

Japan: Personal note: I have to confess as ex director of my region when I first saw the reduction in our region budget, I was disappointed indeed but the current director told me he can live with it as it will be gradual not sudden change, congratulate all MS of my region and the director of our region, I know this new budget is part of the WHO reform, we would support this proposal

South Africa: Associates with AFRO, appreciate the DG and WG, implementation is believed to help us achieve UHC and health equity we would like to support this work, one question on the recommendation 3B, we need to understand if this means it will be annual report we need some clarifications on that.

Egypt: aligns with Jordan EMRO, welcome the report, we actively participated in all meetings, we salute all participants, we consider the finalisation of the methodology is historical achievement, the model is comprehensive model built on scientific sound bases, one important element that guarantees the robust implementation , regular review with regional directors

Korea: thanks, we thank everyone, we support the draft decision (model C)

Kazakhstan: thanks, note the contributions, we need to implement all the recommendations, we see this methodology as fair and well balances, we support Jordan's suggestion of 4 years review

DRC: Supports Namibia, we believe in model C, support the progressive implementation and periodic reviews

Chair: offers sweet for members

Philippines: thanks and acknowledgment, we echo the Japanese statements, such budget allocation will affect country's budget, gradual implementation of the model will be helpful, we want to be guided on the mechanism of the review.

Thailand: we have major concerns, what was broken? big drop in WPRO and also in SEAR there increase in some regions and decrease in some other regions, we would like to propose to add part to ensure solidarity and satisfaction among MS, (problems following the accent). urges that the 8% increase in VC be used in such a way as to ensure that there is no absolute decrease in funding to any country

- para 14 sub 3(a) from 'over period of three biennium' . to over period of 3-5 biennia
- at end insert 'and ensure not real reduction of WHO budget to any country
- after para 14 3a further 'to ensure that WHO use its country budget and its social and intellectual cap to leverage much bigger fin res from other intergov orgs UN and other partners to eff impl and sustain national programs;

Sweden: we read in great interest, our impression is that we are making progress, we have to be flexible, the matrix should improve in the future, I want to make 2 points: 1- we support the working group conclusions, we are concerned of the missing data; 2- in the recently concluded WHA, we decided to increase 8% I would like to hear about the implication of that on the budget allocation

France: thanks good morning, tribute to WG under Belgium's leadership; strategic allocation of budget space pillar of WHO reform; allows for targets for regions and countries; solid well balanced table of work; inclusive; support recs submitted; stocktaking over a few years

Dominican Republic: We support Argentina, it is very important that timeline is quite broad, the continuity of monitoring is very important to identify risks, we think it is a good model let's provide it with time, and develop monitoring and review process. I urge everyone to approve it as it is without any modifications.

New Zealand: appreciates the hard work of WG equity based; always winners and losers; WPRO will lose; but we are assured that the model is robust and we are assured that it will be evaluated; agree with model C and agree impl over three biennia; need to spread it beyond the evaluation; regular review a features of the model; do not support imple beyond 6 years

Nepal: Nepal aligns with statement made by Thailand , Thailand worked on WG on budget space allocation, revision of methodology on budget space allocation. support the Model C, and the gradual

implementation of this model. Given the change in needs of country over certain time we also support revision of this model over a 6 years period

Albania: we recognise good work, different regulations based on different options and structure, we recognize model C as reasonable, 3 biennium with no drastic reduction of any region, much more assistance of the WHO will be needed, we support the resolution as it is.

Australia: briefly reflect on importance of segment 1, technical support by WHO to country offices. Western pacific regional office, important principle here, income rises, less help and support from WHO is needed, we understand how less budget is needed in western pacific. But keep in mind emerging infectious diseases, Weak health systems and affected by natural disasters, plus GAVI graduated countries. Asking clarification on implementation of model. 6 years, how will the data will updated? only at 6 years deadline or updated on regular basis?

Finland: we have participated, reviewing the history shows it's a complex issue, we believe that the model proposed with gradual implementation will be reasonable, we support adoption of this resolution as it is with no amendments.

Bangladesh: appreciate WG for exploring formula on budget allocation Difficult task of formula fit for different countries. It is not only a formula, it will be about the health of the people and wellbeing, best formula; support statement delivered by Thailand, regularly to be replaced by every year in par...also propose to replace 6 with 4 years in par 14. Review is to address relevance of model to country needs, not all about formula but about people and health needs, review relevant to focus on gaps between theory and practice and address these gaps

Chair: only members can suggest amendments

Thailand: we support amendments by Bangladesh

Mexico: this is the prototype and that's how the working group introduced it to the EB so that it can be developed; we urge the members of the EB to adopt it in it's current form

Belgium: on behalf of chair of this WG thanking all members for valuable contributions. Thanking Namibia for presenting outcome. Basic points: last week we adopted new program budget, already based on basic principles; this outcome Methodology proposed is objective and provides the ... Strongly supports: the proposed decision and would recommend other MS to support it to

Malta: no prepared intervention; but had to intervene; thanks to WG; need to really look at what we are talking about; no disag on parameters in the model; fear of impact of use of these parameters; have had the experience of using something like this for PB16-17; we have analysed the impact and agreed to it; we will know that the budget will be because we will look at the allocation; really don't agree with the suggested amendments

India would like to support SEARO, supports statement made by Thailand, covered a lot of ground since EB, consensus achieved recently, remaining consensus is on implications and this should be reflected in the EB decision

Chair: in 66th WHA decided to ask DG to propose a new strategic res alloc methodology starting with PB2016-17 using robust bottom up methodology, costing of outputs, across three levels; this exercise is about implementing the decision of WHA

ADG: thank EB members for comments and very strong support for new proposed model on SBSA. thank WG members for outstanding work. There was a lot of disagreement at the start and what we have seen since Jan to today there is a consensus among all MS, amazing result, very constructive result oriented spirit by WG, worth recognition, pleasure to work with them. Now address some of the issues brought up. Decision made by WHA, to have it implemented by 2016-17 fortunately it can start to be implemented, 1 because WG recommended gradual implementation, when we prepare program 2016-17, the approved program budget actually reflects what is recommended by WG, so we can start implementation, as pointed out by Belgium. Thailand Australia and Sweden pointed out that since MS approved 8% increase and as DG ... even if there will be a certain proportional reduction but dollar amount will not decrease for each region. On 2 issues review and monitoring, should be every 4 or 6 years, Malta said might not be big issue. We can adjust and EB can take new decision instructing Secr and DG to make a review of the model. Why 3 biennial. Because regional ...

we will monitor through PBAC, question by SA, when we will report back to PBAC we will inform you on how these allocations have been adjusted or recommended or advice by governing bodies. Report of implementation of program budget, there will be an adjustment for any misalignment.

DG: deep appreciation for all Member of WG, marvellous thing to bring solidarity and unity to this org again. When debate started it divided the org. Resource allocation complex never easy. For those countries who want to move gradually and who spoke, Western Pacific and SE Asia region. If budget cut they want it to be cut gradually and the ones who want an increase they want it fast. Macro-data will not change on yearly or bi yearly basis though. 2 problems Aus said you are going to monitor carefully but DG is going to monitor carefully that that money is properly used, accountability, effectiveness etc criteria, which are part of WHO reform. Money comes with resp to deliver results. WHA66 gave instructions in terms of good governance, this EB can only make recomm that have then to go to Assembly for approval. Thailand extremely smart, proposal 3 to 5 and increase and decrease more gradual, wishes EB to accept proposal. If you look at doc ...implementation of the model will start with next biennium budget, if this is acceptable to you, then accept main proposal as submitted with minor changes. Part of your consideration is already have been factored in. 4 biennia to fully implement what you have asked, this is a mid way. 3 and half to 4 is our proposal. if members agree then vote it and then report back to DG?

Thailand: I feel the heat in the room, I can sense the atmosphere of 1998 of regional budget allocation that almost broke the org into pieces, but DG reassured me, many MS accept model C there is no question on it, our friendly amendment is just to further reduce that chance, opens flexibility for DG to

implement (3 to 5 biennia). DG has good memory (not year but biennia). If DG think they can implement in 3 then go for it. 2nd point is to make sure country budget in any country will not be reduced. we are not proposing anything that is impossible. We request this money which is so small, we requested to reduce this more money. When we are in EU countries. Yesterday I said we can't implement, I was a rural doctor, now I am a policy maker. Cut money from other org including ministry of health, focus on few programs 4 or 5. This is to make the decision more productive. Wishes members to support this amendments and move forward

Chair: A draft of the amendment in writing is ready and will be circulated. Investment case allocation this could be model to be followed, use CCS too. Proposes to have this draft circulated we continue with business.

Secr:

Andora: there is a big consensus and finally the consideration of Thailand can be taken, as Malta said finally we will do continuous follow up, so it was just to share with you all that its important if we need to see the paper with a spirit of consensus that will allow the final goal and provide more flexibility to the organization.

Item suspended

Discussion resumed the end of Mtg 3

Chair: one item left and then will be closing. Mini-drafting group, appreciate efforts made to put together text; ask Secr to project it on the screen. [The draft resolution on is projected on the screen.]

UK: what happens in a year in which no budget increase

France: please read the text so that we can be aware of it

ADG general management: reads par 3 of the doc (which shortly was to become [EB137\(7\)](#)).

UK: in a year when we do not approve an increase in budget approving this 3a would mean moving to a new model would cease for a biennium, before "ensure", we should insert "strive to". leaving door open

Argentina: thank you , simply if we go back up to the beginning of the text, modifications can come forth to the EB

ADG general management : as explained earlier de facto the implementation will start from program budget 2016-17

USA: we participated in the informal group, we came on agreement on most things, this paragraph came last moment and the chair came in and we didn't deeply consider it, we can discuss it now, we need to be very careful here, we are fine with reference to 4, we need to be very careful here, Thailand was looking for the country level, after the word biennium to add to minimize any negative budgetary impact at the country level

France: we have the same view as UK we can either support amendment from UK or USA

Pakistan: 2 comments (1) related to semantics, not English speaking country, confusion in use of word “nominally”, this should be something related to small amount (!!!); (2) appreciates efforts into drafting, distribution of resources among regions, philosophically decreasing amount for a particular region would reflect success achievements of a region in achieving certain goals. Prudent to include overall budget of org, overall size of the cake should be included.

Thailand: explains what nominal mean for Pakistani colleague, fully support UK but prefer to put it after ‘any region’

Japan: thank you Thailand said what I wanted to say, Japan would like to support combining both versions.

Norway: supports the American and English suggestions.

Sudan:

Sweden: align with Norway support USA and UK

Brazil: support US, Argentina

Canada: changes countries need to adapt. Supports US proposal. Stop paragraph after “starting point”

Andorra: agree with USA and UK proposal, suggestion of Argentina too that; we have to be clear if it is a recomm for next WHA or in agenda for EB. Is it a decision for this EB session?

UK: The US suggestion superior to UK. Supports US

Chair: we break for lunch or we go on or we clean the text and we conclude. So we try cleaning the text, no preambles

Philippines: support US proposal and start at starting point

NZ: support US model; Countries with the greatest need into it. Is fair for some of us to take cuts and not other

Thailand: to break for lunch and come back.

ADG: if we have a nominal amount which will be around 900million and 1 billion is possible to keep that as a flow

Thailand: delete last three lines

Malta: impact and the regional and country level

Chair: It is agreed. Decision (EB137(7)) from the EB that recommends to the Assembly

Argentina: Mexico can you please explain

Mexico: EB take the decision and then inform the WHA. The WHA has transferred the responsibility to the EB

Decision [EB137\(7\)](#) adopted; item closed

8.2 Evaluation: annual report

Document:

- [EB137/7](#) – Sect’s annual evaluation report
- [PHM comment](#)

In line with decision EB131(1) and the evaluation policy adopted therein, there is an annual report on evaluation 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 the report.

Chair: the Board is invited to note the evaluation annual report, I shall draw your attention to the report of the committee, open the floor for comments.

USA: Thanks, the report is very encouraging, one of the most important aspects of WHO reform is to improve the culture and regular evaluation, evaluation is a critical function of a learning organisation, assess the implementation of reform, we welcome the focus this biennium, I urge people to take another report on report paragraph 9, as we look at the future of the country offices it shows healthy dynamics.

Eritrea: on behalf of AFRO: strengthening capacity of evaluation, particular concentration is organizational learning, recognize the relevance of the evaluation presented, welcome and support the plan of evaluation

UK: thanks, very happy the independent assessment is established, evaluation is a critical function, we encourage the secretariat how evaluation is embedded in the organizational culture.

Sweden: appreciate report but need more in depth information of the evaluation; Want more detail on the evaluation of the resource mobilisation; Welcome positive evaluation to research training on sexual reproduction? To continue to involve researcher from country programs; understand how the program was financed initially

Thailand: congratulate sect including for the organisation wide evaluation work plan; annual report on evaluation is important; reflects the direction of WHO leadership; report demonstrates only process evaluation; to be more useful Thai propose to secretariat and evaluation office consider reporting outcomes and impacts; eg how recommendations and guidelines have been implementing in countries; we spend such a lot of time on guidelines; need to include evaluation in the planning as well as

implementation; to maintain and improve complex system; constant eval is most imp factor; reference to the role of pancreas in releasing insulin; complex system of global health; request that Secretariat and MS take concrete steps on responding to the findings in this report.

Japan: thanks, internal evaluation has become meaningful, in this regard we encourage the WHO to enhance the evaluation system through all the three levels of the WHO.

South Africa: thanks, really good proposal of strategy and plan of action, I was trying to recall the report that came out in 2012 and there were recommendation there on supporting country offices, we wanted to recall that we have been looking at the report coming of the WG on governance, which highlights some points like countries that doesn't have country offices, we like to encourage to align the ongoing discussion with what's already planned so that they converge together.

Mexico: thanks to secretariat for the report; note progress made by Secretariat re implementation of evaluation policy; evaluation important for implementation of reform of governance; identify obstacles; make WHO more efficient; need to have framework for evaluation; happy to see that we are looking at references of success; ILO, training; likewise another success here shows that the Sect has to be the coordinating body; priorities set for standard setting; eval critical; need to ensure that ms are involved in conclusions; MS involved ; note the 8 evals and the lessons learned

Belgium: thanks, comment on the assessment of the ebola break, in our view the recommendations should provide valuable lessons, we invite the sec and evaluation office to cluster the recommendation and combine them so that we can discuss them next EB in January, and the proposal of combining the recommendations would help.

NZ: report complex; evaluation is part of a mix of audit, review and planning; must be adequately financed and walk in step; challenge of reforming WHO should be no more than six years; work load of evaluation group increasing; seek assurance by Sect that this vital function will be adequately resourced

Chair: Dr. Elil Renganathan (WHO Secretariat) to respond

ADG: take on board positive comments and suggestion for next steps on how to implement evaluation framework presented in Jan. 1 issue, follow up with recommendations, in the evaluation report, based on full document that is now at the back of the room, have a look at that. the idea is as we take evaluation framework we wish the ownership will be at a high level. Format used by all evaluation offices in the UN. Evaluation website will be available. Engagement with MS, also when we do evaluation that have implications for MS. Resourcing: DG set aside funding in August, we started with 3 staff members, plan to recruit another 3-4 people, new program budget 16-17, idea is putting in more resource we are four ...

Voluntary contributions were main source, but now regional activities related to this, funded by out global learning program. We wanted at this point what was happening to recommendations. One last comment one challenge is evaluation comes with a lot 30-40 recommendations, but we need a few that are concrete and are going to be implemented. Any other question will be taken later on.

DG: will do utmost to address issues relevant for WHO, whether or not we can consolidate them before January I don't know but we will do our best. particularly for comments relevant to this. NZ saying resources important for evaluation audits etc We are trying to be more cost effective, but at the end of the day a lot comes into category 6. transparent accountable and professional is our aim but then if we don't increase operational budget is all a contradiction. Evaluation culture must be part of program planning. we made improvements we are going to continue to work on that

To UK: for the record UK never suggested cat 6 should be cut or reduced

Chair: board to note the report. Adopted. Move on to next item EB136 item 9.1

Report noted; item closed

9.1 Statement by the representative of the WHO staff associations

Document:

- [EB137/INF./1](#)

Statement will given by Dr Austen??

Sweden: constructive terms of report, pay tribute to hard work, in exceptional circumstances as Nepal and Ebola and in day to day work. Substantially increase the budget in recognition to this work., this will alleviate some of the challenges raised in the report Sweden expressed support of the change? integral part of WHO reform, mobility scheme fundamental. questions/concerns raised by staff should be addressed and should be central in the process. Heartfelt appreciation for work of the staff, without which there would be no WHO

USA: thanks and echo Sweden, some good questions was raised in the report, there is some things needs to be added, my understanding that WHO already has a mobility policy, it would be mistake of the organisation; this policy needs to be accelerated, many of these questions have already been answered or can be easily answered, one of the questions about mobility policy can lead to losing expertise, I think it will strengthen expertise.

Congo: WHO delegation is taking the floor on behalf of AFRO, address concerns raised re staff members, the African region welcomes reform and initiatives which can give rise of new dynamism, question of HR of vital importance, also salutes commitment of staff in favour of humanitarian risk. Moreover, mobility etc must be equitable and fair, the needs of regions should be taken into account. this reform must bear in mind our needs. Looking at the conclusions of expert group we will work in favour of countries recruiting health workers as in the resolution adopted in WHA68. Principles of usefulness efficacy and fairness.

Chair: EB to note the statement, concludes discussion of item 9.1

Statement noted; item closed

10. Matters for information: report on meetings of expert committees and study groups

Documents:

- [EB137/9](#) - Report 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 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

Liberia: making statement on behalf of AFRO, discussed this in meeting yesterday, will submit written doc and make a few remarks. In a org that does expert work, often meeting are filled with politicians we like having experts around, recomb made by expert group, in the document last 2 recmm 23 and 24 we are asking to look at what is being done in West africa, many people trying to develop drugs to treat Ebola, develop vaccines or see for how long the virus lasts in human body fluids. We are not able to coordinate these different partners. We are asking WHO to make sure that experts are very well involved with what happens in West Africa and research that is going on

USA: we find both consultations are so good, thank you

ADG: thank for explicit and implicit approval of work of expert committees, Liberia remark is noted, we worked with various investigators trying to help them, helped through expert committee trying to prioritize, for drug vaccines and diagnostics. Coordination of studies. happy to discuss further, we value coordination as important and Ministries of Health sort out what is relevant in their countries

Chair: concludes this item. Move on to time 11

Report noted; item closed

11. Future sessions of the Executive Board and the Health Assembly, and draft provisional agenda of the 138th session of the Executive Board

Documents:

- [EB137/10](#) - Future sessions of the Executive Board and the Health Assembly, and draft provisional agenda of the 138th session of the Executive Board

Decisions EB137(5 & 6) adopted

- EB138: Mon 25 Jan 2016 – Sat 30 Jan 2016, at WHO HQ, Geneva (see also draft Agenda in EB137/10)
- WHA69: Monday, 23 - Saturday, 28 May 2016, at the Palais
- PBAC: Thursday, 19 May and Friday, 20 May 2016, at WHO headquarters, Geneva

Chair: calls for 10 min break

UK: are we not commenting on draft provisional agenda for EB138 / WHA69?

Secr: of course we would welcome comments but the 1st draft is really a draft and it will then go out and MS will have 6 weeks to comment, it is not a final draft at all

UK: 1st comment, looks like a very ambitious program of work for 1 week. 41 items(?), adding mycetoma, something on NSAs, I do urge Secr to see constructive ways of grouping items, then we finish late and we don't have item for discussion. Under 9 communicable diseases, would it be possible for them to be taken as a group?

Chair: any other comment on agenda? If none, we will distribute this for comments in 2 weeks time and everybody's comment will be welcome

Sudan: wants to make sure that mycetoma is included in the agenda

EB137(5 & 6) adopted; item closed

12. Closure of the session

DG: thank you, everybody, interpreters 2 mins; truly amazing EB; chair has delivered on her promise!!

Chair: thanks all; vice chairs are awesome; thanks to interpreters