

# WHO Watch Report on Day 2 of the 66th World Health Assembly (Geneva, Tuesday, 21 May, 2013)

## Committee A, Morning session

### Item 12.1 – Implementation of Programme budget 2012–2013: interim report

#### Documents

- [A66/5](#): Secretariat report on implementation of PB12-13
- [A66/51](#): PBAC report on Secretariat report

The Committee noted the report without discussion.

### Item 12.2 – Draft twelfth general programme of work

#### Documents

- [A66/6](#): Secretariat report on GPW12
- [A66/6 Add.1](#): Draft resolution on GPW12
- [A66/52](#): Report of PBAC on GPW12 (including more detailed draft resolution)

The draft GPW, considered during this session, represents a high-level strategic vision for the work of WHO over the next six years. Many Member States appreciated the inclusive process of consultations that led to this document.

Japan asked for clarification on the relationship between the six leadership priorities, the programmatic categories and the eight impact goals described in the General Programme of Work.

USA proposed to refine the text in the draft resolution requesting additional language regarding antimicrobial resistance. All Member States agreed to highlight the importance of antimicrobial resistance and the risk it poses to health gains.

Concerning the new proposed financing model, China underlined that it is mainly based on voluntary contribution and this will lead to absence of predictability and stability. Therefore China stressed the importance of creating a flexible system of voluntary contributions and the importance of reversing the trend of zero nominal growth of assessed contribution.

Also Mozambique, on behalf of Afro, expressed its concern about the unpredictable nature of WHO's funds and asked for a better balance between assessed and voluntary contributions.

#### STATEMENT BY MEDICUS MUNDI INTERNATIONAL AND PEOPLE'S HEALTH MOVEMENT

*Priority-setting is fundamental to organisational effectiveness, but without a financing mechanism whereby resources can be directed to priorities, priority setting remains abstract. The donors have criticised WHO for ineffectiveness and have demanded more systematic priority setting but their tight control over the budget continues as a consequence of frozen assessed contributions.*

*The proposed financing dialogue will not prevent the distortions of resource allocation arising from donor interests. Important areas of WHO's work which do not attract donor funding will continue to be starved of funds.*

*Responding to criticisms about inefficiency and lack of cost-effectiveness, WHO has reworked its monitoring and evaluation practices. Unfortunately the 'results chain' framework is not coherently developed and several outcomes and indicators are not matched by robust plans for intervention.*

*The eight impact goals inadequately represent the breadth of WHO's work. While eradication of polio and dracunculiasis are important, there is no cause for complacency as huge challenges exist regarding disease conditions that contribute heavily to the global burden of disease.*

*The impact and outcome targets are arbitrary, and often unrealistic. There is no coherent program logic linking the outcome indicators and targets to the activities through which those targets are to be achieved. Importantly, there is no recognition of the many external forces and contingencies which will determine whether the strategies yield the intended results.*

*The targets in the GPW are often singularly unambitious. For example the indicator selected on 'health systems, information and evidence', is reduced merely to "the number of countries that report cause of death information using the International Classification of Diseases". Even for such a limited indicator the target set is that by 2015 four additional countries will report such information.*

*The 'outcome' of WHO's work in the area of 'Social Determinants of Health' is to be measured in terms of "increased intersectoral policy coordination" with just two indicators: 1. net primary education enrolment rate; 2. the number of slum dwellers with significant improvements in their living conditions by 2020. It is proposed that 100 million urban dwellers will live in improved conditions resulting from WHO's work in intersectoral policy coordination. Not only is such target setting unambitious, it also lacks credibility.*

*In sum, apparently intimidated by donor demands of 'value for money' WHO has responded with an evaluation strategy which lacks coherence and credibility. We urge that Member States who are not big donors, but represent the majority of the world's citizens, not be intimidated by big donor pressure, and instead address the core problem, namely the freeze on assessed contributions and donors' inordinate power.*

[Link to this statement here.](#)

At the end of the discussion and after some clarification by the Secretariat, the WHA approved the resolution on the General Programme of Work as amended ([A66/52](#)).

## **Agenda item 12.3 - Proposed Programme Budget 2014-2015**

### **Documents**

- [A66/7](#): Report of Secretariat on proposed PB14-15
- [A66/7 Add.1](#): Draft resolution
- [A66/53](#): report of PBAC on PB14-15, endorses draft resolution in A66/7 Add.1 and proposes a further decision requesting the Director-General to propose, for WHA67, a new strategic resource allocation methodology in WHO, starting with the PB16-17, utilizing a robust bottom-up planning process and realistic costing of outputs, based on clear roles and responsibilities across the three levels of WHO.

The proposed programme budget 2014-2015 is the first of three biennial budgets to be formulated within the draft twelfth general programme of work for the period 2014–2019.

It presents the Organization's expected deliverables and budget requirements for the 2014–2015 biennium within the broader context of the reform.

During the discussion, many Member States appreciated the work done by the Secretariat in developing the programme budget but also recognized it as a transitional budget that is still missing important elements and requires further refinements (particularly concerning the result chain).

Germany urged the Assembly to take advantage of this process in order to look at the added-value the WHO can provide in the overcrowded global health arena.

Egypt (speaking on behalf of EMRO) and Ireland (speaking on behalf of EU) raised the following points: 1. the need to develop the next budget using a bottom-up approach starting from country needs; 2. the need for clarification on the role of the governing bodies across the funding cycle.

Several delegates asked for more transparency in the process of resource allocation and Ecuador and several other countries from UNASUR called for a fairer allocation of assessed contribution resources across regions complaining about the decrease of funding allocated to the Americas in the past years.

The Director General Dr Chan then took the floor. Echoing Norway, she stated that this should be seen as a learning process for both the Secretariat and Member States. She affirmed that priority setting is a fundamental process and that it is important to see, among the many things we all want to do, what has to be done by WHO based on its capabilities and comparative advantage.

She emphasized that the Programme Budget 2014-2015 has to be seen as a transitional budget, therefore it's not perfect. The next Program Budget 2016-2017 will be developed through a bottom-up priority setting and outputs will be costed. Bottom up planning which was not done properly in the current program budget will be re-emphasized in the development of the next programme budget.

A coordinated resource allocation mechanism will be implemented for fair distribution of resources;

The Secretariat will continue its work in order to improve the result chain, especially clarifying the linkage between leadership priorities and the programme budget.

The capital master plan will be included in the programme budget.

Dr Chan explained that currently, a big proportion of assessed contribution is used for administrative and management costs. Going forward, increasing attention will be paid to using assessed contributions to make sure that key programs are not left underfunded after the funding dialogue.

### **Plenary meeting: Invited speakers**

Three speakers addressed the World Health Assembly:

Dr Nkosazana Dlamini Zuma, Chairperson of the African Union Commission. Her speech is available at the following link:

[http://www.who.int/entity/mediacentre/events/2013/wha66/dr\\_zuma\\_speech\\_20130521.pdf](http://www.who.int/entity/mediacentre/events/2013/wha66/dr_zuma_speech_20130521.pdf)

Ms Gunilla Carlsson, Minister for International Development Cooperation, Sweden

Dr Jim Yong Kim, President of the World Bank Group. His speech is available at the following link: <http://www.worldbank.org/en/news/speech/2013/05/21/world-bank-group-president-jim-yong-kim-speech-at-world-health-assembly>

## Committee A: Afternoon Session

### Agenda item 11 WHO reform

#### Documents

- [A66/4](#): Secretariat report: high level implementation plan and report on progress
- [A66/49](#): PBAC report on A66/4
- [A66/48](#): Secretariat report on the financing of WHO (and the funding dialogue)
- [A66/50](#): PBAC report on WHO Financing Reform, includes draft resolution .

#### PBAC REPORT

The Committee welcomed the report and the update on the high level reform committee plan. Requested additional information on reduction of budget for organisation activities and strengthening the work on reforms at all levels. Report includes progress on quality of performance and governance reforms, as well as engagement with non state actors.

Notes that there are additional clarifications that have been provided. Committee acknowledged that implementation requires behavioural changes. Recognised that further work is required on resources allocation and for resources mobilisation. Reiterated support to the approach used, while detailed bottom-up planning will be implemented in 2106-2017. Advised that information on second meeting on funding dialogue leading towards November meeting should be clarified.

On behalf of the EB, the PBAC requests endorsement of financing dialogue as described in [A66/48](#) and adoption draft decision in [A66/50](#).

#### CHAIR

Now will consider WHO financing reform [A66/48](#) (DG report on financing dialogue) and [A66/50](#) (PBAC report on financing dialogue).

We will also look at draft resolutions in [A66/33](#) (DG report on amendments to Fin Rules and Regs) and [A66/57](#) (PBAC report on amendments to Fin Rules and Regs).

Then will return to agenda item 11, the high level report [A66/4](#): Secretariat report: high level implementation plan and report on progress and [A66/49](#) (the PBAC report on A66/4).

We will come back to Item 12.3 proposed program budget resolution when it is available.

#### IRELAND

Welcomes draft budget and supports the establishment of financing dialogue. Expects financing dialogue to have effective end results like accountability, transparency.

Legal obligations are limited to ACs. Supports DG in her coordinate efforts to raise VC funding needed in line with the principle that funding must follow budget and program outputs. Look forward to engaging constructively with WHO.

#### UK

Fully support stmt made by Ireland. The UK supports reform plan. Focus on global health priorities will help WHO play role as lead global org in health. Strongly agrees with aligning funding with agreed priorities. Hopeful new financing dialog will help achieve this.

States should focus on bigger picture of reform. Citizens around the world expect more transparency, better financial management, better results.

In an org such as WHO, these reforms are tough and UK looks forward to more progress. UK offers its full support.

#### KENYA

Recognizes the success of the WHO but we inform you that WHO is no longer the leading health authority as it should be; other agencies have taken over the health agenda. We do recognize the role and intention of these but there are shortcomings in having many health actors without coordination: fragmentation of initiatives; lack of country ownership; duplication of programs.

County ownership must be emphasized and local identified priorities, no top down approach!

We need to focus WHO to its core responsibility. We need to reform the finance mechanism of WHO, to address health challenges more and question the earmarked funding. We appeal to the partner funders be more flexible in their funding. Look towards increasing the ACs as proportion of total funding.

We must also address the current global context of market driven context that unfortunately dominate WHA discussion

WHO place should be in the driver seat as a neutral driver!

#### BARBADOS

The economic crisis has caused many in the field of health to reprioritize & it is clear from the report that the same concerns have been at center of this discussion. Governance is critical to stability and reform so Barbados wishes to see reforms at local.

Propose robust management and accountability system. This would be of interest to CARICOM and the region of the Americas. Barbados supports fully the funding dialogue.

#### THAILAND

Thailand concurs with Kenya. WHO's reliance on voluntary contributions is problematic, especially because funds are earmarked for countries and regions. Thailand proposes that WHO undergo slow transition away from this model with incremental increases in ACs to allow for better functioning of the organization.

#### USA

Supports financing dialogue which is a critical step in the process towards more stable financial footing. Will participate actively in first meeting and in bringing forward transparent process. Understands there are issues related to bringing in non state actors, however, innovative nature of the dialogue and the need to think creatively, makes that USA encourages the secretariat to be as inclusive as possible. EB is the appropriate time to receive additional information on the dialogue process. Reports before this will undermine the possibilities for new resources. It is highly useful to provide a report on resources mobilisation in January. Regarding non state actors, the resource mobilisation strategy will allow to involve a broad range of actors at a later stage.

#### INDIA

Welcome the report and plan for reform, we welcome the proposal to restructure the finance dialogue. The mechanism on how well it would work does not exist, however, we understand that the predictability of resources need to improve, more consist contributions

Interested in the outcome of program design to ensure structure follows function. This is critical for effective implementation 2014 2015.

India redirect its commitment to the reform, 50 000UDD for this process for 2013, we hope to see timebound action plan for this money.

#### JAPAN

Welcomes progress. Hopes it will continue. Appreciates advances in management and financing reform. Support the entire program budget. It will enhance countries commitment to resource requirement of WHO.

In order to achieve objective of 2nd meeting Japan requests that the Dir Gen/Secretariat gives information to member states in preparation for meeting well before meeting.

#### CHINA

China thanks for the Secretariat. The PB reports on the need to strengthen the work on governance reform to achieve greater coherence in governance.

Governance reform is lagging behind. Regarding HR reform and management, misalignment with funding and current HR policies. The current report does not discuss reform and change in HR policies for short and long term staff.

#### CANADA

Supports reforms effort and welcomes upcoming dialogue. Supports ongoing financial reforms to ensure that the right people are there and managers are held accountable. Management competencies can be included in recruitment agenda. GPW is a step forward toward priority setting in the organisation. Governance reform, necessary energy is still lacking. WHO has shown willingness to change, but MS have shown reluctance. Need to develop clear strategies for engagement with private sector and civil society as well as develop ways to engage with poor and those who are generally not heard.

#### MEXICO

Thank you, support the efforts of the DG to improve the finance mechanism of the WHO in order to enhance the predictability of the resources received along the program priorities. This is pre requisite to strengthen activities and transparency.

Therefore we supported the Finance Dialogue, contributions need to align with budget priorities. The Independent Over sight Experts has taken this up as a permanent agenda and we as member states can benefit from this

#### OMAN

We need to align resources of WHO with priorities. Oman supports priorities that were set out in the report. Regarding document A66/48 we would like to stress the importance of adopting a decision in line with this report. We should have better coordination with parties who work in international health. No

agreement with regard to the amendments of finances has been proposed by secretariat. We propose a study to be submitted to the January EB meeting regarding this matter.

#### NIGERIA

Concerned with the funding constraint of WHO, which undermine the ability of WHO to be the prime authority of global health. We suggest to postpone the dialogue June 2013. We urge Member states to take efforts to mobilise additional finance with emphasise for flexible funding for WHO.

#### GERMANY

Aligns with Ireland, while recognising that many question stay open, supports the dialogue. Role of governing body should not be weakened by setting up of dialogue. See it as a joined exercise between secretariat and MS. This is an opportunity to enlarge MS understanding of activities on the ground and increase transparency on the activities of the WHO. Essential step for WHA to regain control over finances of the organisation.

Understands that it is the role of governing bodies to review finances of dialogue and allocation of voluntary resources. 40% of voluntary funding is by 4 major donors and in many cases governed by multi years funding agreements. Need a better picture of 'promised' funding.

#### WORLD VISION INTERNATIONAL

Welcomes the opportunity to address WHO reforms. Highlighted as priority for WHO. And welcomes that it is a priority. Insecurity of core funding a risk. Capacity to impact lives depends on getting out of this impasse. WHO needs to be protected from drifting its agenda towards the priority of funders. Increase in the funding and distribution between core and voluntary are central issues. Supports setting criteria for accepting funding from non state actors. Regarding non state actors engagement, believes that risk need to be managed by a representative forum that gives feedback to a broader body of interested actors. Supports WHO's role in enabling a dialogue with CSO.

Engagement with non-state actors at country level should ensure more responsive relations with local population while ensuring country's sovereignty. Qualitative engagement between non state actors and government needs the development of critical skill at country level.

#### MMI – PHM

*Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.*

*Document A66/48 states that one of the objectives of the reform program is "enhanc[ing] the alignment of resources with outputs agreed by Member States". People's Health Movement supports this objective but it seems unlikely that proposed financing dialogue will achieve this.*

*Under the proposed arrangements, the Assembly will adopt a budget and the DG will try to persuade the donors to fund the budget. It seems unlikely that, just because of these new arrangements, the donors will suddenly reorient their perspectives and support the programs they have frozen until now. And once the gaps become evident, how will the DG fill in these gaps?*

*It seems inevitable that programs that the donors have refused to fund in the past - quality use of medicines, trade and health, Social Determinants of Health - will continue to be starved.*

*The proposed financing dialogue presumes a continued freeze on assessed contributions. This is one of the fundamental causes of WHO's disabilities. People's Health Movement urges Member States to implement a substantial increase in assessed contributions as was proposed in the extraordinary meeting of the PBAC in December 2012.*

*The proposed financing dialogue is in essence a pledging conference, despite claims regarding enhanced transparency and improved mechanisms to fund the entire budget. The power of donors to shape WHO's agenda is in no degree reduced by the proposed arrangements. The close involvement of the World Bank in the Secretariat paper on Universal Health Coverage illustrates this very clearly. The Secretariat says that Universal Health Coverage does not mean minimal benefit packages but the World Bank has been pushing this model for more than 20 years.*

*Under the heading "human resources" the Secretariat reports on a number of initiatives designed to promote a more flexible mobile workforce. However, extending the continuous service requirement from five years to ten years will have a clearly prejudicial impact on the gender balance in the WHO workforce. Because women are more likely to have discontinuous service record, they will be differentially excluded from access to permanent employment.*

*Under the heading, "support for Member States", the Secretariat articulates a commitment to strengthening technical and policy support to Member States. However, the specific initiatives which are described are very weak. There are structural weaknesses in WHO's country level engagement which stem from the Member States nature of the Organisation. Health development at the national level is in part a function of national politics including the interplay of government and civil society. If WHO were to cultivate a stronger relationship with civil society at the global and regional level, this could contribute to a much richer engagement in health development at the national level.*

[Link to MMI PHM statement](#)

MSF

*The question of reform of WHO has been the subject of numerous discussions and papers since 2011.*

*Médecins Sans Frontières appreciates the need for reform to make the agency a more effective institution that serves the interests of all Member States in their efforts to pursue the highest attainable standard of health.*

*When pursuing the reform agenda, Member States should ensure they safeguard the four core functions of the WHO. These, in MSF's perspective, are:*

*Firstly: Acting as the directing and coordinating authority on international health work and its governance and providing leadership on matters critical to health and health security;*

*Secondly: Setting norms and standards, and articulating policy options in a manner that is evidence-based and independent of conflicts of interest;*

*Thirdly: Supporting countries on the one hand, by catalysing evidence-based change, and providing technical support; and holding them to account on the other, by ensuring guidelines, norms, standards and resolutions are implemented, and ensuring a focus on health effects in trade or other international agreements;*

*And finally: Stimulating priority medical research and ensuring broad access to the fruits of research.*



*We call on Member States and the Director-General to ensure that WHO continues to be the directing and coordinating authority on international health work. It is of critical importance to strengthen and protect WHO's ability to play this role throughout the process of reform.*

*The question of financing is, in that sense, the key to successful reform and must be kept at the centre of all discussions. Adequate, regular budget support must be secured for the aforementioned core functions.*

*Predictable and adequate financing can ensure that WHO can fulfil its mandate as the world's leading global health body through evidence-based policy that is free from outside pressure.*

#### IFMSA

Appreciates efforts to further WHO engagement with non state actors. MS through WHA 66.28 requests to promote participation and empowerment of young people in global health. Focus on young people underlines youth organisation as partners. IMSF has been working for greater youth participation and convened meeting to craft youth perspective on WHA discussions. IMSF expects support for such initiatives. Proposes consultative process with other youth so that their issues receive appropriate attention. Youth is critical as will inherit the global health system and shape it. Further, youth face barriers, its organisations are poised to address these barriers, with a creative perspective. Urges MS to clarify policies on conflict of interest as a case by case approach undermines integrate of the organisation. Encourages development of clear policy towards NGO with conflicts of interest.

#### DIRECTOR GENERAL

We need to work together and thanks the support from all MS. PBAC has the unique experience from different countries to give advice and guidance. We are also working with IEOAC group of expert on audit, management, etc. so yes secretariat need to do some home work but we look to MS for guidance. Take note of advice on important issues. Regarding your expectations, your expectation is that any document for June or November meeting should be received in advance. We also need to provide all essential information to make decision on how to invest in the organisation. Will give you all information available with us. We are committed to develop a webpage portal with all financial information up to date. Many MS ask what is the role of the governing body. This is a process requiring changes in behaviour and culture both in secretariat and MS. I have given commitment to provide the governing body with regular updates on income, expenditure, and implementation. This is a good, but long journey. And we have commitment on both sides. Appreciates Professor Thomas Zeltner's work. This is a high level constructive engagement. Very invigorating.

#### CHAIR

Resolution is submitted for approval.

Ireland reads proposed amendment to operative paragraph 10: Request the director general to submit regular reports on the financing and implementation of the budget as presented in document A66/7 and on the outcome of the financing dialogue, the strategic allocation of flexible funding and the results of the coordinated resource mobilisation strategy through the executive board at it's program budget and administration committee for review and endorsement of the World Health Assembly.

#### AUSTRALIA

In relation to the proposed amendment recognises its benefits, but regarding text proposed by the EU we think it is sufficient to request the DG to report to the government bodies. It would be up to the governing body to decide if to review the content.

USA

USA agrees with Australia. We would to ask for clarification regarding what reports are going to the body. There's a reference to "including" the outcome, and we would propose that it instead should read "and" the outcome to ensure clarity. USA agree with issues identified by the EU. USA agrees with the Australian rep to delete the section on endorsement.

INDONESIA ON BEHALF ON SE ASIA REGION

Serious concern about allocations being reduced 11.5% during this biennia. Region confirms its commitments. In th spirit of global solidarity would hope to avoid major disruption at this final stage, but seeks confrmation from the Dir. General that there have been no abrupt changes at this stage. Looks forward to further engaging.

EGYPT

Appreciation of the resolution and realistic and well organised budget and hope implementation will be transparent. For Implementation at national level would like to add a reference to the need to bring activities on line with WHO guidelines.

IRAN

Iran supports Egypt.

DIRECTOR GENERAL

Work should support country's priorities. Expresses support for Indonesia in supporting the DG. Promises that she will do her utmost to work with countries to mob resources so entire budget is fully funded. Will do so with guidance from chair of PBAC as financing dialogue is extremely important. She will work with her team to ensure all of resource allocation is fair and transparent. Also have heard from civil society who is also monitoring. Must be transparent and fair.

Secretariat will re read ammended paragraph in the resolution:

Para 10:

Secretary reads amended paragraph:

Request the director general to submit regular reports on the financing and implementation of the budget as presented in document A66/7 and on the outcome of the financing dialogue, the strategic allocation of flexible funding and the results of the coordinated resource mobilisation strategy through the executive board at it's program budget and administration committee to the World Health Assembly.

IRELAND

USA proposal is accepted, helpful in terms of clarifying the purpose of this proposal.

BRAZIL

Will the amendment need to go through the PBAC - need clarification on the process.

Request better understanding of criteria on allocation of resources. How can we make this more explicit? There is criteria for allocation, but we would like to see this very clearly on this decision.

MEXICO

Thank doc Chan for explanation in PBAC last week we discussed this issue and MS decided to create a decision point for the WHA. So as I understand we have to adopt the decision point once we have decided on the allocation of funds.

Resolution as amended adopted.

Resolution for new strategic resource allocation to be proposed to WHA67. Adopted!

### *Amendments to Financial Rules and Regulations*

- [A66/33](#): Report from Secretariat on amendments to financial rules and regulations

CHAIR

We will now consider draft resolution in WHA [A66/33](#) and the PBAC report on Financial rules and regulations in [A66/57](#).

PBAC Chair reported on the proposed amendments to the DG's proposed amendments

Resolution adopted with amendment proposed by PBAC!

### *Back to item 11 – WHO reform*

Docs

- [A66/4](#): DG report on WHO Reform including high level implementation plan and report
- [A66/49](#): PBAC report on A66/5

CHAIR of PBAC

Report on outcome of PBAC. Committee welcomes the report and presentation by secretariat on implementation on the reforms efforts. More information on reduction of budget on organisation activities and measurement of performances. Committee recommended that WHA note the report.

FRANCE

France will follow closely the work plan and the budget. The reform process will not be complete unless three items are addressed:

1. Improving accountability at all levels. Success of reform will be dependent on measures based on expected outcomes in regional and country offices.

2. Completion of financial dialogue. Financial dialogue should come out with tangible results. We must set out to evaluate.

3. Commitment by non state players. The WHO needs a differentiated framework for non state players to preserve independence and credibility, especially given conflicts of interest. This should continue during the next EB meeting. Establishing an appropriate framework with each category (foundations, NGOs, commercial, etc).

France supports reform, and upholds WHO as the leading authority on international health.

SWEDEN

Welcomes the plan and report. Implementation report is key. Implementation plan should be backed up by enough financial and human resources. Short term investment must deliver results. Human resources welcome the actions to ensure flexibility and streamline recruitment. Importance of implementation across

the offices of the organisation. Recognises that implementation plan is comprehensive, however measurement of some indicators is unclear. Underlines the importance of information of efforts made at all levels of the organisation. Welcomes mapping of core functions at three levels of organisation. Would appreciate a time line on further work.

#### AUSTRALIA

Stresses the importance of maintaining momentum reform. Regarding performance and evaluation framework it may be useful to adjust the implementation report to ensure that we acquire the results that we want. Australia will be donating 1 million francs to contribute to this process.

#### THAILAND

Commends report on WHO reform and other reports. This is timely for the WHO to retain its integrity and relevance. Must be recognized that WHO isn't only player in this arena. Appreciates whittling down of priorities down to 6, especially including NCDs. But would have hoped that there would have been a bigger increase (bigger than from 6% to 8%) to match the growing burden of NCDs across the globe & for the implementation of the global action plan.

Many actions would go along with keeping the WHO relevant: building knowledge base, strengthening relationships with partners. For WHO to be successful, the program should be implemented rigorously by not only the head office but also the regional offices.

#### MOROCCO

Commends the Secretariat for process of reform. Commends the document and endorse the fact that in implementing the reforms we need to take into account the advice of the external auditors. In defining priorities we should emphasis health in MDG in the post-2015 process. We should establish strong links between regional and country offices and establish new mechanisms for implementation of reforms. We would like to strengthen the organisation structure both in political and technical terms.

#### USA:

Echoes comments made by Canada and Nordic countries. Ongoing work is needed. Indicates a desire to take further its reform of HR management. USA looks forward to discussing the with Member States and the Secretariat.

#### SENEGAL ON BEHALF OF 46 MEMBER STATES OF AFRICA:

Further endorses further linkage of budget with reform and notes satisfaction of results at regional level. Concerns about country level activity. Regarding progress on reform, the EB132 gave rise to a discussion in particular with regard to streamlining work of governing bodies. Must reserve sovereign rights of each state re implementation plan. This is a detailed document which entails follow up by member states. This approach should be based on the monitoring framework and communications strategy, so we endorse this approach. States must be flexible to ensure success in implementation. Should add a column to the document to explain why action on reform hasn't been taken or completed. The African region was not able to deliver their statement in the financial dialogue. Would like to make it now. If not will leave it at that.

#### GERMANY

WHO reform is one of Germany's key priorities in global health, as a coordinator and standard setter. WHO efficiency must be boosted for this end. Earlier, efficiency was weakened at the benefit of

implementation of specific programs. Key priority for WHO is to hold itself along with other smaller organisation. But we need strong WHO, so that it can be a coordinator. What we envisage goes beyond internal reforms. This is also about WHO's role vis a vis other actors. Sadly, this aspect has been neglected in the current process. Regarding cooperation between region and headquarters, there are good trend, such as the meetings on policy. But there is still a long way to go. Germany fully agrees with the DG statement that strengthening WHO in countries is at the core of the reforms. Supports DG commitment to provide full transparency to provide efficiency.

#### TURKEY

We would like to share some remarks on several points:

The external risks are discussed in the document. However, its not clear if internal risk assessment is identified clearly. We request further information on this from the Secretariat.

Some actions do not have completion dates. This should be indicated in the columns of the document if a close date is necessary. If not, the document should indicate that there will be no close dates.

Distinction between costs of organization operation and implementation of reform are not clear. The financing of the organization is the most important of the reform process. Regular updates on this information is needed.

#### BRAZIL

This contributes to transparency, accountability and reflects the reform process. They have followed the financing dialogue and look forward to further implementation.

#### SECRETARIAT

Thanks for comments and response. Will address improvement of management framework and strengthening indicators. Will address comments on human resources and make it a focus of future reforms.

Re China's comment: please refer to workforce report that will be presented later.

Regarding clarification questions: request for update on financial situation. Budget is of 17.8 million of which we have 12.8 million available (of which 5.5 come from flexible resources from the organisation). Contains reform cost for 2014-16 around 16 million for biennium. Update on reform taskforce will be posted and report to EB in Jan 2014.