

**First day of the Executive Board
29th May 2013**

**Item 1. Opening the session and adoption of the agenda (Documents
Documents [EB133/1](#), [EB133/1 Add.1](#), [EB133/1 Add.2](#), [EB133/1 Add.3](#) and
[EB133/1 annotated](#))**

This morning, the Executive Board (EB) attempted to take up agenda item *6.3: Improving the health and well-being of lesbian, gay, bisexual and transgender (LGBT) persons*. However, the discussion was never reached. AFRO and EMRO strongly objected to adopting the provisional agenda with this item included. They objected on many grounds, including those procedural, political and cultural. AFRO and EMRO countries attempted to raise a procedural objection noting that the item had not been presented to the board per the rules. However, legal counsel explained that the rules had been properly followed in placing this item on the agenda. When the procedural argument was deemed irrelevant, AFRO and EMRO countries objected on the grounds that that this topic was inappropriate for WHO to address as this was an issue of human rights and not health.

However, supporting countries (European Union, Canada, United States, Thailand, Brazil, Argentina, Australia) advocated that this is indeed also a health issue as evidenced by the report put forth by the Secretariat. They argued that the health of LGBT persons is a significant and growing issue in their regions. In an effort to compromise, opposing countries strategically suggested that the “nomenclature” of the agenda item, namely the use of “lesbian, gay, bisexual and transgender persons” be changed to something more palpable for them, such as “vulnerable groups”.

The DG intervened on several occasions. In response to the arguments made by EMRO and AFRO countries, Dr. Chan noted that the rules of procedure had indeed been followed and Member States, and emphasized that overriding the Bureau would undermine its authority. She also offered many efforts at compromise including postponing the item until the next EB meeting, and offering her support to engage in consultations with Member States to reach a consensus regarding “appropriate” nomenclature in time for the next meeting in January.

After consultations over a coffee break and lunch it seemed that the issue would go to a vote. The (outgoing) Chair of the EB noted that a vote was unprecedented and that the board generally works on the basis of consensus. Many delegates expressed a desire to reach consensus through further debate and discussion. After much input from the legal counsel, an agreement was reached: (1) the item will be removed from the agenda of the 133rd EB; (2) the name of the agenda will be changed from “lesbian, gay, bisexual, transgender” to something more suiting to AFRO and EMRO and (3) the item will appear on the provisional agenda of the 134th EB with no name (blank!) and a footnote stating that consultations to determine an appropriate title (or nomenclature) are in progress. Given that the agenda item was deferred, the Watchers was unfortunately unable to make the statement that they had prepared for this agenda item.

The nature of the discussion was extremely polarized and heated. Member States who opposed the agenda item demonstrated a limited understanding of LGBT issues,

struggles and health. Many demeaning statements were made by opposing Member States, including: “men cannot have sex with men and women cannot have sex with women” and “this name lesbian, gay...whatever, just does not fly”. States in opposition put forth the idea that LGBT is not a “health condition” but a “lifestyle choice”. There were comments that the item should not be included because this would then be discriminatory to other groups--such as racial, or religious.

PHM stands in strong opposition to any discrimination, violence or contravention of health rights of any people. We were deeply saddened and disappointed by the display of AFRO and EMRO member states. The derogatory language, insensitivity and even basic acknowledgment of LGBT struggles is unacceptable. PHM stands in solidarity with our LGBT sisters and brothers all over the world in the face of systemic discrimination, violations of the right to health and contravention of the right to life.

We encourage everyone to read the transcript of this morning's discussion that was documented by WHO Watchers. The transcript will provide for a clearer understanding of the positions presented, and illustrates some of the challenges of the struggle that lies ahead. The comments that were prepared and distributed to country delegates by the WHO Watch team are available on the website.

Item 2. Election of Chairman, Vice-Chairmen and Rapporteur

Prof. Jane Halton is elected as chair of the board.

Nomination of Vice-Chairmen: EMRO nominates Iran; EURO nominates Azerbaijan; SEARO nominates Myanmar; AFRO nominates South Africa.

Election of Rapporteur: Panama.

Item 3. Outcome of the Sixty-sixth World Health Assembly

Many Countries congratulated for the outcomes of the World Health Assembly, especially for the progresses towards eradication of Polio, for the adoption of the action plan on NCDs, of the GPW, of the Programme Budget 2014-2015, and the advances on IHR, MDGs and post 2015 agenda.

Australia, supported by UK, proposed the inclusion for the EB134 of an agenda item on antimicrobial resistance.

Item 4. Report of the Programme, Budget and Administration Committee of the Executive Board (Document [EB133/2](#))

The report of the 18th meeting of the PBAC focused on items such as general management update, administration management costs, progress on implementation of internal recommendations.

The Secretariat presented the document on staff development, learning, upgraded version of Oracle based system. The staff development was supported by \$14millions. The committee was informed that funding of Americas was made of a combination of voluntary and assessed contributions, and concerning voluntary contributions, the greatest amount was for AFRO region.

The Secretariat provided the summary of external consult on cost of administration and management in the organization. The study was conducted following the requests by the EB that the PBAC commission, such as (1) cost recovery model, program support changes (2) recommendations for improved budgeting, management services that can be implemented immediately.

The committee welcomed report and suggested that the financing of the administration must be considered as part of overall financing of the organization. Concerning the

report of internal/audit recommendations, the committee expressed satisfaction with the open audit recommendations and the internal controls framework even at country level.

Lebanon affirmed that it is not understood why earmarked finances would not cover all costs, and that to eliminate the subsidisation, it would be needed to increase some funds from 21% to 31%. Lebanon also said that If there is an agreement on item D of PBAC report, they would ask that the Secretariat prepare a report on this.

South Africa requested clarifications regarding the removal of agenda items on financial regulation, as reported in paragraph 21 of the document.

The ADG, Dr Nick answered that WHO needs to look at the implication of the financing dialogue, reforms and funding process and how they interrelate and there might be a need for further changes in the future.

Turkey raised some remarks: the first one is the enormous cost required for voluntary projects and, as consequence, their sustainability. The second one related to the accounting separation that should be a first step, and this need more transparency. Turkey agreed with option B and stated that the identification and removal of procedures will yield financial benefits through cost reduction. Finally requested the Secretariat to provide regular information on implementation. The report was noted by the Board.

Item 5. WHO reform

Governance: options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board (Document [EB133/3](#))

At its 132nd session the Executive Board requested the Director General to prepare options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board. Document [EB133/3](#) contains two options for the Board's consideration.

During the discussion, the growing volume of agenda items was highlighted by several Member States as well as the need to improve efficiency and effectiveness. Most of the countries supported the second option of using a single set of new criteria for inclusion of additional items in the provisional agenda and criticized the first option saying that the combination of the two sets of criteria could be problematic and difficult to apply. However, even if the second option obtained broad support, several countries expressed the need for certain adjustments: Pakistan stated that a successful proposal should satisfy two of the three criteria while Australia asked to include a fourth criteria, namely the "comparative advantage of WHO". Canada called for a further elaboration of the criteria contained in the second option considering the coherence and alignment with the General Programme of Work (GPW), the timeliness and effectiveness. Switzerland warned on the financial implication of the inclusion of new agenda items and Belgium recalled the importance of looking at whether the proposals for new agenda items are consistent with the GPW12 and the Programme Budget.

At the end of the discussion, the Director General took the floor saying that, based on this discussion, the Secretariat will prepare another document that will be submitted to the next EB in January 2014. She stressed the importance of alignment and coherence with the GPW12 in considering new agenda item and finally invited the delegates to discuss agenda items at regional level whenever possible.

Second day of the Executive Board 30th May 2013

Item 5: WHO reform

WHO governance reform (Document [EB133/16](#))

During this session the Executive Board considered the Document [EB133/16](#). The document focuses on the following aspects of governance reform: external governance related to WHO's engagement with non-State actors (NSAs) and WHO's role in global health governance.

However, the discussion focused only on the first part of the document, namely WHO's engagement with NSAs. All Member States recognized that WHO's decision-making must remain in the hands of governing bodies and that engaging with NSAs should not compromise the primacy of Member States in the Organization.

Zimbabwe and Sri Lanka expressed some concern on the document under consideration; indeed during the last EB the Secretariat was asked to develop separate policies for NGOs and for private sector but in their views this is not well reflected in Document EB133/16.

A general support was expressed for the four proposed overarching principles that should apply to all interactions but several delegates expressed the need for further improvements before the endorsement. Australia asked to add a fifth principle, namely whether WHO's engagement with NSAs represents a clear benefit to public health. Several Member States asked the Secretariat to develop a rigorous classification of NSAs - a sort of map of different types of actors - for the sake of the public and governments.

It is interesting to mention that Lithuania, on behalf of EU, proposed to amend the 24 hours rule on NGO's statements.

Transparency and management of conflicts of interest (COI) were described as high priorities for the work of WHO. On potential conflicts of interest, Canada suggested to strengthen existing guidelines. Furthermore, Argentina, Brazil, Suriname and Ecuador proposed the establishment of an Ethics Committee in charge of dealing with COI and of taking decisions on this matter.

Among the several NGOs who took the floor, PHM delivered a [statement](#) urging the EB to consider typology of risks, rather than of interactions, and to focus more sharply on intelligence, integrity and accountability in the consideration of this issue.

The Director General then took the floor stating that even if there are multiple NSAs that want to engage with WHO, it is necessary to be very selective. Concerning the request to map all NSAs, she declared to be ready to do so recalling also the need to whistle blowing. She also told that the Secretariat will develop two policy papers, one for NGOs and one for private entities that will be considered during the next governing bodies' meetings.

At the end of the discussion, Member States decided to remove the word "endorse" and to note the report.

Item 6: Technical and health matters

Item 6.1: Autism Spectrum Disorders (ASD) (Document [EB133/4](#))

The Board was invited to note the report and consider draft resolution (EB133/Conf./1 Rev.1, not posted) which was co-sponsored by 50 member states.

The focus of the debate in the first instance was the Secretariat report.

Qatar, Namibia (on behalf of the AFRO member states), Iran, Republic of Korea, Nigeria, Maldives, Albania, Croatia, Suriname, Panama, Uzbekistan, Egypt, Argentina, India, Belarus, Bangladesh, Indonesia, Cameroon, Rumania, Costa Rica, USA, Canada, Myanmar, Algeria, Libya, Tunisia, China, Portugal, Madagascar, Sudan, Russia all spoke in support of the Secretariat report and the proposed resolution.

Most of the contributions were statements of in-principle support but not very substantive. Many member states emphasised that they are expecting the Secretariat to provide policy advice, support for training, and advocacy for research.

Bangladesh noted that they had suggested the item in the first place and were gratified by the support they had received from other member states. Bangladesh highlighted the role of Sheikh Hasina Wazed, the daughter of the prime minister in driving the continued consideration of autism. Bangladesh spoke of their role in sponsoring the Dhaka conference in 2011.

Namibia commented that the establishment of World Autism Day had created new opportunities for the First Lady's office in Namibia and emphasised the importance of working with civil society.

Croatia and Belgium emphasised the importance of working with parents. Argentina spoke about the burden on families and the wider cost to society and emphasised appropriate training for professional staff. The delegate from the Russian Federation spoke of having a grandson with autism and spoke about the challenges facing the family, the importance of early diagnosis and the role of PHC in early diagnosis and on-going support.

The USA expressed concern that the focus on ASD should not lead to the neglect of other child development disorders and emphasised the need for an integrated comprehensive approach. The US raised for discussion the belief that there is some kind of association between childhood vaccination and autism (which, the US stated, had been scientifically proven to be a false association). WHO has the responsibility to clearly state this is erroneous. The US proposed that the resolution include a sentence on this.

Egypt challenged the US proposition that the vaccination autism story is false and suggested that perhaps the evidence is not as clear as the US suggested. Zimbabwe also asked for a clearer outline of the evidence.

The Secretariat advised that the Strategic Advisory Group of Experts on Immunisation (SAGE) has looked at evidences several times. This has been done along with national committees and there was no evidence that autism might be linked with vaccination. Every time there is new evidence it is studied again.

The DG expressed the view that the link of immunization to autism was fiction science based on fabricated evidence. She argued that we need to take a strong stand, or parents will continue to believe false evidence. She recognised the omission of any

reference to immunisation in the report and the draft resolution. She promised that WHO's advice will be revised if and when new evidence comes available.

Egypt argued that any reference to the lack of evidence should be qualified, no scientific evidence to this time.

Switzerland and Belgium expressed concern of the financial costs to the Organisation if it is committed to taking further programmatic steps in relation to ASD. The DG shared their concerns and commented on the difficulty of depending on donors for 80% of budgeted revenue. Action on autism will be included in the mental health action plan but if it is not supported by donors she will return to the governing bodies.

Following the general debate there was a more focused consideration of the draft resolution (which had not been posted in advance). Amendments discussed included stronger reference to health systems, research and public awareness, and the lack of evidence regarding vaccination.

The resolution as amended was adopted for consideration by the Assembly in May 2014.

Item 6.2 Psoriasis and World Psoriasis Day (Document [EB133/5](#))

The Secretariat's report describes the global burden of psoriasis and outlines effective strategies within health and social sectors to address psoriasis. The EB commenced its consideration focusing on the Secretariat's report. It then proceeded to consider the resolution.

Cuba, DPRK, Chad (on behalf of AFRO MSs), Argentina, Mexico, Indonesia, Japan, Libya, Suriname all spoke to underline the importance of psoriasis, variously commending the Secretariat for its report or supporting the draft resolution.

Cuba, Mexico, Indonesia and Japan all emphasised the need for more research into treatments and models of service delivery. Cuba and Japan emphasised the need for decent health systems.

The Democratic People's Republic of Korea and Libya both spoke about the stigma associated with psoriasis, the risk of discrimination and the need for public education. Argentina, Mexico and Japan also spoke about the need to raise awareness.

Suriname expressed caution about the financial implications for the Secretariat of the resolution as tabled.

After the member states had spoken IAPO (the International Association of Patient Organisations) and the IFPMA (International Federation of Pharmaceutical Manufacturers and Associations) both made statements to the Board.

The IAPO representative identified as a psoriasis sufferer and public affairs director of the Psoriasis Association¹. She presented psoriasis as an autoimmune disease and emphasised the stigma and discrimination that sufferers experience.

The IFPMA representative emphasised the disease burden associated with arthritis and other co-morbidities. He also emphasised the problem of stigma and discrimination.

1. The [Psoriasis Association \(UK\)](#) is in part [supported](#) by grants from AbbVie, Dermal Laboratories Ltd, Forest Laboratories Ltd, Galderma (UK) Ltd, LEO Pharma, MSD and T&R Derma.

At this point the Chair opened discussion on the draft resolution included in EB133/CONF/REV./1 'World Psoriasis Day'.

Panama spoke to their draft resolution. Panama emphasised stigma and discrimination and the importance of awareness raising. Panama explained that civil society had established World Psoriasis Day² and that it should be officially recognised. This would send out a clear message that the MS attach great importance to these issues at national, regional and global levels. Panama urged MSs to get behind this effort and help to improve the care of these people. Panama thanked its co-sponsors including Sudan and Switzerland. Monaco and Nigeria also spoke in support of the resolution.

At this point the Chair noted the provision in the draft resolution for a new section on the WHO web site to raise public awareness of psoriasis and its risk factors and to improve understanding.

Malaysia expressed concern about the proposed World Psoriasis Day. There are already eight official 'days' or 'weeks', all associated with diseases with high morbidity and mortality. Malaysia suggested that perhaps a threshold and criteria be set for allocating World Health Days. Malaysia acknowledged the suffering of folk with psoriasis but worried about the burden of extra World Health Days.

Panama explained that 29th October is already celebrated in many countries as World Psoriasis Day, sponsored by psoriasis patients and has been for 10 yrs. The resolution seeks WHO support for this work in terms of raising awareness; seeks to recognise and support the work of civil society. This is not about official world health days; the purpose is not to over load the organisation.

South Africa then intervened suggesting that perhaps the resolution should be entitled something other than 'World Psoriasis Day'. The Chair suggested changing the title of the resolution to simply 'Psoriasis' but Panama urged that the resolution remain entitled 'World psoriasis day' as this day is already organised. Panama assured the EB that there would be no financial implications.

Finally the Chair reviewed the amendments and the draft resolution was adopted as amended. Final draft not yet posted.

Item 6.4: Evaluation of the global strategy and plan of action on public health, innovation and intellectual property (GSPA on PHIP) (Document [EB133/7](#))

The critical role of technology transfer in public health, innovation and accessibility of medical products was also raised by several countries, including Lebanon and Argentina. However, Croatia, on behalf of EU countries, demanded that a balance be kept between innovation and accessibility.

The evaluation company was also a matter of concern and debate. PHM feels that the evaluation can be done efficiently and effectively through a panel of experts in the area instead of a international consultancy firm. Brazil expressed concerns with an external

2. [World Psoriasis Day](#) is sponsored by the [International Federation of Psoriasis Associations](#) which claims member associations in 49 countries. The IFPA is supported by Pfizer, Novartis, Lilly, Leo, Celgene and Abbvie. Several of the 49 member associations acknowledge drug company support on their websites (including Abbvie, Leo, Janssen, Pfizer, Abbott, Ducray, La Roche-Posay, Pierre Fabrie Dermatologie, Janssen-Cilag). It seems likely that most of the others also receive such support.

evaluation on such a comprehensive document and urged that conflicts of interests be dealt with in a transparent manner. Brazil also underlined that MS should be part of the evaluation process, or at least involved in finalising the document. The need to ensure the independence of the evaluator was raised by several countries, including Switzerland. The secretariat responded that it would like a consultation firm, to avoid bias and ensure quality. The secretariat added that it will be independent and all details will be provided to MS.

Brazil raised concerns with the lack clear terms of reference or methodology for the evaluation. Mexico also raised the need for more details on the implementation of the proposed platform as a tool for evaluation. The DG proposed that the Bureau of the EB would provide advice on the ToR and on modalities for the evaluation. The Bureau of the EB is composed of the EB chair, the 4 vice chairs and the rapporteur. A web-based consultation will be organised and based on the comments collected, the secretariat will prepare a document that will be revise by the Bureau of the EB. The DG also suggested that other MS could be co-opted in the work of the Bureau. Brazil and Argentina, among other MS, intervened at several occasions to clarify the modalities of the Secretariat proposition and ensure that a clear process is established.

Several MS raised the issue of the timing of the evaluations. PHM presented its position with a [statement](#) that had raised that a general evaluation of the implementation as mentioned in the report is not sufficient. The report proposes that the Secretariat would present a biennial progress report at the 67th WHA that would include information about progress made in the evaluation exercise. The final evaluation report would be presented to the 68th WHA in 2015, through the 136th EB. However, it was decided that a progress report would be submitted in 2015, in addition to a comprehensive report to be submitted in 2017.

The EB noted and endorsed the report, taking into account the discussion at EB including in respect of reporting arrangement.

Item 6.5 Improving the health of patients with viral hepatitis (Document EB133/1 Add.2)

Viral hepatitis was not on the provision agenda for this EB. The proposal for its inclusion on the agenda was submitted by Egypt in document [EB133/1 Add.2](#).

In speaking to the proposal to include this item on the agenda (as Item 6.5) Egypt urged the need to intensify international action on this issue, with special emphasis on strains B and C. Egypt's proposal was supported by Brazil, Qatar, Nigeria, Namibia, Panama, Saudi Arabia, Myanmar, Albania and Suriname.

Japan supported inclusion in principle but wondered if there would be a Secretariat document to provide a basis for consideration. Perhaps it should wait until the next EB so other countries can get prepared. Australia asked Egypt to advise why the topic should be considered now in view of the fact that it had been subject to a resolution in 2010 and a progress report discussion in 2012.

Egypt responded that the matter has been considered but no progress has been made. In particular Egypt referred to the cost of treatments for hepatitis C.

Japan was not persuaded and suggested that the EB consider the option to discuss it in the next EB (January).

Egypt persevered and the Secretariat indicated that a technical paper could be prepared within 24 hours and so the decision was taken to include the item on the agenda as Item 6.5.

On the second day of the EB session Item 6.5 Improving the health of patients with viral hepatitis was considered supported by Secretariat document [EB133/17](#).

Egypt, speaking on behalf of the MSs of EMR commended the efforts of WHO and EMRO in assisting member states in prevention and control but called for further guidance. This is a silent epidemic which is a leading cause of morbidity and mortality around the world. Egypt and Pakistan have highest prevalence. Thanks Member States for adoption of [EB126.R16](#) and [WHA63.18](#), but while some provisions have implemented, other provisions have only been partially implemented or not implemented at all. Developing countries still lack affordable treatment. Need further research in treatment, prevention, control. Need to increase use of good diagnostic resources. Need to provide countries with technical support to developing countries. This is a growing public health burden that should be addressed urgently. WHO may consider convening a technical meeting of experts to implement elements of resolutions and for consideration of EB134.

Nigeria spoke in support and commented that while the introduction of the hepatitis B vaccine has prevented the disease, the potential to make a similar impact on hepatitis C through oral treatment was held up because of the cost of the treatment. Nigeria urged WHO to: accelerate the negotiation of lower prices of drugs; to increase awareness regarding transmission of the virus and the availability of treatment; promote the full implementation of treatment; and consider the possibility of inclusion of pegylated interferon in the list of essential medicine as referred to in [EB133/17](#). Iran and Brazil also spoke in support of Egypt's statement.

South Africa advised that an International Reference Panel has been established to look at establishing new standards that will aid the development of diagnostics and suggested that MSs be provided with further info about diagnostics and new technologies.

The USA agreed that more need to be done in hepatitis. It constitutes a big burden of diseases and hepatitis C is highly prevalent, especially among drug abusers and MSM, sometimes in co infection with HIV. These are global health challenges. Our focus should be on challenges to implementation.

At this point in the debate Dr Hani Serag made the [statement](#) on behalf of MMI and PHM.

In responding to the debate the ADG agreed that hepatitis represents a major disease burden, hepatitis B & C in particular. In WHO's response there has been a focus on preventing transmission and treating those infected. Hepatitis B vaccination is being promoted. Oral treatment is an enticing goal to be aiming for. Cost is an issue; it is going to be very expensive to do this treatment now. How to increase access as broadly as possible is the looming issue here. There are various options, but need to identify all options and then best options. Discussions within WHO isn't sufficient. There are a number of other organisations (like Global Fund) whose input and engagement is critical.

In terms of the specific request for the Secretariat to provide a report to EB134 the ADG suggests to fold the issue of diagnostics into this report.

A scientific meeting would be useful, but would need funding support.

In the interim, the Secretariat has been working on a survey of member states to provide a country by country picture as to progress in each place including prevalence, treatment, policy etc. Trying to get it out by World Health Day, 28 July.

The report was noted.

Item 7: Management and financial issues

Item 7.1: Evaluation: annual report (Document [EB133/8](#))

Cameroon, on behalf of AFRO, expressed concern about the budget allocation to evaluation stating that less than 1.5 % has been allocated to evaluation and nothing has been budgeted for the evaluation of country offices.

Switzerland welcomed the document and asked how the many highly specific evaluation projects would contribute to a more coherent more comprehensive evaluation. We have adopted a set of organizational priorities. Each priority should have a budget. Resources available for individual assessments should be used to contribute to the “drawing of the bigger picture”. Along similar lines Switzerland argued that there needs to be a close link between evaluations and the results chain framework.

The Secretariat explained that the financing of evaluation had been set out in the Policy but more detailed guidelines are under development. Explained how the costs of evaluations, including at the country level, are allocated.

Work is underway on the issues raised by Switzerland. One group is looking at doing data analysis of the reports and how to use to give feedback on overall functioning of the organization. These recommendations will be a part of the task force discussions and will report back in January. This will also ensure that proper reporting is done in accordance with guidelines.

The EB noted the report.

Item 7.2: Committees of the Executive Board: filling of vacancies (Documents [EB133/9](#) and [EB133/9 Add.1](#))

The Chair introduced the proposals presented in the documents.

No objections. All is so decided. Agenda item closed.

Item 7.3: Corporate Risk Register (Document [EB133/10](#))

The document is the Secretariat report on the development of a corporate risk register.

Mexico spoke about the need for appropriate risk categories.

Namibia felt that the report was too vague and called for things to be clearer and more specific. Namibia proposed that the framework place more emphasis on staff safety and security as an important organizational risk. Namibia welcomed the proposed Compliance, Risk Management and Ethics unit and asked about the timelines for the establishment of the unit.

Japan appreciated the report and noted that such systems are widely used in private sector.

The UK commented on the importance of each risk having an owner as the basis for accountability. The UK spoke of the importance of a risk management culture.

Item 8: Staffing matters

8.1 Statement by staff associations representative (Document [EB133/INF./1](#))

The full statement is at [EB133/INF./1](#). The representative picked out some highlights but referred Board members to the full text.

Recent proposals to change staffing conditions changes will reduce WHO's ability to deliver on priorities.

In a recent stakeholder survey 1/4th of external respondents questioned the independence of WHO, and had limited or no confidence in WHO. The staff associations believe that this relate to deteriorating working environments. There are inconsistencies between technical priorities and human resources, leading to high stress and burn out. This challenging environment impacts our daily performance.

Management and staff have agreed upon three common priority actions but implementation has been disappointing

Internal justice reform was agreed but we are concerned that this system does not meet the UN standards (see para 9).

Improved performance evaluation was agreed but this has been used ineffectively. This should link team goals with organizational performance. There is a need for a comprehensive implementation plan for the HR strategy.

Agreement was reached on the development of an unemployment insurance scheme. Job security affects staff management relations. International civil servants do not have extensive job security. We are committed to an unemployment insurance scheme.

We request member states to raise the strategic priority of HR.

South Africa, speaking on behalf of AFRO expressed concern about employees not having confidence in WHO's work. By the next survey the measures should be in place so that the results should improve. It is good that the organisation has been transparent and self-critical about this. Thanks to the Secretariat and staff.

The Chair concluded by thanking the staff associations and endorsing the comments of South Africa.

8.2 Amendments to the Staff Regulations and Staff Rules (Document [EB133/12](#))

The document proposed amendments to the Staff Rules are submitted for confirmation by the Board in accordance with Staff Regulation 12.2. The Board is requested to consider the revisions and a draft resolution. The resolution is adopted.