Six resolutions and one decision adopted by the Sixty-fifth World Health Assembly are presented with an explanation of their implications for the work of WHO in the Western Pacific Region. Members of the Regional Committee are requested to express their views on the relevance of these resolutions to WHO’s programme of cooperation with countries and areas in the Region. A complete list of resolutions and decisions adopted by the World Health Assembly is attached as Annex 1.

The draft provisional agenda of the 132nd session of the Executive Board is attached as Annex 2.
1. WORLD HEALTH ASSEMBLY RESOLUTIONS OF INTEREST TO THE REGION

The Sixty-fifth World Health Assembly adopted 23 resolutions and 11 decisions, which are listed at the end of this paper (see Annex 1). The attention of the Regional Committee for the Western Pacific is drawn to six resolutions and one decision:

- WHA65(9) WHO reform
- WHA65.4 Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level;
- WHA65.7 Implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health;
- WHA65.8 Outcome of the World Conference on Social Determinants of Health;
- WHA65.19 Substandard/spurious/falsely-labelled/falsified/counterfeit medical products
- WHA65.20 WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies; and
- WHA65.22 Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination.

The decision and six resolutions are discussed below.

The agenda of the 132nd session of the Executive Board is attached as Annex 2.

Decision WHA65(9) WHO reform

Background

A consolidated report on WHO reform by the Director-General was presented to the Sixty-fifth World Health Assembly (see Annex 3). The report provided Member States with a comprehensive overview of the reform programme, which consists of three main areas of reform with 16 proposed decision points. The three main areas are:

- programmes and priority-setting
• governance, and
• management reform.

The reform programme was discussed at several global and regional meetings in 2011 and 2012, including the sixty-second session of the Regional Committee for the Western Pacific in October 2011 and a special session of the Executive Board in November 2011. In February 2012, Member States met to agree on criteria, categories and a timeline for setting priorities, which were welcomed by the Sixty-fifth World Health Assembly and are now guiding the development of the 12th General Programme of Work and the Programme Budget 2014–2015.

The decision WHA65(9) of 26 May 2012 requested that the regional committees address the following proposals for enhancing alignment between the regional committees and the Executive Board:

• that regional committees be asked to comment and provide input to all global strategies, policies and legal instruments, such as conventions, regulations and codes;
• that the World Health Assembly refer specific items to the regional committees in order to benefit from diverse regional perspectives;
• that regional committees adapt and implement global strategies as appropriate; and
• that chairpersons of the regional committees routinely submit a summary report of the committees’ deliberations to the Executive Board.

Decision WHA65(9) of 26 May 2012 also endorsed the following proposals for increasing harmonization across the regional committees in relation to the nomination of regional directors, the review of credentials and participation of observers:

**Nomination of regional directors**

• that regional committees that have not yet done so, in line with principles of fairness, accountability and transparency, establish:

  (i) criteria for the selection of candidates; and

  (ii) a process for assessment of all candidates’ qualifications.
Review of credentials of Member States

• that regional committees that have not yet done so, appoint credentials committees or entrust the task of reviewing credentials to the officers of the Regional Committee.

Participation of observers

• that regional committees that have not yet done so, ensure that their Rules of Procedure enable them to invite observers to attend their sessions, including as appropriate, Member States from other regions, intergovernmental and nongovernmental organizations.

Relevance to the Region

It is proposed that the Chairperson of the Regional Committee for the Western Pacific will routinely submit a summary report of the Regional Committee’s deliberations to the Executive Board.

During its fifty-ninth session, a proposal was submitted to the Regional Committee for the Western Pacific for possible ways to improve the fairness of the procedure for the nomination of the Regional Director. The Regional Committee at its sixtieth, sixty-first and sixty-second sessions considered options for an interview process and a code of conduct. The Regional Committee at its sixty-first session decided to revise the procedure for the nomination of the Regional Director and amended Rule 51 of its Rules of Procedure accordingly. At this sixty-third session of the Regional Committee, a draft code of conduct is being presented in document WPR/RC63/8 (Nomination of the Regional Director: code of conduct) for consideration by the Regional Committee.

In the past, the review of credentials of Member States in the Western Pacific Region has been conducted by the Secretariat. In the future, the Regional Committee could entrust the Regional Committee's Chairperson, Vice-Chairperson and Rapporteurs with the task of reviewing the credentials of Member States and reporting to the Regional Committee accordingly.

With regard to participation of observers, Rule 2 of the Rules of Procedure of the Regional Committee envisages participation by regional committees of the United Nations and specialized agencies, as well as by other regional or international organizations having interests in common with WHO. In practice, Member States from other regions as well as nongovernmental organizations have been invited to attend the Regional Committee as observers. In future sessions of the Regional Committee, a more systematic approach could be introduced to categories of observers, with oversight by the Regional Committee on attendees.
Recommended actions for Member States

The Regional Committee is invited to discuss the issues related to WHO reforms and comment on the reform process.

Recommended actions for WHO

If endorsed by the Regional Committee, the Regional Director will propose amendments to the Rules of Procedure to assign to the officers of the Regional Committee the responsibility of reviewing the credentials of Member States and a procedure to enable the Regional Committee to invite observers to attend its sessions, including Member States from other regions, intergovernmental and nongovernmental organizations.

Resolution WHA65.4  Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level

Background

Mental disorders fall within a wider spectrum that includes neurological and substance-use disorders. Millions of people worldwide are affected by mental disorders, which account for 13% of the global burden of disease. The treatment gap for mental disorders is large all over the world. Between 76% and 85% of people with severe mental disorders in low- and middle-income countries receive no treatment for their mental health conditions, and the corresponding figures for high-income countries are also high—between 35% and 50%.

Relevance to the Region

An estimated 100 million people suffer from mental disorders of various severities. Depressive disorders alone are responsible for 5.73% of the overall disease burden in the Region. Many barriers prevent people from receiving effective treatment.

Mental health is considered a priority throughout the Region. In 2011, mental health was discussed during the biennial Meeting of Ministers of Health for the Pacific Island Countries and at the sixty-second session of the Regional Committee for the Western Pacific.

Recommended actions for Member States

Member States are requested to note the resolution and to collaborate with WHO in the development of a comprehensive global mental health action plan.
Recommended actions for WHO

WHO will work closely with Member States to support their efforts to develop and strengthen comprehensive national mental health policies. In the process of developing a global mental health action plan as requested by the Resolution WHA65.4, WHO will consult with Member States and different stakeholders and partners to ensure that the plan covers services, policies, legislation, strategies and programmes to address issues from promotion and prevention to treatment and rehabilitation.

Resolution WHA65.7 Implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health

Background

In September 2010, the Secretary-General of the United Nations launched the Global Strategy for Women’s and Children’s Health to accelerate progress of Millennium Development Goals (MDGs) 4 and 5. The Commission on Information and Accountability for Women’s and Children’s Health was established. The report of the Commission was officially published during the United Nations General Assembly in September 2011. It presented 10 recommendations with a focus on accountability for results and resources for women and children’s health. Areas included in the recommendations, among others, are monitoring of results based on 11 indicators, strengthening the use of information and communications technology, tracking resources, birth and death registration, maternal death surveillance and response, and national mechanisms for review and accountability.

Relevance to the Region

Of the 75 countries identified as priority countries (accounting for 98% of global maternal and child deaths), seven countries are in the Western Pacific Region: Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam. The Regional Office for the Western Pacific in collaboration with WHO headquarters followed up on the implementation of the global strategy with a regional Workshop on Information and Accountability for Women’s and Children’s Health in March 2012. It involved six of the seven Western Pacific priority countries (Solomon Islands instead participated in a specific process for Pacific Island countries) and Mongolia, not a priority country but one that has made commitments to combat maternal and child deaths.

All countries were supported in the development of a country road map and accountability framework for implementing the 10 recommendations of the Commission, which focuses mostly on information and accountability. Up to US$ 10 000 was made available to each country to organize a
national workshop to finalize the road map and build ownership among all stakeholders. In addition, seed funds of up to US$ 250 000 per country were made available for implementation of the road map during the first year. Technical support will be given to countries, when requested.

Recommended actions for Member States

Member States are urged to strengthen their national accountability mechanisms and capacity to monitor and evaluate progress in improving performance, based on their national workplans jointly developed by key stakeholders, including ministries of health, development partners and nongovernmental organizations. Member States also are urged to meet their commitments in women and children’s health.

Recommended actions for WHO

WHO, including headquarters, the Regional Office for the Western Pacific and country offices, should work with various partners to help countries to improve their information and accountability for women and children's health based on national road maps. As necessary, WHO should also provide support to the Independent Expert Review Group for Women’s and Children’s Health in its work assessing progress.

Resolution WHA65.8   Outcome of the World Conference on Social Determinants of Health

Background

In response to the 2008 report of the Commission on the Social Determinants of Health, the World Health Assembly in resolution WHA62.14 requested the Director-General to support Member States by, among other things, convening a global event before the Sixty-fifth World Health Assembly in May 2012 to address issues related to the social determinants of health.

Prior to that event, in January 2012, the WHO Executive Board in resolution EB130.R11 endorsed the Rio Political Declaration on the Social Determinants of Health.

Relevance to the Region

WHO has developed a draft Strategy and Global Plan of Action on Social Determinants of Health (2012–2017) to support Member States in implementing the Rio declaration and improving health equity through addressing the social determinants of health. In addition, WHO has collaborated with other United Nations agencies on a draft United Nations Plan of Action on the Social Determinants of Health (2012–2013).
The WHO Centre for Health Development, also known as the WHO Kobe Centre, is adapting Urban HEART (Health Equity Assessment and Response Tool) for the Pacific islands.

The Regional Office also is supporting Member States and programmes on the social determinants of health, including equity-focused analyses of national health data. In addition, the Regional Office contributed to preparations for the October 2011 World Conference on the Social Determinants of Health in Rio de Janeiro that produced the *Rio Political Declaration on the Social Determinants of Health*.

**Recommended actions for Member States**

Member States are urged to implement the recommendations of the Rio declaration; develop policies and actions that address the social determinants of health with clearly defined goals, activities, accountability mechanisms and resources; and support the health-in-all-policies approach as a way to promote health equity.

**Recommended actions for WHO**

WHO should consider the social determinants of health in assessing global health needs, including in WHO’s reform and future work; support Member States in implementing the Rio declaration; work with other United Nations organizations on the social determinants of health; and report to the Sixty-sixth and Sixty-eighth World Health Assemblies, through the Executive Board, on progress in implementing this resolution and the *Rio Political Declaration on the Social Determinants of Health*.

**Resolution WHA65.19 Substandard/spurious/falsely-labelled/falsified/counterfeit medical products**

**Background**

Substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products are a serious risk to patient safety and public health. Due to increasing international trade and sales of these medicines, especially via the Internet, they pose a risk worldwide.

**Relevance to the Region**

International trade and illegal movements of SSFFC medical products have serious impacts in the Region and globally. The emergence of public health threats, such as the development of artemisinin-resistant malaria in the Mekong subregion, is partially the consequence of the use of SSFFC antimalarials. However, it must be noted that legally produced—but poor quality or
substandard—medicines also add to the problem. Production of SSFFC medicines in certain countries in the Region has a serious impact on patient safety and public health within and beyond the Region.

**Recommended actions for Member States**

A new Member State mechanism is to be established to work on the problems of SSFFC medical products “from a public health perspective, excluding trade and intellectual property considerations”.

The resolution urges Member States to participate in and collaborate with the Member State mechanism on a voluntary basis and to provide sufficient financial resources to strengthen the work of the Secretariat in this area.

**Recommended actions for WHO**

WHO should support the development of the Member State mechanism and support Member States in building capacity to prevent and control SSFFC medical products.

The annexed resolution describes in broad terms the goals, objectives and terms of reference of the new Member State mechanism, which will be further discussed at the first formal meeting to consider the mechanism in Buenos Aires, Argentina, on 19 November 2012.

**Resolution WHA65.20  WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies**

**Background**

Resolution WHA65.20 called for strengthening WHO's institutional capacity to exercise its role as the Global Health Cluster lead agency and to assume the lead of the health cluster in the field. The resolution demands that WHO act faster, more effectively and more predictably in delivering higher-quality health responses in humanitarian emergencies—and that WHO hold itself accountable for its performance. Member States were requested to allocate resources for health sector activities during humanitarian emergencies, as well as strengthen national-level risk management, health emergency preparedness and contingency planning processes.

**Relevance to the Region**

The Western Pacific Region is prone to earthquakes, tsunamis, typhoons, cyclones, floods, landslides and droughts. Examples include the China Wenchuan Earthquake in May 2008, the Japan earthquake, tsunami and nuclear incident in March 2011, and typhoons and floods in the Philippines
in 2009 and 2011. All resulted in enormous loss of life and serious damage and destruction to health infrastructure and health systems.

Member States in the Region have taken action to strengthen their national-level risk management, health emergency preparedness and contingency planning processes. The WHO Regional Office for the Western Pacific has been working with Member States and partners to enhance risk management capacities and the resilience of health infrastructure and systems at both the national and regional levels.

As part of rethinking of WHO's work in emergencies, a new *WHO Emergency Response Framework* was put in place and a global exercise was conducted. The framework serves as a common operational platform for the Organization's work in emergencies, with the goal of improving the speed, consistency and predictability of WHO's response to both humanitarian and public health emergencies. The major focuses of the new framework are: (a) a clear statement of WHO's core commitments in acute emergencies, for which the Organization will be accountable; (b) performance standards and timelines for measuring the speed and quality of WHO's work in an emergency response; (c) a process and criteria for grading local capacities to respond to emergencies; (d) common WHO emergency response procedures; and (e) WHO emergency policies.

**Recommended actions for Member States**

The full application of a new WHO corporate approach to emergencies will require further investments. These will be needed at all levels of the Organization to meet and sustain essential requirements outlined within the *WHO Emergency Response Framework*.

Member States are requested to note the resolution and to take action on its recommendations, including national-level risk management, health emergency preparedness and contingency planning processes.

**Recommended actions for WHO**

The WHO Secretariat should continue strengthening WHO readiness for emergency response to meet and sustain essential requirements outlined within the *WHO Emergency Response Framework* to ensure predictable support to Member States in times of crises.
Resolution WHA65.22  Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

Background

One of eight strategic areas proposed in the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (2008), endorsed by the Health Assembly, included "promoting sustainable financing mechanisms" to ensure access and innovation for health products and medical devices, especially for diseases that disproportionately affect developing countries.

A Consultative Expert Working Group was established in January 2011 to search for enhanced and sustainable financing for research and development and submitted its final report to the Sixty-fifth World Health Assembly.

Relevance to the Region

Current incentives, including intellectual property rights, are insufficient to address major health priorities in low-income countries of the Region, and new approaches to research and development are needed. New approaches for funding additional research and development through a globally agreed mechanism for new antibiotics or new vaccines for influenza pandemics could also benefit higher-income countries of the Region.

Recommended actions for Member States

Member States are urged to hold national-level consultations on the Consultative Expert Working Group report and identify tangible actions for sustainable financing to meet research and development needs of developing countries in the overall context of the global strategy.

Recommended actions for WHO

The Regional Committee may further discuss the Consultative Expert Working Group report in 2012 in the overall context of the global strategy. The Director-General is expected to hold an open-ended meeting of Member States taking into account the outcomes of national consultations and Regional Committee deliberations.
## RESOLUTIONS AND DECISIONS ADOPTED
### BY THE SIXTY-FIFTH WORLD HEALTH ASSEMBLY

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Decision

WHA65(9) WHO reform

The Sixty-fifth World Health Assembly,

Having considered the documents on WHO reform presented to the World Health Assembly;²

Having taken into account the deliberations held and the decisions made on WHO reform by the Executive Board during its 129th session in May 2011, the special session on reform in November 2011, and its 130th session in January 2012, and the meeting of Member States on programmes and priority setting in February 2012,

DECIDED:

Programmatic reforms

(1) (a) to welcome the report of the Chairman of the Executive Board on the meeting of Member States on programmes and priority setting and the criteria, categories and timeline set out in its three appendices;³

(b) to request the Director-General to use the agreed framework⁴ and guidance provided by the Sixty-fifth World Health Assembly, especially concerning health determinants and equity, in the formulation of the draft Twelfth General Programme of Work and the Proposed programme budget 2014-2015;

² Documents A65/5, A65/5 Add.1, A65/5 Add.2, A65/40, A65/43 and A65/INF.DOC.6.
³ See document A65/40.
⁴ See document A65/5 Add.1.
Governance reforms

(2) to endorse the decision of the Executive Board at its special session in November 2011\(^1\) to strengthen, streamline and improve the methods of work and roles of the governing bodies;

(3) to maintain the present schedule of the governing bodies meetings and return to the topic at the session of the Executive Board in January 2013 and, in preparation, to present a feasibility study on the possibility of shifting the financing year;

(4) to endorse the following proposals for enhancing alignment between the regional committees and the Executive Board:

    (a) that regional committees be asked to comment and provide input to all global strategies, policies and legal instruments such as conventions, regulations and codes;

    (b) that the Health Assembly refer specific items to the regional committees in order to benefit from diverse regional perspectives;

    (c) that regional committees adapt and implement global strategies as appropriate;

    (d) that chairpersons of the regional committees routinely submit a summary report of the committees' deliberations to the Board;

(5) to endorse the following proposals for increasing harmonization across the regional committees in relation to the nomination of regional directors, the review of credentials, and participation of observers;

Nomination of regional directors

    (a) that regional committees that have not yet done so, in line with principles of fairness, accountability and transparency, establish:

        (i) criteria for the selection of candidates; and

        (ii) a process for assessment of all candidates' qualifications;

Review of credentials of Member States

    (b) that regional committees that have not yet done so, appoint credentials committees or entrust the task of reviewing credentials to the officers of the regional committee;

Participation of observers

    (c) that regional committees that have not yet done so, ensure that there are relevant rules within their Rules of Procedure that enable them to invite observers to attend their sessions, including as appropriate, Member States from other regions, intergovernmental and nongovernmental organizations;

\(^1\) Decision EBSS2(2).
(6) to note that the revised terms of reference for the Programme, Budget and Administration Committee will be submitted to the Executive Board at its 131st session;

(7) to endorse the following proposals for streamlining decision-making and to improve governing body meetings;

(a) that the Officers of the Board use criteria, including those used for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board’s agenda;

(b) that the Board consider amending its Rules of Procedure in order to manage the late submission of draft resolutions;

(c) that the governing bodies make better use of the Chairman’s summaries, reported in the official record, with the understanding that they do not replace formal resolutions;

(8) to request the Director-General in consultation with Member States:

(a) to propose options on possible changes needed in the Rules of Procedure of the governing bodies to limit the number of agenda items and resolutions;

(b) to propose options on how to streamline the reporting of and communication with Member States;

(9) to request the Director-General;

(a) to present a draft policy paper on WHO’s engagement with nongovernmental organizations to the Executive Board at its 132nd session in January 2013;

(b) to present a draft policy paper on the relationships with private commercial entities to the Executive Board at its 133rd session in May 2013;

(c) to present a report on WHO’s hosting arrangements of health partnerships and proposals for harmonizing work with hosted partnerships to the Executive Board at its 132nd session;

and further, in support of the development of the documents described in subparagraphs (9)(a), (b) and (c), that the Director-General be guided by the following principles:

(i) the intergovernmental nature of WHO’s decision-making remains paramount;

(ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO’s work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest;

(iii) the need for due consultation with all relevant parties keeping in mind the principles and guidelines laid down for WHO’s interactions with Member States and other parties;

(iv) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective;
(v) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes;

Managerial reforms

(10) to note progress made in relation to strengthening technical and policy support to all Member States;

(11) to note progress made in relation to staffing policy and practice;

(12) to request the Director-General, based on guidance received from the Sixty-fifth World Health Assembly, to further develop the proposals to increase the transparency, predictability and flexibility of WHO's financing, for presentation to the Executive Board at its 132nd session;

(13) to note progress on developing WHO's internal control framework;

(14) to note progress made in the areas of accountability, risk management, conflict of interest, and the establishment of an ethics office;

(15) to note that the draft WHO evaluation policy will be presented to the Executive Board at its 131st session;

(16) (a) to note the findings and recommendations of the Stage one evaluation report presented by the External Auditor;¹

(b) to note the proposed terms of reference of the second stage of the independent evaluation as outlined in the report of the External Auditor and to request the Director-General to provide a paper on the specific modalities of this evaluation for consideration by the Executive Board at its 132nd session;

(17) to note progress made in the area of strategic communications;

(18) to endorse the decisions and conclusions reached by the Board at its special session on reform with regard to organizational effectiveness, alignment and efficiency; financing of the Organization; human resources policies and management; results-based planning, management and accountability, and strategic communications;²

(19) to request the Director-General to report, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly, on progress in the implementation of WHO reform on the basis of a monitoring and implementation framework.

(Tenth plenary meeting, 26 May 2012)

¹ Document A65/5 Add.2.
² Decision EBS52(3).
The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level

The Sixty-fifth World Health Assembly,

Having considered the report on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level;¹

Recalling resolution WHA55.10, which, inter alia, urged Member States to increase investments in mental health, both within countries and in bilateral and multilateral cooperation, as an integral component of the well-being of populations;

Recalling further United Nations General Assembly resolution 65/95, which recognized that mental health problems are of major importance to all societies and are significant contributors to the burden of disease and the loss of quality of life, and have huge economic and social costs, and which also welcomed the WHO report on mental health and development that highlighted the lack of appropriate attention to mental health and made the case for governments and development actors to reach out to people with mental disorders in the design of strategies and programmes that include those people in education, employment, health, social protection and poverty reduction policies;

Noting the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19 and 20 September 2011), at which it was recognized that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global noncommunicable disease burden, necessitating provision of equitable access to effective programmes and health-care interventions;

Recognizing that mental disorders can lead to disabilities, as reflected in the United Nations Convention on the Rights of Persons with Disabilities, which also notes that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others, and that the World report on disability 2011 charts the steps that are required to improve the participation and inclusion of people with disabilities, including those with mental disabilities;

Recognizing also that mental disorders fall within a wider spectrum that includes neurological and substance-use disorders, which also cause substantial disability and require a coordinated response from health and social sectors;

¹ Document A65/10.
Concerned also that exposure to humanitarian emergencies is a potent risk factor for mental health problems and psychological trauma and that social structures and ongoing formal and informal care of persons with severe, pre-existing, mental disorders are disrupted;

Recognizing further that the treatment gap for mental disorders is large all over the world, that between 76% and 85% of people with severe mental disorders in low- and middle-income countries receive no treatment for their mental health conditions, and that the corresponding figures for high-income countries are also high – between 35% and 50%;

Recognizing in addition that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health;

Concerned that persons with mental disorders are often stigmatized, and underlining the need for health authorities to work with relevant groups to change attitudes to mental disorders;

Noting also that there is increasing evidence on the effectiveness and cost-effectiveness of interventions to promote mental health and prevent mental disorders, particularly in children and adolescents;

Noting further that mental disorders are often associated with noncommunicable diseases and a range of other priority health issues, including HIV/AIDS, maternal and child health, and violence and injuries, and that mental disorders often coexist with other medical and social factors, such as poverty, substance abuse and the harmful use of alcohol, and, in the case of women and children, greater exposure to domestic violence and abuse;

Recognizing that certain populations live in a situation that makes them particularly vulnerable to developing mental disorders, and the consequences thereof;

Recognizing also that the social and economic impact of mental disorders, including mental disabilities, is diverse and far-reaching;

Taking into account the work already carried out by WHO on mental health, particularly through its Mental Health Gap Action Programme,

1. **URGES** Member States:

   (1) according to national priorities and within their specific contexts, to develop and strengthen comprehensive policies and strategies that address the promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment and recovery of persons with mental disorders;

   (2) to include in policy and strategy development the need to promote human rights, tackle stigma, empower service users, families and communities, address poverty and homelessness, tackle major modifiable risks, and as appropriate, promote public awareness, create
opportunities for generating income, provide housing and education, provide health-care services and community-based interventions, including de-institutionalized care;

(3) to develop, as appropriate, surveillance frameworks that include risk factors as well as social determinants of health to analyse and evaluate trends regarding mental disorders;

(4) to give appropriate priority to and to streamline mental health, including the promotion of mental health, the prevention of mental disorders, and the provision of care, support and treatment in programmes addressing health and development, and to allocate appropriate resources in this regard;

(5) to collaborate with the Secretariat in the development of a comprehensive mental health action plan;

2. REQUESTS the Director-General:

(1) to strengthen advocacy, and develop a comprehensive mental health action plan with measurable outcomes, based on an assessment of vulnerabilities and risks, in consultation with and for consideration by Member States, covering services, policies, legislation, plans, strategies and programmes to provide treatment, facilitate recovery and prevent mental disorders, promote mental health and empower persons with mental disorders to live a full and productive life in the community;

(2) to include, in the comprehensive mental health action plan, provisions to address:

(a) assessment of vulnerabilities and risks as a basis for developing the mental health action plan;

(b) protection, promotion and respect for the rights of persons with mental disorders including the need to avoid stigmatization of persons with mental disorders;

(c) equitable access to affordable, quality and comprehensive health services that integrate mental health into all levels of the health-care system;

(d) development of competent, sensitive, adequate human resources to provide mental health services equitably;

(e) promotion of equitable access to quality health care including psychosocial interventions and medication and addressing physical health-care needs;

(f) enhancement of initiatives, including in policy, to promote mental health and prevent mental disorders;

(g) access to educational and social services, including health care, schooling, housing, secure employment and participation in income-generation programmes;

(h) involvement of civil society organizations, persons with mental disorders, families and caregivers in voicing their opinions and contributing to decision-making processes;
(i) design and provision of mental health and psychosocial support systems that will enable community resilience and will help people to cope during humanitarian emergencies;

(j) participation of people with mental disorders in family and community life and civic affairs;

(k) design of mechanisms to involve the education, employment and other relevant sectors in Member States in the implementation of the mental health action plan;

(l) building upon the work already done and avoidance of duplication of action;

(3) to collaborate with Member States and, as appropriate, with international, regional and national non-governmental organizations, international development partners and technical agency partners in the development of the mental health action plan;

(4) to work with Member States and technical agencies to promote academic exchange, through which to contribute to policy-making in mental health;

(5) to submit the comprehensive mental health action plan, through the Executive Board at its 132nd session, for consideration by the Sixty-sixth World Health Assembly.

Ninth plenary meeting, 25 May 2012
A65/VR/9
Implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health

The Sixty-fifth World Health Assembly,

Having considered the report on implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health;¹

Recalling resolutions WHA63.15 on monitoring the achievement of the health-related Millennium Development Goals and WHA64.12 on WHO’s role in the follow-up to the United Nations High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, September 2010);

Expressing deep concern at the inadequate progress in achieving Millennium Development Goals 4 and 5 on reducing child mortality and on improving maternal health, respectively;

Acknowledging that much more needs to be done in achieving the Millennium Development Goals as progress has been uneven among regions and between and within countries, despite the fact that developing countries have made significant efforts;

Acknowledging the pledges and commitments made by a large number of Member States and partners to the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health since it was launched in September 2010;

Welcoming the final report of the Commission on Information and Accountability for Women’s and Children’s Health and its set of bold recommendations for strengthening accountability for resources and results in women’s and children’s health;

Commending the work and contributions of the Commission on Information and Accountability for Women’s and Children’s Health, including in particular the development of an accountability framework built on three interconnected processes – monitoring, reviewing and acting;

Noting that the key recommendations relate to strengthening national accountability processes both with regard to resources as well as monitoring of results;

¹ Document A65/15.
Welcoming the steps taken to implement the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health, including the development of a multistakeholder workplan for the implementation of the accountability framework;

Welcoming the establishment of a global review mechanism that will report annually to the United Nations Secretary-General;

Reaffirming WHO’s key role in the implementation and follow-up of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health and acknowledging the crucial role of the Director-General in particular,

1. URGES Member States to honour their commitments to the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health and to further strengthen efforts to improve women’s and children’s health;

2. ALSO URGES Member States to implement the recommendations provided by the Commission on Information and Accountability for Women’s and Children’s Health to improve the accountability of results and resources by:

(1) strengthening the accountability mechanisms for health in their own countries;

(2) strengthening their capacity to monitor, including utilizing local evidence, and evaluate progress to improve their own performance;

(3) contributing to the strengthening and harmonization of existing international mechanisms to track progress on all commitments made;

3. REQUESTS the Director-General:

(1) to work with and provide support to Member States in implementing the full scope of the recommendations;

(2) to ensure WHO’s effective engagement in collaboration with all stakeholders in the workplan to implement the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health;

(3) to provide support to the independent Expert Review Group in its work of assessing progress in the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health and implementation of the accountability framework;

(4) to report annually until 2015 to the World Health Assembly through the Executive Board on progress achieved in the follow-up of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health in connection with the agenda item concerning the Millennium Development Goals.

Tenth plenary meeting, 26 May 2012
A65/VR/10
Outcome of the World Conference on Social Determinants of Health

The Sixty-fifth World Health Assembly,

Having considered the report on the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011);¹

Reiterating the determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 on reducing health inequities through action on the social determinants of health, which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action;

Recognizing the need to do more to accelerate progress in addressing the unequal distribution of health resources as well as conditions damaging to health at all levels;

Recognizing also the need to safeguard the health of the populations regardless of global economic downturns;

Further acknowledging that health equity is a shared goal and responsibility and requires the engagement of all sectors of government, all segments of society, and all members of the international community, in “all-for-equity” and “health-for-all” global actions;

Recognizing the benefits of universal health coverage in enhancing health equity and reducing impoverishment;

Reaffirming the political will to make health equity a national, regional and global goal and to address current challenges – such as eradicating hunger and poverty; ensuring food and nutritional security, access to affordable, safe, efficacious and quality medicines as well as to safe drinking-water and sanitation, employment and decent work and social protection; protecting environments and delivering equitable economic growth through resolute action on social determinants of health across all sectors and at all levels;

Welcoming the discussions and results of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011),

¹ Document A65/16.
1. ENDORSES the Rio Political Declaration on Social Determinants of Health adopted by the World Conference on Social Determinants of Health, including as a key input to the work of Member States and WHO;

2. URGES Member States:

(1) to implement the pledges made in the Rio Political Declaration on Social Determinants of Health with regard to (i) better governance for health and development, (ii) promoting participation in policy-making and implementation, (iii) further reorienting the health sector towards reducing health inequities, (iv) strengthening global governance and collaboration, and (v) monitoring progress and increasing accountability;

(2) to develop and support policies, strategies, programmes and action plans that address social determinants of health, with clearly defined goals, activities and accountability mechanisms and with resources for their implementation;

(3) to support the further development of the "health-in-all-policies" approach as a way to promote health equity;

(4) to build capacities among policy-makers, managers, and programme workers in health and other sectors to facilitate work on social determinants of health;

(5) to give due consideration to social determinants of health as part of the deliberations on sustainable development, in particular in the Rio+20 United Nations Conference on Sustainable Development and deliberations in other United Nations forums with relevance to health;

3. CALLS UPON the international community to support the implementation of the pledges made in the Rio Political Declaration on Social Determinants of Health for action on social determinants of health, including through:

(1) supporting the leading role of WHO in global health governance and promoting alignment of policies, plans and activities on social determinants of health with those of its partner organizations in the United Nations system, development banks and other key international organizations, including in joint advocacy, and in facilitating access to the provision of financial and technical support to countries and regions, in particular developing countries;

(2) strengthening international cooperation, with a view to promoting health equity in all countries, through facilitating transfer on mutually agreed terms of expertise, technologies and scientific data in the field of social determinants of health, as well as exchanging good practices for managing intersectoral policy development;

(3) facilitating access to financial resources;

4. URGES those developed countries that have pledged to achieve the target of 0.7% of gross national product for official development assistance by 2015, and those developed countries that have

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1 See Annex 3.
2 And, where applicable, regional economic integration organizations.
not yet done so, to make additional concrete efforts to fulfil their commitments in this regard, and also urges developing countries to build on progress achieved in ensuring that official development assistance is used effectively to help to achieve development goals and targets;

5. REQUESTS the Director-General:

   (1) to duly consider social determinants of health in the assessment of global needs for health, including in the WHO reform process and WHO’s future work;

   (2) to provide support to Member States in implementing the Rio Political Declaration on Social Determinants of Health through approaches such as “health-in-all policies” in order to address social determinants of health;

   (3) to work closely with other organizations in the United Nations system on advocacy, research, capacity-building and direct technical support to Member States for work on social determinants of health;

   (4) to continue to convey and advocate the importance of integrating social determinants of health perspectives into forthcoming United Nations and other high-level meetings related to health and/or social development;

   (5) to report to the Sixty-sixth and Sixty-eighth World Health Assemblies, through the Executive Board, on progress in implementing this resolution and the Rio Political Declaration on Social Determinants of Health.

Tenth plenary meeting, 26 May 2012
A65/VR/10
SIXTY-FIFTH WORLD HEALTH ASSEMBLY

WHA65.19

Agenda item 13.13

26 May 2012

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products

The Sixty-fifth World Health Assembly,

Having considered the report of the Working Group of Member States on Substandard/Spurious/Falsely-Labelled/Falsified/Counterfeit Medical Products and its recommendations;¹

Welcoming the outcome of the sessions of the Working Group of Member States on Substandard/Spurious/Falsely-Labelled/Falsified/Counterfeit Medical Products;

Reaffirming the fundamental role of WHO in ensuring the availability of quality, safe and efficacious medical products;

Recognizing that many people in the world lack access to quality, safe, efficacious and affordable medicines and that such access is an important part of a health system;

Recognizing the importance of ensuring that combating “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” does not result in hindering the availability of legitimate generic medicines;

Recognizing the need, as expressed in the Rio Political Declaration on the Social Determinants of Health (2011),² to promote access to affordable, safe, efficacious and quality medicines, including through the full implementation of the WHO global strategy and plan of action on public health, innovation and intellectual property;

Acknowledging the need for improving access to affordable, quality, safe and efficacious medicines as an important element in the effort to prevent and control medicines with compromised quality, safety and efficacy and in the decrease of “substandard/spurious/falsely-labelled/falsified/counterfeit medical products”;

Taking note of resolution 20/6 of the United Nations Commission on Crime Prevention and Criminal Justice entitled “Countering fraudulent medicines, in particular their trafficking”;

Expressing concern regarding the lack of sufficient financing for WHO’s work in the area of quality, safety and efficacy of medicines;

¹ Document A65/23.
² See subparagraph 11.2 (xii).
Recognizing the need to enhance support to national and regional regulatory authorities to promote the availability of quality, safe and efficacious medical products,

1. REAFFIRMS the fundamental role of WHO in ensuring the quality, safety and efficacy of medical products; in promoting access to affordable, quality, safe and efficacious medicines; and in supporting national drug regulatory authorities in this area, in particular in developing countries and least-developed countries;

2. REITERATES that WHO should continue to focus on and intensify its measures to make medical products more affordable, strengthening national regulatory authorities and health systems that include national medicine policies, health risk management systems, sustainable financing, human resource development and reliable procurement and supply systems; and to enhance and support work on prequalification and promotion of generics, and efforts in rational selection and use of medical products. In each of these areas, WHO's function should be: information sharing and awareness creation; norms and standards and technical assistance to countries on country situation assessment; national policy development; and capacity building, supporting product development and domestic production;

3. FURTHER REITERATES that WHO should increase its efforts to support Member States in strengthening national and regional regulatory infrastructure and capacity;

4. DECIDES to establish a new Member State\(^1\) mechanism for international collaboration among Member States, from a public health perspective, excluding trade and intellectual property considerations, regarding "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" in accordance with the goals, objectives and terms of reference annexed to the present resolution;\(^2\)

5. FURTHER DECIDES to review the Member State mechanism referred to in paragraph 4 after three years of operation;

6. URGES Member States\(^1\) to:

   (1) on a voluntary basis, participate in and collaborate with the Member State mechanism referred to in paragraph 4;

   (2) provide sufficient financial resources to strengthen the work of the Secretariat in this area;

7. REQUESTS the Director-General:

   (1) to support the Member State mechanism referred to in paragraph 4;

   (2) to support Member States in building capacity to prevent and control "substandard/spurious/falsely-labelled/falsified/counterfeit medical products".

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\(^1\) And, where applicable, regional economic integration organizations.

\(^2\) Attached as Annex.
ANNEX

Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products

Goal, objectives and terms of reference

General goal

In order to protect public health and promote access to affordable, safe, efficacious and quality medical products, promote, through effective collaboration among Member States and the Secretariat, the prevention and control of substandard/spurious/falsely-labelled/falsified/counterfeit medical products and associated activities.

Objectives

1. To identify major needs and challenges and make policy recommendations, and develop tools in the area of prevention, detection methodologies and control of "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" in order to strengthen national and regional capacities.

2. To strengthen national and regional capacities in order to ensure the integrity of the supply chain.

3. To exchange experiences, lessons learnt, best practices, and information on ongoing activities at national, regional and global levels.

4. To identify actions, activities and behaviours that result in "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" and make recommendations, including for improving the quality, safety and efficacy of medical products.

5. To strengthen regulatory capacity and quality control laboratories at national and regional levels, in particular for developing countries and least developed countries.

6. To collaborate with and contribute to the work of other areas of WHO that address access to quality, safe, efficacious and affordable medical products, including, but not limited to, the supply and use of generic medical products, which should complement measures for the prevention and control of "substandard/spurious/falsely-labelled/falsified/counterfeit medical products".

7. To facilitate consultation, cooperation and collaboration with relevant stakeholders in a transparent and coordinated manner, including regional and other global efforts, from a public health perspective.

8. To promote cooperation and collaboration on surveillance and monitoring of "substandard/spurious/falsely-labelled/falsified/counterfeit medical products".

1 The Member State mechanism shall use the term "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" until a definition has been endorsed by the governing bodies of WHO.
(9) To further develop definitions of "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" that focus on the protection of public health.

Structure

(1) The Member State mechanism will be open to all Member States.¹ The Member State mechanism should include expertise in national health and medical products regulatory matters.

(2) The Member State mechanism may establish subsidiary working groups from among its members to consider and make recommendations on specific issues.

(3) Regional groups will provide input into the Member State mechanism as appropriate.

(4) The Member State mechanism shall make use of existing WHO structures.

Meetings

(1) The Member State mechanism should meet not less than once a year and in additional sessions as needed.

(2) The default venue for the Member State mechanism, and its subsidiary working groups, will be Geneva. Meetings may, however, be held from time to time outside Geneva, taking into account regional distribution, overall cost and cost-sharing, and relevance to the agenda.

Relations with other stakeholders and experts

(1) As needed, the Member State mechanism should seek expert advice on specific topics, following standard WHO procedures for expert groups.

(2) As needed, the Member State mechanism will invite other stakeholders to collaborate and consult with the group on specific topics.

Reporting and review

(1) The functioning of the Member State mechanism shall be reviewed by the World Health Assembly after three years of its operation.

(2) The Member State mechanism shall submit a report to the Health Assembly through the Executive Board on progress and any recommendations annually as a substantive item for the first three years and every two years thereafter.

Transparency and conflict of interest

(1) The Member State mechanism, including all invited experts, should operate in a fully inclusive and transparent manner.

¹ And, where applicable, regional economic integration organizations.
(2) Possible conflicts of interest shall be disclosed and managed in accordance with the policies and practice of WHO.

Tenth plenary meeting, 26 May 2012
A65/VR/10
WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies

The Sixty-fifth World Health Assembly,

Having considered the report on WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies;¹

Recognizing that humanitarian emergencies result in unavoidable loss of life and human suffering, weaken the ability of health systems to deliver essential life-saving health services, produce setbacks for health development and hinder the achievement of the Millennium Development Goals;

Reaffirming the principles of neutrality, humanity, impartiality and independence in the provision of humanitarian assistance, and reaffirming the need for all actors engaged in the provision of humanitarian assistance in situations of complex humanitarian emergencies and natural disasters to promote and fully respect these principles;

Recalling Article 2(d) of the Constitution of the World Health Organization on the mandate of WHO in emergencies, and resolutions WHA58.1 on health action in relation to crises and disasters and WHA59.22 on emergency preparedness and response;²

Recalling United Nations General Assembly resolution 46/182 on the strengthening of the coordination of humanitarian emergency assistance of the United Nations, confirming the central and unique role for the United Nations in providing leadership and coordinating the efforts of the international community to support countries affected by humanitarian emergencies in full respect of the guiding principles therein, establishing, inter alia, the Inter-Agency Standing Committee, chaired by the Emergency Relief Coordinator, supported by the United Nations Office for the Coordination of Humanitarian Affairs;

Taking note of the humanitarian response review in 2005, led by the Emergency Relief Coordinator and by the Principals of the Inter-Agency Standing Committee aiming at improving urgency, timeliness, accountability, leadership and surge capacity, and recommending the strengthening of humanitarian leadership, the improvement of humanitarian financing mechanisms and the introduction of the clusters as a means of sectoral coordination;

¹ Document A65/25
² Resolutions WHA34.26, WHA46.6, WHA48.2, WHA58.1, WHA59.22 and WHA64.10 reiterate WHO’s role in emergencies.
Taking note of the Inter-Agency Standing Committee Principals’ Reform Agenda 2011–2012 to improve the international humanitarian response by strengthening leadership, coordination, accountability, building global capacity for preparedness and increasing advocacy and communications;

Recognizing United Nations General Assembly resolution 60/124, and taking note of WHO’s subsequent commitment to supporting the Inter-Agency Standing Committee transformative humanitarian agenda and contributing to the implementation of the Principals’ priority actions designed to strengthen international humanitarian response to affected populations;

Reaffirming that it is the national authority that has the primary responsibility to take care of victims of natural disasters and other emergencies occurring on its territory, and that the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory;

Taking note of the 2011 Inter-Agency Standing Committee guidance note on working with national authorities, that clusters should support and/or complement existing national coordination mechanisms for response and preparedness and where appropriate, government, or other appropriate national counterparts should be actively encouraged to co-chair cluster meetings with the Cluster Lead Agency;

Recalling resolution WHA64.10 on strengthening national health emergency and disaster management capacities and resilience of health systems, which urges Member States, inter alia, to strengthen all-hazards health emergency and disaster risk-management programmes;

Reaffirming also that countries are responsible for ensuring the protection of the health, safety and welfare of their people and for ensuring the resilience and self-reliance of the health system, which is critical for minimizing health hazards and vulnerabilities and delivering effective response and recovery in emergencies and disasters;

Recognizing the comparative advantage of WHO through its presence in, and its relationship with Member States, and through its capacity to provide independent expertise from a wide range of health-related disciplines, its history of providing the evidence-based advice necessary for prioritizing effective health interventions, and that the Organization is in a unique position to support health ministries and partners as the global health cluster lead agency in the coordination of preparing for, responding to and recovering from humanitarian emergencies;

Recalling WHO’s reform agenda and taking note of the report in 2011 by the Director-General on reforms for a healthy future,¹ which led to the creation of a new WHO cluster, Polio, Emergencies and Country Collaboration, aimed at supporting regional and country offices to improve outcomes and increase WHO’s effectiveness at the country level, by redefining its commitment to emergency work and placing the cluster on a more sustainable budgetary footing;

Welcoming the reform in 2011 transforming the WHO cluster Health Action in Crisis into the Emergency Risk Management and Humanitarian Response department as a means of implementing these reforms, ensuring that the Organization becomes faster, more effective and more predictable in delivering higher quality response in health, and that the Organization holds itself accountable for its performance;

¹ Document A64/4.
Recalling resolutions WHA46.39 on health and medical services in times of armed conflict; WHA55.13 on protection of medical missions during armed conflict; and the United Nations General Assembly resolution 65/132 on safety and security of humanitarian personnel and protection of United Nations personnel, considers that there is a need of systematic data collection on attacks or lack of respect for patients and/or health workers, facilities and transports in complex humanitarian emergencies,

1. CALLS ON Member States¹ and donors:

(1) to allocate resources for the health sector activities during humanitarian emergencies through United Nations Consolidated Appeal Process and Flash Appeals, and for strengthening WHO’s institutional capacity to exercise its role as the Global Health Cluster Lead Agency and to assume health cluster lead in the field;

(2) to ensure that humanitarian activities are carried out in consultation with the country concerned for an efficient response to the humanitarian needs, and to encourage all humanitarian partners, including nongovernmental organizations, to participate actively in the health cluster coordination;

(3) to strengthen the national level risk management, health emergency preparedness and contingency planning processes and disaster management units in the health ministry, as outlined in resolution WHA64.10, and, in this context, as part of the national preparedness planning, with the Office for the Coordination of Humanitarian Affairs where appropriate, identify in advance the best way to ensure that the coordination between the international humanitarian partners and existing national coordination mechanisms will take place in a complementary manner in order to guarantee an effective and well-coordinated humanitarian response;

(4) to build the capacity of national authorities at all levels in managing the recovery process in synergy with the longer-term health system strengthening and reform strategies, as appropriate, in collaboration with WHO and the health cluster;

(5) to establish health response teams on a voluntary basis and develop a mechanism for deployment in case of humanitarian emergencies, depending on the choice of each Member State;

2. CALLS ON the Director-General:

(1) to have in place the necessary WHO policies, guidelines, adequate management structures and processes required for effective and successful humanitarian action at the country level, as well as the organizational capacity and resources to enable itself to discharge its function as the Global Health Cluster Lead Agency, in accordance with agreements made by the Inter-Agency Standing Committee Principals; and assume a role as Health Cluster Lead Agency in the field;

(2) to strengthen WHO’s surge capacity with global health cluster partners and Member States including developing standby rapid response arrangements and mechanisms in order to deploy and sustain response teams with appropriate resources in response to humanitarian emergencies;

¹ And, where applicable, regional economic integration organizations.
(3) to ensure that in humanitarian crises WHO provides Member States and humanitarian partners with predictable support by coordinating rapid assessment and analysis of humanitarian needs, including as a part of the coordinated Inter-Agency Standing Committee response, building an evidence-based strategy and action plan, monitoring the health situation and health sector response, identifying gaps, mobilizing resources and performing the necessary advocacy for humanitarian health action;

(4) to define the core commitments, core functions and performance standards of the Organization in humanitarian emergencies, including its role as the Global Health Cluster Lead Agency and as Health Cluster Lead Agency in the field, and to ensure full engagement of country, regional and global levels of the Organization to their implementation according to established benchmarks, keeping in mind the ongoing work on the Inter-Agency Standing Committee transformative humanitarian agenda;

(5) to provide a faster, more effective and more predictable humanitarian response by operationalizing the Emergency Response Framework, with the performance benchmarks in line with the humanitarian reform, and to ensure the accountability of its performance against those standards;

(6) to establish necessary mechanisms to mobilize WHO's technical expertise across all disciplines and levels, for the provision of necessary guidance and support to Member States, as well as partners of the health cluster in humanitarian crises;

(7) to support Member States and partners in the transition to recovery, aligning the recovery planning, including emergency risk management as well as disaster risk-reduction and preparedness, with the national development policies and ongoing health sector reforms, and/or using the opportunities of post-disaster and/or post-conflict recovery planning;

(8) to provide leadership at the global level in developing methods for systematic collection and dissemination of data on attacks on health facilities, health workers, health transports, and patients in complex humanitarian emergencies, in coordination with other relevant United Nations bodies, other relevant actors, and intergovernmental and nongovernmental organizations, avoiding duplication of efforts;

(9) to provide a report to the Sixty-seventh World Health Assembly, through the Executive Board, and thereafter every two years, on progress made in the implementation of this resolution.

Tenth plenary meeting, 26 May 2012
A65/VR/10
Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

The Sixty-fifth World Health Assembly,

Having considered the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG);¹

Recalling resolution WHA63.28 which requested the Director-General, inter alia, to establish the CEWG in order to take forward the work of the Expert Working Group earlier established under resolution WHA61.21, and to submit the final report to the Sixty-fifth World Health Assembly;

Further recalling resolutions WHA59.24, WHA61.21 and WHA62.16,

1. WELCOMES the analysis of the CEWG report and expresses its appreciation to the Chair, Vice-Chair and all the members of the Working Group for their work;

2. URGES Member States:²

   (1) to hold national level consultations among all relevant stakeholders, in order to discuss the CEWG report and other relevant analyses, resulting in concrete proposals and actions;

   (2) to participate actively in the meetings at regional and global level referred to in this resolution;

   (3) to implement, where feasible, in their respective countries, proposals and actions identified by national consultations;

   (4) to establish and/or strengthen mechanisms for improved coordination of research and development (R&D)³ in collaboration with WHO and other relevant partners, as appropriate;

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¹ Documents A65/24; Annex and A65/24 Corr.1.
² And, where applicable, regional economic integration organizations.
³ In the context of this resolution R&D shall refer to health research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases.
3. CALLS UPON Member States,\(^1\) the private sector, academic institutions and nongovernmental organizations to increase investments in health research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases;

4. REQUESTS regional committees to discuss at their 2012 meetings the report of the CEWG in the context of the implementation of the global strategy and plan of action on public health, innovation and intellectual property\(^2\) in order to contribute to concrete proposals and actions;

5. REQUESTS the Director-General to hold an open-ended meeting of Member States\(^1\) that will thoroughly analyse the report and the feasibility of the recommendations proposed by the CEWG, taking into account, as appropriate, related studies as well as the results from national consultations and regional committee discussions, and will develop proposals or options relating to (1) research coordination, (2) financing and (3) monitoring of R&D expenditures\(^3\) to be presented under a substantive item dedicated to the follow up of the CEWG report at the Sixty-sixth World Health Assembly, through the Executive Board at its 132nd session.

Tenth plenary meeting, 26 May 2012
A65/VR/10

\(^1\) And, where applicable, regional economic integration organizations.

\(^2\) Resolutions WHA61.21 and WHA62.16.

\(^3\) As defined in the Global strategy and plan of action on public health, innovation and intellectual property.
Draft provisional agenda

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
3. Reports of the Programme, Budget and Administration Committee of the Executive Board
4. Reports of the regional committees to the Executive Board
5. WHO reform
   - Programmatic reforms
   - Governance reforms
   - Managerial reforms
6. Noncommunicable diseases
   6.1 Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases
   6.2 Draft action plan for the prevention and control of noncommunicable diseases 2013–2020
   6.3 Draft comprehensive mental health action plan 2013–2020
   6.4 Draft action plan for the prevention of avoidable blindness and visual impairment 2014–2019
7. Promoting health through the life course
   7.1 Monitoring the achievement of the health-related Millennium Development Goals
   7.2 Implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health
   7.3 Social determinants of health
8. Preparedness, surveillance and response
   8.1 Implementation of the International Health Regulations (2005)
   8.2 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

9. Communicable diseases
   9.1 Global vaccine action plan
   9.2 Neglected tropical diseases

10. Health systems
    10.1 Substandard/spurious/false-coloured/falsified/counterfeit medical products
    10.2 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
    10.3 Universal health coverage

11. Programme and budget matters
    11.1 Implementation of Programme budget 2012–2013: update
    11.2 Draft Twelfth General Programme of Work
    11.3 Proposed programme budget 2014–2015

12. Financial matters
    12.1 Scale of assessments for 2014–2015
    12.2 Amendments to the Financial Regulations and Financial Rules [if any]

13. Management matters
    13.1 Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization
    13.2 Evaluation annual report
    13.3 Independent Expert Oversight Advisory Committee
       • Membership
       • Terms of reference
    13.4 Real Estate Fund
13.5 Reports of committees of the Executive Board

  - Standing Committee on Nongovernmental Organizations
  - Foundations and awards

13.6 Provisional agenda of the Sixty-sixth World Health Assembly and date and place of the 133rd session of the Executive Board

14. Staffing matters

14.1 Appointment of the Regional Director for the Americas

14.2 Statement by the representative of the WHO staff associations

14.3 Human resources: annual report

14.4 Report of the International Civil Service Commission

14.5 Amendments to the Staff Regulations and Staff Rules

15. Matters for information

15.1 Reports of advisory bodies

  - Expert committees and study groups
  - Advisory Committee on Health Research

15.2 Progress reports

Communicable diseases

A. Poliomyelitis: intensification of the global eradication initiative (resolution WHA65.5)

B. Malaria (resolution WHA64.17)

C. Eradication of dracunculiasis (resolution WHA64.16)

D. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1)

Noncommunicable diseases

E. Strengthening noncommunicable disease policies to promote active ageing (resolution WHA65.3)

F. Strategies to reduce the harmful use of alcohol (resolution WHA63.13)

G. Sustaining the elimination of iodine deficiency disorders (resolution WHA60.21)
Preparedness, surveillance and response

H. Strengthening national health emergency and disaster management capacities and the resilience of health systems (resolution WHA64.10)

I. Climate change and health (resolution EB124.R5)

Health systems

J. Drinking-water, sanitation and health (resolution WHA64.24)

K. Workers’ health: global plan of action (resolution WHA60.26)

L. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25)

M. Progress in the rational use of medicines (resolution WHA60.16)

16. Closure of the session
WHO reform

Consolidated report by the Director-General

OVERVIEW

1. The Executive Board at its 130th session requested the Secretariat to prepare a consolidated report covering all aspects of WHO reform for submission to the Sixty-fifth World Health Assembly. This report, which forms part of a package of documentation on reform, presents Member States with a comprehensive overview of the reform programme. It is organized in three sections, which address the three substantive areas of WHO reform: programmes and priority setting, governance and management.

2. Since the Sixty-fourth World Health Assembly and the May 2011 session of the Board, separate elements of the reform programme have been discussed during the 2011 season of Regional Committees. Mission briefings on reform took place in Geneva in July and September, with opportunities for further comment by web consultation. A consolidated paper containing proposals under each main section was then considered by the Board at the special session in November 2011. In January 2012, the Board at its 130th session considered nine papers on specific aspects of the reform programme that had been developed in response to requests by the Board in November. Member States were invited to comment on specific proposals via a further web consultation after the January Board. Most recently, in February 2012, Member States met to agree on criteria, categories and a timeline for setting priorities to be reflected in the next general programme of work and the Proposed programme budget 2014-2015.

3. This report provides an update on developments over the last 12 months. In each of the three main areas of reform, it summarizes progress in terms of implementation and/or further elaboration of proposals, and identifies – within each of the main sections – where further guidance or decisions by the Health Assembly are needed. In several areas, the detailed proposals reviewed by the Board at its special session have been consolidated to give a better sense of how they contribute to the objectives of reform.

4. Programmes and priority setting. The categories and criteria agreed by Member States in February 2012 have been used to elaborate a set of high-level priorities for WHO in an initial draft of the general programme of work for 2014-2019, as requested in the Chairman’s report on the meeting of Member States on programmes and priority setting.\textsuperscript{1} The draft general programme of work, as it is developed over coming months, will set out how the reform agenda will influence WHO’s programmes. It will thus embody the technical element of the reform agenda. It will demonstrate how

\textsuperscript{1} See document A65/40.
agreed criteria have been used to identify priorities; how high-level goals have been set; and how WHO's core functions, comparative advantage and organizational position have been used to focus the work of the Organization. An outline of the draft general programme of work in schematic form, with explanatory notes, is presented as a separate document and will be discussed by the PBAC and Health Assembly in May 2012. Guidance from Member States will influence the development of a first full draft for discussion by the regional committees in 2012. Further drafts will be prepared for review by the Programme Budget and Administration Committee of the Executive Board (PBAC) in November 2012 and by the Board in January 2013. The first draft of the Proposed programme budget, using the same categories as the general programme of work, will also be first presented to the regional committees in 2012. Thereafter, the draft of the Twelfth General Programme of Work and the Proposed programme budget 2014–2015 will be presented to the Health Assembly in 2013 through the PBAC and the Board.

5. **Governance.** The section on governance consolidates proposals under four main headings: more rational scheduling, alignment and harmonization of governance processes; strengthening oversight; more strategic decision-making by governing bodies; and more effective engagement with other stakeholders. The focus of recent work has been the internal governance of WHO by Member States. More detailed work and consultation is needed in relation to the streamlining of national reporting to WHO as well as engagement with other stakeholders. In relation to the latter point a brief road map of activities is suggested.

6. **Management.** The management chapter has been reorganized to reflect the fact that stronger technical, normative and policy support for all Member States is a key outcome of reform. It is organized around six main objectives: (a) effective technical and policy support for all Member States; (b) staffing that is matched to needs at all levels; (c) a financing mechanism that respects agreed priorities; (d) effective systems for accountability and risk management; (e) a culture of evaluation; and (f) strategic communications.

7. With regard specifically to evaluation, the present document reports on measures taken to establish a culture of independent evaluation within WHO as part of the overall management reform measures. In addition, the External Auditor’s Evaluation Team will present to the Health Assembly a report on the first stage of the independent evaluation. The revised draft evaluation policy, incorporating comments made by Member States at the 130th session of the Executive Board, will be presented to the Board at its 131st session, through the PBAC.

8. Lastly, the Board requested that the consolidated report include an implementation framework for the reform programme for consideration by the Health Assembly. This is presented as a separate document.

9. In summary, the documentation for consideration by the Health Assembly consists of:

   (a) the consolidated report

   (b) A65/5Add. 1 Draft outline of the Twelfth General Programme of Work

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1 Document A65/5 Add.1.
2 Document A65/5 Add.2.
3 Document A65/INF.DOC/6.
10. The Chairman’s report, on the meeting of Member States on programmes and priority setting, details the criteria and categories for priority setting and programmes in WHO and the roadmap and timeline to be used, along with the six core functions defined in the Eleventh General Programme of Work, 2006–2015 in suggesting priorities for the draft outline of the Twelfth General Programme of Work and Programme Budget. In addition to priorities, the general programme of work will define a limited set of high-level results to be achieved by WHO in collaboration with Member States over the six-year period 2014–2019. The definition of results at impact and outcome level contained in the general programme of work is consistent with the structure of the new results chain welcomed by the Board at the special session.\(^2\)

11. The five categories (plus corporate services) will provide the main structure for the next programme budget. In addition, the agreed criteria, along with the core functions of WHO will be used to define the more detailed priorities that will appear in the budget for the years 2014–2015. The first draft of the next proposed programme budget will be reviewed by the Regional Committees in 2012. Accompanying that draft will be a technical document that sets out the reasoning underpinning the selection of outputs in each category and explaining how the criteria have been used in making strategic decisions.

12. The main application of the categories and criteria is in the development of WHO’s programming and planning instruments, however, they also have implications for other aspects of WHO’s work. The process by which they were developed sets an important precedent for Member State engagement in priority setting in the future.

13. The major categories may be used as a means of structuring the agenda for future Health Assemblies and other governing body meetings, with a view to streamlining discussion on closely related agenda items. The categories are also a better organizing structure for the proposed programme budget than the current strategic objectives, as they can be used to specify voluntary contributions at a higher level. In addition, at country level, the limited number of high-level categories gives country offices more flexibility to align operational plans closely with national priorities.

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\(^1\) See document A65/40, Appendices 1–3.

\(^2\) See document EBSS2/2, paragraph 166.
2. GOVERNANCE

14. In its decision on WHO governance in November 2011 the Board at its special session agreed on the following principles:

(a) governance needs to be a fully inclusive process, respecting the principle of multilateralism;

(b) WHO’s governing bodies have a key role in priority setting, with the Health Assembly playing a policy and strategic role and the Executive Board playing a strengthened advisory, executive and oversight role;

(c) WHO should seek to strengthen and make maximum use of existing mechanisms and structures;

(d) the general programme of work should guide the work of the governing bodies;

(e) engagement with other stakeholders should be guided by the following:

   (i) the intergovernmental nature of WHO’s decision-making remains paramount;

   (ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO’s work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest;

   (iii) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective;

   (iv) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes.

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1 Decision EBSS2(2).
2. Further agreed that:

(a) the Programme, Budget and Administration Committee of the Executive Board should be strengthened. In particular, its role should also include overseeing the monitoring and evaluation of programmatic and financial implementation at the three levels of the Organization;

(b) the duration, timing and sequencing of the sessions of the Executive Board and the meetings of the Programme, Budget and Administration Committee should be optimized, relocated in time or extended, as appropriate, rather than holding additional sessions of the Executive Board;

(c) the Executive Board should play a role in limiting the number of draft resolutions based on an assessment of their strategic value, financial and administrative implications, and reporting requirements and timelines;

(d) the following proposals for improving the methods of work of the Executive Board and Health Assembly do not require amendments of the Rules of Procedure and should be immediately implemented: debates should become more disciplined to discourage lengthy national reports and focus on the substance of the item; and institute as the norm a "traffic light" system and enforcement by chairmen of time-limits;

(e) the linkage between the work of the Regional Committees and that of the Executive Board and the Health Assembly should be enhanced and strengthened;

(f) the Director-General shall strengthen support to Member States in their preparation for, and participation in, the work of the governing bodies in collaboration with Regional Offices, with particular regard to the timely provision of quality documentation in all official languages;

(g) dialogue and collaboration with other stakeholders should be strengthened as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest;

(h) WHO should, based on Articles 2 (a) and 2 (b) of the Constitution of the World Health Organization, engage and where appropriate lead and coordinate across the United Nations system and with other international agencies on issues that impact health;

(i) in the longer term, options for a framework to guide interaction between all stakeholders active in health should be explored."

15. In a summary of governance discussions by the Board in January 2012,¹ the Chairman invited Member States to submit comments on the draft revised terms of reference for the Programme, Budget and Administration Committee and on the proposals for increasing the linkages between regional committees and the global governing bodies, and harmonization of the practices of regional committees.

16. The Chairman noted that further discussion will be required on WHO's engagement with other stakeholders. It was also agreed that the Board should play more of an oversight role in relation to

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¹ See the summary record of the thirteenth meeting of the Executive Board at its 130th session, section 2.
partnerships in which WHO is involved, including those hosted by WHO. This issue is addressed in more detail below.

17. Following the guidance from Member States in January 2012, work has focused on four main objectives: rationalizing the scheduling of meetings and ensuring better alignment of governance processes; strengthening the oversight role of the Executive Board; encouraging more strategic decision making in governing body meetings; and encouraging more effective engagement with other stakeholders. More effective, efficient and timely support from the Secretariat will underpin the achievement of all four objectives.

Scheduling, alignment and harmonization of governance processes

Scheduling

18. The objective of changing the schedule of governing body meetings is to improve the effectiveness of governance, particularly to ensure better alignment between different elements of the global governance process, and between global and regional governance processes. Reform needs to take into account the roles and responsibilities of each body, their relationship to each other and the cost implications of change.

19. Several proposals have been made with regard to the annual schedule of governing body meetings. The first option is to remain with the current schedule. The second option would be to move the PBAC and the Board together to early February. This would have the effect of allowing a longer preparatory period following the beginning of the year, and a more complete report on the preceding year. Currently the PBAC and Board meet sequentially, with the Board session taking place in close proximity to the meeting of the PBAC. A third option therefore would be to create an interval between the PBAC meeting and the session of the Board. This option is consistent with the strengthened role of the PBAC (see paragraphs 34–36 below) and would allow the Board more time to consider the PBAC recommendations than is currently possible with back-to-back meetings. The disadvantage of this proposal, if implemented within the current annual cycle, is that the PBAC would need to meet in December, and thus would convene prior to the availability of financial and other reports for the full year.

20. The fourth and most radical proposal is to link the meetings of the regional committees with the global governing bodies in a single sequence over the course of a calendar year. The premise is that the cycle starts with the regional committees, which then feed into the meetings of the PBAC and Board, which in turn lead to the Health Assembly.

21. In theory, the cycle can start at any point in the year. However, if the governing bodies are to play a role in the financing dialogue (see paragraph 95 below), the timing of the publication of financial reports makes it logical to start with the regional committees at the beginning of the year, to move the PBAC and the Board to May, and the Health Assembly to the last quarter of the year. This option offers real advantages, providing that the requisite accommodation for the Health Assembly is available later in the year.
Decision point 3.

The Health Assembly is requested to provide guidance on the preferred option for scheduling meetings of WHO’s Governing Bodies:
(a) No change: maintain the present schedule
(b) Move the PBAC and Board to early February
(c) Increase the interval between meetings of the PBAC and sessions of the Board
(d) Revise the annual cycle to start with Regional Committees in January and end with the Health Assembly in the last quarter of the year.

Alignment

22. Seeing governing body meetings as a single sequence emphasizes the relationship between the different elements. The relationship between the PBAC and Board is discussed above. The relationship between the Board and the Health Assembly, particularly the Board’s potential “gatekeeper” role in relation to resolutions was agreed by the Board at its special session. The remaining link for review is that between the Regional Committees and the Executive Board.

23. The functions of the Regional Committees are set out in Article 50 of the WHO Constitution. This specifies that their role is to “formulate policies governing matters of an exclusively regional character”. However, the article goes on to note that the Committees shall “submit advice, through the Director-General, to the Organization on international health matters which have wider than regional significance.” Thus while the primary role of Regional Committees is to reflect the particular needs and priorities of their respective regions, they are an integral part of the overall governance of WHO. However, the agendas of the Regional Committees and the Board are not always well aligned with each other. A specific issue is the lack of a formal mechanism through which the Board is informed of issues that have been discussed in the Regional Committees. Conversely, with the exception of items like the draft general programme of work and the Proposed programme budget there is no consistent practice of including in the agendas of the Regional Committees items of global importance that require input from a regional perspective. This also needs to be reviewed.

24. In future, Regional Committees will be asked to comment and provide input not only to the draft general programme of work and the Proposed programme budget, but also to all global strategies, policies and legal instruments such as conventions, regulations and codes. This would require a decision by the Health Assembly that henceforth all items that fall into these categories be referred to the Regional Committees, and that a request be made to the Regional Directors to include such items in the agendas of the Committees. In addition, the Board and the Health Assembly may decide to refer specific items to the Regional Committees before further deliberation or a final decision in order to benefit from diverse regional perspectives.

25. A key outcome of this approach would be to ensure that Regional Committees have an input into the development of global strategies. Once strategies are agreed, the need is for regional adaptation and implementation rather than the development of additional region-specific strategies.

26. In the other direction, the Regional Committees should play a stronger role in the work of the Board: reporting regional positions on specific items, raising new issues and drawing the Board’s
attention to the regional implications of items on its agenda. The means for doing so are currently missing, both in practice and in the Rules of Procedure of the various bodies. It is proposed that this interaction take the following forms:

(a) The chairpersons of the Regional Committees will routinely submit a summary report of the Committees’ deliberations to the Board, focusing in particular on items on the Board’s agenda and on inputs to draft global strategies, policies, conventions and other legal instruments. Comments on the Proposed programme budget and draft general programme of work will continue to be submitted through the Director-General as is now the case.

(b) Regional Committees may propose, through their summary reports, agenda items to the Board within the priorities agreed in the general programme of work, as well as draft resolutions on items on the Board’s agenda.

27. To further enhance the connection between Regional Committees and the Board it is recommended that the Officers of the Executive Board (the “Bureau”) attend their respective Regional Committees. This will help to bring a regional perspective, and enable a review of regional proposals for agenda items, into the Bureau's discussion of the Board agendas.

Harmonization

28. Diversity in rules of procedure and operational practices in part reflect differences in culture and tradition across the regions. Whilst acknowledging the value of diversity, Member States have asked for harmonization of some aspects of regional governance to ensure sound legal practice, to increase the effectiveness of governance, and to promote fairness, accountability and transparency across the Organization.

29. Greater harmonization would be of most value in the following areas: the process for nominating Regional Directors; the review of credentials; and the rules governing the participation of observers.

30. With regard to the nomination of Regional Directors, best practices both within WHO and in other organizations highlight the importance of the following principles: fairness, transparency and emphasis on the personal qualifications of candidates. Some Regional Committees have already revised their procedures in line with the process for nominating the Director-General. It is recommended that the Health Assembly and the Board request those Regional Committees that have not yet done so to revise their procedures for the nomination of the Regional Director in line with the above principles. It is further recommended that they establish: (1) criteria for the selection of candidates; and (2) a process for assessment of all candidates’ qualifications. This should be achieved either through a dedicated group that makes recommendation to the full committee, or through

\[1\] Article 50(c) of the Constitution of the World Health Organization envisages this role.
interviews of a shortlist of candidates, thus ensuring through either method that only those candidates proceed who enjoy a measure of support.

31. Legally sound practice concerning the representation of Member States is ensured through the presentation of credentials issued by the appropriate governmental authorities and approved by the international body concerned. The technical validity of credentials should, as an international best practice, be assessed by Member States with the support of the Secretariat. Current practice with regard to the review of credentials of Member States instead is uneven. Some Regional Committees have established formal Credentials Committees, while in others the Secretariat alone assumes this responsibility, leaving the Secretariat open to criticism in controversial cases.

32. The Health Assembly could request the Regional Committees to: prescribe that credentials should be issued by the head of state or government, the minister of foreign affairs, the minister of health or any other appropriate authority; and either to provide for the appointment of credentials committees or entrust the task of considering credentials to the officers of the Committee.

33. The current Rules of Procedure of most Regional Committees provide only for the participation in their work of regional organizations. On the issue of observers, therefore, the issue is simply to harmonize practice across all regions so that there is an explicit procedure that allows Regional Committees to invite the observers that they wish to attend, including Member States from other regions, intergovernmental and nongovernmental organizations.

Decision point 5.

The Health Assembly is invited to endorse the proposals for increasing harmonization across Regional Committees in relation to the nomination of Regional Directors, the review of credentials, and participation of observers, as contained in paragraphs 28-33.

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Oversight by governing bodies

34. **Strengthening the Programme Budget and Administration Committee (PBAC):** The main proposal is that the PBAC should not deal solely with managerial and administrative matters, but that it should also have an oversight role in relation to programmatic issues.

35. In line with Member States' requests the terms of reference for the PBAC have been reorganized by area for better clarity, and updated to reflect the establishment of the Independent Expert Oversight Advisory Committee and the role of the PBAC in monitoring and evaluation. The new terms of reference require the PBAC to review, provide guidance and, as appropriate, make recommendations to the Executive Board on two sets of issues: programme planning, monitoring and evaluation; and financial and administrative issues. In addition, the terms of reference specify areas where the PBAC can act on behalf of the Executive Board.

36. The key point on this issue made by Member States in their comments during the 130th session of the Board is that reform needs to go beyond adjustment of the terms of reference. In line with suggestions made by Member States, the agenda of the PBAC will in future be broadened to cover more programmatic and performance issues. In addition, the PBAC will have a greater role in the oversight of independent evaluation and in relation to the proposed financing dialogue. These changes may require meetings of the PBAC to be extended by an additional day. To ensure informed debate on the broader range of programme issues on the agenda will have implications for Member State delegations and the attendance of Secretariat staff.
37. Regional Committees have similar mechanisms whereby standing or other sub-committees play an advisory role to the main body. Their experience reaffirms the point made above that there needs to be a sufficient interval between the meetings of such committees and those of the main governing body that they advise.

Strategic decision-making in governing body meetings

38. This section addresses the management of resolutions and decisions. It builds on measures already agreed at the Board’s special session (see subparagraphs (2)(c) and (d) above under paragraph 14).

39. Currently, the governing bodies consider a large volume of agenda items and their related decisions and resolutions. The Board can “play a role in limiting the number of draft resolutions based on an assessment of their strategic value, financial and administrative implications, and reporting requirements and timelines”, however, ensuring more disciplined and strategic debate remains a challenge.

40. The late receipt of draft resolutions poses additional problems, particularly if there is insufficient time to assess the value they add compared to past resolutions on the same subject and to analyse the financial programmatic or administrative implications for the Secretariat if adopted. In addition, if there is a need for additional drafting or working groups this can disrupt the flow of business.

41. An earlier proposal in the Director-General’s report to the Board at its special session, was that the work of the global governing bodies be guided by a medium-term plan of work. This proposal provoked two main reactions, summarized as: would adherence to a fixed plan be too inflexible and risk excluding new or emerging issues; and how would such a plan be different from a general programme of work?

42. On reflection, once it has been adopted by Member States, the Twelfth General Programme of Work offers a better way of structuring debate at governing body meetings, without reducing the Organization’s flexibility to address new issues. The agreed categories will facilitate the grouping of related agenda items under a limited number of headings, reducing the need for duplicative comments, highlighting synergies and/or overlaps between related items and resolutions, and facilitating a more streamlined debate. The priorities in the general programme of work can be applied by the Officers of the Board in the preparation of the provisional agenda for the Board and as further criteria for making recommendations on new agenda items proposed by Member States or Regional Committees.

43. In summary, the measures proposed for streamlining the management of resolutions are: (a) for Officers of the Board to use criteria, including those used for priority setting in the GPW, in reviewing

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1 See decision EBSS2(2), subparagraph (2)(c), in document EBSS/2/2011/REC/1.
items for inclusion on the Board’s agenda on the basis that fewer items would result in fewer related resolutions and decisions; (b) to ensure that the Board has the same powers as the Health Assembly for managing the late submission of resolutions; (c) to limit reporting requirements on all resolutions to a maximum of six instances, unless otherwise decided by the Health Assembly; and (d) to make more use of the Chairman’s summaries, reported in the official record, in cases where a formal resolution is not deemed to be essential.

Decision point 7.

The Health Assembly is invited to endorse the proposals summarized in paragraph 43 for streamlining decision-making in governing body meetings.

Effective engagement with other stakeholders

44. The Board at its special session agreed that dialogue and collaboration with other stakeholders should be strengthened as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest. 2

45. Partnership – in a general sense – with other stakeholders is a vital aspect of WHO’s leadership in public health and can take many forms, with civil society and nongovernmental organizations, with private entities, and with the wide range of health-related organizations within and beyond the United Nations. Interaction takes place at global, regional and country levels.

46. Two primary concerns have dominated the debate on these issues. How to ensure the intergovernmental nature of WHO’s decision-making remains paramount when other stakeholders interact with WHO’s governing bodies? And, in relation to all interactions with other stakeholders, how to protect WHO’s work from any form of conflict of interest? At a level of principle these concerns have been addressed by the Board (see above, paragraph 14). Principle now needs to be translated into practice.

47. In relation specifically to the United Nations, it was agreed that WHO should engage and, where appropriate, lead and coordinate across the United Nations system and with other international bodies on issues that impact health. 3

48. In terms of the technical work, WHO will continue to seek the views of nongovernmental organizations. Interactions will not be confined to the global sphere. Initiatives at regional and country level, such as the International Health Partnership, and Health and Harmonization in Africa, are increasingly used to support the development of national health policies and strategies.

49. As the Board suggested, there is a need to review and update the principles governing WHO’s relations with nongovernmental organizations. This will require exploring ways in which nongovernmental organizations and other health-related organizations can participate in and have their

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1 Rule 50 of the Rules of Procedure of the World Health Assembly states that "...no proposal shall be discussed or put to the vote at any meeting... unless copies of it have been circulated to all delegations at least two days previously".

2 Decision EBSS2/2 subparagraph (2)(g), document EBSS2/2011/REC/1.

3 See also the report of the Secretariat on collaboration within the United Nations system and with other intergovernmental organizations, document A65/39.
voices heard at regional and global governing body meetings, ensuring however that decision-making remains the prerogative of governments. Given widespread concerns about the potential for conflicts of interest, a key challenge is to explore how to differentiate between the several different types of nongovernmental organizations that interact with WHO.

50. The next step in regard to nongovernmental organizations will be to conduct informal consultations leading up to the Sixty-fifth World Health Assembly. During the Health Assembly it is proposed to hold a briefing on the issue of interactions with nongovernmental organizations, at which the Secretariat will seek the expression of views that can ultimately be incorporated in a paper for the 132nd session of the Executive Board.

51. Relationships with private commercial entities are presently covered only by internal guidance to staff (see also the relevant section on accountability, transparency and conflict of interest below, under management reform). More work, and further consultation are required in order to prepare a policy paper for consideration by the Board. Consultation will take place over the next six months and a draft policy paper will be presented to the Board at its 133rd session in May 2013.

52. This section of the paper deals in a general sense with WHO’s work in partnership with other stakeholders, however it is important also to focus on the role of WHO as a partner (and frequently a board member of formal health partnerships), looking at both partnerships that are independent and those that are hosted by WHO.\footnote{The term “formal partnership” is used in line with the definition contained in document A63/44, which refers to “a collaborative and formal relationship among multiple organizations in which risks and benefits are shared in pursuit of a shared goal. Such partnerships have their own, separate governance body.”}

53. Previous discussions have suggested that the Board play a stronger role in the governance of WHO’s relationship with health partnerships. To this end, it is proposed that WHO’s role in formally established health partnerships become a standing agenda item for consideration by the Board. The Board requested that the Secretariat present a report on WHO’s hosting arrangements, along with further efforts to harmonize work with hosted partnerships, at the Board’s 132nd session.

54. In summary, the roadmap for more effective engagement with other stakeholders envisages three related streams of work: (a) consultation with nongovernmental organizations on their interaction with WHO’s technical work and with WHO governance, including a briefing at the Sixty-fifth World Health Assembly, leading to a report to the Board in January 2013; (b) a structured series of consultations concerning WHO’s relationship with private commercial entities, building on existing guidelines, leading to a draft policy document to be presented to the Board in May 2013; (c) a review of WHO’s hosting arrangements and proposals for harmonizing work with hosted partnerships for consideration by the Board in January 2013.

55. At its special session, the Board requested the Director-General to make proposals on how to streamline national reporting in accordance with Articles 61 to 65 of the Constitution of the World Health Organization, using modern tools. Work on this issue is in hand in the wider context of
rationalizing health reporting. A separate report will be issued for the 132nd session of the Executive Board in January 2013.

3. MANAGEMENT REFORM

56. In decision EBSS2(3), the Board provided guidance on management reform. At its special session in November 2011 it welcomed the Director-General's proposals on management reform and, while recognizing the need for complementary work, especially on the strategic allocation of resources, requested that the proposals be taken forward in the following areas:

(a) organizational effectiveness, alignment and efficiency;
(b) financing of the Organization;
(c) human resources policies and management;
(d) results-based planning, management and accountability;
(e) strategic communications.

57. The Director-General was requested to develop further:

(a) a detailed proposal, for mechanisms to increase predictability of financing and flexibility of income, which supports priorities set by Member States;

(b) a detailed proposal to establish a contingency fund for public health emergencies, and a report on this to the Executive Board at its 130th session in January 2012;

(c) proposals for a timeline for development of the programme budget and general programme of work for the period 2014 onwards, taking into consideration the good experiences of the Medium-term strategic plan, with an analysis of the advantages and disadvantages of changing the periodicity of the programme budget to three years, and a report on this to the Sixty-fifth World Health Assembly in May 2012;

(d) a draft formal evaluation policy, including a mechanism for oversight of evaluation by the governing bodies informed by insights provided by the Independent Expert Oversight Advisory Committee, and a report on this to the Executive Board at its 130th session in January 2012;

(e) clarification on the proposals with respect to enhancing the networks and relationships between regional offices, and between groups of country offices within and across regions; and on enhancing capacity for effective resource mobilization, particularly at the country level;

(f) a proposal for a new resource allocation mechanism, to be considered by the Programme, Budget and Administration Committee of the Executive Board at its sixteenth meeting in May 2012.

58. Member States decided to proceed with an independent evaluation to provide input into the reform process through a two-stage approach, the first stage of which will consist of a review of existing information with a focus on financing challenges for the Organization, staffing issues, and
internal governance of WHO by Member States, following up where possible to produce more information in response to questions arising from the Executive Board at its special session.

59. Member States decided further that the first stage review will also provide a roadmap for stage two of the evaluation, the goal of that second stage being to inform the Sixty-sixth World Health Assembly, through the Executive Board at its 132nd session, as an input into the general programme of work. Stage two of the evaluation will build on the results of stage one and further consultations with Member States, focusing in particular on the coherence between, and functioning of, the Organization’s three levels. As one input into reform, this evaluation will proceed in parallel to other aspects of the reform.

60. The Board requested the Director-General to identify the appropriate entity for the first stage of the evaluation and to develop further, in consultation with the United Nations Joint Inspection Unit, the External Auditor and the Independent Expert Oversight Advisory Committee, an approach to the two stage evaluation, in consultation with Member States, and present it to the Executive Board at its 130th session for consideration.

61. In the context of relations with the United Nations Joint Inspection Unit, the Board requested the Joint Inspection Unit to update its reports on:


   (b) Review of management and administration of the World Health Organization.

62. In January 2012 the Board considered specific documents on mechanisms to increase predictability and flexibility of funding; a contingency fund; and a clarification of proposals with respect to relationships between regional offices, and between country offices within and between regions, and concerning resource mobilization, particularly at the country level. The Board also considered reports on evaluation.

63. The remainder of this section provides an update of progress on management reform and highlights decisions to be made by the World Health Assembly. It is organized around six main objectives: (a) effective technical and policy support for all Member States; (b) staffing that is matched to needs at all levels; (c) a financing mechanism that respects agreed priorities; (d) effective systems for accountability and risk management; (e) a culture of evaluation; and (f) strategic communications.

Effective technical and policy support for all Member States

64. WHO’s work supports all Member States; those where it has a physical presence as well as those where it does not. Stronger and more effective support that addresses the needs of all countries is

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1 The text in paragraphs 56-61 drawn from decisions of the Executive Board at its special session (see document EBSS/2/2011/REC/1).

2 Document EB130/5 Add.5.

3 Document EB130/5 Add.6.

4 Document EB130/5 Add.7.

5 Documents EB130/5 Add.8 and Add.9.
a key outcome of reform, not just one component of it. In those countries where WHO is physically present, success clearly depends on strengthening WHO Offices in countries, territories and areas. But equally, it depends on other aspects of management reform (human resource policy, financing and resource allocation, accountability and risk management, evaluation and communications) at all levels of the Organization.

65. Success in supporting Member States also requires improvements in the quality of WHO’s work. Not just through the WHO offices, but through the work of headquarters, regional and subregional offices as well. In this regard, the focus to date has been primarily on increasing the responsiveness and coherence of support to individual countries. However, the quality and relevance of WHO’s normative and standard setting work – which benefits Member States collectively – is equally important.

66. Specifically, in relation to WHO’s physical presence, there has been considerable progress since the reform process began. Delegation of authority to Heads of WHO Offices in countries, territories and areas has been enhanced in relation to programmatic, human resource as well as financial and administrative issues. The degree of delegation has been more closely geared to the size and complexity of country programmes.

67. In addition, the process of performance appraisal of Heads of WHO Offices is being strengthened. The Heads participate in the 180 degree evaluation process for members of the United Nations country team.

68. WHO’s internal control framework (see paragraphs 97–101 below) is being strengthened and will be applied at country level to improve programme implementation and financial management; and the assessment of country offices’ performance based on agreed criteria is being institutionalized.

69. To address concerns highlighted in several evaluations, future developments will shift the focus to the leadership role of Heads of WHO Offices. In particular, enabling Heads of WHO Offices to play a more authoritative role in facilitating policy dialogue: across different parts of governments, with civil society and nongovernmental organizations, and with all other in-country health partners.

70. Measures in this regard include: getting the best possible candidates through improving the selection process; developing an attractive career path as individuals proceed through increasingly senior postings; and exploring the potential to harmonize the grades of posts at country level with peers in the United Nations system.

71. This approach is being backed by an intensive capacity development programme to enhance the ability of Heads of WHO Offices and their teams to lead policy dialogue and engage in effective partnerships. This includes mandatory tutor-led online learning as well as a face-to-face global health diplomacy training course to enhance their diplomatic, negotiation and partnership skills.

72. The expected benefit of capacity development is to further strengthen WHO’s role as a convener and trusted broker, facilitating the health and development partners’ contributions towards the national health policy, strategy and plan as well as leading the health cluster as required in emergency situations.

73. Modern communications and knowledge technology now allow innovative and flexible approaches to sharing knowledge, ideas and experience across the Organization. On the same theme, immediate virtual access to additional expertise from WHO collaborating centers and other public as well as national institutions is now available.
74. To increase WHO's responsiveness, the process of preparing country cooperation strategies will continue to be refined. Importantly, it will be gradually expanded towards a situation where any country can develop an agreed cooperative programme with WHO, irrespective of whether there is a WHO Office in place.

75. While agreement on priorities in the country cooperation strategy is a necessary step in increasing responsiveness to country needs, these priorities need to be reflected in resource allocation and operational planning. The broader categories agreed for developing the new draft general programme of work and proposed programme budget will provide country teams with greater flexibility in this regard.

76. This last point highlights the more general point that effectiveness of country support depends on effective management systems at all levels of WHO. In particular, it requires a clear differentiation of roles and responsibilities between the different levels, not just in terms of how they work together, but in terms of what they actually deliver. Roles and responsibilities are set out in detail in the following table.

Country level

*Technical cooperation*
Lead the provision and brokering of technical cooperation with Member States through the development of a country cooperation strategy, and identify areas requiring technical support and institutional strengthening.

*Policy advice and dialogue*
Provide policy advice and lead policy dialogue at country level, as well as facilitating broader engagement of countries in regional and global policies and dialogues.

*Norms and standards*
Support countries to participate effectively in the development of global norms and standards, guidelines, tools and methodologies, and in adapting them for country use and implementation.

*Knowledge generation and sharing*
Support the collection, analysis, dissemination and use of national data (including surveillance data, country experiences and trends) required for monitoring the global health situation, and support research.

*Convening*
Convene and coordinate health actors in support of national health developments and in response to public health emergencies.

Regional level

*Technical cooperation*
Provide technical support for the development of country cooperation strategies and backup for institutional strengthening at country level; foster technical cooperation among countries; lead collaboration with Member States that have no WHO Office.
Policy advice and dialogue
Provide a platform for sharing policy advice, and contribute to the development of global policies and strategies, provide backup to WHO Offices on policy advice and dialogue; and advocate on regional health matters.

Norms and standards
Develop or adapt guidelines, methodologies and tools; adapt global strategies to the regional specificities.

Knowledge generation and sharing
Regional aggregation and validation, analysis, dissemination and use of health-related data (including surveillance data) and trend analysis; comparative analysis of and lessons learnt from regional country experiences, and sharing good practices on issues of region-wide concern.

Convening
Convene regional governing bodies and regional and inter-regional health platforms; facilitate Member States' engagement in regional initiatives and coordinate with regional and sub-regional entities.

Enabling
Provide backup on administrative and managerial issues for WHO Offices.

Headquarters

Technical cooperation
Provide backup for country offices on technical issues and support institutional strengthening at country level.

Norms and standards
Lead in the formulation of technical norms and standards; develop methodologies, tools and global strategies.

Knowledge generation and sharing
Global consolidation, dissemination and use of health related data (including surveillance data) and global trend analysis; research and innovation on issues of global significance; and broker inter-regional exchange of experience and lessons learnt.

Convening
Convene global governing bodies; convene key stakeholders for global health initiatives, and lead in shaping the health agenda at global level.

Policy advice and dialogue
Formulate global public health policies; coordinate strategic global public health goods, and advocate on global health matters.

Enabling
Develop policies, systems, and oversight and accountability frameworks for administrative and managerial issues.
77. In the development of the programme budget, the way that outputs are defined and resources are allocated will have the effect of reinforcing and underpinning better alignment of functions across WHO.

Staffing that is matched to needs at all levels of the Organization

78. A wide range of work is in hand, across WHO, to improve human resources policy and practice. The reform programme focuses on a strategic number of areas that address specific issues previously identified as factors that will facilitate the efficient and effective management of the Organization's workforce. The dialogue with the Staff Associations has begun and the features below will be further developed through a consultative process.

Staff development, learning and performance management

79. The key priority for staff development has been discussed above: enabling heads of WHO Offices (and members of their teams) to be increasingly effective in their role as health leaders. More broadly across the Organization the priorities in the general programme of work will also be used to guide the future development of staff learning programmes.

80. Achieving Organization-wide learning in a cost-effective way will increasingly depend on the greater use of e-learning and online Learning Management Systems. More work is needed to foster a culture in which self-directed learning is widely accepted. Increasing achievement of agreed learning objectives will become an integral aspect of performance management supported by: (a) an adapted approach to managing performance, reflecting lessons learnt through the Performance Management and Development Pilot currently under way; and, (b) incentives and disincentives to be implemented through a global policy on rewards, recognition and sanctions/consequences to address continuing underperformance. The policy is under preparation.

A more flexible workforce

81. For the Organization to respond rapidly to changing programme needs and fluctuations in funding it must have a flexible workforce. This workforce must be composed of individuals that can be quickly recruited with the competencies and skills required to implement the Organization's programme of work; that can be deployed to meet changing programme needs; and that can be rapidly adjusted, both in terms of numbers of individuals and types of contract, at a reasonable cost to the Organization and in ways that respect staff rights.

82. The approach to be adopted has three elements. The first concerns recruitment. A number of measures already exist and will be enhanced to ensure the effectiveness, efficiency and speed of WHO's recruitment processes. The main strategies are to encourage the use of generic job descriptions, and to establish global rosters for selected candidates. Joint recruitment for critical positions, particularly the Heads of WHO Offices, has already been implemented with success. Fairness, transparency and equal opportunity remain the key elements in initiatives aimed at the appointment of new staff, promotion of high-performing staff, and planning for filling of key
positions. The latter needs to be underpinned by improved succession planning which will permit the recognition of high-performing staff.

83. Secondly, the Organization needs greater flexibility with regard to the management of staffing levels. Such flexibility can be achieved through managing the numbers of staff to whom the Organization has longer-term obligations. Costs associated with making adjustments to staffing levels can also be reduced. Various options to amend existing rules and policies are being explored with these objectives in mind.

84. Thirdly, the Organization should make more effective use of non-staff contracts. Rather than hiring new staff for programmes that are expanding, the more effective use of consultants or other types of non-staff contracts will be considered. In addition, WHO may avail itself of the network of collaborating centres and other external partners to support the Organization’s work. However, it is important to stress that non-staff contracts will not be used to fulfill core functions of the Organization nor to manage corporate services.

A more mobile workforce

85. Mobility in WHO refers to movement between different geographical locations. It will increasingly become an important aspect of career development for staff across the Organization, both within and between major offices and regions. The key issue to be addressed is the degree to which mobility becomes mandatory.

86. In a highly technical organization like WHO, it is not feasible for mobility to become immediately mandatory for all staff. However, for some cadres of staff, mobility is already mandatory (e.g. Heads of WHO Offices, and international staff within the Western Pacific Region) and increasingly this will become the norm for many others. Success will depend on ensuring that mobility becomes part of career development, that there are clear incentives in place that drive such a policy (such as the award of continuing appointments), that recruitment, staff planning and succession management works across all the levels of WHO in a more integrated way, and that the concerns not just of individuals, but of their families, are taken into account.

87. As part of an integrated approach to career development through mobility, effective tools must be in place to guide and support the Organization and staff in their choices. A skills inventory will serve to provide a realistic picture of the assets an individual staff member has and a comprehensive guide of the skills and experience available inhouse. The skills inventory will provide an effective planning tool for staffing, human resources planning, career development, and gap analysis for external recruitment and outreach and for identifying training needs. The inventory will be complemented by an online career path mapping tool that will help staff who are looking at options for future postings.

Decision point 10.

The Health Assembly is invited to note progress made in relation to staffing policy and practice.

An approach to orient financing towards agreed priorities

88. The starting point for improving WHO’s financing must be a clear vision of what WHO should do, and what results the Organization expects to achieve. WHO has to plan within an overall financial envelope, based on a realistic estimate of income, but allocations within this total will be based on a
costing of expected outputs. This section brings together earlier work on resource mobilization, predictable financing, results-based budgeting, resource allocation, financial reporting and internal controls.

**Results-based budgeting and resource allocation**

89. The draft Twelfth General Programme of Work will set out a strategic framework for the work of WHO for a period of six years starting in January 2014, covering three biennial budget cycles. It will articulate and provide the rationale for a limited set of priorities and define a set of high-level results (at outcome and impact level) to be achieved within the period concerned. A draft outline in schematic form is provided in document A65/5Add. 1.

90. The draft Twelfth General Programme of Work will provide a strategic vision for the work of WHO. Going beyond the "manageable interest" of the Secretariat, it will articulate in clear terms the impact of WHO's work, setting out what the world can realistically hope to achieve in terms of better health - through a collaboration between Member States, the WHO Secretariat and other partners - with a finite level of investment. It therefore combines broad vision with the more precise strategic guidance on resource allocation between categories and high-level deliverables that was formerly provided by the Medium-term strategic plan.

91. The draft Twelfth General Programme of Work will define the mission, principles and values of WHO. It will be organized around a set of categories and criteria agreed by Member States in February 2012. The priorities that have been framed using these criteria do not describe everything that WHO does. Within each category of work, the priorities represent areas of emphasis and focus, based on the application of agreed criteria and the core functions of WHO. A fuller menu of outputs, which will articulate more detailed priorities, will appear in the Proposed programme budget 2014-2015.

92. Work is in progress on the resource allocation mechanism to be used in the Proposed programme budget. However, the principle that will be followed is that allocation will be based on a costing of deliverables (at output level) for each level of the Organization separately. More detail on how this will work in practice will be provided in the draft of the Proposed programme budget presented to the Regional Committees.

**Increasing the predictability and flexibility of financing**

93. WHO reform seeks to ensure a better match between the objectives agreed by Member States and the resources available to finance them. Discussions at the 130th session of the Executive Board, in addition to consultation with Member States and further reflection within the Secretariat, suggest that several related steps are needed in order to optimize a new approach to conducting an effective financing dialogue:

(a) Accurate prediction of potential income for the biennium, based not just on past income but on continuing dialogue with current and potential donors. Accurate forecasting will ensure a realistic budget.

(b) Agreement on priorities, and within priorities more detailed outputs. It is critical that agreement on the programme budget remains the sole responsibility of governments.

(c) A financing dialogue with state and non-state donors that is open to scrutiny by all Member States. This openness can be achieved by several means: a high-level event (but not
necessarily for pledging) and/or virtual mechanisms that allow interested parties to see how the overall budget will be financed and where gaps remain.

(d) The framework for priority setting based on agreed categories can also enhance flexibility by encouraging earmarking at category level only.

(e) This approach does not preclude additional resource mobilization activities providing they are focused on under-funded priorities and take place within the agreed parameters of the programme budget.

94. The underlying aim of the financing dialogue, led by PBAC, is to link the responsibility for agreeing upon the budget with responsibility for ensuring that it is properly financed and that the priorities set by governing bodies are respected.

95. The timing of the dialogue in relation to the cycle of governing body meetings starts following the meeting of the PBAC and the session of the Board with the aim of having the budget more or less fully-funded by the time that the World Health Assembly takes place. A cycle starting with the Regional Committees in January, the PBAC and Board in May and the Health Assembly late in the year (see paragraph 21 above) would allow more time for the funding dialogue to take place between the Board and the Health Assembly. Recognizing the logistical constraints, it is equally possible that the financing dialogue can be adapted to the current annual cycle.

Decision point 11:

The Health Assembly is invited to endorse the approach to the development of a new financing dialogue and request that it be further developed for presentation to the Board at its 132nd session.

An Organization that is accountable and that effectively manages risk

96. This part of the report addresses the development of policy in relation to accountability, internal control, risk management, conflict of interest, transparency and disclosure of information. It outlines plans for the institutional arrangements to be put in place to ensure the implementation of such policies, including the establishment of a new Ethics Office.

Internal control framework

97. WHO has internal controls in place, however some have become outdated as a result of organizational changes. In addition, system controls introduced with the changeover to the Global Management System, which had the aim of replacing manual checks with automated checks for efficiency gains, are not always working effectively. This can be as a result either of a lack of understanding by users, or as a result of a lack of adequate checks to monitor compliance.

98. WHO's internal control framework has four components:

(a) clear documentation of all policies and procedures;

(b) clear definition of roles and responsibilities, outlining who should perform each function, and providing training as necessary to the responsible individuals;
(c) compliance monitoring to ensure that the staff who are assigned the various roles are complying with policies and procedures;

(d) a strong culture of accountability, and an understanding of the link between controls and achievements of results: controls must not be seen as a purely administrative exercise but as a means to enhance good programme management.

99. The framework will cover all processes which have financial consequences. These include negotiations of donor agreements, hiring staff, contracts for goods and services, travel; and programme management. In addition, a number of accounting and administrative controls exist to ensure that once decisions are made, administrative procedures are correctly followed.

100. Steps taken to update the framework include:

(a) WHO manuals have been completely revised and updated, and are now fully available online.

(b) A new template has been developed for all internal management and administrative procedures, which defines key control points and allows clear definition of responsibilities for staff involved in each procedure.

(c) Priority processes have been identified, and the procedures are being updated using the above mentioned template. Some work has been completed, for example for travel, and for hospitality expenses. It is expected that all priority processes will be completed by the end of June 2012.

(d) A “management dashboard” has been developed, which provides key performance information relating to the priority processes and to certain administrative procedures, to enable managers to systematically and consistently check compliance with procedures. This management dashboard will be linked with the Global Management System, and will be rolled out to all offices by the end of 2012. The dashboard will then also be used as a tool for improved managerial accountability.

101. Further training and reporting tools are needed to ensure that all staff have an adequate understanding of their responsibilities. This aspect of reform will ensure by the end of 2012 that all senior managers can certify that all controls and procedures have been correctly followed, so as to allow annual Organization-wide certifications via a “statement of internal control” by the Director-General.

**Accountability framework**

102. WHO follows a results-based management approach that calls for delegated responsibility, authority and accountability in a decentralized environment. An accountability framework brings together these elements – responsibility, authority and accountability – defining from whom authority
flows, to whom, for what purpose, to whom staff are accountable, and their responsibility in exercising that authority.

103. As part of the reform process the Secretariat will further develop an accountability framework that clearly identifies a matrix of accountability relationships (between the Secretariat and Member States and within the Secretariat), the dimensions of accountability (programmatic, administrative, fiduciary, managerial, behavioural); the means by which accountability is exercised and monitored (e.g. through the performance assessment of the programme budget, staff performance management, and independent evaluation), and the roles and responsibilities of the bodies within the Secretariat and governing bodies that are responsible for overseeing accountability at different levels.

104. As noted above, it is a particular priority to design the new programme budget so that it becomes a key tool for holding managers at different level accountable for results. Other specific aspects of the accountability are addressed below.

Risk management

105. Currently risk management is addressed through two streams of work. Work is already well advanced on administrative risk management as a result of regular review of an administrative risk register by designated risk owners. At a more strategic level, a framework and a risk register for corporate risks are being developed, drawing on the advice of the Independent Expert Oversight Advisory Group and lessons learnt in the area of administration.

106. Areas of potential corporate (Organization-wide) risk include major financial loss (including significant falls in income and/or fluctuations in WHO’s operating currencies); loss of Member State confidence through major shortcomings in WHO’s performance, or failure to fulfill international obligations; or incidents that significantly disrupt business continuity.

107. In these areas detailed work is in hand on risk identification, risk assessment and evaluation of impact. This includes work on analysing the potential for mitigating financial losses through changing the currency of WHO’s assessed contributions. Responsibility for managing, reporting and monitoring risks will be linked clearly to WHO’s management and governance structures.

Conflict of interest

108. A specific aspect of risk management relates to perceived or actual conflicts of interests. The integrity and legitimacy of WHO’s technical and policy advice depends on how the Organization interacts with other partners and the way in which such interactions are perceived.

109. WHO addresses conflicts of interest from three perspectives: conflicts of interests of staff, of experts providing independent advice to WHO; and institutional conflicts of interests generated by interactions with outside partners and stakeholders.

110. The obligation for WHO staff members to act in the exclusive interest of the Organization and to avoid conflicts of interests with their functions is part of the fundamental conditions of service set out in the Staff Regulations and Rules.

111. All senior staff and staff involved in procurement or financial transactions are required to file an annual declaration of interests that they perceive as potentially conflicting with their functions. Remedial actions are decided upon by the Office of the Director-General if necessary. The system is currently based on self-assessment by each staff member concerned.
112. In contrast, the United Nations Secretariat, Funds and Programmes require full and independently verified disclosure of financial and other similar interests by the staff members concerned, above a certain threshold. This approach is more rigorous and transparent, but also much more costly, requiring the outsourcing of financial analysis of the information disclosed to a consulting firm. The Secretariat will analyse the costs and potential benefits of this approach.

113. A credible and transparent management of perceived or actual conflicts of interests on the part of individual experts providing independent advice to WHO, especially to support its normative and policy advisory functions, is of crucial importance. The Director-General promulgated in June 2010 a revised mechanism for the disclosure and management of interests of experts invited to advise the Secretariat. The revised mechanism is a significant improvement on previous practice; at the same time, a recent review has revealed a number of shortcomings and lack of consistency in implementation and quality of compliance. The Secretariat will act on those findings to increase awareness and familiarity with the new process and to centralize its monitoring and oversight to the extent possible.

114. The issue of institutional conflicts of interests – namely, the perception that WHO’s technical and policy decisions may be unduly influenced by the interests of outside partners and stakeholders with which it cooperates or from which it receives funding – is the most complex to manage.

115. The main challenge is to balance the need for WHO to consult and cooperate with, and mobilize resources from, a broad range of stakeholders of both a public and private nature, at the same time preserving its integrity as a normative and policy-making organization. With the exception of entities with which WHO does not engage as a matter of principle – primarily the tobacco industry – the Secretariat assesses on a case-by-case basis the appropriateness of a prospective collaboration with a third party entity, institution or organization.

116. In this regard, the assessment should be designed to ensure that there are no unacceptable reputational, political, legal or other risks for WHO as it decides on whether or not to collaborate with an entity, institution or organization. The existing Guidelines on Interaction with Commercial Enterprises provide a general framework and guidance for the Secretariat, but their scope is limited to engagement with private commercial entities, while the foregoing assessment should be much broader.

117. While these three facets of conflict of interest require distinct approaches, they constitute different aspects of the same underlying issue that would benefit from centralized coordination and oversight. The Ethics Office (see below) will therefore play a coordinating and oversight role in the management of conflicts of interests.

Transparency and disclosure policy

118. In decision EB22(3), subparagraph (1)(d), the Board requested the Director-General to take forward the work on the establishment of an information disclosure policy. Work is currently in hand to draft the policy which will be based on principles and best practice drawn from an analysis of other multilateral agencies. The draft policy will be presented to the Executive Board at its 132nd session in January 2013.

The new Ethics Office

119. WHO has established, through its Rules and policies, a range of standards, procedures and functions related to ethics, including declaration of interests, whistleblower protection, request for outside activities, prevention of misconduct, fraud, and harassment. With a view to strengthening the
oversight of ethical conduct of staff, and in order to administer the declaration of interest policy and procedures better, the Board at its special session requested the Director-General to take forward the proposal of establishment of an ethics office which will bring together all these functions that are currently spread across several departments within the Organization.  

120. Taking into account the critical conclusions in the Joint Inspection Unit’s report on *Ethics in the United Nations system* in 2010, 2 and following a review of models and best practices of ethics offices across the public sector, the proposed Ethics Office will have an Organization-wide role. It will, inter alia, (i) centralize ethics functions and advice currently provided by distinct departments/offices within WHO; (ii) take a proactive role in fostering management and staff awareness, across all levels of the Organization, of WHO standards on ethical behaviour, business practices and conduct, as established in WHO’s rules and regulations; (iii) develop a “WHO Code of Ethics” (to replace the WHO Compilation of Policies and Practices on Ethical Principles and Conduct); (iv) provide advice and guidance to management and staff across all levels of the Organization regarding promotion of ethical standards within WHO; and (iv) manage the planning, conduct, and reporting of investigations into alleged misconduct and violations of ethical standards, as reflected in WHO’s rules, regulations, and codes.

### Decision point 13.

The Health Assembly is invited to note progress made in the area of accountability, risk management, conflict of interest, and ethics.

### An established culture of evaluation

#### Evaluation policy

121. Evaluation is one aspect of improving the accountability of WHO. Given the importance of evaluation in the overall WHO reform programme, however, it is treated as a separate section in this report.

122. The Board, and Member States in subsequent consultations, indicated support for strengthening evaluation in WHO and requested the Director-General to submit the revised draft evaluation policy document, incorporating comments, for consideration by the PBAC at its meeting in May 2012.

123. The policy will foster a culture and use of evaluation across the Organization, provide a consolidated institutional framework for evaluation at the three levels of WHO, and facilitate conformity with best practice and with the norms and standards of the United National Evaluation Group.

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1 See decision EBSS2(3) subparagraph (1)(d). See also document EBSS2/2 paragraph 188.

Evaluation culture

124. Beyond the adoption of the WHO Evaluation Policy, comments from Member States emphasize the need to strengthen a culture of evaluation in WHO and to foster learning about evaluation across the Organization. This will require (a) evaluation to become an integral and adequately financed component of operational planning at headquarters, regions, and in country teams; (b) strengthening of a quality assurance system to promote best practice, through provision of supporting tools such as clear guidelines on evaluation, methods, databases of outputs and recommendations, rosters of external expertise, and analysis of experiences and lessons learnt; and (c) a coordinated approach that facilitates the promotion and ownership of the evaluation function at all levels of the Organization, including a mechanism to assess the performance of evaluation in practice in WHO.

125. In the interim period and as an input for developing the work plan and budget for evaluation activities for 2013, evaluation work will be focused on: the development of detailed evaluation guidelines, methods and procedures to support the performance of individual evaluations; identification of functional roles and responsibilities in relation to evaluation that integrate the evaluation function across the Organization; guidance on how to develop estimates of what resources will be required for evaluation.

Independent evaluation

126. In January 2012 the Board welcomed the offer of the External Auditor to proceed with the first stage of a two-stage, independent, external evaluation based on updated terms of reference, and incorporating input from the Joint Inspection Unit of the United Nations system.

127. Stage one of the evaluation, which has been completed, provides input into the reform process through a review of the completeness, comprehensiveness and adequacy of the reform proposals formulated by the Secretariat in the areas of finance, human resources and governance. In addition to the stage one review and validation exercise, the first stage evaluators were also asked to propose a roadmap for a stage two evaluation which will build on results of stage one, with particular focus on the coherence between, and functioning of, the Organization’s three levels.

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1 See document A65/5 Add.2.
128. In decision EBSS2(3) on managerial reforms, the Board also requested the Joint Inspection Unit to update two earlier reports; on Decentralization of Organizations within the United Nations System – Part III: the World Health Organization and the Review of management and administration in the World Health Organization. This work has begun and the resulting reports of the Unit along with the results of the Stage two evaluation will inform the future development of the reform programme.

An organization that effectively communicates its contribution to and achievements in global health

129. The first objective of reform has been to improve the coordination of communications work across the Organization. The aim has been to increase efficiency; develop the surge capacity to deploy communications staff in an emergency to any location where they are needed, along with the standard operating procedures required for emergency communications; and to forge a better link between communications, resource mobilization and donor stewardship.

130. At headquarters, communicators now work out of a central pool to provide communications services to all departments. Initial standard operating procedures are being developed for emergency communications. Communications training for staff with a focus on regional and country offices is under way including through the use of e-learning materials. Expected benefits include joint communication work around priority events and World Health Days, and regular communications briefs to all WHO Offices in countries, territories and areas.

131. The development of an Emergency Communications Network will start with development of training modules and an initial training course. This network will eventually create a pool of communicators across the Organization who are pre-trained, with the necessary skills to be quickly deployed for four to six weeks in the event of disease outbreaks, disasters or other emergencies, in order to support country offices, regional offices or headquarters.

132. The second objective has been to develop effective and cost-efficient platforms for communications, enabling staff and partners to communicate clearly what WHO delivers: using success stories that describe the impact of WHO’s work, effective champions and spokespersons, wise use of social media, proactively reaching out to and educating the media, investing in technology for broadcast and web-based media outreach, and ensuring that more multilingual communications materials reach a broader audience in Member States. Progress has been made, particularly in the use of social media. Editorial boards to brief editors on emergency health scenarios are planned.

133. The third objective has been to establish a regular system of measuring public and stakeholder perception and needs that will provide important input into the development and periodic review of a comprehensive Organization-wide communications strategy. Reputation risks will be managed more vigorously through a strengthened communications surveillance system for early warning, proactive response, and joint work with United Nations and other partners on shared concerns. The baseline stakeholder perception survey questionnaire and methodology is almost complete and will be launched in April 2012. An internal survey to assess staff perceptions will be launched simultaneously. The results of these surveys will guide the development of the future global communications strategy.

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1 See decision EBSS2(3) paragraph 7.
Annex 3

Decision point 16

The Social Assembly is needed in the process. Mike will be available to discuss these matters.

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