



World Health Organization

REGIONAL OFFICE FOR Europe

Regional Committee for Europe
Sixty-second session

Malta, 10–13 September 2012



WHO Reform





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EUR/RC62/14

Malta, 10–13 September 2012

2 August 2012

121634

Provisional agenda item 5(f)

ORIGINAL: ENGLISH

WHO reform

The discussions on WHO reform have progressed further during the 10 months that have passed since the matter was reviewed during the sixty-first session of the Regional Committee in Baku, Azerbaijan.

In November 2011, a three-day special session of the Executive Board was convened, dedicated exclusively to WHO reform. In January 2012, nine progress reports were tabled at the 130th session of the Board, showing work in progress under each of the key headings, "Programmes and priorities", "Governance" and "Managerial reforms". On 27–28 February 2012, a meeting of Member States was convened at WHO headquarters focusing specifically on programmes and priority-setting, and in May 2012 WHO reform was again revisited in successive meetings of the Programme, Budget and Administration Committee, the Sixty-fifth World Health Assembly and the 131st session of the Executive Board.

As part of its mandate set out in Article 50 of the WHO Constitution, and in accordance with long-standing practice, the Regional Committee shall tender its advice to the Director-General on two statutory policy documents: the General Programme of Work and the Proposed Programme Budget for the next biennium.

Both policy documents are presently under preparation, and the purpose of the present document is therefore to invite the Regional Committee's comments and observation on these drafts, prior to their finalization and review and endorsement by the Executive Board at its 132nd session and the Sixty-sixth World Health Assembly, respectively. The relevance of the Committee's advice is even more important this year, in view of the Health Assembly's decision WHA65(9) on WHO reform, through which the work of WHO's governing bodies, and their respective agendas, will henceforth be harmonized in a single sequence, starting with the sessions of the six regional committees.

In addition to summaries of these draft policy documents, the present paper also contains a final chapter outlining the likely impact of the overall reform process on the work of the Regional Office for Europe. This chapter is presented by the Regional Director in the general interest of transparency, and in line with the strengthened oversight of the Secretariat's work as laid down in resolution EUR/RC60/R3.

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Introduction

Progress

1. Following on from the extensive discussions at the sixty-first session of the Regional Committee (RC61) in Baku, Azerbaijan last year, the process of WHO reform has progressed in all three substantive areas: programmes and priority-setting, governance and managerial reforms.
2. The summary of the discussions at RC61 – both in the plenary sessions and in three working groups – provided important input to the special session of the Executive Board, convened in Geneva on 1–3 November 2011, in which representatives of 82 Member States participated, in addition to the 34 members of the Board itself. European Member States were exceptionally well represented at that session, reflecting the importance placed on the reform process by the Organization's main contributors.¹
3. Further key steps in the reform process since RC61 have included the 130th session of the Executive Board, where nine progress reports were considered and discussed over three full days (16–18 January 2012), and a meeting convened at WHO headquarters on 27 and 28 February 2012, dedicated to the first basic element of reform, namely programmes and priority-setting. Representatives of 92 Member States, including many European countries, attended that meeting.
4. Finally, WHO reform was an important agenda item at successive meetings of the Programme, Budget and Administration Committee of the Executive Board (PBAC), the Sixty-fifth World Health Assembly and the 131st session of the Executive Board, meeting in back-to-back sessions between 17 and 29 May 2012.
5. A summary of the Health Assembly's decisions pertaining to programmatic reforms, governance reforms and managerial reforms is provided in decision WHA65(9), attached to the present document as Annex 1 (serving at the same time as a status report on the overall progress of WHO's reform agenda).

Issues raised by European Member States

6. A key issue and the point of departure for the overall reform agenda, as put forward by the Director-General in the 2010 consultations on 'The future of financing for WHO', concerns the matter of predictability, flexibility and transparency of WHO's funding. This remains at the top of the agenda for European Member States, who have requested more substantive work on that issue, together with the related issue of scheduling of meetings of WHO's governing bodies.
7. In this regard, the Regional Committee's attention is drawn to point (3) of decision WHA65(9), stipulating that the issue of scheduling will be revisited at the Board's 132nd session in January 2013, together with a feasibility study on the possibility of shifting WHO's financial year.

¹ European Member States collectively contribute 43% of the Organization's assessed contributions and 53% of total voluntary contributions.

8. Furthermore, the Executive Board at its 131st session adopted decision EB131(10), in which it decided to call an extraordinary meeting of the PBAC on 6 and 7 December 2012 at WHO headquarters, open to all Member States, which, in addition to reviewing drafts of the Twelfth General Programme of Work and the Proposed Programme Budget 2014–2015, will focus on the transparency, predictability and flexibility of WHO's financing.

9. Both issues will be discussed in structured working groups during RC62, in order to provide as broad-based and comprehensive input as possible to the December 2012 session of PBAC and the 132nd session of the Board in January 2013 (see also paragraphs 56–59 below).

Draft Twelfth General Programme of Work 2014–2019

10. WHO's current Eleventh General Programme of Work covers the 10-year period 2006–2015. However, as part of the general rationalization and simplification of the Organization's results-based planning framework called for by the WHO reform process, there has been a strong rationale for cutting short the period presently covered, in order to have the new programme of work become operational one year earlier, in 2014.

11. As such, the Twelfth General Programme of Work 2014–2019 (12th GPW) will provide the strategic underpinning for three successive programme budgets, starting with the proposed programme budget for 2014–2015. Furthermore, by focusing more specifically on the strategic vision for WHO, the 12th GPW will eliminate the need for a separate strategic plan, such as the present, six-year Medium-Term Strategic Plan 2008–2013, thus simplifying planning processes in the Organization.

12. The 12th GPW differs significantly from its predecessor. Whereas the 11th GPW focused on setting out a broad 10-year vision for global health as a guide to **all** stakeholders, the 12th GPW focuses primarily on the impact of **WHO's work**, and what realistically can be achieved in terms of better health over a six-year time frame, as a result of collaboration between Member States, the WHO Secretariat and other partners.

13. The new GPW is organized around the five categories and five criteria for programmes and priority-setting in WHO, in line with the consensus agreement reached at the meeting of Member States held on 27–28 February 2012 at WHO headquarters, Geneva.

14. A draft outline of the 12th GPW in schematic form was presented at the meeting of the PBAC on 16–18 May 2012, and subsequently to the Sixty-fifth World Health Assembly. On both occasions, a group of countries argued strongly for inclusion of a sixth programmatic category, covering social determinants of health, equity and social justice.

15. Other countries, including European Member States, were equally insistent, however, that there had been consensus among Member States in the meeting on programmes and priority-setting held on 27–28 February 2012 and that, as such, the discussion on programmatic categories should not be re-opened. Furthermore, while the social determinants of health were certainly a key priority for the Organization, they were a truly cross-cutting concern that had to be mainstreamed and taken into account in the planning and resource allocation for all the five established categories. It was argued that if a sixth category were to be added for social determinants, the risk would arise that programme managers in the other five categories might consider that equity and determinants of health were no longer their concern, having been fully dealt with in the sixth category.

16. In the end, through decision WHA65(9), the Health Assembly requested the Director-General 'to use the agreed framework and guidance provided by the Sixty-fifth World Health

Assembly, especially concerning health determinants and equity, in the formulation of the 12th GPW and the Proposed programme budget 2014–2015’.

17. The schematic outline of the 12th GPW, as presented to the Sixty-fifth World Health Assembly is contained in Annex 2. It is clear that this outline will be modified in light of the discussion which took place at the Health Assembly. An updated version – reflecting social determinants of health as a cross-cutting priority – will be presented together with the first full draft of the 12th GPW, but this new version will only be ready from WHO headquarters by late July 2012 at the earliest. As soon as the full draft is received at the Regional Office, it will be uploaded to the RC62 web site (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-second-session>).

18. In accordance with Article 50 of the WHO Constitution, the Regional Committee shall tender its advice to the Director-General on this policy document, prior to its finalization and endorsement by the Executive Board and the World Health Assembly. In this regard, the Regional Director would urge the Committee to provide comments particularly on the main headings proposed in the 12th GPW, i.e. the principles and values, core functions and categories of programmes. The Committee’s views on criteria for priority-setting and the specific priorities within the programmatic categories would also be valuable in taking the document forward.

19. Following the Regional Committee’s review, the next step in the development process will be for a paper to be prepared for the extraordinary session of the PBAC on 6–7 December 2012, synthesizing points of convergence and divergence between the various regional committees on the overall thrust and scope of the 12th GPW. Based on this review, a second full draft will be prepared for the PBAC and the Executive Board in January 2013, with final endorsement by the Sixty-sixth World Health Assembly in May 2013.

Draft Proposed programme budget 2014–2015

20. The draft Proposed programme budget for the 2014–2015 biennium is being developed in parallel with the development of the 12th GPW, owing to the fact that discussions on the overall policy framework, i.e. the GPW, were still ongoing with Member States up to and including the Sixty-fifth World Health Assembly. As a consequence, the process of finalizing the draft Proposed programme budget 2014–2015 has run somewhat behind its normal schedule.

21. The aim of the Proposed programme budget 2014–2015 is to provide a sufficiently focused, prioritized and transparent plan for the Secretariat’s work and deliverables for the biennium, allowing contributors of funds to pledge against it up-front and thus hopefully reduce the risks of over- and underfunding that have characterized previous biennia.

22. The Regional Committee’s attention is drawn to the following points:

- In line with the spirit of reform, whereby Member States play a more proactive role in strategy development, the Proposed programme budget 2014–2015 is not being presented as a near-final document as in the past. Rather, the discussion in the regional committees is intended to give Member States an opportunity to have a stronger input on priorities, outcomes and outputs, and to avoid the discussion being driven by concerns related to the sharing of resources. The draft Proposed programme budget 2014–2015 is therefore being presented at this stage to the Regional Committee without budget figures.

- Programming for 2014–2015 will be based on the 5 + 1² categories of programmes and the five criteria for priority-setting as set out in the draft 12th GPW. This will determine the top priorities for 2014–2015, as well as what will need to be “sunset”.
- The Global Policy Group (GPG), comprising the Director-General and the six regional directors, has settled on a constant corporate budget envelope of US\$ 12 billion as a realistic target for the six-year period of the 12th GPW, 2014–2019, i.e. US\$ 4 billion per biennium. A constant budget envelope in reality means a declining budget in real terms, owing to unavoidable cost increases. The biennium 2014–2015 will therefore not simply be ‘business as usual’ but will require a challenging priority-setting process and a transition to a leaner, more focused WHO.
- However, a constant overall budget envelope does not necessarily mean that the budgets for each major office will remain unchanged and that budgets for the different categories will be simple “cross-walks” from the current structure by strategic objectives (SOs). Devolution of functions from WHO headquarters to regions might result in a lower budget for headquarters and a higher budget for regions. Likewise, shifts across programme categories, rather than simple cross-walks, are likely as a result of applying the five criteria for prioritization outlined in the 12th GPW.

23. The first consolidated draft of the global Proposed programme budget 2014–2015 will be contained in document EUR/RC62/16. As soon as the edited, multilingual versions are available towards the middle of August 2012, they will immediately be uploaded to the RC62 web site.

24. The Regional Committee is invited to review the draft Proposed programme budget 2014–2015 and to comment on whether, in its view, it sufficiently reflects the intentions of programmatic reform in WHO, and whether it also adequately reflects the key European priorities and perspectives.

The impact of WHO reform on the work of the Regional Office

25. The WHO reform process affects nearly all aspects of the Organization’s work. Its eventual success will depend on Member States giving the necessary guidance and support, and on the Secretariat being able to translate that policy guidance into practical management.

26. The various elements of reform will be implemented gradually and according to different timelines over several years to come. While certain reform initiatives, such as those linked to governance, will depend mainly on the decision-making ability of the Board and the Assembly and can thus be implemented quickly, other aspects are developmental in nature and will require several years to become fully effective. Examples of the latter are issues linked to a clearer delineation of roles and responsibilities of the three levels of the Organization and related human resources policy and practice; financing and resource allocation; and a culture of independent evaluation and greater accountability.

27. For that reason, it is not possible at this stage to outline with certainty all the implications of the reform process on the work of the Regional Office for Europe. Notwithstanding this difficulty, the Regional Director wishes – in the context of the strengthened oversight laid down in resolution EUR/RC60/R3 – to draw the Regional Committee’s attention to some of the likely implications of the reform process on the work of the Regional Office in the years ahead. Her observations in the following are grouped under the main elements of the ongoing reform agenda, namely programmes and priority-setting, governance and managerial reforms.

² The sixth category is ‘corporate services’, i.e. governance, administration and other enabling functions.

Programmes and priority-setting (the European perspective)

28. The new programmatic framework proposed through the 12th GPW, with the 5 + 1 categories of programmes and the five criteria for priority-setting, will lead to a more focused and consolidated programme, as well as to a leaner organization, including the Regional Office for Europe, starting in 2014–2015. Furthermore, this consolidation will have both medium- and long-term implications for the skill mix and expertise of future Regional Office staff.

29. The programmatic framework proposed through the 12th GPW coincides with the ‘results chain’ used for 2012–2013 operational planning in the European Region, as well as to a large extent with the policy framework set out in ‘Health 2020’. Priority area 1 of Health 2020: “Investing in health through the life-course approach and empowering people” corresponds to Category 3 of the 12th GPW. Priority area 2: “Tackling Europe’s major health challenges in communicable and noncommunicable diseases” corresponds to Categories 1 and 2. Priority area 3: “Strengthening people-centred health systems, public health capacity and emergency preparedness” is split between Categories 4 and 5 in the GPW, and finally, priority area 4: “Creating supportive environments and resilient communities” is included in Category 5.

30. The priorities in Health 2020, the evidence base for public health action and the main supporting studies for the ‘Health 2020’ process, including the review of the European health divide³ and studies on Governance⁴ and on macroeconomics and Health,⁵ as well as the forthcoming *European health report 2012*, all influence the European perspective on the Proposed programme budget 2014–2015. The experience gained from implementation of ongoing biennial collaborative agreements (BCAs) with Member States and work on the Regional Office’s priority outcomes will further be used to ascertain the needs of individual countries for 2014–2015.

31. The priority-setting criteria underlying the Health 2020 policy framework as well as the “outcome portfolio”, including the identification of key priority outcomes for the current 2012–2013 biennium, are nearly identical to the five criteria in the 12th GPW. The Health 2020 policy framework has been developed through intensive consultations with European Member States. It is therefore anticipated that in the final operational planning for 2014–2015, the “turn-over” in terms of specific regional outcomes and outputs will not exceed 20% compared to the present biennium.

32. During the 2012–2013 biennium, the Regional Office will, as agreed with the Standing Committee of the Regional Committee, continue pilot-testing the concepts described in the document *The programme budget as a strategic tool for accountability* (EUR/RC61/Inf.Doc./10). This pilot test will provide lessons on how to enhance transparency in priority-setting, resource allocation, programme implementation and ensuring accountability for results. Following formal adoption of the programme budget 2014–2015 by the Sixty-sixth World Health Assembly, the key deliverables for the regional Secretariat during that biennium, together with the related accountability framework, will then be presented to RC63 in September 2013.

³ *Report on social determinants of health and the health divide in the WHO European Region*. Copenhagen, WHO Regional Office for Europe (forthcoming)

⁴ *Governance for health in the 21st century*. Copenhagen, WHO Regional Office for Europe (forthcoming).

⁵ McDaid D, Sassi F, Merkur S, eds. *The economic case for public health action*. Maidenhead, Open University Press (forthcoming).

33. Pending a final decision on allocation of the overall budget envelope across budget segments and major offices, the Regional Office for Europe in its internal deliberations is working on two budget scenarios. One assumes the same overall level as the World Health Assembly-approved budget for 2012–2013, i.e. US\$ 213 million, and the other assumes a level of US\$ 240 million. The latter reflects a greater devolution of functions from WHO headquarters, notably for the provision of technical assistance to countries.

34. As a complement to the draft Proposed programme budget 2014–2015, the WHO European Region's perspective will be set out in document EUR/RC62/16 Add.1. This will be posted on the RC62 web site in August.

Governance

Methods of work and Rules of Procedure

35. In operative paragraph 2 of decision WHA65(9), the World Health Assembly stipulates the need to 'strengthen, streamline and improve the methods of work and roles of the governing bodies'. European Member States have already taken steps in this regard, through the work entrusted to the SCRC Working Group on Health Governance in 2010, leading to revised Rules of Procedure of the Regional Committee and of the Standing Committee and to strengthened governance, as endorsed by the Regional Committee in its resolution EUR/RC60/R3. In the light of the Health Assembly's decision, however, further work may be required on adapting the existing rules of procedure, both of regional committees and of the Executive Board, with a view to ensuring that WHO's governing bodies at both regional and global levels form a seamless and harmonized sequence of policy guidance and oversight.

Alignment and harmonization of practices of regional governing bodies

36. While diversity in rules of procedure and operational practices in part reflects differences in culture and tradition across the regions, Member States have nonetheless asked for some aspects of regional governance to be aligned and harmonized. Such alignment and harmonization is important to ensure sound legal practice, to increase the effectiveness of governance, and to promote accountability and transparency across the Organization.

37. Operative paragraph 5 of decision WHA65(9) points to three areas in particular where, in the Health Assembly's opinion, harmonization across regional committees is required: nomination of regional directors; review of credentials of Member States attending regional committees; and the participation of observers.

38. With regard to the first issue (nomination of regional directors), the European Region is already giving effect to the principles of fairness, accountability and transparency as called for by the Health Assembly. Rule 47 of the Rules of Procedure of the Regional Committee sets out the nomination process in some detail, including the assessment of candidates' qualifications based on clear criteria laid down by the Regional Committee.

39. For the second issue (review of the credentials of Member States attending sessions of the Regional Committee), the Regional Director – in consultation with the SCRC – would suggest to the Regional Committee that, rather than appointing a credentials committee, this function could be entrusted either to the SCRC or to the officers of the Regional Committee/SCRC. If the Regional Committee agrees to this suggestion, a meeting of the Regional Committee/SCRC officers could be scheduled for the day after the opening of the annual Regional Committee session (Tuesday), for instance, to review the credentials of participants and to inform the SCRC and report back to the Regional Committee in plenary accordingly. Any representative to whose admission a member has made objection shall be seated provisionally with the same rights as

other representatives, until the officers have reported and the Regional Committee has given its decision.

40. Thirdly, regarding the participation of observers at Regional Committee sessions, Rule 2 of the current Rules of Procedure stipulates that the Regional Director, in consultation with the Regional Committee, may invite States not members of the Committee to participate without vote in the sessions of the Committee and, in the same manner, may also invite nongovernmental organizations (NGOs) to participate in the proceedings.

41. It is pertinent in this regard to draw the Regional Committee's attention to operative paragraph 9 of decision WHA65(9), which requests the Director-General to present a draft policy paper on WHO's engagement with NGOs to the Board at its 132nd session in January 2013. The Regional Director would suggest to the Regional Committee to await the outcome of any policy guidance from the Board so far as relations with NGOs are concerned, before undertaking any changes to the Rules of Procedure concerning attendance of observers at sessions of the Regional Committee. The Regional Committee may also consider in the future (as necessary) arranging for consultation with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the World Health Organization and for their participation, without vote, in its discussions.

42. Under this broad heading also comes the issue of alignment between regional and global governing bodies, as referred to in operative paragraph 4 of decision WHA65(9), and through which the chairpersons of the regional committees will henceforth routinely submit a summary report of the committees' deliberations to the Board. This report will be separate from the regular report of the Regional Committee but certainly based on it. It will be a dedicated document that will provide a summary of the discussions, the views expressed, the gist of the decisions adopted and their possible implications for WHO as a whole. The report may also contain recommendations to the Executive Board and World Health Assembly on possible actions to be taken. This report, together with the finalized full report of the Regional Committee session, will be placed on a Regional Office password-protected web site for final approval by the Member States. In the case of the European Region, the Executive President of RC62 will as a consequence report to the Board at its 132nd session in January 2013.

43. By operative paragraph 4 of its decision, the Executive Board also stipulated that the regional committees should in future be asked to comment and provide input to all global strategies, policies and legal instruments such as regulations and codes, and furthermore that the Health Assembly will increasingly refer specific items to the regional committees in order to benefit from diverse regional perspectives.

44. All of the above governance initiatives to harmonize practices and align the work of global and regional governing bodies are positive and welcome. However, keeping in mind the already heavy agendas of the Regional Committee's sessions in the past few years, a question arises as to whether the business of future sessions can be concluded within the present time frame of four days. The views of the Committee are sought in this regard, i.e. whether provision should be made to extend future sessions of the Regional Committee to five full working days, if necessary. This would require an additional budget of a minimum of US\$ 70 000 for interpretation and staff expenses, in addition to the rent of the premises for an additional day (which may vary from one session to the next). If the session is held in Copenhagen, the only extra expenditure for WHO would be on interpretation, but nevertheless Member States would be still required to pay an additional day's living allowance for their delegations. Based on experience of this year, when it was a real challenge to schedule all items on the agenda, including those requested by the World Health Assembly, the RD would like to raise the issue but does not expect a decision to be taken by the Regional Committee this year. Instead, it

would be worth keeping the problem in mind and seeing how many items would have to be included in the agendas of future Regional Committee sessions at the request of the global governing bodies, and how long the topic of WHO reform will have to be kept on the agenda. A final decision could be taken based on this evidence.

Managerial reforms

Delineation of organizational roles and responsibilities

45. A key area of reform will be to promote organizational alignment and synergy by (a) clearly defining the roles and responsibilities of the three levels of the Secretariat, (b) developing practical guidelines and operating procedures to facilitate collaboration and joint work, and (c) strengthening intercountry and interregional work, and global centres of excellence distributed across the regions, to serve as sources of support.

46. A transparent framework for the respective roles and responsibilities of the three levels will facilitate synergy, efficiency and effectiveness in the way the Organization works as one WHO, and will therefore also to a large extent be a determining factor for the success or failure of many other elements of managerial reforms. This area is however still “work in progress”, owing to the general pressure of time stemming from all other ongoing reform initiatives and preparations of recent meetings and sessions of the PBAC, Executive Board and World Health Assembly.

47. A number of broad principles for organizational alignment, focusing on the roles of the three levels in the various categories of work (technical cooperation, policy advice, norms and standards, etc.), were presented to the Sixty-fifth World Health Assembly, but more is required in terms of details and operational guidelines. At its special session in November 2011, the Executive Board actually reviewed the same broad principles for organizational alignment as those presented to the Sixty-fifth World Health Assembly, and by decision EBSS2(3) it requested that ‘the proposals be taken forward’. The Regional Office for Europe stands ready to collaborate actively on this urgently needed element of managerial reform.

Human resources policy and practice

48. Work is currently in hand to improve WHO’s human resources policy and practice. The key features, which are being developed in consultation with the Staff Associations, cover in particular the following areas:

- staff development, learning and performance management;
- a more flexible and mobile workforce;
- enhancement and increased effectiveness of current recruitment processes;
- more effective use of non-staff contracts.

49. Further consultations will be necessary on the above issues, mainly because the various initiatives are still fairly conceptual in nature. The Regional Office for Europe expects to contribute fully once a corporate development plan has been elaborated.

Predictability and flexibility of financing

50. Predictability and flexibility of financing was the starting point of WHO reform, initiated through the informal consultation on the Future of financing for WHO held in Geneva in January 2010. In order to improve the predictability of the Organization’s financing, there is broad agreement that the following related steps will all be necessary:

- a framework for priority-setting and agreement on key outcomes;
- accurate prediction of potential income for the biennium, based on ongoing dialogue with potential donors;
- a “financing dialogue” with state and non-state donors that is open to scrutiny by all Member States;
- additional, selective resource mobilization, focused on underfunded priorities.

51. As the Organization’s main contributors, European Member States have a high and legitimate interest in this key area of reform. This was also the main reason why the Executive Board at its 131st session, when considering the date and duration of future meetings of the governing bodies, decided to include an extraordinary session of the PBAC in December 2012, inter alia to discuss the transparency, predictability and flexibility of WHO’s financing.⁶ Through its decision WHA65(9), the World Health Assembly also decided that at its 132nd session in January 2013 the Executive Board would consider shifting the financial year of the Organization, based on a feasibility study to be prepared by the Director-General.

52. In order to provide as structured an input as possible to discussions at both the PBAC meeting and the subsequent Board session, both these interlinked issues will be discussed in working group settings during RC62 (see paragraphs 55–58 below).

Results-based planning processes

53. By focusing more sharply in the 12th GPW on WHO’s work, and what realistically can be achieved in terms of better health over a six-year time frame as a result of collaboration between Member States and the WHO Secretariat, it should be possible to simplify and streamline the Organization’s current planning processes. The Regional Director has already commissioned an independent evaluation of the Regional Office for Europe’s planning and monitoring processes. The evaluation, conducted in the course of June 2012, focused on opportunities for streamlining, simplifying and improving the efficiency of the process, for the benefit of programme managers at both regional and country levels.

A policy of independent evaluation

54. Member States have emphasized the need to instil a culture of evaluation in WHO and to foster learning about evaluation as an important element of accountability.

55. The Regional Director is strongly in favour of establishing a culture of evaluation in the Regional Office for Europe and indeed suggested to the SCRC, when the first oversight report was presented to the Standing Committee at its session in Andorra in November 2010, that a system of peer review of the Regional Office’s programmes could be set in motion through a subgroup of the SCRC – possibly linked to the SCRC’s traditional two-day March session in Copenhagen each year. Finding ways and means of enabling more regular and independent evaluations of the work of the Regional Office remains a priority. The Regional Director realizes, of course, the additional burden that such reviews would place on the already hard-pressed members of the Standing Committee, and she intends to table the issue again at a future session of the 20th SCRC during 2013, in order to agree on the way forward.

⁶ Decision EB131(10)

Planned format of Regional Committee discussions on WHO reform

56. At the session of the SCRC immediately prior to the opening of the Sixty-fifth World Health Assembly, a question arose concerning the space and time to be given to the agenda item on WHO reform at the forthcoming sixty-second session of the Regional Committee.

57. The SCRC, after reviewing various options, settled on a format for discussions similar to the one that had been applied at the sixty-first session in Baku, Azerbaijan – i.e. a mix of plenary and thematic discussions in working groups.

58. While the two statutory items on the 12th GPW and the Proposed programme budget 2014–2015 will clearly have to be discussed in plenary, working groups will be used to provide a consolidated European input on the two related issues of (a) the transparency, predictability and flexibility of WHO's financing and (b) sequencing of sessions of the governing bodies and the possible shifting of the financial year. The working groups will also provide an opportunity to further discuss the distribution of roles and responsibilities within the Secretariat at the three levels of the Organization, as well as issues related to partnerships and collaboration with other stakeholders. Most of these issues are key items on the PBAC's and the Executive Board's agendas in 2013, and consolidated input from the European Region will no doubt be helpful in this regard.

59. An outline of the objectives and expected outcomes of the working group discussions will be posted on the Regional Office's web site towards the end of August, in good time before the opening of the sixty-second session of the Regional Committee. During the first days of the Committee's session, a briefing will also be arranged on the planned format and detailed issues to be discussed, as was done during RC61 in Baku, Azerbaijan.

Annex 1. WHA65(9) WHO reform

The Sixty-fifth World Health Assembly,

Having considered the documents on WHO reform presented to the World Health Assembly;¹

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;²
- (b) to request the Director-General to use the agreed framework³ 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;

Governance reforms

- (2) to endorse the decision of the Executive Board at its special session in November 2011⁴ 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;

¹ Documents A65/5, A65/5 Add.1, A65/5 Add.2, A65/40, A65/43 and A65/INF.DOC./6.

² See document A65/40.

³ See document A65/5 Add.1.

⁴ Decision EBSS2(2).

- (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;
- (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;⁵
- (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;⁶
- (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)

⁵ Document A65/5 Add.2.

⁶ Decision EBSS2(3).

Annex 2. Twelfth General Programme of Work 2014–2019 – draft strategic overview

 World Health Organization		TWELFTH GENERAL PROGRAMME OF WORK 2014–2019 - DRAFT STRATEGIC OVERVIEW				
		MISSION To act as the directing and coordinating authority on international health work, towards the objective of the attainment by all peoples of the highest possible level of health as a fundamental right.				
Principles, values and fundamental approaches	<ul style="list-style-type: none"> Equity and social justice <ul style="list-style-type: none"> Global solidarity Gender equality 		<ul style="list-style-type: none"> Emphasis on countries and populations in greatest need Due consideration to the economic, social, and environmental determinants of health 		<ul style="list-style-type: none"> Multilateralism Science and evidence-based Public health approach 	
WHO's core functions	<ul style="list-style-type: none"> Providing leadership Shaping the research agenda 		<ul style="list-style-type: none"> Setting norms and standards Articulating policy options 		<ul style="list-style-type: none"> Providing technical support and building capacity Monitoring and health trends 	
CATEGORIES	1	2	3	4	5	
	Communicable diseases	Noncommunicable diseases	Health through the life course	Health systems	Preparedness, surveillance and response	
Criteria for priority-setting	<ul style="list-style-type: none"> The current health situation The existence of evidence-based, cost-effective interventions 		<ul style="list-style-type: none"> Needs of individual countries for WHO support The comparative advantage of WHO 		<ul style="list-style-type: none"> Internationally agreed instruments 	
PRIORITIES	<ul style="list-style-type: none"> HIV/AIDS, tuberculosis, and malaria <ul style="list-style-type: none"> Neglected tropical diseases (including vector-borne diseases) Vaccine-preventable diseases 	<ul style="list-style-type: none"> Heart disease, cancers, chronic lung diseases, diabetes Mental disorders Injuries and disabilities 	<ul style="list-style-type: none"> Maternal and neonatal health Sexual and reproductive health Child and adolescent health Healthy ageing 	<ul style="list-style-type: none"> National health policies, strategies, and systems Integrated service delivery Regulatory capacity 	<ul style="list-style-type: none"> Epidemic- and pandemic-prone diseases Health in humanitarian crises Environmental health risks Food safety 	
IMPACT	Improved healthy life expectancy					
	Reduced mortality due to HIV, TB, and malaria	Reduced mortality due to NCDs	Reduced maternal and child mortality	Reduced mortality due to epidemics, disasters, and shared health threats		
	Universal health coverage (universal access to key interventions; financial protection)					
CONTRIBUTION OF WHO (illustrative examples)	<p>ILLUSTRATIVE EXAMPLES:</p> <ul style="list-style-type: none"> WHO develops, tests and supports countries to implement new, standardized approaches to treatment and service delivery, thereby reaching 15 million people with antiretroviral therapy and reducing childhood infections by 90%, overall infections by 50%, and deaths from tuberculosis among people living with HIV by 50%. WHO's performance evaluation of commercially available rapid diagnostic tests enables countries to make informed choices on selection, procurement and distribution of rapid diagnostic tests for malaria thereby increasing the percentage of suspected cases that are correctly diagnosed and treated, ensuring more sustainable malaria control, and progress towards a reduction of cases by 75% from 2000 levels. 	<p>ILLUSTRATIVE EXAMPLES:</p> <ul style="list-style-type: none"> WHO facilitates international agreement on a set of voluntary global targets and a monitoring framework, and establishes systems for reporting, analysis and dissemination of results enabling Member States to track progress in relation to agreed noncommunicable disease goals. WHO regularly monitors progress in Member State commitments to reduce tobacco consumption, provides technical support for product regulation, pricing and taxation, advises on effective interventions to reduce tobacco use and develops training packages and guidance for countries on incorporating tobacco cessation into primary health care, thereby contributing to reducing tobacco smoking by 30%. 	<p>ILLUSTRATIVE EXAMPLES:</p> <ul style="list-style-type: none"> WHO's evidence-based policies and strategies are used to support the implementation of high-quality integrated services for pregnant women and newborn infants in countries with the highest burden of maternal and child mortality, using data from strengthened vital registration systems to monitor progress. WHO promotes evidence-based preventive interventions throughout the life course, commissions research on cost-effective treatment and innovative technical solutions to facilitate independent living, thereby contributing to the health of ageing populations. 	<p>ILLUSTRATIVE EXAMPLES:</p> <ul style="list-style-type: none"> WHO provides technical support to assess national health financing systems, helps to build capacity to track health expenditures and develops, with national authorities, strategies for extending financial protection, thereby reducing the number of people impoverished through catastrophic health expenditure. WHO's prequalification of drugs, vaccines and diagnostics lowers prices and thereby increases access to the necessary safe, effective, affordable and high-quality medical products. 	<p>ILLUSTRATIVE EXAMPLES:</p> <ul style="list-style-type: none"> WHO develops standards for preparedness and response, assesses and provides technical support to address capacity gaps, ensuring that all countries meet minimum capacity requirements dictated by instruments such as the International Health Regulations (2005) and the Pandemic Influenza Preparedness (PIP) Framework. A new common operational platform for public health and humanitarian emergencies increases the effectiveness of WHO staff as health cluster managers during outbreaks and enables faster response time and lower death toll when emergencies strike. 	
Corporate services / enabling functions (illustrative)	<ul style="list-style-type: none"> Legal services Audit and evaluation Governing bodies 		<ul style="list-style-type: none"> Information technology and knowledge management Budget, finance, accounting Executive management 		<ul style="list-style-type: none"> Operations, logistics and security Communications Human resources 	