Governing body matters:

Review of Regional Committee resolutions

The attached working paper attempts to seek guidance from the Regional Committee to explore ways to phase out some of the resolutions adopted by it for the last 10 years. Many of the resolutions are “open-ended” and do not define any time-frame to report back to the Regional Committee. A set of resolutions that have clearly defined reporting requirements would help in phasing out resolutions that have outlived their relevance and result in efficiently utilizing the time of the Regional Committee in future sessions.

The High-Level Preparatory (HLP) Meeting held in the WHO Regional Office in New Delhi from 29 June to 2 July 2015 reviewed the attached working paper and made the following recommendations:

Actions by Member States

(1) Actively participate and contribute to the discussions at the proposed technical consultation to be convened by the Regional Office.

(2) Thoroughly discuss at a future HLP meeting, the conclusions and recommendations emanating from such a technical consultation, and make proposals to the Regional Committee for decision.

Actions by WHO

(1) Study actions taken by the other two regions (EMR and EUR) in phasing out the Regional Committee resolutions and prepare a background document for the proposed technical consultation to review and phase out the past RC resolutions.

(2) Convene technical consultations with participation of all concerned, to review the past Regional Committee resolutions, develop criteria and proposal for phasing out previous RC resolutions and evaluate the criteria before the next HLP.

(3) Consider developing an archive of all the previous RC resolutions by subject, and prepare an electronic database for monitoring their implementation for use by the Regional Office and the Member States while considering new draft resolutions.

The working paper and HLP recommendations are submitted to the Sixty-eighth Session of the Regional Committee for its consideration.
Background

1. Every year, the WHO Regional Committee for South-East Asia adopts resolutions on technical, administrative and programme budget matters. On average, 7–10 resolutions are adopted at each Regional Committee session after thorough deliberations, keeping in view the current health situation and relevance in the countries of the Region. Many of these resolutions need follow-up and implementation at the regional and country levels.

2. The need to re-examine the resolutions for their relevance and timely monitoring is based on streamlining WHO’s governance functions while utilizing the limited time on global and regional priorities during the governing body meetings. This is in line with the WHO reform process, particularly governance reforms. A review of past resolutions has raised the need to explore whether it might be helpful to phase out some of the resolutions that were superseded by subsequent resolutions as has been done in other WHO regions. In several cases, this is necessitated by the recommendations contained in resolutions that have been already implemented, rendering them redundant for follow-up.

3. Further, the extent to which these resolutions are being monitored remains unclear. Although some of the resolutions explicitly state the frequency of reporting at subsequent sessions of the Regional Committee, systematic monitoring of implementation of resolutions is seldom carried out.

A cross-sectional overview of the Regional Committee resolutions on technical subjects during 2005–2014

4. During the past 10 years (2005–2014), 53 resolutions were adopted by the Regional Committee with 28 of these clearly indicating the requirement of reporting back on actions taken.

5. In many resolutions, the periodicity and time-frame for reporting vary. While some are to be reported upon only once to a specific session of the Regional Committee, depending on the nature of topics covered, others are to be reported several times over; even extending to the Seventy-ninth session of the Regional Committee in 2026.

6. A majority of the resolutions could be categorized as “open-ended” resolutions, without any time-frames being assigned for reporting back, but only referring to WHO’s continued provision of technical support to countries to ensure capacity-building; strengthening health systems; facilitating cooperation and exchange of experiences by intensifying collaboration; calling for mobilizing resources for implementing the resolutions – to mention a few. Some of these resolutions also specify action by WHO, however, without assigning a specific time frame – such as to convene a regional workshop on the subject of the resolution or prepare a regional strategy on a specific technical topic.

7. Apart from requesting the Regional Director, the Regional Committee also urges Member States to facilitate implementation of these resolutions by initiating relevant actions at the national level. Examination of Regional Committee resolutions highlights five important issues as outlined below.
Should there be an optimum number of resolutions during a Regional Committee session?

8. Every year, the World Health Assembly adopts 15–20 resolutions on various subjects, many of which are relevant to the South-East Asia Region as well. In addition, the Regional Committee adopts its own resolutions on topics that have a great and specific relevance to the Region. Some questions that need to be considered include the following: Should there be fewer regional resolutions endorsed at each Regional Committee session? How can the Member States decide on this number? Will reducing the number of regional resolutions necessarily enhance the focus on the regional implementation of the resolutions?

Is there a need to further improve relevance of topics for RC resolutions?

9. At the regional level, it would perhaps be pertinent for the Regional Committee to take stock of the overall health situation in the Region in order to adopt resolutions which are aimed at a subject of topical importance. Taking cues from the directions available in policy and strategy documents such as WHO’s General Programme of Work, as well as regional initiatives could help focus attention on the subjects which merit priority attention by the Regional Committee. This will give an added impetus and the desired direction for time-bound implementation of important activities.

Does SEAR need a robust system to monitor the implementation of resolutions?

10. Currently, there does not seem to be a structured way of monitoring the implementation of many of these resolutions that would lead to the Regional Committee assessing the status of actions taken. In order to decide that a specific resolution has been acted upon comprehensively by the Member States as well as by the Secretariat, it is crucial to institute a system whereby reporting back to the Regional Committee with more clarity could be possible. How and who would monitor and report at the country level on whether actions directed towards the Member States have been acted upon, still remains a grey area. Thus, a robust system, detailing the roles and responsibilities of both the Member States and the Secretariat in monitoring implementation of the Regional Committee resolutions could be an important step forward towards phasing out resolutions which may have outlived their relevance.

How to make reporting more efficient?

11. The need to clearly define the requirements for reporting on the implementation of the resolutions, especially for those resolutions wherein reporting back more than once to the Regional Committee is specified, the intervals in reporting may be revisited. Submission of such a proposal by the Secretariat could save considerable time of the Regional Committee.

12. Further, in order for such resolutions to be phased out in a structured manner, it could also be considered whether a deadline for reporting back to the Regional Committee should be indicated. This could be done by encouraging the Secretariat to comply with all the requirements and actions proposed before reporting to the Regional Committee.
Identifying the relevance and financial and other implications of the resolutions to the programme of work of WHO in the countries

13. While the need to phase out some of the resolutions cannot be overemphasized, it is equally important to take into consideration the focus of the resolutions adopted by the Regional Committee on the policy and strategy of the Organization. This would provide clear orientation to Member States and the Secretariat on their implementation.

14. Further, the resolutions adopted by the Regional Committee could also take into account the financial, technical and human resource implications of implementing such resolutions. They could also explore how these may be factored into the biennial regional and country workplans for ease of monitoring their implementation.

Can some of the resolutions be phased out?

15. The WHO reform process has, among others, brought the issue of phasing out resolutions to the discussion table. It may be noted that during the past 10 years or so, many of the existing resolutions may have been superseded by subsequent resolutions. It may also be worthwhile to consider phasing out those resolutions that have been superseded either partly or in their entirety at one or more subsequent Regional Committee sessions. This could help in focusing on the ‘live’ resolutions. In case phasing out outdated resolutions is proposed, what criteria and baseline (the starting year) could be used? How many ‘live’ resolutions should be maintained for effective and efficient management?

Proposed way forward

16. The Sixty-eighth Session of the Regional Committee may wish to: (i) decide on the year from which onwards the resolutions will be reviewed for phasing out, and (ii) define the parameters for phasing out the resolutions. For example, the proposed parameters may include: (i) resolutions which have already been implemented/acted upon by the Member States and/or by the Regional Office; (ii) resolutions which have outlived their relevance/utility owing to changed national/regional priorities and health situation; and (iii) resolutions that are open-ended with no requirement for reporting back.

17. This would also help in drawing up a more compact and focused agenda and programme to optimally utilize and manage the time of future sessions of the Regional Committee.