WHO reform:

Governance reform

Governance reform is one of the three pillars of WHO reform. However, unlike programmatic and managerial reform areas, governance reform has seen slower progress towards implementation of its activities than the other areas, in part due to the more complex nature of stakeholder interests.

A working group on governance reform has been established with priority to establish and further governance reform throughout the Organization, especially in regard to the (i) working methods of the governing bodies; and (ii) alignment of governance across the three levels of WHO.

The South-East Asia Region (SEAR) has implemented various governance reforms including: revised protocols for the election of the Regional Director, enhanced briefings to Member States in advance of governance events and streamlining the Regional Committee meeting. All of these activities are in line with the governance reform agenda.

The purpose of this agenda item is to further the governance reform process within the Region by: (1) actively engaging Member States at the Regional Committee in relation to governance matters; and (2) to seek the guidance of Member States on global, regional and country governance matters.

The High-Level Preparatory (HLP) Meeting for the Sixty-eighth Session of the WHO Regional Committee for South-East Asia held at WHO Regional Office in New Delhi on 29 June–2 July 2015, reviewed the attached working paper and made the following recommendation:

**Action by Member States**

1. Send suggestions and contributions to the focal points of the two sub-groups for consideration by the working group on governance reform.

The working paper and HLP recommendation are submitted to the Sixty-eighth Session of the WHO Regional Committee for South-East Asia for its consideration.
Background

1. The governance reform component of WHO reform consists of three main dimensions: (1) internal working methods of WHO’s governing bodies; (2) external engagement with stakeholders; and (3) WHO’s role in global health governance. Activity has largely focused on three areas:

   - revised protocol for election of the Director-General (DG);
   - improved working methods of governing bodies, including: (a) reduction in the number of agenda items; (b) use of traffic light system for managing interventions in governance meetings; (c) implementation of better governance coordination between major offices and across the three levels of WHO; and
   - framework for engagement with non-State actors.

2. Compared to the other components of WHO reform, governance reform has seen fewer initiatives move into the implementation phase. Initial progress in reform of election protocols and the working methods of the governing bodies was positive. However, progress since has been slow, in part, by the nature of governance matters in an organization such as WHO. For example, it has taken four years of deliberations to arrive at a position which may lead to consensus on the adoption of the framework for engagement with non-State actors.

3. These concerns voiced at the 136th Session of the Executive Board in January 2015 led to the establishment of a working group on governance reform with representation from Member States to examine the matter in more detail and make specific recommendations. The first meeting of the working group took place in April 2015 and led to the first open Member State meeting on governance reform on 13 May 2015. At present, it is anticipated that the working group will make recommendations to the 138th Session of the Executive Board in January 2016.

Working group on governance reforms

4. The primary focus of the working group is on the methods of work of the governing bodies in order to improve the alignment of all three levels of governance of WHO. The working group consists of two representatives from each region. The South-East Asia Region is represented by India and Thailand.

5. The first session of the working group resulted in a prioritized list of items to be addressed in relation to WHO governance:

   (1) Methods of work of the governing bodies
       a. Long-term planning of the agenda
       b. Methods of work of the “Bureau”
       c. Management of resolutions and decisions
       d. Handling of additional, supplementary or urgent items
       e. Management of the session
Alignment of governance of all three levels of WHO

a. Relationship and accountability lines between the DG and regional directors (RDs)

b. Transparency and accountability at all levels of the Organization

c. Focus on vertical coordination between regional and global governing bodies

d. Human resources

6. In addition to these items, Member States voiced the need for the Secretariat to better support them in understanding the various governance mechanisms in WHO. They also called upon Member States to consider adopting a "code of conduct" that would facilitate and ideally improve the work of the governance mechanisms within WHO.

Regional perspective

7. The Member States of the Region have made substantial progress in governance reforms. For instance, in relation to methods of work of regional governance, the Region has managed the agendas of governance meetings and the process of resolutions and decisions though the HLP and SPPDM mechanisms. In 2014, the Regional Committee streamlined the number of sessions through consolidation of the Senior Advisers’ Meeting, Health Ministers’ Meeting and the Regional Committee while introducing technical side events into the Regional Committee session.

8. Activities have also been undertaken to better align governance across the three levels of WHO. For several biennia, the participants in global and regional governance events from Member States have been briefed in detail prior to the meetings to strengthen the participation of the Member States’ delegations. In 2013, a revised process for the screening and nomination of RD was implemented in the Region, which offered greater transparency to the process.

9. Importantly, Member States of the Region have provided leadership in critical reform initiatives. For instance, the Region took on a key leadership role in relation to the Strategic Budget Space Allocation which was chaired by Maldives. Further, the Regional Office convened a special meeting of Member States to review and make proposals in relation to the framework of engagement with non-State actors. These regional activities have clearly had a positive contribution in shaping the debate at the global level.

10. Though the recent governance meetings in May 2015 clarified the role of the Global Policy Group as a consultative mechanism between the DG and RDs, some Member States have called for further strengthening of this accountability through supplementary mechanisms such as an “accountability compact”. Furthermore, several Member States have called for governance interventions to address issues with gender balance and geographic representation across the three levels of WHO.

11. In line with reform, the Region will continue efforts to strengthen and streamline the governance processes. For instance, in order to further harmonize, unify and engage with Member States, key global governance items will be introduced for discussion at the Sixty-eighth Session of the Regional Committee. At the same time, the Regional Office will continue
streamlining activities, including a move to reduce the reliance on printed materials in favour of electronic dissemination of governance information.

12. Other opportunities to further harmonize, ensure appropriate governance across all three levels of the Organization and reap efficiencies exist, and include utilization of country offices to provide briefings to Member States on governance and other matters.

Conclusion

13. Member States are invited to note the report. Importantly, the Secretariat welcomes guidance on how the governance process may be further strengthened both within the South-East Asia Region and across the three levels of WHO.