Reporting to the Health Assembly and the Executive Board on implementation of resolutions

1. At its past two meetings, the Programme Development Committee reviewed the reporting requirements contained in Health Assembly resolutions and decisions, and reached general agreement that discipline should be exercised by both the Board and the Health Assembly in calling for progress reports in the years after adoption of a substantive resolution on a given topic. Four suggestions for achieving the desired goal are set out below.

2. Currently, resolutions may set a fixed date for reporting to the Board or Health Assembly, or may include either a periodic reporting requirement, or an unspecified reporting requirement, or may not have any requirement for subsequent reporting. When a new resolution is adopted on a given topic, its reporting requirements supersede those of any earlier resolution on the topic.

3. It is clear from the debates that take place during approval of the resolution and at the time the subsequent reports are taken up in the Health Assembly that there may be different motivations behind the inclusion of a reporting requirement in the resolution. It might, for example, be regarded as the simplest way of ensuring that the topic is included on the agenda of subsequent meetings, either with or without a further substantive debate.

4. The work of WHO as laid out in the programme budget should reflect the action it should take in response to resolutions and decisions of its governing bodies. As the use of expected results and indicators in the programme budget becomes the basis for regular reporting of the Secretariat on WHO’s work and use of resources, it might be useful to review what complementary reports would be needed specifically for implementation of resolutions.

SUGGESTIONS

5. The first suggestion is to “wipe the slate clean”, i.e. to set reporting requirements back to zero. This measure would require the Health Assembly to decide that its earlier reporting requirements would no longer apply. Alternatively, the Health Assembly could decide that reporting requirements would be limited to a specific time frame, for instance, those decided upon in the previous four years.

6. The second suggestion is for a consolidated progress report to be submitted to the governing bodies. In the past, a single document contained progress reports on the implementation of resolutions and decisions of the Executive Board and the Health Assembly. Taking this document as a model, an
item could be introduced on the agenda of the January Board, entitled “Progress reports”, under which the consolidated progress report would be submitted. The consolidated report could be forwarded to the Health Assembly for information, the Board’s comments thereon being available in the summary records of the relevant meeting. If the Board or the Health Assembly saw a need for a separate agenda item for any of the topics covered in the consolidated progress report, they could accordingly propose that topic as an agenda item.

7. Thirdly, as far as possible fixed and time-limited dates for reporting are preferable to such open-ended phrases as “keeping the Assembly informed as appropriate”. The time frame needs to be realistic, taking account of the period required to implement the resolution.

8. Fourthly, the provisions of resolution WHA50.18, namely, that “reports on technical programme items which the Director-General has been requested to submit in budget years by previous resolutions of the Health Assembly shall henceforth be submitted in non-budget years” could be applied more rigorously (it is not followed at present because subsequent resolutions on individual subjects supersede it) by resolving that the consolidated report would be submitted in non-budget years only.

9. The Programme Development Committee may wish to review these suggestions and to make recommendations to the Executive Board for eventual consideration by the Health Assembly.