

Conjoint debate

Item 5.5 (Funding Dialogue, [EB134/9](#)), 5.6 (Resource Allocation, [EB134/10](#)) and 5.7 (Financing A&M, [EB134/11](#)) were considered conjointly on Day 3 of the EB meeting (Wednesday, Jan 22).

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5.5 Financing dialogue

Secretariat note: "The Secretariat presents a report (Document [EB134/9](#)) on the progress and outcomes to date of the financing dialogue."

See also Report of PBAC to WHA66 on WHO reform: Financing of WHO ([A66/50](#))

Background

Since the 1980s there has been a freeze on increases in Assessed Contributions (AC), initially in the 1980s a relative freeze but from 1993 (at the insistence of the USA) an absolute freeze (Lee 2009). Meanwhile, Voluntary Contributions (VC) have increased to a point where the latter contribute almost 80% of total WHO expenditure.

The freeze on AC has been mainly driven by the US because of, sequentially, the Code on the Marketing of Breast-milk Substitutes; the Essential Medicines List; the Primary Health Care model; the Framework Convention on Tobacco Control and most recently (2006) the resolution on Trade and Health.

The prevailing discourse from those who support the freeze on AC has been that WHO suffers from administrative inefficiencies and that a tight chokehold is necessary to discipline the Organisation.

In fact, in large degree the inefficiencies of the Organisation are a consequence of having to

manage two sources of funds, assessed and untied versus tied voluntary contributions. The former, the smaller tranche, is available to support what the WHA commits to through its resolutions. The latter, vastly overshadowing flexible funds, is available to support what the donors want WHO to do (and to prevent WHO from doing what they, the donors, do not support).

The current reform program was developed in an attempt to find a pathway through this contradiction. The 'financing dialogue' was conceived as a way of encouraging donors to support the WHA-adopted Program Budget.

The dialogue was launched on 24 June 2013; following the June meeting the dialogue was considered at regional committee meetings (see [EB134/4](#)); was discussed in briefings with Geneva based missions; and was reviewed in bilateral meetings with 19 of WHO's largest donors. The dialogue surfaced again in November with a two day meeting to review progress, identify areas of underfunding and develop strategies to address shortfalls. The agenda, papers, participants and presentations from this meeting are available [here](#).

[EB134/9](#) comments on:

- Predictability: WHO is marginally more secure than it was at this time two years ago;
- Alignment and flexibility: there are serious shortfalls in funding the WHA approved Program Budget;
- Transparency: there is appreciation of the new Program Budget web Portal ([PBP](#));
- Vulnerability: WHO depends upon 20 contributors (11 of whom are not member states) for 80% of voluntary contributions;
- Financing of administration and management: proposed re-allocation of the costs of management and administration to the programs;
- Coordination of resource mobilisation: need for continuing funds mobilisation;
- Reporting on results; support for better reporting on results;
- Evaluating the financing dialogue: need for evaluation of the financing dialogue.

PHM Comment

PHM acknowledges that **the financing dialogue has brought about some benefits:**

- The [PB portal](#) looks useful (although there are no meaningful financial statistics available for download in spreadsheet format and data provided to WHA are still available as PDFs only);
- There is considerable scope for improvement in the Organisation's evaluation practices and any impetus in this direction is to be welcomed.

However, Member States should be deeply concerned because:

- the **transaction costs** associated with the financing dialogue and the mix of revenue sources are huge, in terms of senior person time and cash expenditure

- on dialogue;
- huge swathes of the developing world have been **disenfranchised** by the progressive restrictions on WHO autonomy; the large donors, including large nation-states, private philanthropies, corporations and IFIs, exercise increasing influence over WHO's program;
- **important initiatives** commissioned through the WHA are being **held up for want of funding support**; these include: medicines regulation, trade and health, action on junk food.

The urgent needs now are to **increase assessed contributions** and to **increase the flow of voluntary contributions to the core account**: firstly by increasing the voluntary contributions from the emerging economies (presently very low); and second, by increasing the proportion of voluntary contributions going to core (untied) which is presently very low.

In order to save WHO from the rich donor chokehold, PHM calls upon:

- Member States to agree to **increase assessed contributions**; this was indeed one of the outcome of the extraordinary PBAC meeting held in December 2012 and it is also one of the recommendations of the report of the second stage evaluation on WHO reform (Doc [EB134/39](#): “An initial step could be to increase AC contributions to a third of the overall budget in 2016-17, with the view to achieve a balanced 50% AC-50% VC in the long-term”);
- emerging economies to **increase their voluntary contributions to core funding** (see reference in EB134/9 to the BRICS Health Ministers' communique to BRICS support for the financing dialogue);
- developed countries to **re-allocate their voluntary contributions** from specified purposes to the voluntary core account.

The External Evaluator ([EB134/39](#)) calls upon Member States to fulfill their 'duty of care' to the Organisation. This is an important and timely warning.

Annex. Analysis of A66/29 Add.1 and A66/30

Relatively few countries make any contribution to core

All member states:

· Vol contribs	104
○ >50% of vol to core	8
○ >10%,<50% of vol to core	10
○ >0%,<10% of vol to core	1
○ 0% of vol to core	85
· No vol contr	87

OECD and G20 member states:

- >50% of vol to core 5 (Greece, Belgium, Luxemburg, Denmark, Ireland)
- >10% but <50% 9 (Korea, Sweden, Finland, Australia, Switzerland, Netherlands,

Norway, New Zealand, UK)

- 0% vol to core 16 (Israel, Canada, USA, Germany, France, Slovenia, Italy, Japan, Saudi Arabia, Austria, Russian Fed, Spain, China, Indonesia, India, Brazil)
- No vol contribs 10 (Estonia, Czech, Poland, Slovakia, Hungary, South Africa, Chile, Argentina, Portugal, Mexico)

Of the 21 countries with GDP >\$500 billion:

- Vol contr 19
 - >50% to core 0
 - >10% but <50% core 6
 - >0% but <10% 1
 - 0% core 13
- No vol contr 1 (Mexico)

Of the 149 countries with GDP <\$500 billion

- No vol contr 74
- Vol contr 75
 - >50% to core 8
 - >10% but <50% to core 3
 - Nil to core 64

Total contributed (assessed/received plus voluntary) as a proportion of GDP (per million dollars of GDP, pm GDP) varies very widely

Among the OECD countries (33),

- >\$50 pm 6 (Luxemburg, Norway, Finland, Canada, UK, Sweden)
- >\$10 but <\$50 15 (Australia, Netherlands, Denmark, Belgium, Ireland, New Zealand, Switzerland, USA, Germany, Korea, France, Slovenia, Italy, Japan, Austria)
- >\$5 but <\$10 6 (Mexico, Estonia, Czech, Poland, Slovakia, Turkey)
- <\$5 5 (Hungary, Chile, Greece, Spain, Portugal)
- No GDP data 1 (Israel)

G20 but not OECD (8):

- >\$50 pm 0
- >\$10 pm 1 (Saudi Arabia)
- >\$5 but <\$10 pm 1 (Russian Fed)
- <\$5 pm 6 (South Africa, Argentina, China, Indonesia, India, Brazil)

Not G20 or OECD:

- >\$50 11
- >\$10 but <\$50 12
- >\$5 but <\$10 22
- <\$5 85
- No GDP data 24

References

GDP data taken from WB (<http://data.worldbank.org/indicator/NY.GDP.MKTP.CD>) at current US\$. For some countries there are no 2012 data.

Lee, K. (2009). The World Health Organization (WHO). London and New York, Routledge.

Notes from EB134 debate

The funding dialogue was considered on Day 3 of the EB meeting (Wednesday, Jan 22). It was considered conjointly with items 5.6 (ResAll [EB134/10](#)) and 5.7 Fin A&M ([EB134/11](#)). The following highlights are selected as referring to the FD.

The chair of PBAC introduced the debate emphasising that while the FD process is new and not complete, PBAC recommends continuing with the dialogue. PBAC believes this new approach will insure the availability of funds according to priority. See the Report of PBAC to the EB at [EB134/3](#), para 7.

Chad, speaking for the AFRO region, had read the report on the FD with interest and urged the Secretariat to go further with the FD in order for the PB can be carried out in full. Chad noted disparities between programmes; lack of coordination in resource mobilisation is a challenge; PB14-15 is not yet guaranteed this is a concern for us.

Lebanon, speaking on behalf of EMRO congratulated the DG on results reached so far. The FD appears to be an effective tool for financial accountability with better alignment between the PB and receipts and greater flexibility. All MSs should consider contributions supplemental to assessed contributions and also solidarity funding at the regional level. Bottom up planning and results based budgeting are necessary not to disadvantage countries. Lebanon referred to previously expressed concerns about the increasing share of voluntary funding and cross subsidisation. These have serious implications for accountability.

Croatia speaking for the EU, called for continuous commitment from all partners. The PB is the central tool; need for reinforcement of ownership. Need to increase the ownership of the secretariat. Croatia welcomed the development of the web portal and the commitment to further development as one of a set of tools to increase WHO transparency and improve the funding situation. Welcomed the coordinated resource mobilisation strategy and focus on key funding needs. Noted that 80% of funding comes from the top 20 donors; need to broaden the donor base.

Argentina thanked the Secretariat for the report on the FD. Improving alignment and broadening the donor base are key aspects.

Secretariat (Ms Zsuzsanna Jakab, EURO RD, previous DDG) asked how to mobilise resources to support all of the programmes? Why was the 2006 model for budgeting no longer any good? Because it only dealt with assessed contributions. In those days we distributed all the money

before we started on the biennium. For some parts of the budget I cannot use a formula to make such distributions; especially in relation to emergency needs like Philippines. We have three pillars; have made some progress; need to do more work; robust bottom up; division of labour; costing. So we can start planning for 16/17 PB; there will be more clarity in future; we will get there. We are listening to the advice of the PBAC members (who are nominated by the regions and therefore representative). Will get further advice from PBAC and will feed the advice back to you. Draft PB will be submitted to the regional committees this year. You still have time to feed into this process.

China appreciated the transparency and outcomes of the Financing Dialogue. Keen to see further study of alignment of available funds and PB priorities. Resource mobilisation and broadening contributor base should be carried out carefully to avoid conflict of interests and risks. Sect should ensure full cost recovery especially from hosted partnerships and continue efforts made to reduce costs. China asked that, regarding infrastructure costs; is it the case that it is only after the donors have committed donor funds we will know what their PSC will be?

Norway was pleased that the FD is now operational and with the potential to change the financing of WHO; an important achievement is the sense of collective responsibility; the challenges regarding distribution call for more flexibility among categories. It is a sensible step to allocate 80% of ACs at the beginning. Challenges include coordinated resources mobilization; HQ should take a leading role so encourage change in behaviour between WHO and contributor.

Canada asked for more clarification on how the Secretariat will deal with financial gaps; when it will happen, throughout the biennium?

Turkey acknowledged the efforts of the Secretariat to improve transparency as exemplified in the web portal. Appreciated the positive effect of FD; but it does not mitigate the risks associated with the small donor base in the long run.

MMI / PHM acknowledged that the financing dialogue has brought about some benefits in terms of more coordinated funds mobilization, more closely linked to the programme budget.

However it is, at best, a stop-gap measure:

- *firstly, because the transaction costs associated with conducting the financing dialogue and managing the mix of revenue sources are huge, in terms of senior person time and cash expenditure on the dialogue;*
- *secondly, because the large donors, including large nation-states, private philanthropies and corporations continue to exercise undue influence over WHO's program, significantly reducing its autonomy as a Member-State driven Organisation;*

- *thirdly, because important initiatives commissioned through the WHA are being held up for want of funding support. These include: rational use of medicines, trade and health, and action on junk food.*

The proposed financing dialogue presumes a continued freeze on assessed contributions which is one of the fundamental causes of WHO's disabilities.

The Second Stage Evaluation has issued a very clear warning to Member States, to take more seriously their 'duty of care' to the Organisation.

The Evaluation urges Member States to implement a substantial increase in assessed contributions; and to increase the flow of voluntary contributions to the core account: firstly by increasing the voluntary contributions from the emerging economies; and secondly, by increasing the proportion of voluntary contributions going to the voluntary core account, which is presently very low.

With no commitment to a real increase of assessed contributions, any proposal for reform will remain ineffective in the long run. We urge Member States to insist on sustainable financial mechanisms through adequate untied funding of WHO.

The Chair summarised the discussion of the financing dialogue, saying that it is 'going well'.

5.6 Strategic resource allocation

Secretariat note: "Decision [WHA66\(9\)](#) requested the Director-General to propose a new strategic resource allocation methodology in WHO, starting with the programme budget for 2016–2017, utilizing a robust, bottom-up planning process and realistic costing of outputs, and based on clear roles and responsibilities across the three levels of WHO. The Secretariat's paper ([EB134/10](#)) reports on progress and seeks broad guidance for further work by the Secretariat. The Board is requested to note the report and provide further guidance."

Background

The paper before the EB ([EB134/10](#)) commences by reviewing the three proposed pillars: bottom up budgeting, costing of outputs, clarity of responsibilities between levels.

The paper then identifies four 'broad operational segments' to be funded (country cooperation, global public goods, administration and management, and emergencies) and explores some considerations specific to resource allocation to these 'segments'.

PHM Comment

The paper does not touch upon the sequence of choices involved in expenditure budgeting; at what levels in which hierarchies the comparative merits of bottom up expenditure proposals are to be determined and aggregated and then transmitted for higher level consideration.

The paper does not touch upon the relationships between regions and directorates and how these will work together in developing and evaluating expenditure proposals.

The identification of the different 'operational segments' implies that somehow funding will be allocated within segments; it does not speak to how allocations across 'segments' might be determined. There is no consideration of how 'segments' map onto 'categories'.

This paper does not appear to advance the project of more strategic resource allocation.

Notes from EB134 debate

The EB considered SRA on Day 3 (Wednesday, Jan 22) in conjunction with 5.5 Financing Dialogue and 5.7 Financing Administration and Management

The PBAC Chair noted that the PBAC discussed on strategic resource allocation and agreed that further consultations are required before the WHA discussion to facilitate the MSs participation. See report of PBAC to EB134 at [EB134/3](#), paras 8-10.

The EB Chair, introducing the discussion, emphasised that the purpose of the discussion was to work out the processes involved in SRA, not to commence strategic resource allocation decisions here.

Mexico, speaking for the Americas region urged that the focus of WHO should be on the needs of countries; we would like to see a budget allocation procedure which is transparent and clear at global and regional levels. Priority should be given to tech work in countries. The Americas region suggested a working group with regional representation to meet before WHA67; to provide advice on the new process for SRA; more predictable and more accountable. Mexico suggests that the working group could start with a paper from Secretariat on the 2006 exercise. Seeking Secretariat advice on what the most approp involvement of countries in SRA.

Lebanon, on behalf of EMR, looked forward to bottom up planning and results based budgeting. This should not disadvantage countries; for this purpose WHO workforce distribution across three levels should be reworked in favour of country offices; these initiatives need to proceed together. MSs of EM Region think that a working group of experts should be involved to review current methodology and advise on a revised SRA.

Croatia on behalf of the EU, thanked the Secretariat for the strategic resource allocation paper and particularly the bottom up approach. The development of new methodologies for resource allocation should be driven by the Secretariat before next PBAC and WHA. EU will be fully engaged in this process.

Maldives noted that the 16/17 biennium is looming close and we have not yet determined guidelines on SRA. Maldives highlighted the need to attend to the balance between HQ and countries and spoke about maldistributions of funding across the SEA region. In this context Maldives argued for increased degree of flexibility needs to be increased. Maldives has a low disease burden and is under funded for this reason.

Sierra Leone aligned itself to the Afro statements on SRA. Responsibility and accountability are limited; there is misalignment across the organization; resources need to go to countries in greatest need and where WHO can make most impact.

Japan questioned the Secretariat regarding the document on SRA: clarity of roles and responsibilities between the three levels of the organisation is listed as one of the three pillars; as a matter of fact this issue of division of labour between the three levels has been discussed time and time again; >50 times over 20 years to my knowledge. The division of responsibility and labour has to be linked to SRA. My question to the Secretariat is whether you have already started consideration or you are ready to start developing cost mechanism so res alloc between three levels can be more equitable.

Australia supported the observations and recommendations of the PBAC; associated itself with the question from Japan about the division of responsibilities; and urged further consultations with MSs on this issue; via the web and in association with other meetings.

Switzerland spoke to the issue of strategic resource allocation and the three pillars. Now how to put these ideas into practice? The programme budget 2016-17 is not a transitional budget again. The Secretariat should be responsible for making a proposal. as well as supporting transparency to make best use of resources.

Argentina highlighted the need for bottom up planning and aligned with the request from Mexico for space to work together on the issue of resource allocation.

Chair: quite opposed propositions on the process related to strategic resource allocation. we have pbac considerations. one solid agreement for option 3.

DG: heart of the question: division of labour: discussed many time because it is a issue that WHO staff does not want to touch. [history of the DG]; division of labour never discussed because is a matter of responsibility and money; if we do not address this elephant we never have results.

From the Secretariat Ms Zsuzsanna Jakab (EURO RD, previous DDG) explained that the 2006 model was no longer relevant because it only dealt with assessed contributions. In those days we distributed all the money before we started the binennium. The bottom up approach is good but some parts of the budget we cannot use a formula for; especially in relation to emergency needs like Philippines. We have three pillars; have made some progress; need to do more work; robust bottom up; division of labour; realistic costing. So we can start planning for 16/17 PB; will be more clarity in future; we will get there. The Secretariat is listening to the advice of the PBAC members (nominated by the regions and therefore representative); Will get further advice from PBAC and will feed the advice back to you. Draft PB will be submitted to the regional committees this year. You still have time to feed into this process.

Lebanon commented that we are talking about a methodology of resource allocation; to develop such a methodology we need experts' opinions and then the MSs can agree on that; emphasise

the need for help from experts to develop methodologies. I observe a lot of concerns of not being treated fairly. We must know all our concerns. However, we are too emotionally linked to that discussion and we must take distance from that, by using experts who know the field. Then I must ask the members to accept the independent advice from the experts who need to listen to all the concerns of the counties and the DG.

Tunisia welcomed the Secretariat report on strategic resource allocation. Commented that in 1997 Tunisia made all the effort to establish a centre and now it is in full operation but underused and its a waste of resources; Tunisia has been requesting the support of WHO in order to improve the work: what to do for the centre to become more effective; we have been waiting and in the context of WHO reform it is important re cost and staff.

Norway spoke about the budget and the results chain and the base for allocation decisions across WHO; the three pillars contribute to this.

Argentina thanked the DG for the proposal ([EB134/10 Add.1](#)); sign of flexibility; need more specific info on the meeting; mandate and TOR of the meeting; what will it be studying? Need to have the mandate crystal clear. Consider the possibility of including another delegation from the region in the committee to have a bit more space in the discussion.

DG explained that the Secretariat suggestion is to use all the members of PBAC. Go back to the list of the PBAC and pick one of each region but it is not representative of all MSs; Some of the work requires technical expertise we need to call someone else and then we can come back to the PBAC; Proposal: step by step being aware of the costs; Nobody is removing any country in participating in the debate.

Argentina agreed with the DG.

The USA supported the recs from PBAC on res allocation: a robust bottom up approach and realistic costing. Aligned with statement from Mexico. Appreciate the DG's proposal; use of PBAC or PBAC-lite; we can participate even if we are not on the PBAC; clear TOR will help.

Germany aligns on the statement made by Croatia. We would be interested to see how flexible resources have been allocated. Strategic resource allocation is complex as seen by the multiple discussions. Thanks to Mexico for proposal. The success of reform depends on the capacity to consider outputs for the next years, robust bottom up planning, adequate costing of outputs. Confident that the Secretariat is progressing on these three pillars. WHO previously adopted a methodology for strat res allocation and it would be useful to learn from past experience but a light consultative process is suggested.

Turkey commented that SRA with three pillars is promising; need for principles to guide the process. The task is challenging and needs time; concerned that it may not be possible to have adequate progression before the next meeting; need a web based consultation to feed up discussion in May.

Chair commented that regarding SRA we have PBAC Lite to work with; PBAC to utilise experts as appropriate, with the Sect recommendation for mission briefing in the course of that to ensure there is transparency; calls for extended PBAC; is that a summary of where we are at?

Agreed

The discussion continued on Day 5 (Friday 24 Jan) when document [EB134/10](#) was noted and the draft decision included in [EB134/10 Add.1](#) was adopted as [EB134\(4\)](#).

5.7 Financing of administrative and management costs

Secretariat note: "In May 2013 Member States considered the findings of the study by an external consultant on management and administrative costs at WHO, and on how those costs are financed ([EBPBAC18/3](#) and [EB133/2](#)). The report to the Board ([EB134/11](#)) describes the approach proposed to Member States in relation to those findings and the consequent recommendations. The Board is requested to provide its views on this proposal, prior to its consideration by the Sixty-seventh World Health Assembly."

Background

With the freeze on assessed contributions (AC), the proportion of WHO expenditure coming from ACs has fallen to around 23%. ACs as a source of funds has gone increasingly to fund administration, management, infrastructure etc. The total cost of 'Administration and Management' (A&M) and 'Stewardship and Governance' (S&G) in 2012 was in excess of the total revenue from ACs. WHO has sought to raise administration and management funds from voluntary contributions (VCs) through the 13% admin charge on VC funded programs (from 1981); the 'post occupancy charge' (POC), from 2010 which is an admin charge on VC funded staff; and the Real Estate Fund.

However, many donors have been reluctant to pay the admin charge or the POC and, in the past, have negotiated discounts, thereby increasing the burden on AC funds.

If ACs are used solely to cover the admin costs that the donors do not pick up, it means that the governing bodies have absolutely no discretion with respect to implementing programs which have GB support but which do not attract donor support.

Document [EB134/11](#) is a follow up to an external consultant's report from 2012-13 which reviewed the funding, budgeting and monitoring of administrative and management costs.

The new document:

- defines and delineates the category Administrative and Management (A&M) costs for budgeting and accounting purposes;

- defines and delineates the category Stewardship and Governance (S&G) costs for budgeting and accounting purposes;
- proposes that A&M costs be budgeted and accounted for in the five functional categories of the program budget so that their link to program functions is clear, and so the requirement on donors to fund these costs (in relation to donor supported programs) is clear although they would also be reported separately;
- proposes that S&G costs remain in Category 6 as a separate category;
- reviews possible mechanisms for raising A&M funds;
- recommends a policy approach to be applied from 2016-17:
 - S&G to be funded by ACs so as to be secure from uncertainties with respect to VCs
 - Infrastructure and admin costs to be categorised as direct (identifiably related to a program) and indirect
 - direct infrastructure and admin to be funded as a component of program funding whether AC funded or VC funded
 - indirect infrastructure and admin to be aggregated within a 'programme support cost budget' across all five functional categories and differential charges applied to voluntary contributions depending on complexity and earmarking (non earmarked funds to be exempt from the charge).

The EB is invited to authorise this approach to be instituted for the 2016-17 biennium.

PHM Comment

PHM recognizes that clear accounting categories are necessary and that the proposed categories make sense. Also the proposed arrangements for funding infrastructure, A&M and S&G appear to be sensible strategies although it remains to be seen how successful they will be in raising funds for infrastructure and administrative costs.

Furthermore, the proposed system seems to be very complicated and will carry significant transaction costs. These are the costs of the AC freeze, donor dependence and the refusal of most MSs to contribute to the core untied account. [In 2012 87 MS made no VC; 104 MS did make VC; 85/104 (82%) of those made no contribution to core. Only 19 MS contributed to core, 8 of whom contributed >50% of their total VC to core. Revenue data from [A66/29 Add.1](#) and [A66/30](#).]

PHM endorses the strategy described in this paper but recognizes also that it is in large part an expensive palliation for the problem of the AC freeze. This is the fundamental problem and we urge MS to lift the freeze and redirect their VCs to core instead of tied purposes.

Notes from EB Debate

The financing of admin and management costs was considered on Day 3 (Wednesday, Jan 22) conjointly with 5.5 (FD) and 5.6 (ResAll).

Most of the MS comments focused on the latter two items. There was very little comment on the financing of administrative and management costs.

In his introduction the PBAC Chair noted that the PBAC had considered the report on A&M costs and noted the insufficiency of real estate funds.

Lebanon on behalf of EMR referred to previously expressed concerns about increasing share of voluntary earmarked funding and cross subsidisation of voluntary funded programs from ACs. This has serious implications for accountability. EMR supports Option 3 (para 22 of [EB134/11](#)) with a driver associated with each program which would drive funding. The suggested approach for PB16/17 regarding the allocation of A&M costs to separate programs would be OK.

Australia supported the recommendations regarding the financing of A&M costs.

Argentina thanked the Secretariat for the reports. The use of earmarked funds is not the best for S&G; doc does not provide enough info re meeting of A&M costs through assessed contribution.

China: Secretariat should ensure full cost recovery especially from hosted partnerships. With respect to infrastructure costs; does this mean that it is only after the donors have committed donor funds we will know what their PSC will be?

Turkey: budgeting A&M cost needs to adequately address; separ stewardship and gov under this item; reasonable to have cost recovery formulas but carefully to preserve

Chair: In terms of A&M allocations; clear messages from MS and PBAC: recommendations of [EB134/11](#) adopted!