



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
114th Session
Provisional agenda item 3

EB114/2
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Outcome of the Fifty-seventh World Health Assembly

1. The Fifty-seventh World Health Assembly dealt with a heavy agenda, covering inter alia: 16 subitems under Technical and health matters; financial and management matters; collaboration within the United Nations system and with other intergovernmental organizations; health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine; policy for relations with nongovernmental organizations; staffing matters; and governing body matters. In all, the Health Assembly adopted the 19 resolutions and four decisions approved by Committees A and B.
2. In his address to the Health Assembly, the Director-General emphasized the urgency of WHO's work in the context of the amount of disease, suffering and death in the world. He gave the floor to Ms Anastasia Kamylyk from Belarus who related her experience as a person living with HIV. The Director-General continued by describing some of the major issues of WHO's work and the changes he is making to how WHO operates. In the second part of his address he focused on four areas of health work where more needs to be done, namely the link between health equity and development; reduction of maternal mortality and protection of the health of children; reduction of the gross inequities in health-research funding; and tackling the gaps and delays in health information systems.
3. The Health Assembly was addressed by two invited speakers, former President of the Republic of Korea, Dr Kim Dae-jung, and former President of the United States of America, Mr Jimmy Carter.
4. Four round-table discussions on HIV/AIDS were held concurrently on Monday, 18 May 2004, during the Health Assembly. Health ministers or their representatives analysed four key issues and indicated how the challenges posed by HIV/AIDS could best be tackled. Participants shared information on best practices, identified means of overcoming major constraints and obstacles to success, highlighted essential policy interventions and action strategies, examined the role of the health and other sectors in improving HIV/AIDS prevention, treatment and care, and made recommendations to WHO to take forward work in this area.

COMMITTEE A

5. Committee A dealt with item 12, Technical and health matters. Some items and subitems were transferred to Committee B (see paragraph 15 below). The Committee approved draft resolutions on several major issues.
6. A draft resolution on the Global Strategy on Diet, Physical Activity and Health was approved after a lengthy consultation process that was undertaken in order to resolve the concerns of many Member States, which, nevertheless, recognized the global importance of the Strategy.

7. A draft resolution on HIV/AIDS, covering a range of issues and endorsing the “3 by 5” strategy in the context of prevention, treatment, care and support services, was approved.
8. The Committee also approved inter alia draft resolutions on road safety and health, family and health, reproductive health, the control of human African trypanosomiasis, surveillance and control of Buruli ulcer, and health systems, with a focus on migration of health workers.
9. The Committee reviewed a series of progress reports on the implementation of previous Health Assembly resolutions (see also paragraph 15 below).
10. Although the programme of work was heavy, a series of working groups and less formal consultations resulted in a consensus being reached on most issues. On one issue, infant and young child nutrition, the Committee decided that the proposed draft resolution be deferred for consideration by the Executive Board at its 115th session and the subsequent Health Assembly.

COMMITTEE B

11. The work of Committee B concentrated on Programme and budget matters; financial, internal audit and oversight, staffing and legal matters; collaboration within the United Nations system and with other intergovernmental organizations; and policy for relations with nongovernmental organizations.
12. The Committee started its work with the discussion of the health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine. Some 26 delegates took the floor and a roll-call vote was taken. With 82 voting Members, the draft resolution was approved with 76 votes in favour, 6 votes against and 39 abstentions.
13. The subitem on Regular budget allocations to regions produced a concerted discussion with more than 30 delegations expressing their views on the matter, and the Committee decided to defer the matter for further consideration by the Executive Board at its 115th session.
14. An important aspect of the discussions of the item on Policy for relations with nongovernmental organizations was the impressive diversity of views. Committee B therefore decided that further consideration will be given to the matter after the Director-General had consulted more broadly with all partners and a relevant draft resolution could be submitted to a subsequent Health Assembly through the Executive Board.
15. Committee B took up four agenda items or subitems on Technical and health matters that were transferred from Committee A. The item on Quality and safety of medicines: regulatory systems gave rise to much discussion, which provided support for WHO’s work in this area. Committee B approved the draft resolution on the eradication of dracunculiasis; Member States acknowledged and saluted progress towards that goal. Discussions on the subitems Integrated prevention of noncommunicable diseases and WHO Framework Convention on Tobacco Control, under Implementation of resolutions, were enlightening.

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