



WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 2

A54/2
30 March 2001

Report of the Executive Board on its 106th and 107th sessions

Report by the Chairman

1. The Executive Board held its 106th session on 22 May 2000, and its 107th session from 15 to 22 January 2001. Between the two sessions members of the Board participated in a retreat (Hertenstein, Switzerland) from 12 to 14 November 2000. The main outcomes are summarized below.

106th SESSION (22 May 2000)

2. The Board welcomed the new approach to the development of the **Proposed programme budget** for 2002-2003, noting the progress made since the discussion at the 105th session. The report presented to members allowed the Board to discuss, a year in advance, the priorities to be used to allocate resources for the budget.

3. As requested in resolution WHA52.10, a report was submitted to the Board on the destruction of **variola virus** stocks. The report provided the initial recommendations and plans of a group of experts, established in accordance with the resolution to set research priorities.

4. In discussing the **Meetings of Interested Parties**, members welcomed the provision in the guidelines that reports would be communicated to the Board. They noted that it was important to draw a distinction between such meetings and those of the governing bodies. It was suggested that a statement to that effect should be included in the guidelines.

5. The members of the Board endorsed the procedures presented for follow up to reports of the **Joint Inspection Unit**, while the implications of this new system were to be left for consideration at the 107th session of the Board.

6. Following consultations with the Chairmen of the Programme Development Committee (PDC), the Administration, Budget and Finance Committee (ABFC) and the Audit Committee, the Chairman of the Board proposed revised **terms of reference** for the committees. These were adopted on a provisional basis (resolution EB106.R1).

RETREAT (12 to 14 November 2000)

7. Nearly all members of the Board attended the retreat at Hertenstein, hosted by the Swiss Government, where discussion focused on four main issues: the role and functions of the Board (based

on a report prepared by the Chairman); *The world health report 2000*, public health and civil society; massive effort against diseases of poverty; and links between clinical medicine and public health. Members broadly supported proposals for improved functioning of the Board, such as electronic communication, earlier participation in the elaboration of agendas and a more formal process of guidance for new members, but they also wanted more engagement to ensure follow up of resolutions and decisions. Their analysis and comments regarding *The world health report* were further pursued during the debate in the 107th session (see paragraph 13 below). Members also asked to be kept informed about the progress of the initiatives against diseases of poverty.

8. Progress was demonstrated in the implementation of the Chairman's initiative to harness Web technology to facilitate electronic communication between members with the launch of an electronic forum for discussion and sharing of information, exclusively for members of the Board, thereby creating a "Virtual Executive Board". This Internet-based facility offers several advantages over conventional e-mail communication.

107th SESSION (15 to 22 January 2001)

9. In her **report, the Director-General** covered a range of issues including the reduction of poverty through improving health, assessing health systems performance, mental health, access to essential medicines and the proposed programme budget.

10. The new format of the proposed **general programme of work**, especially with its shortened timeframe, close linkage to the budget and clear identification of priorities, was first reviewed by the PDC. The Board adopted a resolution recommending approval of the proposed programme by the Fifty-fourth World Health Assembly (resolution EB107.R1).

11. A major item on the agenda, the **Proposed programme budget for 2002-2003**, occupied more than three meetings. The new strategic structure of the budget, with its strong focus on priorities and on expected results, was appreciated by ABFC and PDC, which had jointly reviewed the budget before the session, and by the Board members. Comments from members focused on strengthening certain areas of work and on refining some of the expected results and indicators. The Board forwarded the proposed programme budget to the Health Assembly for approval.

12. As decided by the Fifty-third World Health Assembly (decision WHA53(10)), the **global strategy for infant and young child feeding** was put on the agenda of the 107th session of the Board, and, also as agreed, a drafting group was established. Many hours of hard work yielded the text of a proposed resolution to the Fifty-fourth World Health Assembly which the Board adopted in its final act of the session (resolution EB107.R16). The wide-ranging text calls for protection, promotion and support of breastfeeding and complementary feeding practices, and improving the nutrition of women of reproductive age. It also addresses the issue of breastfeeding by HIV-positive mothers. The text will also need to be finalized following the outcome of the systematic review of the scientific literature, and conclusions and recommendations of an expert consultation.

Technical and health matters

13. The discussion of the agenda item on the **assessment of the performance of health systems** was full and vigorous. Although it was generally accepted that *The world health report 2000* helped to raise health to the top of political and health policy agendas, the approach and the methods used, in particular the application of a single attainment index, were debated. In her opening remarks the

Director-General had outlined some steps that she was taking to support Member States in their regular assessment of health systems performance. These measures included setting up a technical consultation process, with participation of Member States, in particular on the best data and methods to be used, and the establishment of an advisory group that would include members of the Board. Her proposals were welcomed. A drafting group was established to prepare a draft resolution, which after considerable further discussion was approved (resolution EB107.R8). This noted with satisfaction the measures proposed by the Director-General and further requested several actions, including initiation of a review of methods for performance assessment, consultation with Member States, more work into the development of indicators, and drawing up a plan for improving data quality.

14. Much time was spent discussing the draft resolution on **Global health security: epidemic alert and response**. The final text prepared by a drafting group, which the Board adopted as resolution EB107.R13, recommending a resolution to the Fifty-fourth World Health Assembly, supports the continuing revision of the International Health Regulations and calls for the strengthening of preparedness and response activities. It encourages partnerships for a global alert and response system and the strengthening of diagnostic and epidemiological capabilities of countries.

15. Good progress in implementing resolution WHA49.1 on **Strengthening nursing and midwifery** was commended. However, the global shortage of trained nurses and midwives is increasing. Salaries are low and working conditions hard, particularly in developing countries. The Board (resolution EB107.R2) recommends that the Health Assembly should adopt a resolution which urges the engagement of nurses and midwives in the formulation and execution of health policy at all levels. It calls on Member States to support the recruitment and retention of a skilled and motivated workforce in the sector and to buttress the profession's integral role in the health services. It asks the Director-General to support an analysis of the reasons for the shortage of skilled staff and to ensure the involvement of nursing and midwifery experts in health planning.

16. Nearly 25 years after the last Health Assembly resolution specifically on **schistosomiasis**, the Board considered a report on that and soil-transmitted helminthiases, which together remain the most prevalent parasitic diseases in the world. Treatment, especially regular chemotherapy for school-age children, is particularly cost-effective. The Board adopted the text of a resolution for adoption by the Health Assembly, prepared by a drafting group (resolution EB107.R12), which endorses the strategy of treatment and assured access to single-dose drugs. It also calls for advocacy for new partnerships across a spectrum of sectors and support for coordination and research activities.

17. The first session of the Intergovernmental Negotiating Body (INB), which met in October 2000, decided that only those nongovernmental organizations in official relations with WHO should participate in its work, but expressed an interest in seeing an accelerated procedure for according official relations to nongovernmental organizations interested in participating in its work. In its decision EB107(2), the Board responded by adopting a new procedure for according official relations to such nongovernmental organizations through the grant of provisional official relations to those meeting the conditions set forth in its decision.

18. In the discussion of the report by the Director-General on **Health promotion**, members of the Board welcomed the renewed priority that WHO was giving to the subject, recognizing that it was central to health policies and programmes. The report will be amplified for submission to the Fifty-fourth World Health Assembly.

19. Other matters discussed included reports for information on **Roll Back Malaria**, preparation of this year's world health report on **mental health**, progress towards eradication of **poliomyelitis** – with the recognition of the certification that transmission of wild poliovirus had been interrupted in all areas

of the Western Pacific Region. More detailed consideration of **HIV/AIDS** was deferred to the Fifty-fourth World Health Assembly.

Financial and management matters

20. The Board had responded to the suggestion at the Fifty-third World Health Assembly that it should propose a standard procedure for handling requests from Member States for special arrangements for settling **arrears of payment** of assessed contributions. The proposed mechanism includes submission of requests for rescheduling of payment of arrears and supporting information to ABFC, which would make recommendations to the Health Assembly. A resolution has been forwarded to the Health Assembly for adoption (resolution EB107.R3).

21. The extensive operation of revising the Financial Regulations and Financial Rules was completed with the confirmation of the revised **Financial Rules** (resolution EB107.R6).¹ A milestone had been reached and the texts held important implications for the modernization of WHO.

22. In three resolutions (EB107.R7, EB107.R9, and EB107.R11) the Board confirmed a series of amendments to the **Staff Rules**. These reflect recommendations made in the strategic framework for management of human resources which flows from policies adopted by the executive heads of organizations in the United Nations system, recommendations of the International Civil Service Commission, and experience. The changes include those in respect of entitlement to sick leave, maternity and paternity leave (in the latter case the confirmation was introduced provisionally), new dependency allowances and an increase in the number of official holidays from nine to 10 days.

23. The **guidelines on working with the private sector** to achieve health outcomes were seen as helping to ensure transparency and avoid potential conflicts. However, members considered that the guidelines needed refinement and they asked the Organization to continue to examine the matter, taking into account the comments expressed at the meeting, as well as additional views that should be obtained by a process of further consultation with Board members. They requested the Director-General to report back to the Board at its 109th session in January 2002.

Role of the Executive Board

24. Concerns were expressed about the need for greater efficiency in the work of the Board and trend towards a certain duplication of the functions of the Health Assembly. While full debate of all issues and use of procedures such as working or drafting groups was no doubt democratic, it may not be the optimal use of the Board's time and abilities. A major role of the Board was to focus the work of WHO. Members of the Board need to examine its role and function more closely at future sessions.

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¹ See document EB107/2001/REC/1, Annex 2.