

## RESOLUTIONS

### **EB120.R1      Poliomyelitis: mechanism for management of potential risks to eradication**

The Executive Board,

Having considered the report on eradication of poliomyelitis,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on eradication of poliomyelitis;

Recalling resolution WHA59.1, urging Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild poliovirus;

Recognizing that the occurrence of endemic poliovirus is now restricted to geographically limited areas in four countries;

Recognizing the need for international consensus on long-term policies to minimize and manage the risks of re-emergence of poliomyelitis in the post-eradication era;

Recognizing that travellers from areas where poliovirus is still circulating may pose a risk of international spread of the virus;

Noting that planning for such international consensus must commence in the near future,

1. URGES all Member States where poliomyelitis is still prevalent, especially the four countries in which poliomyelitis is endemic:

(1) to establish mechanisms to enhance political commitment to, and engagement in, poliomyelitis eradication activities at all levels, and to engage local leadership and members of the remaining poliomyelitis-affected populations in order to ensure full acceptance of, and participation in, poliomyelitis immunization campaigns;

(2) to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

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<sup>1</sup> Document EB120/4 Rev.1.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

2. URGES all Member States:

- (1) to protect against importations and international spread of wild polioviruses by reviewing and, if appropriate, updating national policy to recommend full immunization against poliomyelitis for travellers to areas in which poliovirus is circulating;
- (2) to revise national policy and legislation on immunization of travellers from countries in which poliovirus is circulating in accordance with temporary or standing recommendations that may be established under the International Health Regulations (2005) once they enter into force;
- (3) to reduce the potential consequences of importation of wild poliovirus by achieving and maintaining routine immunization coverage against poliomyelitis greater than 90% and, where appropriate, conducting supplementary poliomyelitis immunization activities;
- (4) to strengthen active surveillance for acute flaccid paralysis in order rapidly to detect any circulating wild poliovirus and prepare for certification of poliomyelitis eradication;
- (5) to prepare for the long-term biocontainment of polioviruses by implementing the measures set out under phases 1 and 2 in the current edition of the WHO global action plan for laboratory containment of wild polioviruses;<sup>1</sup>

3. REQUESTS the Director-General:

- (1) to continue to provide technical support to the remaining Member States where poliomyelitis is still prevalent in their efforts to interrupt the final chains of transmission of wild poliovirus, and to Member States at high risk of an importation of poliovirus;
- (2) to assist in mobilizing financial resources to eradicate poliomyelitis from the remaining areas where poliovirus is circulating, to provide support to countries currently free of poliomyelitis that are at high risk of an importation of poliovirus, and to minimize the risks of re-emergence of poliomyelitis in the post-eradication era;
- (3) to continue to work with other organizations of the United Nations system on security issues, through mechanisms such as “days of tranquillity”, in areas where better access is required to reach all children;
- (4) to initiate the process for a potential standing recommendation, under the International Health Regulations (2005), on the immunization against poliomyelitis of travellers from areas where poliovirus is circulating;
- (5) to submit proposals to the Sixty-first World Health Assembly with a view to minimizing the long-term risks of reintroduction of poliovirus or re-emergence of poliomyelitis in the post-eradication era, by establishing international consensus on the long-term use of poliomyelitis vaccines and biocontainment of infectious and potentially infectious poliovirus materials.

(Fourth meeting, 23 January 2007)

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<sup>1</sup> Document WHO/V&B/03.11 (second edition).

**EB120.R2 Appointment of the Regional Director for the Eastern Mediterranean**

The Executive Board,

Considering the provisions of Article 52 of the Constitution of WHO;

Considering the nomination made by the Regional Committee for the Eastern Mediterranean at its fifty-third session,<sup>1</sup>

1. REAPPOINTS Dr Hussein A. Gezairy as Regional Director for the Eastern Mediterranean Region as from 1 October 2007;
2. AUTHORIZES the Director-General to issue to Dr Hussein A. Gezairy a contract for a period of five years from 1 October 2007, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 23 January 2007)

**EB120.R3 Tuberculosis control: progress and long-term planning**

The Executive Board,

Having considered the report on tuberculosis control: progress and long-term planning,<sup>2</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>3</sup>

The Sixtieth World Health Assembly,

Having considered the report on tuberculosis control: progress and long-term planning;

Noting the progress made since 1991 towards achieving the international targets for 2005, and more recently following the establishment, in response to resolution WHA51.13, of the Stop TB Partnership;

Aware of the need to build on this progress and overcome constraints in order to reach the international targets for tuberculosis control for 2015 set by the Stop TB Partnership – in line with the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration to “have halted by 2015 and begun to reverse the incidence of major diseases” – of halving tuberculosis prevalence and death rates by 2015 compared with 1990 levels;

Noting the development of the Stop TB strategy as a comprehensive approach to tuberculosis prevention and control that incorporates the internationally agreed tuberculosis control strategy (DOTS strategy) and represents a significant expansion in the scale and scope of tuberculosis-control activities;

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<sup>1</sup> Resolution EM/RC53/R1.

<sup>2</sup> Document EB120/8.

<sup>3</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

Welcoming the Partnership's Global Plan to Stop TB 2006–2015, which sets out the activities oriented towards implementing the Stop TB strategy and achieving the international targets for tuberculosis control for 2015;

Aware of the need to increase the scope, scale and speed of research needed to achieve the international targets for tuberculosis control for 2015 and the goal of eliminating tuberculosis as a global public-health problem by 2050;

Concerned that delays in implementing the Global Plan will result in increasing numbers of tuberculosis cases and deaths, including those due to multidrug-resistant (and extensively drug-resistant) tuberculosis and to the impact of HIV, and therefore in delays in achieving by 2015 the international targets for tuberculosis control and the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Recalling that resolution WHA58.14 encouraged Member States to fulfil their commitments to ensure the availability of sufficient domestic resources and of sufficient external resources to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration,

1. URGES all Member States:

(1) to develop and implement long-term plans for tuberculosis prevention and control in line with the Global Plan to Stop TB 2006–2015, in the context of overall health development plans, in collaboration with other programmes (including those on HIV/AIDS, child health and strengthening of health systems), and through national Stop TB partnerships where appropriate, with the aim of:

(a) accelerating progress towards the international targets for tuberculosis control for 2015 through full and rapid implementation of the Stop TB strategy;

(b) accelerating improvement of health-information systems in order to serve the assessment of national programme performance;

(c) limiting the emergence and transmission of multidrug-resistant tuberculosis, including extensively drug-resistant tuberculosis, by ensuring high-quality implementation of the DOTS strategy by tuberculosis programmes as the first and foremost step in full implementation of the Stop TB strategy, and by prompt implementation of infection-control precautions;

(d) if affected, immediately addressing extensively drug-resistant tuberculosis as part of the overall Stop TB strategy, as the highest health priority;

(e) enhancing laboratory capacity in order to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis, and promote access to quality-assured sputum smear microscopy;

(f) increasing access to quality-assured second-line medicines at affordable prices through the Stop TB Partnership's Green Light Committee;

(2) to use all possible financing mechanisms in order to fulfil the commitments made in resolution WHA58.14, including that to ensure sustainable domestic and external

financing, thereby filling the funding gaps identified in the Global Plan to Stop TB 2006–2015;

(3) to declare, where appropriate, tuberculosis as an emergency and to allocate additional resources in order to strengthen activities aimed at stopping the spread of extensively drug-resistant tuberculosis;

2. REQUESTS the Director-General:

(1) to intensify support provided to Member States in expanding implementation of the Stop TB strategy by developing capacity and improving the performance of national tuberculosis-control programmes, particularly the quality of DOTS activities, and by implementing infection-control precautions within the broad context of strengthening health systems in order to achieve the international targets for 2015;

(2) to strengthen urgently WHO's support to countries affected by extensively drug-resistant tuberculosis;

(3) to enhance WHO's leadership within the Stop TB Partnership in its coordination of efforts to implement the Global Plan to Stop TB 2006–2015 and to facilitate long-term commitment to sustainable financing of the Global Plan through improved mechanisms for increased funding;

(4) to strengthen mechanisms to review and monitor estimates of impact of control activities on the tuberculosis burden, including incidence, prevalence and mortality;

(5) to support Member States in developing laboratory capacity to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis;

(6) to enhance WHO's role in tuberculosis research in order to promote the applied research necessary to reach the international targets for tuberculosis control for 2015 and the basic research necessary to achieve the goal of eliminating tuberculosis by 2050; and to increase global support for those areas of tuberculosis research that are currently underresourced;

(7) to report to the Sixty-third World Health Assembly through the Executive Board on:

(a) progress in implementation of the Global Plan to Stop TB 2006–2015, including mobilization of resources from domestic and external sources for its implementation;

(b) progress made in achieving the international targets for tuberculosis control by 2015, using the “proportion of tuberculosis cases detected and cured under directly observed treatment, short course (DOTS)” (Millennium Development Goal indicator 24) as a measure of the performance of national programmes, and tuberculosis incidence and “prevalence and death rates associated with tuberculosis” (Millennium Development Goal indicator 23) as a measure of the impact of control on the tuberculosis epidemic.

(Eighth meeting, 25 January 2007)

**EB120.R4      Health systems: emergency-care systems**

The Executive Board,

Having considered the report on health systems: emergency-care systems;<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on health systems: emergency-care systems;

Recalling resolutions WHA56.24 on implementing the recommendations of the *World report on violence and health* and WHA57.10 on road safety and health, which respectively noted that violence was a leading worldwide public health problem and that road-traffic injuries caused extensive and serious public-health problems;

Further recalling that resolution WHA56.24 requested the Director-General to provide technical support for strengthening trauma and care services to survivors or victims of violence, and that resolution WHA57.10 recommended Member States to strengthen emergency and rehabilitation services, and requested the Director-General to provide technical support for strengthening systems of prehospital and trauma care for victims of road-traffic injuries;

Recognizing that each year worldwide more than 100 million people sustain injuries, that more than five million people die from violence and injury, and that 90% of the global burden of violence and injury mortality occurs in low- and middle-income countries;

Aware of the need for primary prevention as one of the most important ways to reduce the burden of injuries;

Recognizing that improved organization and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, plays an important role in preparedness for, and response to, mass-casualty incidents, and can lower mortality, reduce disability and prevent other adverse health outcomes arising from the burden of everyday injuries;

Considering that WHO's published guidance and electronic tools offer a means to improve the organization and planning of trauma and emergency care that is particularly adapted to meeting the needs of low- and middle-income countries;

1.    CONSIDERS that additional efforts should be made globally to strengthen provision of trauma and emergency care so as to ensure timely and effective delivery to those who need it in the context of the overall health-care system, and related health and health-promotion initiatives;

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<sup>1</sup> Document EB120/27.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

2. URGES Member States:

- (1) to assess comprehensively the prehospital and emergency-care context including, where necessary, identifying unmet needs;
- (2) to ensure involvement of ministries of health in, and an intersectoral coordination mechanism for, review and strengthening of the provision of trauma and emergency care;
- (3) to consider establishing formal prehospital trauma and emergency-care systems in locations where they would be cost-effective, including those where the frequency of injury is high, and to draw on informal systems and community resources in order to establish prehospital-care capacity in areas where formal, prehospital, emergency medical-care systems are impractical;
- (4) in settings with a formal, emergency medical-care system, and where appropriate and feasible, to ensure that a monitoring mechanism exists to promote and assure minimum standards for training, equipment, infrastructure and communication;
- (5) in locations with a formal, emergency medical-care system, or where one is being developed, to establish, and make widely known, a universal-access telephone number;
- (6) to identify a core set of trauma and emergency-care services, and to develop methods for assuring and documenting that such services are provided appropriately to all who need them;
- (7) to consider creating incentives for training and to improve working conditions for health-care providers concerned;
- (8) to ensure that appropriate core competencies are part of relevant health curricula and to promote continuing education for providers of trauma and emergency care;
- (9) to ensure that data sources are sufficient to monitor objectively the outcome of efforts to strengthen trauma and emergency-care systems;
- (10) to review and update relevant legislation, including where necessary financial mechanisms and management methods, so as to ensure that a core set of trauma and emergency-care services are accessible to all people who need them;

3. REQUESTS the Director-General:

- (1) to devise standardized tools and techniques for assessing need for prehospital and facility-based capacity in trauma and emergency care;
- (2) to develop techniques for reviewing legislation related to provision of emergency care, and to compile examples of such legislation;
- (3) to determine standards, mechanisms, and techniques for inspection of facilities, and to provide support to Member States for design of quality-improvement programmes and other methods needed for competent and timely provision of essential trauma and emergency care;
- (4) to provide guidance for the creation and strengthening of mass-casualty management systems;

- (5) to provide support to Member States, upon request, for needs assessments, facility inspection, quality-improvement programmes, review of legislation, and other aspects of strengthening provision of trauma and emergency care;
- (6) to encourage research and collaborate with Member States in establishing science-based policies and programmes for implementation of methods to strengthen trauma and emergency care;
- (7) to collaborate with Member States, nongovernmental organizations and other stakeholders in order to help ensure that the necessary capacity is in place effectively to plan, organize, administer, finance and monitor provision of trauma and emergency care;
- (8) to raise awareness that low-cost ways exist to reduce mortality through improved organization and planning of provision of trauma and emergency care, and to organize regular expert meetings to further technical exchange and build capacity in this area;
- (9) to report on progress made in implementing this resolution to the Health Assembly, through the Executive Board.

(Ninth meeting, 26 January 2007)

**EB120.R5      Oral health: action plan for promotion and integrated disease prevention**

The Executive Board,

Having considered the report on oral health: action plan for promotion and integrated disease prevention,<sup>1</sup> and the report on prevention and control of noncommunicable diseases: implementation of the global strategy,<sup>2</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>3</sup>

The Sixtieth World Health Assembly,

Recalling resolutions WHA22.30, WHA28.64 and WHA31.50 on fluoridation and dental health, WHA36.14 on oral health in the strategy for health for all, WHA42.39 on oral health; WHA56.1 and WHA59.17 on the WHO Framework Convention on Tobacco Control; WHA58.22 on cancer prevention and control; WHA57.14 on scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS; WHA57.16 on health promotion and healthy lifestyles; WHA57.17 on the Global Strategy on Diet, Physical Activity and Health; WHA58.16 on strengthening active and healthy ageing; WHA51.18 and WHA53.17 on prevention and control of noncommunicable diseases, and WHA58.26 on public-health problems caused by harmful use of alcohol;

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<sup>1</sup> Document EB120/10.

<sup>2</sup> Document EB120/22.

<sup>3</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

Acknowledging the intrinsic link between oral health, general health and quality of life;

Emphasizing the need to incorporate programmes for promotion of oral health and prevention of oral diseases into programmes for the integrated prevention and treatment of chronic diseases;

Aware that the importance of the prevention and control of noncommunicable diseases has been highlighted in the Eleventh General Programme of Work 2006–2015;

Appreciating the role that WHO collaborating centres, partners and nongovernmental organizations play in improving oral health globally,

1. URGES Member States:

(1) to adopt measures to ensure that oral health is incorporated as appropriate into policies for the integrated prevention and treatment of chronic noncommunicable diseases;

(2) to take measures to ensure that evidence-based approaches are used to incorporate oral health into national policies as appropriate for integrated prevention and control of noncommunicable diseases;

(3) to consider mechanisms to provide coverage of the population with essential oral-health care, to incorporate oral health in the framework of enhanced primary health care for chronic noncommunicable diseases, and to promote the availability of oral-health services that should be directed towards disease prevention and health promotion for poor and disadvantaged populations, in collaboration with integrated programmes for the prevention of chronic noncommunicable diseases;

(4) for those countries without access to optimal levels of fluoride, and which have not yet established systematic fluoridation programmes, to consider the development and implementation of fluoridation programmes, giving priority to equitable strategies such as the automatic administration of fluoride, for example, in drinking-water, salt or milk, and to the provision of affordable fluoride toothpaste;

(5) to take steps to ensure that prevention of oral cancer is an integral part of national cancer-control programmes, and to involve oral-health professionals or primary health care personnel with relevant training in oral health in detection, early diagnosis and treatment;

(6) to take steps to ensure the prevention of oral disease associated with HIV/AIDS, and the promotion of oral health and quality of life for people living with HIV, involving oral-health professionals or staff who are specially trained in primary health care, and applying primary oral-health care where possible;

(7) to develop and implement the promotion of oral health and prevention of oral disease for preschool and school children as part of activities in health-promoting schools;

(8) to scale up capacity to produce oral-health personnel, including dental hygienists, nurses and auxiliaries, providing for equitable distribution of these auxiliaries to the primary-care level, and ensuring proper service back-up by dentists through appropriate referral systems;

(9) to develop and implement, in countries affected by noma, national programmes to control the disease within national programmes for the integrated management of childhood illness and for the reduction of malnutrition and poverty, in line with internationally agreed health-related development goals, including those contained in the Millennium Declaration;

(10) to incorporate an oral-health information system into health surveillance plans so that oral-health objectives are in keeping with international standards, and to evaluate progress in promoting oral health;

(11) to strengthen oral-health research and use evidence-based oral-health promotion and disease prevention in order to consolidate and adapt oral-health programmes, and to encourage the intercountry exchange of reliable knowledge and experience of community oral-health programmes;

(12) to address human resources and workforce planning for oral health as part of every national plan for health;

(13) to consider increasing the budgetary provisions dedicated to the prevention and control of oral and craniofacial diseases and conditions;

2. REQUESTS the Director-General:

(1) to raise awareness of the global challenges to improving oral health, and the specific needs of low-income countries and of poor and disadvantaged population groups;

(2) to ensure that the Organization, at global and regional levels, provides advice and technical support, on request, to Member States for the development and implementation of oral-health programmes within integrated approaches to monitoring, prevention and management of chronic noncommunicable diseases;

(3) continually to promote international cooperation and interaction with and among all actors concerned with implementation of the oral-health action plan, including WHO collaborating centres for oral health and nongovernmental organizations;

(4) to communicate to UNICEF and other organizations of the United Nations system that undertake health-related activities, the importance of integrating oral health into their programmes;

(5) to strengthen WHO's technical leadership in oral health.

(Ninth meeting, 26 January 2007)

**EB120.R6 Integrating gender analysis and actions into the work of WHO: draft strategy**

The Executive Board,

Having considered the draft strategy for incorporating a gender perspective into the mainstream of WHO's work,<sup>1</sup>

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<sup>1</sup> Document EB120/6.

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>1</sup>

The Sixtieth World Health Assembly,

Having considered the draft strategy for incorporating a gender perspective into the mainstream of WHO's policies and programmes;

Recalling the Programme of Action of the International Conference on Population and Development (Cairo, 1994), the Beijing Declaration and Platform for Action (Beijing, 1995), the recommendations of Beijing plus 10 Conference (2005) and their reports, the Economic and Social Council's agreed conclusions 1997/2, the United Nations Millennium Declaration 2000, the 2005 World Summit Outcome<sup>2</sup> and resolution WHA58.30 on accelerating achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration,

1. NOTES WITH APPRECIATION the strategy for incorporating a gender perspective into the mainstream of WHO's work;
2. URGES Member States:
  - (1) to include gender analysis and planning in joint strategic and operational planning, including country cooperation strategies;
  - (2) to formulate national strategies for addressing gender issues in health policies, programmes and research, including in the area of reproductive and sexual health;
  - (3) to lay emphasis on training and sensitization on, and promotion of, gender, women and health;
  - (4) to ensure that gender-friendly health care is incorporated in all levels of health-care delivery;
  - (5) to collect and analyse sex-disaggregated data and use the results to inform policies and programmes;
  - (6) to make progress towards gender equality in the health sector, in order to ensure that the contribution of women, men, girls and boys to health care is considered in health policy and planning;
3. REQUESTS the Director-General:
  - (1) to assess and address gender differences and inequalities in the planning, implementation, monitoring and evaluation of WHO's work, and to include this requirement in post descriptions and criterion in performance evaluation;
  - (2) to define indicators and to monitor, and assure accountability for, implementation of the strategy by the Secretariat at headquarters and in regional and country offices;

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

<sup>2</sup> United Nations General Assembly resolution 60/1.

- (3) to support and sustain incorporation of a gender perspective into the mainstream of WHO's policies and programmes, including through recruiting staff with specific responsibility and experience on gender and women's health;
- (4) to provide support to Member States for formulating and sustaining strategies and action plans for integrating gender equality in all health policies, programmes, and research;
- (5) to give priority to the use of sex-disaggregated data and gender analysis in WHO's publications, and in efforts to strengthen health-information systems, in order to ensure that they reflect awareness of gender equality as a determinant of health;
- (6) to ensure that programmatic and thematic evaluations indicate the extent to which gender issues have been incorporated in the Organization's work;
- (7) to ensure full implementation of the strategy, and to report every two years on progress to the Health Assembly, through the Executive Board.

(Ninth meeting, 26 January 2007)

**EB120.R7      Avian and pandemic influenza: developments, response and follow-up, application of the International Health Regulations (2005), and best practice for sharing influenza viruses and sequence data**

The Executive Board,

Having considered the reports on avian and pandemic influenza: developments, response and follow-up, application of the International Health Regulations (2005), and best practice for sharing influenza viruses and sequence data,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on avian and pandemic influenza: developments, response and follow-up;

Recalling resolutions WHA58.5 and WHA59.2, which expressed concern about the potential of the H5N1 strain of *Influenzavirus A* to cause a pandemic and urged Member States to disseminate to WHO collaborating centres information and relevant biological materials, including clinical specimens and viruses;

Recognizing, in particular, the importance of international sharing, with WHO collaborating centres, of clinical specimens and viruses as a contribution to assessment of the pandemic risk, development of pandemic vaccines, updating of diagnostic reagents and test kits, and surveillance for resistance to antiviral medicines,

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<sup>1</sup> Documents EB120/15, EB120/16, and EB120/INF.DOC./3, respectively.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

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1. URGES Member States:

- (1) to continue to support the WHO Global Influenza Surveillance Network and its procedures for the routine collection, exchange and characterization of circulating strains of seasonal influenza viruses;
- (2) to establish mechanisms, in accordance with their domestic laws and regulations and international regulations, such as those for biosafety and transportation, that ensure the routine and timely sharing of biological materials related to novel influenza viruses posing a pandemic threat, including H5N1 virus isolates from both humans and animals, and the routine and timely placement of data on the genetic sequences of these viruses in publicly available databases;
- (3) to support implementation of WHO's global pandemic-influenza action plan to increase vaccine supply<sup>1</sup> as a means of increasing availability and access to pandemic influenza vaccines;
- (4) to continue to conduct rapid clinical and epidemiological investigation of human infections, and to share findings in a timely manner with WHO and the international community;

2. REQUESTS the Director-General:

- (1) to continue to coordinate international surveillance of seasonal influenza viruses and viruses with pandemic potential;
- (2) to strengthen the communication mechanism so that national influenza centres receive routine notifications in a timely manner of the summary results of important virological analyses conducted by WHO collaborating centres and H5 reference laboratories;
- (3) to promote the broadest possible access to practical products, including pandemic influenza vaccines, resulting from research on influenza viruses, including the H5N1 strain;
- (4) to take appropriate action if WHO is notified by a Member State that believes that the viruses provided by that Member State were misused by a WHO collaborating centre or an H5 reference laboratory for research or commercial purposes in a manner that violates best practice;<sup>2</sup>
- (5) to facilitate broader and more equitable regional distribution of production capacity for influenza vaccine and increased production capacity for pandemic vaccines by leading the implementation of WHO's global pandemic-influenza action plan to increase vaccine supply, emphasizing those activities that help to increase access to pandemic vaccines in developing countries and other countries that lack domestic manufacturing capacity;
- (6) as appropriate, to identify, recommend and provide support for the implementation of possible options aimed at promoting the accessibility of a pandemic-influenza vaccine

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<sup>1</sup> Document WHO/IVB/06.13 – WHO/CDS/EPR/GIP/2006.1.

<sup>2</sup> Document EB120/INF.DOC./3.

and antiviral medicines to all, for example by mobilizing adequate funding for research on, and development of, a pandemic-influenza vaccine and antiviral medicines;

(7) to continue to assess the evolving threat of an influenza pandemic and keep the international community informed in a timely manner;

(8) to provide support to developing countries, including those sharing their viruses, for building capacity for surveillance, case detection and reporting by facilitating the participation of scientists from countries sharing viruses in relevant research and analysis conducted by the WHO collaborating centres in the WHO Global Influenza Surveillance Network;

(9) to cooperate with Member States in order to establish feasible and sustainable incentives, including encouragement and public acknowledgement of their contributions, for sharing their viruses and genetic-sequence information;

(10) to mobilize additional support for Member States with vulnerable health systems in order to strengthen these systems and improve their state of preparedness;

(11) to report annually to the Health Assembly, through the Executive Board, on the situation of pandemic influenza and global preparedness.

(Tenth meeting, 26 January 2007)

#### **EB120.R8 Smallpox eradication: destruction of variola virus stocks**

The Executive Board,

Having considered the reports on smallpox eradication: destruction of variola virus stocks,<sup>1</sup>

SUBMITS to the Sixtieth World Health Assembly for its consideration the following draft resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Recalling resolution WHA49.10, which recommended a date for the destruction of the remaining stocks of variola virus, subject to a decision by the Health Assembly, and resolution WHA52.10, which authorized temporary retention of the virus stocks to a later date, subject to annual review by the Health Assembly;

Noting that the Health Assembly decided in resolution WHA55.15 to authorize further, temporary, retention subject to all approved research being outcome-oriented, time-limited and periodically reviewed and to a proposed new date for destruction being set when research accomplishments and outcomes allowed consensus to be reached on the timing of destruction of variola virus stocks;

Noting that authorization was granted to permit essential research for global public-health purposes, including further international research into antiviral agents and improved and safer

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<sup>1</sup> Documents EB120/11 and EB120/39.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

vaccines, and for high priority investigations of the genetic structure of the virus and the pathogenesis of smallpox;

Noting that resolution WHA52.10 requested the Director-General to appoint a group of experts that would establish what research, if any, must be carried out in order to reach global consensus on the timing for destruction of existing variola virus stocks;

Recalling the decisions of previous Health Assemblies that the remaining stocks of the variola virus should be destroyed;

Recognizing that the destruction of all variola virus stocks is an irrevocable event and that the decision of when to do so must be made with great care;

Recalling resolution WHA55.16, which called for a global public-health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health;

Further recognizing that unknown stocks of live variola virus might exist, and that the deliberate or accidental release of any smallpox viruses would be a catastrophic event for the global community;

Having considered the report on smallpox eradication: destruction of variola virus stocks and the report of the eighth meeting of the WHO Advisory Committee on Variola Virus Research;<sup>1</sup>

Noting with satisfaction the considerable progress achieved in the development of antiviral agents, improved and safer vaccines, and sensitive and specific diagnostic tests, and in sequencing of entire genomes of viruses from numerous different strains;

Aware that no antiviral agents for smallpox have been licensed, that live variola virus will be needed to ensure efficacy testing in vitro, and that further refinement of the animal model might be needed to make it more suitable for efficacy testing of these agents;

Further noting that the WHO-led inspections in 2005 of the two authorized repositories reaffirmed that the safety and security of the virus stocks are satisfactory;

Noting that the WHO Advisory Committee on Variola Virus Research at its seventh meeting perceived an urgent need to review all proposals for further research using live variola virus against the considerable progress made to date;<sup>2</sup>

Further noting that the Secretariat, as requested by the WHO Advisory Committee, has identified a format for research proposals and has established a protocol and time frame for their submission to the Committee for its consideration, and that approved research is reported to WHO according to an established protocol;

1. **STRONGLY REAFFIRMS** the decisions of previous Health Assemblies that the remaining stocks of variola virus should be destroyed;

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<sup>1</sup> Documents EB120/11 and EB120/39, respectively.

<sup>2</sup> See document A59/10.

2. FURTHER REAFFIRMS:

(1) the need to reach consensus on a proposed new date for the destruction of variola virus stocks, when research outcomes crucial to an improved public-health response to an outbreak so permit;

(2) the decision in resolution WHA55.15 (to continue the work of the Advisory Committee on Variola Virus Research with respect to the research involving variola virus stocks and to ensure that the research programme is conducted in an open and transparent manner) that the research programme shall be conducted in an open and transparent manner only with the agreement and under the control of WHO;

3. DECIDES to include a substantive item: “Smallpox eradication: destruction of variola virus stocks” on the provisional agenda of the [**Sixty-third/Sixty-fourth**] World Health Assembly;

4. REQUESTS the Director-General:

(1) to undertake a major review [**in 2009/2010**] of the results of the research undertaken, currently under way, and the plans and requirements for further essential research for global public health purposes, taking into account the recommendations of the WHO Advisory Committee on Variola Virus Research, so that the [**Sixty-third/Sixty-fourth**] World Health Assembly may reach global consensus on the timing of the destruction of existing variola virus stocks;

(2) to continue the work of the WHO Advisory Committee on Variola Virus Research, and to disseminate its recommendations more widely to the scientific community;

(3) to review the membership of the WHO Advisory Committee and the representation of advisers and observers at meetings of this Committee, in order to ensure balanced geographical representation, with the inclusion of experts from developing countries, and substantial representation of public-health experts, and the independence of the members of this Committee from any conflict of interest;

(4) to ensure that approved research proposals, research outcomes and the benefits of this research are made available to all Member States;

(5) to maintain biannual inspections of the two authorized repositories in order to ensure that conditions of storage of the virus and of research conducted in the laboratories meet the highest requirements for biosafety and biosecurity;

(6) to develop continually the operational framework for WHO’s smallpox vaccine reserve;

(7) to continue to report annually on progress in the research programme, biosafety, biosecurity and related issues to the Health Assembly, through the Executive Board, and on implementation of the recommendations of the WHO Advisory Committee on Variola Virus Research accepted by the Director-General;

(8) to ensure that any research undertaken does not involve genetic engineering of the variola virus;

- (9) to ensure that the two authorized repositories of live virus, and any other institution that has fragments of variola virus DNA, distribute such DNA only for purposes of research on diagnostics, treatment and vaccines, in accordance with recommendations of the WHO Advisory Committee on Variola Virus Research;
- (10) to submit an annual detailed report to the Health Assembly, through the Executive Board, on the research that has been completed, the results of such research, research being undertaken, and research being planned at the two authorized repositories;
- (11) to submit to the Sixty-first World Health Assembly a report on the legal status of the variola virus strains held at the two repositories with respect to their ownership;
- (12) to submit a report to the Sixty-first World Health Assembly, through the Executive Board, on measures that promote in Member States the widest and most equitable access possible to the outcomes of the research, including antiviral agents, vaccines and diagnostic tools.

(Eleventh meeting, 27 January 2007)

#### **EB120.R9 Amendments to the Financial Regulations and Financial Rules**

The Executive Board,

Having examined the report of the Director-General on the proposed amendments to the Financial Regulations and Financial Rules, and the proposed introduction of the International Public Sector Accounting Standards,<sup>1</sup>

1. CONFIRMS, in accordance with Financial Regulation 16.3, the deletion of Financial Rule 104.2 relating to the financial incentive scheme, to be effective as from the date on which the Health Assembly deletes Financial Regulations 6.5 and 8.2.
2. RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:

The Sixtieth World Health Assembly,

Having considered the report on the introduction of the International Public Sector Accounting Standards (IPSAS) and associated amendments to the Financial Regulations proposed by the Director-General and endorsed by the Executive Board at its 120th session;

1. ENDORSES the introduction of IPSAS;
2. NOTES the change to the United Nations System Accounting Standards (UNSAS) that will permit WHO to introduce IPSAS progressively;
3. Further NOTES that the Director-General shall submit to the governing bodies for consideration at future sessions proposals to amend the Financial Regulations and Financial Rules resulting from the adoption of IPSAS;

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<sup>1</sup> Documents EB120/21 and EB120/21 Corr.1.

4. ADOPTS amendments to Financial Regulation 4.4 in order to clarify operation of the exchange-rate facility, to be effective as from 1 January 2008, and to Financial Regulation 4.5 in order to permit regular budget resources to be carried forward to pay for commitments made before the end of a financial period and undertaken by the end of the first year of the next financial period;

5. DELETES Financial Regulations 6.5 and 8.2 in order to terminate the financial incentive scheme that has failed to encourage prompt payment of Member States' assessments, to be effective as from 1 January 2008;

(Twelfth meeting, 29 January 2007)

### **EB120.R10 Confirmation of amendments to the Staff Rules<sup>1</sup>**

The Executive Board,

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Acting Director-General:<sup>2</sup> (a) with effect from 1 January 2007 concerning the remuneration of staff in the professional and higher categories; (b) with effect from the school year in progress on 1 January 2007 concerning the education grant; and (c) with effect from 1 July 2007 concerning home leave, special leave, leave without pay, leave for military training or service, sick leave (family-emergency leave), maternity leave, paternity leave, adoption leave, travel of staff members, travel of children under the education grant, resignation, completion of appointments, notice of termination, and effective date of termination.

(Twelfth meeting, 29 January 2007)

### **EB120.R11 Confirmation of amendments to the Staff Rules**

The Executive Board,

Having considered the report on confirmation of amendments to the Staff Rules,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:

The Sixtieth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors as from 1 January 2007 at US\$ 168 826 per annum before staff assessment, resulting in a modified net salary of US\$ 122 737 (dependency rate) or US\$ 111 142 (single rate);

2. ESTABLISHES the salary of the Deputy Director-General as from 1 January 2006 at US\$ 181 778 per annum before staff assessment, resulting in a net salary of US\$ 131 156 (dependency rate) or US\$ 118 034 (single rate); and, as from 1 January 2007, at US\$ 185 874

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<sup>1</sup> See Annex 1.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

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per annum before staff assessment, resulting in a net salary of US\$ 133 818 (dependency rate) or US\$ 120 429 (single rate);

3. ESTABLISHES the salary of the Director-General as from 1 January 2007 at US\$ 228 818 per annum before staff assessment, resulting in a modified net salary of US\$ 161 732 (dependency rate) or US\$ 143 829 (single rate).

(Twelfth meeting, 29 January 2007)

## **EB120.R12 Rational use of medicines**

The Executive Board,

Having considered the report on progress in the rational use of medicines, including better medicines for children,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on rational use of medicines: progress in implementing the WHO medicines strategy;

Recalling the report on rational use of medicines by prescribers and patients, discussed at the Fifty-eighth World Health Assembly, and followed by adoption of resolution WHA58.27 on antimicrobial resistance;

Recalling resolutions WHA39.27, WHA41.16 and WHA47.13 on the rational use of drugs, WHA41.17, WHA45.30 and WHA47.16 on ethical criteria for medicinal drug promotion, WHA43.20 and WHA45.27 on the WHO Action Programme on Essential Drugs, WHA47.12 on the role of the pharmacist, WHA49.14 and WHA52.19 on the revised drug strategy, WHA51.9 on cross-border advertising, promotion and sale of medical products using the Internet, and WHA54.11 on the WHO medicines strategy;

Recognizing the efforts of WHO in collaboration with governments, universities, the private sector, and nongovernmental organizations, in areas related to health-care delivery systems and health-insurance programmes in order to improve the use of medicines by prescribers, dispensers and patients;

Aware of the core components of WHO's strategy for promoting the rational use of medicines;<sup>3</sup>

Wishing to promote evidence-based rational use of medicines by providers and consumers and better access to essential medicines;

Aware that irrational use of medicines continues to be an urgent and widespread problem in the public and private health sector in developed and developing countries with serious

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<sup>1</sup> Document EB120/7.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

<sup>3</sup> Document WHO/EDM/2004.5.

consequences in terms of poor patient outcome, adverse drug reactions, increasing antimicrobial resistance and wasted resources;

Acknowledging that successful implementation of previous resolutions on antimicrobial resistance cannot be achieved without addressing the global problem of irrational use of medicines;

Recognizing that many countries do not have a stringent drug-regulatory authority nor a full national programme or body to promote rational use of medicines;

Emphasizing that global initiatives to increase access to essential medicines should adhere to the principle of rational use of medicines, and include adherence by patients;

Concerned that insufficient attention and resources are being directed towards tackling the problem of irrational use of medicines by prescribers, dispensers and consumers;

Emphasizing the need for a comprehensive, sustainable, national and sector-wide approach to promote the rational use of medicines;

Recognizing that financing of medicines and methods of arrangements for provider payments can have a major impact on rational use, and that appropriate policies on financing health care are required;

Recognizing that there may be incentives for the irrational use of medicines throughout the health system, for example in some circumstances which give rise to conflict of interest;

Concerned that direct-to-consumer or Internet sales may give rise to irrational use of medicines;

Convinced that it is time for governments, the health professions, civil society, the private sector and the international community to pledge their commitment, including adequate resources, to promoting the rational use of medicines,

1. URGES Member States:<sup>1</sup>

(1) to invest sufficiently in human resources and provide adequate financing in order to strengthen institutional capacity in order to ensure more appropriate use of medicines in both the public and private sectors;

(2) to consider establishing and/or strengthening, as appropriate, a national drug regulatory authority and a full national programme and/or multidisciplinary body, involving civil society and professional bodies, to monitor and promote the rational use of medicine;

(3) to consider developing, strengthening and implementing, where appropriate, the application of an essential medicines list into the benefit package of the existing or new insurance funds;

(4) to develop and strengthen existing training programmes on rational use of medicines and ensure that they are taken into account in the curricula for all health professionals and medical students, including their continuing education, where appropriate, and to promote programmes of public education in rational use of medicines;

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<sup>1</sup> And regional economic integration organizations, where appropriate.

- (5) to enact new, or enforce existing, legislation to ban inaccurate, misleading or unethical promotion of medicines, to monitor promotion of medicines, and to develop and implement programmes that will provide independent, nonpromotional information about medicines;
- (6) to develop and implement national policies and programmes for improving medicine use, including clinical guidelines and essential medicines lists, as appropriate, with an emphasis on multifaceted interventions targeting both the public and private health sectors, and involving providers and consumers;
- (7) to consider developing, and strengthening where appropriate, the capacity of hospital drug and therapeutic committees to promote the rational use of medicines;
- (8) to expand to national level sustainable interventions successfully implemented at local level;

2. REQUESTS the Director-General:

- (1) to strengthen the leadership and evidence-based advocacy role of WHO in promoting rational use of medicines;
- (2) in collaboration with governments and civil society, to strengthen WHO's technical support to Member States in their efforts to establish or strengthen, where appropriate, multidisciplinary national bodies for monitoring medicine use, and implementing national programmes for the rational use of medicines;
- (3) to strengthen the coordination of international financial and technical support for rational use of medicines;
- (4) to promote research, particularly on development of sustainable interventions for rational medicine use at all levels of the health sector, both public and private;
- (5) to promote discussion among health authorities, professionals and patients on the rational use of medicines;
- (6) to report to the Sixty-second World Health Assembly, and subsequently biennially, on progress achieved, problems encountered and further actions proposed in the implementation of WHO's programmes to promote rational use of medicines.

(Twelfth meeting, 29 January 2007)

**EB120.R13 Better medicines for children**

The Executive Board,

Having considered the report on progress in the rational use of medicines, including better medicines for children,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

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<sup>1</sup> Document EB120/37.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

The Sixtieth World Health Assembly,

Having considered the report on better medicines for children;

Recalling resolutions WHA39.27, WHA41.16 and WHA47.13 on the rational use of drugs, WHA41.17 on ethical criteria for medicinal drug promotion, WHA43.20 and WHA45.27 on the WHO Action Programme on Essential Drugs, WHA47.12 on the role of the pharmacist in support of the WHO revised drug strategy, WHA49.14 and WHA52.19 on the revised drug strategy, WHA54.11 on the WHO medicines strategy, and WHA58.27 on improving the containment of antimicrobial resistance;

Recognizing the efforts of WHO in collaboration with governments, other organizations in the United Nations system, universities, the private sector, nongovernmental organizations and funding agencies in areas related to improving access to better medicines for children;

Aware of the core components of WHO's global framework for expanding access to essential medicines;

Wishing to promote evidence-based selection and use of medicines for children by health providers and carers;

Aware that there are regional initiatives to address inadequate access to essential medicines for children;

Wishing to ensure better access to essential medicines for children as a prerequisite for achieving health outcomes as set out in the internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Aware that the lack of access to essential medicines of assured quality continues to pose significant risks of high morbidity and mortality in children, especially those under five years of age;

Concerned that children can be further disadvantaged by lack of physical and economic access to essential medicines, especially in vulnerable communities;

Recognizing that many countries do not have the requisite capacity to regulate and control medicines for children;

Aware that many manufacturers of essential medicines have neither developed nor produced appropriate dosage forms and strengths of medicines for children;

Concerned that there is insufficient investment in the clinical trials, development and manufacture of medicines for children;

1. URGES Member States:

(1) to take steps to identify appropriate dosage forms and strengths of medicines for children, and to encourage their manufacture and licensing;

(2) to investigate whether currently available medicines could be formulated to make them suitable for use in children;

(3) to encourage research and development of appropriate medicines for diseases that affect children, and to ensure that high-quality clinical trials for these medicines are conducted in an ethical manner;

(4) to facilitate timely licensing of appropriate, high-quality and affordable medicines for children and innovative methods for monitoring the safety of such medicines, and to encourage the marketing of adequate paediatric formulations together with newly developed medicines;

(5) to promote access to essential medicines for children through inclusion, as appropriate, of those medicines in national medicine lists, and procurement and reimbursement schemes, and to devise measures to monitor prices;

(6) to collaborate in order to facilitate innovative research and development on, formulation of, regulatory approval of, provision of adequate prompt information on, and rational use of, paediatric medicines and medicines authorized for adults but not approved for use in children;

(7) to use mechanisms including, where appropriate, existing international trade agreements that might impact health, in order to ensure children's access to essential medicines, where applicable;

2. REQUESTS the Director-General:

(1) to promote the development, harmonization and use of standards for clinical trials of medicines for children; to revise and regularly update the Model List of Essential Medicines in order to include missing essential medicines for children, using evidence-based clinical guidelines; and to promote application of such guidelines by Member States and international financing bodies, with initial focus on treatments for HIV/AIDS, tuberculosis, malaria and chronic diseases;

(2) to ensure that all relevant WHO programmes, including but not limited to that on essential medicines, contribute to making safe and effective medicines as widely available for children as for adults;

(3) to promote the development of international norms and standards for quality and safety of formulations for children, and of the regulatory capacity to apply them;

(4) to make available evidence-based treatment guidelines and independent information on dosage and safety aspects of essential medicines for children, progressively to cover all medicines for children, and to work with Member States in order to implement such guidelines;

(5) to collaborate with governments, other organizations of the United Nations system, donor agencies and nongovernmental organizations in order to encourage fair trade in safe and effective medicines for children and adequate financing for securing better access to medicines for children;

(6) to report to the Sixty-second World Health Assembly, and subsequently as appropriate, through the Executive Board, on progress achieved, problems encountered and specific actions needed to further promote better access to medicines for children.

(Twelfth meeting, 29 January 2007)

**EB120.R14 Health promotion in a globalized world**

The Executive Board,

Having considered the report on health promotion in a globalized world,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Recalling resolutions WHA42.44 on health promotion, public information and education for health, WHA51.12 on health promotion, WHA57.16 on health promotion and healthy lifestyles, and the outcomes of the six international conferences on health promotion (Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005);

Having considered the report on follow-up to the 6th Global Conference on Health Promotion (Bangkok in 2005), which confirms the need to focus on health promotion actions to address the determinants of health;

Drawing on the Declaration of Alma-Ata, the Ottawa Charter for Health Promotion, and the Bangkok Charter for Health Promotion in a Globalized World which sets out strategic directions for equitable health improvement in the first decades of the twenty-first century;

Considering the actions and recommendations set out in the Bangkok Charter for Health Promotion in a Globalized World to make the promotion of health central to the global development agenda, a core responsibility for all governments and a key focus of communities, civil society, and the private sector;

Noting that health promotion is essential for meeting the targets of the internationally agreed health-related development goals, including those contained in the Millennium Declaration, is intimately related to the work of WHO's Commission on Social Determinants of Health, and makes an important contribution to realizing the objectives of the Eleventh General Programme of Work;

Recognizing that the dramatic changes of the global burden of disease require greater attention, and call for adjustments in society at large and in resource allocation in order to tackle the immediate and underlying determinants of health;

Confirming the importance of addressing also the wider determinants of health, and of implementing recommendations on, and undertaking action for, health for all,

1. URGES all Member States:

(1) to increase, as appropriate, investments in, and to frame sound policies for, health promotion as an essential component of equitable social and economic development;

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<sup>1</sup> Document EB120/12.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

- (2) to establish, as appropriate, effective mechanisms for a multisectoral approach in order to address effectively the social, economic, political and environmental determinants of health throughout the life-course;
- (3) to support and foster the active engagement in health promotion of communities, civil society, the public and private sectors and nongovernmental organizations, including associations of public health, while avoiding any possible conflict of interest;
- (4) to monitor and evaluate systematically health-promotion policies, programmes, infrastructure and investment, on a regular basis, including consideration of the use of health-impact assessments;
- (5) to close the gap between current practices and those functions based on the evidence of effective health promotion by the full use of evidence-based health promotion;

2. REQUESTS the Director-General:

- (1) to strengthen the capacity for health promotion across the Organization in order to provide better support to Member States by advancing knowledge and the active engagement of other appropriate organizations of the United Nations system and international organizations;
- (2) to provide support to Member States in their continuous efforts to strengthen national health systems with a special focus on the primary health sector, in order to enhance the ability to tackle serious threats to health, including those caused by noncommunicable diseases;
- (3) to optimize use of existing forums of Member States for multisectoral stakeholders, interested organizations and other bodies, while avoiding any possible conflict of interest, in order to support the development and implementation of health promotion;
- (4) to encourage the convening of national, subregional, regional and global conferences on health promotion on a regular basis;
- (5) to monitor and evaluate progress, to identify major shortcomings in health promotion globally, and to report on a regular basis;
- (6) to facilitate exchange of information with international nonhealth forums on key aspects of health promotion;
- (7) to report to the Sixty-first World Health Assembly, through the Executive Board, on progress in implementing this resolution.

(Twelfth meeting, 29 January 2007)

**EB120.R15 WHO's role and responsibilities in health research**

The Executive Board,

Having considered the report on WHO's role and responsibilities in health research,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Recalling resolution WHA58.34 on the Ministerial Summit on Health Research;

Having considered the report on WHO's role and responsibilities in health research;

Acknowledging the critical role of the entire spectrum of health and medical research in improving human health;

Recognizing that research into poverty and inequity in health is limited, and that the ensuing evidence is important to guide policy in order to minimize gaps;

Reaffirming that research to strengthen health systems is fundamental for achieving internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

Recognizing that a wide gap exists between developed and developing countries in the capacity for health research, that it may hamper efforts to achieve better health results, and that it may contribute to worsening the brain drain;

Noting in particular the work of IARC, the WHO Centre for Health Development, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction;

Convinced that research findings and data derived from effective health-information systems should be used to inform decisions about the delivery of interventions to those who need them most;

Mindful that the Organization should lead by example in the use of research findings to inform decisions about health;

Reaffirming the role of WHO's cosponsored research programmes in support of neglected areas of research relevant to poor and disadvantaged populations, particularly poverty-related diseases, tuberculosis, malaria and AIDS, and recognizing the contributions of WHO to strengthening research capacity;

Committed to ensuring ethical standards in the conduct of health research supported by the Organization,

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<sup>1</sup> Document EB120/14.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

1. URGES Member States:

- (1) to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that “developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least 5% of project and programme aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening”;<sup>1</sup>
- (2) to consider the development and strengthening of resource-tracking tools in order to monitor expenditure on health research from government and donor sources, and to disseminate relevant research findings to policy-makers, civil-society entities and the general public;
- (3) to integrate research in the mainstream of national programme activities and plans, and to promote wider access to research findings;
- (4) to strengthen the capacity of national and institutional ethics committees that review health-research proposals, as appropriate;
- (5) to draw up or strengthen health-research policies and health-research legislative documents, as appropriate;
- (6) to create a sustained training programme for research managers and to facilitate a cadre of trained professionals to manage health research, where necessary;
- (7) to improve the career management of researchers who do not necessarily come under the authority of the ministry responsible for research, as appropriate;
- (8) to consider strengthening national research capacities in the following complementary areas: generation of new knowledge, human and financial resources, research institutes and use of research findings in policy decisions, and to foster national and international networks for research collaboration;
- (9) to develop and strengthen a participatory mechanism, as appropriate, for all stakeholders in order to prioritize the health-research agenda on the basis of dynamic changes in health systems, disease burden, and emerging health-related issues.

2. CALLS UPON the health-research community, other international organizations, the private sector, civil society and other concerned stakeholders to provide strong, sustained support to research activities across the entire spectrum of health, medical and behavioural research, especially research into communicable diseases and poverty and inequity in health, with the participation of communities and in keeping with national priorities, and to maintain support of activities that promote the use of research findings to inform policy, practice and public opinion;

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<sup>1</sup> In *Commission on Health Research for Development. Health research: essential link to equity in development*. New York, Oxford University Press, 1990.

3. REQUESTS the Director-General:

- (1) to promote and advocate research in neglected areas of importance for better health, in particular on diseases that disproportionately affect developing countries and for poor and disadvantaged groups;
- (2) to strengthen the culture of research for evidence-based decision-making in the Organization and to ensure that research informs its technical activities;
- (3) to develop a reporting system on WHO's activities in health research;
- (4) to improve significantly coordination of relevant research activities, including integration of research into disease control and prevention, and designate one focal point within the Organization who has the overview of all WHO's research activities;
- (5) to review the use of research evidence for major policy decisions and recommendations within WHO;
- (6) to establish transparent mechanisms for prioritization of research activities and projects within WHO, including independent peer-review mechanisms, and selection criteria such as relevance and scientific quality;
- (7) to establish standard procedures and mechanisms for the conduct of research and use of findings by the Organization, including registration of research proposals in a publicly accessible database, peer review of proposals, and dissemination of findings;
- (8) to advise Member States, when requested, on ways to organize systems for research for better health;
- (9) to promote better access to relevant research findings, including by supporting the movement towards open access to scientific journals;
- (10) to provide support to Member States in order to develop capacities for health-systems and health-policy research, where necessary;
- (11) to provide technical support to Member States for strengthening the capacity of national and institutional health-research ethics committees, reviewing complex research protocols, and drafting national health policies and health-research legislative documents;
- (12) to identify and implement mechanisms to provide better support to countries and regions in recognizing and maximizing health research as a key factor in the development of health systems, in particular in developing countries;
- (13) to formulate simple priority-setting strategies for health research for use by national governments, where appropriate;
- (14) to institute appropriate systems and mechanisms for greater interaction and convergence among researchers and users of relevant research in order to improve use of research findings and to enhance framing of health policy;
- (15) to provide capacity-building opportunities in health economics, assessment of health technology, economic impact of disease, and costing of various interventions in order for a country to optimize its health-system delivery;

(16) to build up capacity in order to monitor and report to Member States on total expenditure on health research by country and region, by public and donor sources, and by type of expenditure;

(17) to submit to the Sixty-second World Health Assembly a strategy for the management and organization of research activities within WHO.

(Twelfth meeting, 29 January 2007)

**EB120.R16 Malaria, including a proposal for establishment of World Malaria Day**

The Executive Board,

Having considered the report on malaria, including a proposal for establishment of World Malaria Day;<sup>1</sup>

Concerned that few malaria-endemic countries have made substantial progress towards achieving the internationally agreed development goals relating to malaria, including those contained in the Millennium Declaration, and that a number of countries have not yet met the commitment to increase their national budgets that they made when adopting the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases;

Noting that valuable opportunities are being created in the form of new tools and better defined strategies, and that the momentum for expanding malaria-control interventions, and increasing financial resources at country and global levels, is growing,

SUBMITS to the Sixtieth World Health Assembly for its consideration the following draft resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on malaria, including a proposal for the establishment of Malaria Day;

Concerned that malaria continues to cause more than one million preventable deaths a year;

Noting that the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Global Strategy and Booster Program, the Bill & Melinda Gates Foundation, the Malaria Initiative of the President of the United States of America, and other donors have made substantial resources available;

Welcoming the contribution to the mobilization of resources for development of voluntary innovative financing initiatives taken by groups of Member States and, in this regard, noting the activities of the International Drug Purchase Facility (UNITAID);

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<sup>1</sup> Document EB120/5.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of the resolution.

Recalling that combating HIV/AIDS, malaria and other diseases is included in internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Mindful that the global burden of malaria needs to be decreased in order to reach the Millennium Development Goal of reducing the mortality rate among children under five by two thirds by 2015 and to help to achieve the Millennium Development Goals of improving maternal health and eradicating extreme poverty,

1. URGES Member States:

(1) to apply to their specific contexts the policies, strategies and tools recommended by WHO, and to establish evidence-based national policies, operational plans and performance-based monitoring and evaluation in order to expand coverage with major preventive and curative interventions in populations at risk and to assess programme performance and the coverage and impact of interventions in an effective and timely manner, particularly with use of the WHO country-profile database;

(2) to assign national and international resources, both human and financial, for the provision of technical support in order to ensure that the most locally and epidemiologically appropriate strategies are effectively implemented and target populations are reached;

(3) progressively to cease the provision in both the public and private sectors of oral artemisinin monotherapies, i.e. artemisinins used alone without the accompaniment of a partner medicine, and to promote the use of artemisinin-combination therapies, to implement policies that prohibit the production of counterfeit antimalarial medicines, and to assure that financing bodies cease to provide for those monotherapies;

(4) to intensify access to affordable, safe and effective antimalarial combination treatments, to intermittent preventive treatment in pregnancies, with special precautions for HIV-infected pregnant women who are receiving co-trimoxazole chemotherapy, to insecticide-treated mosquito nets, including through the free distribution of such nets where appropriate, and to insecticides for indoor residual spraying for malaria control, taking into account relevant international rules, standards and guidelines;

**(5) to provide in their legislation for use to the full of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to increase access to antimalarial medicines, diagnostics and preventive technologies;**

**OR**

**(5) to consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights;**

(6) to aim at reducing transmission risk-factors through integrated vector management, promoting improvement of local and environmental conditions and healthy settings, and increasing access to health services, **[antimalarial medicines, diagnostics and preventive technologies]** in order to reduce the disease burden;

(7) to implement integrated approaches to malaria prevention and control through multisectoral collaboration and community responsibility and participation;

2. REQUESTS international organizations:

(1) to provide support for the development of capacities in developing countries in order to expand use of artemisinin-based combination therapies that are appropriate for local drug-resistance conditions, of integrated vector management including long-lasting insecticide-treated nets, of indoor residual spraying with appropriate and safe insecticides as indicated by WHO and in accordance with the Stockholm Convention on Persistent Organic Pollutants, and of monitoring and evaluation systems, including of the country database, as developed by WHO;

(2) to increase funding to the various financing mechanisms for malaria control, so that they can continue providing support to countries, and to channel additional resources for technical support so that they can be absorbed and used effectively in countries;

3. REQUESTS the Director-General:

(1) to take steps to identify knowledge gaps for malaria control; to provide support for the development of new tools and strategies; to estimate more accurately the global burden of disease and determine trends; to develop new tools and methods for assessing impact and cost-effectiveness of interventions; to build up WHO's current research on malaria, including that of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; and to provide technical support to countries for conducting operational and implementation research into ways to ensure adequate coverage with antimalarial interventions;

(2) to strengthen and rationalize human resources for malaria by decentralizing staff to country level, thus improving the capacity of WHO's country offices to provide support to national health programmes for coordinating partners to prevent and control malaria; and to provide technical guidance for the management of malaria control in refugee camps and in complex emergencies;

(3) to bring together WHO's Global Malaria Programme, the Roll Back Malaria Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Drug Purchase Facility (UNITAID), academics, small and large pharmaceutical and biotechnology companies, interested Member States, medical-research councils, and foundations in a forum in order to improve coordination between different stakeholders in the fight against malaria;

(4) to report to the Health Assembly through the Executive Board on progress made in implementation of this resolution;

4. RESOLVES that:

(1) Malaria Day shall be commemorated annually on 25 April or on such other day or days as individual Member States may decide, in order to provide education and understanding of malaria as a global scourge that is preventable and a disease that is curable;

(2) Malaria Day shall be the culmination of year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria

prevention and treatment in endemic areas, and the occasion to inform the general public of the obstacles encountered and progress achieved in controlling malaria.

(Twelfth meeting, 29 January 2007)

**EB120.R17      Prevention and control of noncommunicable diseases: implementation of the global strategy**

The Executive Board,

Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy;

Recalling resolutions WHA53.17 on prevention and control of noncommunicable diseases, WHA56.1 on the WHO Framework Convention on Tobacco Control, WHA57.17 on the Global Strategy on Diet, Physical Activity and Health, WHA57.16 on health promotion and healthy lifestyles, WHA58.22 on cancer prevention and control, and WHA58.26 on public-health problems caused by harmful use of alcohol, and the many related regional committee resolutions, including on mental health;

Deeply concerned that in 2005 noncommunicable diseases caused an estimated 35 million deaths (60% of all deaths globally), that 80% of these deaths occurred in low- and middle-income countries, and that about 16 million deaths occurred among people under 70 years of age;

Noting that the mortality due to noncommunicable diseases is expected to rise by a further 17% by 2015, with serious socioeconomic consequences for Member States, communities and families;

Noting the links between noncommunicable diseases, development, the environment, and human security, and their contribution to health inequalities;

Noting that multisectoral responses continue to be limited by lack of awareness of, and appropriate action to reverse, the pandemic of noncommunicable diseases;

Noting that the importance of prevention and control of noncommunicable diseases has been highlighted in the Eleventh General Programme of Work 2006–2015, which includes the target of reducing death rates from noncommunicable diseases by 2% annually during the next 10 years;

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<sup>1</sup> Document EB120/22.

<sup>2</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

Noting the increasing evidence on the cost-effectiveness of several simple interventions for prevention and control of noncommunicable diseases;

Noting the importance of motivating, educating and supporting individuals and families to make healthy choices in their daily lives, and the important role played by governments in providing healthy public policy and environments;

Confirming the importance of tackling the major underlying risk factors for noncommunicable diseases in an integrated, comprehensive, multisectoral and step-by-step manner;

Bearing in mind that the response to the triple burden of infectious diseases, noncommunicable diseases and injuries faced by many countries, and their severe resource constraints, requires a strong primary health-care system within an integrated health system;

Recognizing that the implementation of the WHO Framework Convention on Tobacco Control is an essential measure for the prevention and control of noncommunicable diseases;

Recognizing that greater efforts are required globally to promote physical activity and healthy lifestyles, and to improve the nutritional quality of food and drink products, the way in which they are marketed, and the quality of information and its availability to consumers and their families, in particular children, young people and other population groups in vulnerable circumstances;

Recognizing that more information is required on the socioeconomic and developmental impact of noncommunicable diseases and on the outcome of available interventions;

Aware that Member States spend only a small proportion of their health-care budget on prevention of noncommunicable diseases and on public health, and that even a minor increase in that percentage would yield tremendous health and socioeconomic benefits;

1. URGES Member States:

(1) to strengthen national and local political will to prevent and control noncommunicable diseases as part of a commitment to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next 10 years, as contained in the Eleventh General Programme of Work, 2006–2015;<sup>1</sup>

(2) to establish or to strengthen a national coordinating mechanism for prevention of noncommunicable diseases where appropriate to national circumstances, with a broad multisectoral mandate including mobilization of political will and financial resources, and involving all relevant stakeholders;

(3) to develop and implement a national multisectoral evidence-based action plan for prevention and control of noncommunicable diseases that sets out priorities, a time frame and performance indicators, provides the basis for coordinating the work of all stakeholders, and actively engages civil society, while ensuring avoidance of potential conflict of interest;

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<sup>1</sup> Document A59/25, Appendix 6.

(4) to increase, as appropriate, resources for programmes for the prevention and control of noncommunicable diseases;

(5) to implement and increase support for existing global initiatives and the Framework Convention on Tobacco Control that contribute to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next ten years;

(6) to make prevention and control of noncommunicable diseases an integral part of programmes aimed at strengthening primary health-care systems, and to strengthen primary health care institutions so that they respond to the challenges raised by noncommunicable diseases;

(7) to strengthen monitoring and evaluation systems, including country-level epidemiological surveillance mechanisms, in order to compile evidence for informing policy decisions;

(8) to ensure that health institutions are adequately organized in order to address the serious challenges raised by noncommunicable diseases, which implies a particular focus on primary health care;

(9) to emphasize the key role of governmental functions, including regulatory functions, when combating noncommunicable diseases;

(10) to increase access to medicines for high-risk populations in low- and middle-income countries;

2. REQUESTS the Director-General:

(1) on the basis of an outline contained in the report on prevention and control of noncommunicable diseases: implementation of the global strategy,<sup>1</sup> to prepare an action plan to be submitted to the Sixty-first World Health Assembly, through the Executive Board, that sets out priorities, actions, a time frame and performance indicators for prevention and control of noncommunicable diseases between 2008 and 2013 at global and regional levels, and to provide support where needed for elaboration, intensified implementation and monitoring of national plans for prevention and control of noncommunicable diseases, including the further development of an intervention to manage the conditions of people at high risk of such diseases;

(2) to raise further awareness among Member States of the importance of drawing up, promoting and funding supportive national multisectoral coordination and surveillance mechanisms, and plans for prevention and control of noncommunicable diseases;

(3) to provide support to Member States, on request, and to foster partnership, collaboration, cooperation and sharing of best practices among Member States for incorporating comprehensive noncommunicable disease interventions into national policies and programmes, including health systems policies and programmes, and for expanding interventions, including strategies to educate and support individuals and families;

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<sup>1</sup> Document EB120/22.

- (4) to disseminate to Member States, in a timely and consistent manner, information on cost-effective, core interventions aimed at preventing and controlling noncommunicable diseases;
- (5) to encourage dialogue with international, regional and national nongovernmental organizations, donors and technical-agency partners and the private sector, while ensuring the avoidance of potential conflict of interest, in order to increase support, resources and partnerships for prevention and control of noncommunicable diseases, including health and wellness programmes at the workplace as appropriate;
- (6) to promote initiatives aimed at implementing the global strategy in order to increase availability of healthy foods and encourage healthy diets, and to promote responsible marketing in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest;
- (7) to build and sustain contact with the mass media in order to ensure continued prominence in the media of issues related to the prevention and control of noncommunicable diseases;
- (8) to improve understanding of the socioeconomic impact of noncommunicable diseases at national and household levels, especially in low- and middle-income countries;
- (9) to ensure that the work on prevention and control of noncommunicable diseases is given suitably high priority and support where appropriate;
- (10) to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of noncommunicable diseases, including progress on the action plan.

(Twelfth meeting, 29 January 2007)

#### **EB120.R18      Scale of assessments 2008–2009**

The Executive Board,

Having considered the report on Scale of assessments 2008–2009,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:

The Sixtieth World Health Assembly,

Having considered the report of the Director-General,

ADOPTS the scale of assessments of Members for the biennium 2008–2009 as set out below:

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<sup>1</sup> See Annex 2.

<b>Members and Associate Members</b>	<b>WHO scale for 2008–2009 %</b>
Afghanistan	0.0010
Albania	0.0060
Algeria	0.0850
Andorra	0.0080
Angola	0.0030
Antigua and Barbuda	0.0020
Argentina	0.3250
Armenia	0.0020
Australia	1.7871
Austria	0.8871
Azerbaijan	0.0050
Bahamas	0.0160
Bahrain	0.0330
Bangladesh	0.0100
Barbados	0.0090
Belarus	0.0200
Belgium	1.1021
Belize	0.0010
Benin	0.0010
Bhutan	0.0010
Bolivia	0.0060
Bosnia and Herzegovina	0.0060
Botswana	0.0140
Brazil	0.8761
Brunei Darussalam	0.0260
Bulgaria	0.0200
Burkina Faso	0.0020
Burundi	0.0010
Cambodia	0.0010
Cameroon	0.0090
Canada	2.9772
Cape Verde	0.0010
Central African Republic	0.0010
Chad	0.0010
Chile	0.1610
China	2.6672
Colombia	0.1050
Comoros	0.0010
Congo	0.0010
Cook Islands	0.0010
Costa Rica	0.0320
Côte d'Ivoire	0.0090
Croatia	0.0500
Cuba	0.0540
Cyprus	0.0440
Czech Republic	0.2810
Democratic People's Republic of Korea	0.0070
Democratic Republic of the Congo	0.0030
Denmark	0.7391
Djibouti	0.0010

<b>Members and Associate Members</b>	<b>WHO scale for 2008–2009 %</b>
Dominica	0.0010
Dominican Republic	0.0240
Ecuador	0.0210
Egypt	0.0880
El Salvador	0.0200
Equatorial Guinea	0.0020
Eritrea	0.0010
Estonia	0.0160
Ethiopia	0.0030
Fiji	0.0030
Finland	0.5640
France	6.3015
Gabon	0.0080
Gambia	0.0010
Georgia	0.0030
Germany	8.5777
Ghana	0.0040
Greece	0.5960
Grenada	0.0010
Guatemala	0.0320
Guinea	0.0010
Guinea-Bissau	0.0010
Guyana	0.0010
Haiti	0.0020
Honduras	0.0050
Hungary	0.2440
Iceland	0.0370
India	0.4500
Indonesia	0.1610
Iran (Islamic Republic of)	0.1800
Iraq	0.0150
Ireland	0.4450
Israel	0.4190
Italy	5.0794
Jamaica	0.0100
Japan	16.6253
Jordan	0.0120
Kazakhstan	0.0290
Kenya	0.0100
Kiribati	0.0010
Kuwait	0.1820
Kyrgyzstan	0.0010
Lao People's Democratic Republic	0.0010
Latvia	0.0180
Lebanon	0.0340
Lesotho	0.0010
Liberia	0.0010
Libyan Arab Jamahiriya	0.0620
Lithuania	0.0310
Luxembourg	0.0850

<b>Members and Associate Members</b>	<b>WHO scale for 2008–2009 %</b>
Madagascar	0.0020
Malawi	0.0010
Malaysia	0.1900
Maldives	0.0010
Mali	0.0010
Malta	0.0170
Marshall Islands	0.0010
Mauritania	0.0010
Mauritius	0.0110
Mexico	2.2572
Micronesia (Federated States of)	0.0010
Monaco	0.0030
Mongolia	0.0010
Montenegro	0.0010
Morocco	0.0420
Mozambique	0.0010
Myanmar	0.0050
Namibia	0.0060
Nauru	0.0010
Nepal	0.0030
Netherlands	1.8731
New Zealand	0.2560
Nicaragua	0.0020
Niger	0.0010
Nigeria	0.0480
Niue	0.0010
Norway	0.7821
Oman	0.0730
Pakistan	0.0590
Palau	0.0010
Panama	0.0230
Papua New Guinea	0.0020
Paraguay	0.0050
Peru	0.0780
Philippines	0.0780
Poland	0.5010
Portugal	0.5270
Puerto Rico	0.0010
Qatar	0.0850
Republic of Korea	2.1732
Republic of Moldova	0.0010
Romania	0.0700
Russian Federation	1.2001
Rwanda	0.0010
Saint Kitts and Nevis	0.0010
Saint Lucia	0.0010
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0030
Sao Tome and Principe	0.0010

<b>Members and Associate Members</b>	<b>WHO scale for 2008–2009 %</b>
Saudi Arabia	0.7481
Senegal	0.0040
Serbia	0.0210
Seychelles	0.0020
Sierra Leone	0.0010
Singapore	0.3470
Slovakia	0.0630
Slovenia	0.0960
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.2900
Spain	2.9682
Sri Lanka	0.0160
Sudan	0.0100
Suriname	0.0010
Swaziland	0.0020
Sweden	1.0711
Switzerland	1.2161
Syrian Arab Republic	0.0160
Tajikistan	0.0010
Thailand	0.1860
The former Yugoslav Republic of Macedonia	0.0050
Timor-Leste	0.0010
Togo	0.0010
Tokelau	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0270
Tunisia	0.0310
Turkey	0.3810
Turkmenistan	0.0060
Tuvalu	0.0010
Uganda	0.0030
Ukraine	0.0450
United Arab Emirates	0.3020
United Kingdom of Great Britain and Northern Ireland	6.6425
United Republic of Tanzania	0.0060
United States of America	22.0000
Uruguay	0.0270
Uzbekistan	0.0080
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.2000
Viet Nam	0.0240
Yemen	0.0070
Zambia	0.0010
Zimbabwe	0.0080
<b>Total</b>	<b>100.0000</b>

(Twelfth meeting, 29 January 2007)

**EB120.R19      Director-General and Deputy Director-General of the World Health Organization: review of matters arising from the special and 118th sessions of the Executive Board**

The Executive Board,

Having considered the proposals contained in the report on the Director-General and Deputy Director-General of the World Health Organization: review of matters arising from the special and 118th sessions of the Executive Board:<sup>1</sup>

1. AGREES with the procedure developed by the Secretariat as to the manner in which the Executive Board assesses whether the candidate nominated by it for the post of Director-General has the good physical condition required of all staff members of the Organization;
2. DECIDES that the curriculum vitae and supporting information of each candidate proposed under Rule 52 of the Rules of Procedure of the Executive Board shall be limited to 2000 words and shall also be submitted in electronic format to enable the Chairman of the Board to verify that this limit is not exceeded;
3. CONFIRMS its previous decision that the curriculum vitae should address the criteria established by the Executive Board, and include a statement on the vision of the candidate on priorities and strategies;<sup>2</sup>
4. DECIDES that the Chairman of the Board may authorize the Director-General to post on WHO's web site, in addition to the names of the candidates, the curricula vitae and other supporting information as dispatched to Member States, and contact information for each candidate, unless the candidate concerned or the Member State that proposed him or her stipulates otherwise;
5. REQUESTS the Director-General to report to the Executive Board at its 121st session on the geographical rotation of the post of Director-General, and on the requirement to appoint a Deputy Director-General, taking into account the views expressed by members of the Board.

(Thirteenth meeting, 29 January 2007)

**EB120.R20      Relations with nongovernmental organizations<sup>3</sup>**

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,<sup>4</sup>

1. DECIDES to admit into official relations with WHO the World Plumbing Council, The International Society for Quality in Health Care Incorporated, World Association for Sexual Health, The International Federation of Anti-Leprosy Associations, International Association of Medical Regulatory Authorities, International Alliance of Patients' Organizations, and EuroSafe – European Association for Injury Prevention and Safety Promotion;

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<sup>1</sup> See Annex 3.

<sup>2</sup> Decision EB100(7).

<sup>3</sup> See Annex 4.

<sup>4</sup> Document EB120/41.

2. DECIDES to discontinue official relations with the following nongovernmental organizations: International Federation of Sports Medicine, International Society for the Study of Behavioural Development and the International Traffic Medicine Association.

(Thirteenth meeting, 29 January 2007)

### **EB120.R21 Health technologies**

The Executive Board,

Having considered the report on essential health technologies,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on health technologies;

Recognizing that health technologies equip health-care providers with tools that are indispensable for effective and efficient prevention, diagnosis, treatment and rehabilitation and attainment of internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Understanding that health technologies represent an economic as well as a technical challenge to the health systems of many Member States, and concerned about the waste of resources resulting from inappropriate investments in health technologies that do not meet high-priority needs, are incompatible with existing infrastructures, are irrationally or incorrectly used, or do not function efficiently;

Acknowledging the need for Member States and donors to contain burgeoning costs by establishing priorities in the selection and acquisition of health technologies on the basis of their impact on the burden of disease, and to ensure the effective use of resources through proper planning, assessment, acquisition and management,

1. URGES Member States:

(1) to collect, verify, update and exchange information on health technologies as an aid to their prioritization of needs and allocation of resources;

(2) to formulate as appropriate national strategies and plans for the establishment of systems for the assessment, procurement and management of health technologies;

(3) to draw up national guidelines for good manufacturing and regulatory practices, to establish surveillance systems and other measures to ensure the quality, safety and efficacy of medical devices;

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<sup>1</sup> Document EB120/13.

<sup>2</sup> See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

(4) to establish where necessary regional and national institutes of health technology, and to collaborate and build partnerships with health-care providers, industry, patients' associations and professional, scientific and technical organizations;

2. REQUESTS the Director-General:

(1) to work with interested Member States and WHO collaborating centres on the development, in a transparent and evidence-based way, of guidelines and tools, including norms and standards, relating to health technologies;

(2) to provide support to Member States where necessary in establishing mechanisms to assess national needs for health technologies and to assure their availability and use;

(3) to provide technical guidance and support to Member States where necessary in implementing policies on health technologies;

(4) to work jointly with other organizations of the United Nations system, international organizations, academic institutions and professional bodies in order to provide support to Member States in the prioritization, selection and use of health technologies;

(5) to report on implementation of this resolution to the Sixty-second World Health Assembly.

(Thirteenth meeting, 29 January 2007)