

## NINTH MEETING

Friday, 25 January 2008, at 09:15

Chairman: Dr B. SADASIVAN (Singapore)

### 1. TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda (continued)

**Female genital mutilation:** Item 4.12 of the Agenda (Documents EB122/15 and EB122/15 Add.1) (continued from the sixth meeting)

The CHAIRMAN invited comments on the draft resolution as revised to incorporate the amendments proposed by an informal drafting group, which read:

The Executive Board,  
Having considered the report on female genital mutilation,<sup>1</sup>

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

The Sixty-first World Health Assembly,  
Having considered the report on female genital mutilation;  
Recalling resolution WHA47.10 on Maternal and child health and family planning:  
traditional practices harmful to the health of women and children;  
Reaffirming ~~the goals and commitments contained in [Denmark]~~

**OR**

**Reaffirming the goals and commitments contained in [USA]**

**OR**

**Recalling [USA]**

the Beijing Declaration and Platform for Action of the Fourth World Conference on Women (Beijing, 1995), the Programme of Action of the International Conference on Population and Development (Cairo, 1994) and their five- and ten-year reviews **and related reports [USA]**, as well as the United Nations Millennium Declaration 2000 and the commitments relevant to the girl child made at the United Nations General Assembly special session on children (2002), and in United Nations General Assembly resolution 60/1 on the 2005 World Summit Outcome;

Affirming that the International Covenant on Civil and Political Rights (1976), the Convention on the Elimination of All Forms of Discrimination against Women (1979) **and** the Convention on the Rights of the Child (1989), ~~the African Charter on the Rights and Welfare of the Child (1990), and the Solemn Declaration on Gender Equality in Africa (2004)~~ constitute an important contribution to the legal framework for the protection and promotion of the human rights of girls and women, ~~including their right to the highest attainable standard of health~~ **and recognizing the importance African States**

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<sup>1</sup> Document EB122/15.

<sup>2</sup> See document EB122/15 Add.1 for the financial and administrative implications for the Secretariat of the resolution.

**attach to the African Charter on the Rights and Welfare of the Child (1990) and the Solemn Declaration on Gender Equality in Africa (2004) in this regard;**

Recognizing the entry into force of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted in Maputo on 11 July 2003, ~~which marks~~ **whose provisions on female genital mutilation mark** a significant milestone towards the abandonment ~~female genital mutilation of this practice;~~

Recalling also resolution 51/2 of the United Nations Commission on the Status of Women<sup>1</sup> on ending female genital mutilation (March 2007);

Recognizing that female genital mutilation violates the human rights of girls and women **including their right to the enjoyment of the highest attainable standard of physical and mental health;**

Noting that, whereas there is evidence of decline in the practice, it is still widespread in some parts of the world, with an estimated 100 million to 140 million girls and women having undergone the practice and at least another three million being at risk of undergoing the practice every year;

Deeply concerned about the serious health consequences of female genital mutilation; the risk of immediate complications, which include severe pain, shock, haemorrhage, tetanus, sepsis, urine retention, ulceration of the genital region and injury to adjacent genital tissue; the long-term consequences, which include increased risk of maternal morbidity, recurrent bladder and urinary tract infection, cysts, infertility and adverse psychological and sexual consequences; and increased risk of neonatal death for babies born to mothers having undergone female genital mutilation;

Also concerned about emerging evidence of an increase in carrying out female genital mutilation by medical personnel in all regions where it is practised;

Emphasizing that concerted action is needed in sectors such as education, finance, justice and women's affairs as well as in the health sector, and that many different kinds of actor must be engaged, from governments and international agencies to nongovernmental organizations, ~~(the last group including bodies representing health professionals and those concerned with human rights)~~

1. URGES all Member States:

- (1) to accelerate actions towards the elimination of female genital mutilation, including education and information necessary for full understanding of the gender, health and human rights dimensions of female genital mutilation;
- (2) to enact and enforce legislation to protect girls and women from all forms of violence, particularly female genital mutilation, and ensure ~~appropriate~~ implementation of laws prohibiting female genital mutilation by any person, including medical professionals;
- (3) to support and enhance community-based efforts to eliminate the practice **of female genital mutilation, particularly ensuring men's and local leaders' participation in the process to eliminate the practice;**
- (4) to work with all sectors of government, international agencies and nongovernmental organizations in support of the abandonment of the practice as a major contribution to attainment of the Millennium Development Goals on promoting gender equality and empowerment of women, reducing child mortality, and improving maternal health;
- (5) to formulate and promote guidelines for the care, particularly during childbirth, of girls and women who have undergone female genital mutilation;

<sup>1</sup> Document E/CN.6/2007/L.3.

**(6) to develop or reinforce social and psychological support services and care and to take measures to improve health , including sexual and reproductive health care; [USA]**

**OR**

**care and services including those for sexual and reproductive health; [United Kingdom]  
in order to assist women and girls who are subjected to this violence;  
[Denmark]**

2. REQUESTS the Director-General:
- (1) to ~~continue to provide~~ **increase** support to Member States for implementing actions to advocate for the elimination of female genital mutilation and other forms of violence against girls and women;
  - (2) to work with partners both within and outside the United Nations system to promote actions to protect the human rights of girls and women;
  - (3) to ~~continue to support~~ **increase support for** research on different aspects of female genital mutilation in order, **inter alia**, to ~~achieve support~~ its elimination;
  - (4) to assist Member States with strengthening their health information systems for monitoring progress made towards elimination of female genital mutilation;**
  - ~~(4-5)~~ to report ~~regularly, at the least, every four~~ **every three** years, to the Health Assembly, **through the Executive Board**, on actions taken by **the WHO Secretariat**, Member States and other partners.

It had not proved possible to reach consensus on the draft resolution, although during the earlier discussions Board members had argued passionately for action on the topic and had considered that failure to adopt a resolution might reflect poorly on WHO.

Dr STEIGER (alternate to Dr Wright, United States of America) confirmed his country's wish to adopt a resolution on the topic. The United States Agency for International Development was financing relevant programmes in African countries and it was desirable for WHO to take a stand against female genital mutilation. He said that he regretted that consensus had not been reached on two paragraphs. His delegation had proposed text that it had hoped would prove acceptable: for the third preambular paragraph, including wording that had appeared in resolution WHA60.25; and for paragraph 1(6), including wording from the amendment proposed earlier by the delegations of Canada and Denmark. He was still willing to accept a text with that wording and to continue informal consultations with a view to achieving consensus.

Mr BERLING-RASMUSSEN (adviser to Mr Fisker, Denmark) said that the earlier debate had clearly shown the Board's concern about the practice. In the informal negotiations, one party had failed to agree with the views of a large number of members. After further clarification from the Director-General, the draft resolution should be referred back to the informal working group for further consideration.

The DIRECTOR-GENERAL said that the whole debate had shown agreement on the importance of the matter. Consultations on draft resolutions were the prerogative of Board members and Member States. However, several speakers from Member States and nongovernmental organizations had earlier indicated that it was important for WHO to sign the interagency statement that had been expected to be issued in March 2008. The statement was currently in draft form and she would need to examine it, taking into account any points that the Board might decide required further consideration. The outcome of the Board's deliberations might therefore have implications for her ability to sign that important statement.

The CHAIRMAN suggested that further time should be allowed for informal consultations. Failure to adopt a resolution might signal that the Board was not committed to a strong stand against female genital mutilation, which was clearly not the case. If consensus could not be achieved, the Board might wish to adopt the draft resolution, indicating that no agreement had been reached on the two paragraphs referred to by the member for the United States of America, in the hope that agreement could be reached before or at the Health Assembly or at the Board's next session. Such a procedure would at least indicate WHO's commitment to action to stop the practice.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland), emphasizing the unanimous and passionate support by Board members for action to stop the practice, pointed out that it would be damaging to WHO if the Board failed to make an unequivocal statement at its present session. Such a failure might be interpreted as a lack of commitment on the part of the Board. It was also important to ensure that the Director-General was not constrained with regard to the signing of the interagency statement on behalf of WHO. Failure to agree on a text, or the adoption of a text in which certain paragraphs were still disputed, would make her position very difficult. The matter should be referred back to the informal working group, which should be urged to reach consensus.

**It was so agreed.**

(For adoption of the resolution, see summary record of the tenth meeting, section 1.)

**Monitoring of health-related Millennium Development Goals:** Item 4.14 of the Agenda (Document EB122/33) (continued from the eighth meeting, section 1)

The CHAIRMAN drew attention to a revised text of the draft resolution on the item, proposed by Slovenia and cosponsored by Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Monaco, the Netherlands, Poland, Portugal, Romania, Slovakia, Spain, Sweden and the United Kingdom of Great Britain and Northern Ireland, which reflected the amendments proposed during the Board's seventh meeting and which read:

**Monitoring of the ~~implementation~~ *achievement*  
[Slovenia] of the health-related Millennium  
Development Goals**

The Executive Board,  
Having considered the report on monitoring of health-related Millennium Development Goals,<sup>1</sup>

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

The Sixty-first World Health Assembly,  
Having considered the report on monitoring of health-related Millennium  
Development Goals,

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<sup>1</sup> Document EB122/33.

<sup>2</sup> ~~See document EB122/33 Add.1 for the financial and administrative implications of the Secretariat of this resolution.~~

Recalling the 2005 World Summit Outcome and the commitments taken by the international community to ~~implement~~ **achieve [Slovenia]** fully the Millennium Development Goals;

Concerned by the lack of progress, especially in the sub-Saharan African countries, in the ~~implementation~~ **achievement [Slovenia]** of the Millennium Development Goals and, in particular, the health-related Goals 4, 5 and 6;

**Recognizing the urgent need to improve the performance of health systems in order to reach the health-related Millennium Development Goals; [Iraq]**

**Recognizing that it is often poor people, women and other vulnerable groups that lack access to health services and that pro-poor health strategies are needed for the reaching of the health-related Millennium Development Goals; [Iraq]**

**Recognizing that the reaching of the health-related Millennium Development Goals need more effective aid in line with the Paris Declaration on Aid Effectiveness and scaling up of aid; [Iraq]**

**Recalling recent commitments taken by Member States towards prioritization of health and in support of health system strengthening;<sup>1</sup> [Iraq]**

Recalling the General Assembly resolution 60/265 dated 12 July 2006 on follow-up to the development outcome of the 2005 World Summit, including the Millennium Development Goals and other internationally agreed development goals, and WHO's Medium-term strategic plan 2008–2013, particularly the objectives 2, 4, 7 and 12;

1. DECIDES to include regularly an item on the agenda of the Health Assembly on the monitoring of the ~~implementation~~ **achievement [Slovenia]** of the health-related Millennium Development Goals;

2. REQUESTS the Director-General:

(1) to identify major obstacles to the full ~~implementation~~ **achievement [Slovenia]** of the Millennium Development Goals and ways to overcome those obstacles;

(2) to that effect, to cooperate closely with all other United Nations and international organizations involved in the process of ~~implementing~~ **achieving [Slovenia]** the Millennium Development Goals;

(3) **to provide technical assistance to Member States in order to strengthen national monitoring and information systems related to the Millennium Development Goals; [Namibia]**

~~(3-4)~~ **to submit annually a report on the status of the ~~implementation~~ achievement [Slovenia] of the health-related Millennium Development Goals, and in particular Goals 4, 5 and 6, through the Executive Board to the Health Assembly, in particular on monitoring progress in: availability and equitable accessibility of services especially to the poor and vulnerable groups, improvement in access to essential medicines, addressing the shortage of skilled health workers, and better financing of national health plans. [Iraq]**

Dr REN Minghui (alternate to Mr Li Baodong, China) welcomed the discussion and was in favour of WHO playing a greater role in efforts to attain the health-related Millennium Development Goals. The draft resolution had already taken account of certain delegations' comments; however, he reiterated that there had not been sufficient time for discussions within his Government. He was not,

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<sup>1</sup> Including the Abuja Declaration by Heads of State and Government of African countries, 2000, the Global Campaign for the Health Millennium Development Goals, International Health Partnership, Providing for Health, the Global Health Workforce Alliance. [Iraq]

therefore, in a position to comment further on the draft resolution. He proposed that discussion of the matter should be postponed until the Sixty-first World Health Assembly. In the meantime, he would supply additional comments on the draft resolution in order to facilitate its adoption by the Health Assembly.

Dr VOLJČ (Slovenia), speaking on behalf of the Member States of the European Union, said that, in view of the position taken by the Chinese delegation and after informal consultations, he supported the course of action proposed by the member for China. That would enable the Health Assembly to debate the matter fully on the basis of a report that identified the obstacles to progress and ways of overcoming them, and took into account the main thrust of the Board's discussions and the comments made by its members. The European Union would seek informal consultations with interested parties with a view to preparing for that debate and ensuring a successful outcome.

Dr AL-HASNAWI (Iraq) and Dr FORSTER (Namibia) supported the proposed procedure.

**It was so agreed.**

## **2. MANAGEMENT MATTERS:** Item 6 of the Agenda (continued)

### **Multilingualism: implementation of action plan:** Item 6.8 of the Agenda (Document EB122/29)

The CHAIRMAN drew attention to a draft resolution proposed by Mali and its associated financial and administrative implications for the Secretariat, which read:

The Executive Board recommends to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Convinced of the relevance of the recommendations made in the report of the Joint Inspection Unit (JIU/REP/2003/4) of 2003 entitled Multilingualism and access to information: case study on the World Health Organization, which was submitted to the first meeting of the Programme, Budget and Administration Committee of the Executive Board;

Having considered the report by the Secretariat entitled Multilingualism: plan of action<sup>1</sup> and recalling the provisions relating to multilingualism contained in the Medium-term strategic plan 2008–2013 (WHA60.11);

Also recalling the resolutions and rules relating to language use in WHO, and in particular resolution WHA50.32 on respect for equality among the official languages and resolution WHA51.30 concerning the availability of governing body documents on the Internet and resolution EB105.R6 on the use of languages in WHO;

Considering that the universality of the organizations of the United Nations system is based on, among other things, language diversity and equality among the official and working languages chosen by the Member States;

Welcoming in this regard the resolution on multilingualism (A/RES/61/266) adopted by the United Nations General Assembly in May 2007;

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<sup>1</sup> Document EB121/6.

Commending the report by the Secretariat entitled Multilingualism: plan of action, contained in document EB121/6 submitted to the One hundred and twenty-first session of the Executive Board in May 2007;

1. REQUESTS the Director-General to implement, as rapidly as possible, the plan of action contained in the report, and in particular the following points:
  - (1) preparation, before the One hundred and twenty-fourth session of the Executive Board, of a timetable for implementation of the plan of action and a table showing the financial implications globally fitting within the framework of the Medium-term strategic plan 2008–2013;
  - (2) effective appointment of a coordinator whose functions are described in paragraph 11 of the above report, in any case before the One hundred and twenty-fourth session of the Executive Board;
  - (3) preparation of a strategy to set translation priorities, associating Member States by means of a mechanism of informal consultations to be defined;
  - (4) establishment of a multilingual team of editors, of equitable geographical distribution and taking into account the gender perspective, for the web site;
  
2. ALSO REQUESTS the Director-General to ensure:
  - (1) respect, within the framework of the Organization's recruitment policy, for linguistic diversity on the same terms as geographical distribution;
  - (2) establishment of a database to make it possible to determine in which official languages of the Organization members of WHO staff belonging to the P category are fluent;
  - (3) encouragement for and promotion of access to quality language training for all the Organization's staff;
  
3. REQUESTS the Director-General to report to the Sixty-second World Health Assembly on the implementation of this resolution, and to report biennially thereon.

<b>1. Resolution</b> Multilingualism: implementation of action plan	
<b>2. Linkage to programme budget</b>	
Strategic objective:	Organization-wide expected result:
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.	4. Essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge.
<b>(Briefly indicate the linkage with expected results, indicators, targets, baseline)</b>	
Increased access to public health information and information about WHO on the Organization's web site (accessible at <a href="http://www.who.int">www.who.int</a> ).	
Improved access to international health information in support of progress on global health priorities.	
Number of pages on WHO's web site translated into multiple languages.	

**3. Financial implications**

- (a) **Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)**

Recurrent biennial cost of US\$ 5 890 000.

- (b) **Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)** US\$ 5 960 000.

- (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009?** US\$ 2 480 000.

- (d) **For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)**

Through the global staff development fund, voluntary contributions and Miscellaneous Income.

**4. Administrative implications**

- (a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**

In general, work will be undertaken at headquarters; however, language training will involve all offices in all regions.

- (b) **Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant)**

Coordinator for multilingualism (1 full-time equivalent); translator for preparation of translation strategy (0.25 full-time equivalent); Web editor (0.8 full-time equivalent); database development professional (0.25 full-time equivalent). Language training is normally outsourced.

- (c) **Time frames (indicate broad time frames for implementation)**

The resolution will be implemented during the current biennium.

Dr REN Minghui (alternate to Mr Li Baodong, China) commended the Secretariat's efforts to promote multilingualism. Although he supported the draft resolution in principle, he proposed the addition of two new subparagraphs in paragraph 2 to read: "to ensure equal respect for linguistic diversity at the WHO headquarters, regional offices and country offices"; and "to ensure that a health-care background is taken into account when recruiting language services staff".

Mr TOURÉ (Mali), speaking on behalf of the francophone Member States, seven of which were currently designated members of the Board, said that the draft resolution had been approved by 59 French-speaking Member States. The promotion of multilingualism contributed to WHO's mandate to disseminate information and knowledge. He emphasized the plan of action and the effective framework for its implementation and indicated priorities.

Mr TINAJERO (alternate to Dr Hernández Ávila, Mexico), speaking as the coordinator of the Americas group, emphasized the cultural and linguistic diversity that characterized that region. He stressed the importance of using the Organization's official languages in its publications and documents, and in its work at all levels. Multilingualism, as a means of promoting, protecting and preserving cultural and linguistic diversity, had been enshrined in many United Nations resolutions. However, it was crucial to translate the principle of multilingualism into practical action in order to enable enriched and wider access to the latest information. He gave particular support to the proposal to improve the different official language sections of the WHO web site. The Organization should continue to promote multilingualism in all its work and in criteria for staff recruitment and promotion.

Dr VOLJČ (Slovenia) said that he was speaking on behalf of the Member States of the European Union and the European Free Trade Association country Iceland, a member of the European Economic Area. The candidate countries Croatia, The former Yugoslav Republic of Macedonia, and Turkey, the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia, as well as Armenia, the Republic of Moldova and Ukraine associated themselves with his statement. The proposed resolution, which the majority of European Union Member States were sponsoring, was in line with the report on the plan of action on multilingualism noted by the Board at its 121st session, and with the relevant points relating to multilingualism contained in the Medium-term strategic plan 2008–2013.

Dr AL-HASNAWI (Iraq), speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the plan of action on multilingualism as a good basis for further work. The Regional Office had done much in support of the plan, and the progress report should refer to that work in a region where three of the Organization's six official languages were spoken. English had become the default language of communication and publication in WHO, a trend that should be reversed. The other languages were used much less for several reasons. Moreover, local languages were virtually ignored simply because of the scarcity of financial resources, particularly for publishing. It was unclear how much funding had been allocated under the action plan to support those languages. He called for full cooperation and resource mobilization at a global level to support and promote multilingualism in WHO.

The Regional Committee had endorsed the regional strategy for knowledge management to support public health, with its strategic emphasis on supporting multilingualism.

He welcomed the plan to create an institutional repository to store WHO's products in digital form. He looked forward to the information becoming accessible on the web site, and on CD-ROM for those countries without high-speed Internet access. As many countries still had poor Internet access, WHO should continue to print and distribute hard copies of its publications to provide equal access to health information.

Dr STEIGER (alternate to Dr Wright, United States of America), speaking in Spanish, fully supported the promotion of multilingualism in WHO, and joined others in calling for an increase in the volume of documents available in different languages on the web site. However, it might be premature to adopt a new resolution so soon after the plan of action had become operational. He sought clarification from the Secretariat on whether a coordinator had already been appointed, whether a strategy to set translation priorities had been prepared, and whether a multilingual team of editors had been established. He had some difficulty with paragraph 2(1) of the draft resolution, since professional qualifications should be the most important criterion in any recruitment process. Sometimes the staff recruited for local offices did not speak any of the official languages, and the paragraph was not consistent with good policy, practice and WHO rules. Referring to paragraph 2(2), he could not support the request concerning the establishment of a database without a better understanding of the costs and benefits involved.

Dr JAKSONS (Latvia), speaking in Russian, shared the concerns of the previous speaker regarding paragraph 2(1): if gender balance, geographical distribution and linguistic diversity were all to be taken into account, sufficient attention might not be given to professional competence. What linguistic status would be accorded to candidates who spoke several of WHO's official languages but whose mother tongue was not one of those languages? More work was needed in order to determine the criteria for ensuring that the Organization's requirements for multilingualism were met.

Mr McKERNAN (New Zealand) welcomed the Secretariat's efforts to promote multilingualism. He broadly supported the draft resolution, but had some difficulty with paragraph 2(1), which might make it more difficult to attract and recruit the best people to the Organization. Although more could be done to promote multilingualism, the need for linguistic diversity should not be imposed as with geographical distribution and should be considered along with other professional attributes.

Mr JAHLAN (Monaco)<sup>1</sup> supported the draft resolution and highlighted the coordinator's responsibilities for actions to promote multilingualism. The Francophone Group sought a contact point for representatives of French-speaking countries at WHO, established in the Director-General's Office. Linguistic diversity should be taken into account in staff recruitment, and language training encouraged. Multilingual content on the WHO web site should be increased, facilitating wider access for health personnel, particularly at country level. As a new post was not being created, the word "appointment" in paragraph 1(2) should be replaced with "nomination", as in the French text.

Mr MENGA (Congo),<sup>1</sup> speaking in his capacity as the representative of Congo and president of the group of French-speaking ambassadors in Geneva, endorsed the comments made by the member for Mali and the representatives of Mexico and Slovenia. Multilingualism and parity between the official and working languages were key elements in enabling WHO to disseminate information to as many people as possible. WHO's technical support was vital to countries where other languages were spoken. Documents had to be made available in different languages and linguistic diversity associated with geographical representation had to be assured, in particular in the appointment of senior staff. He emphasized the promotion of multilingualism in the United Nations system. The draft resolution before the Board would provide an effective framework for implementation of the plan of action.

Mrs SCHAER BOURBEAU (Switzerland)<sup>1</sup> said that multilingualism was central to the values of the United Nations, and joined others in supporting its promotion in WHO. The draft resolution, which Switzerland wished to sponsor, addressed important issues such as the translation of official documents, and recruitment policy and its effects.

Dr EVANS (Assistant Director-General) welcomed the comments made. The plan for multilingualism had been developed in response to the report of the United Nations Joint Inspection Unit over and above WHO's existing work in that area. It had been noted by the Board in May 2007 and had come into effect in January 2008. The request for a timetable was consistent with the implementation of the plan, and the Secretariat could report to the Board at its 124th session. A special coordinator on multilingualism had already been appointed. A committee had been established to set translation priorities, and would report to the Executive Board on the implementation of the plan. With regard to paragraph 1(4), the multilingual team of editors for the web site was almost complete; only one of the six editors still had to be appointed. Over and above the pre-eminence of professional qualifications, the current recruitment policy respected linguistic diversity; the current criteria for geographical representation were the best safeguards for guaranteeing that diversity. Regarding paragraph 2(2), it would be possible to establish a database on the linguistic diversity of the professional staff in WHO once the global management system had come into operation. Training in all official languages was offered to staff at headquarters; regional offices also offered training in their respective official languages.

The DIRECTOR-GENERAL, speaking in Chinese, thanked the members of the Board for their valuable recommendations on multilingualism. Responding in English to the questions about how WHO could ensure respect for linguistic diversity, as mandated in paragraph 2(1) of the draft resolution, she requested further guidance from Member States as to the implications of the term "linguistic diversity" itself; the phrase "on the same terms as geographical distribution" also needed to be better defined. The most important criteria for staff recruitment were experience, qualifications, competencies and integrity. Nothing in the draft resolution suggested that those criteria should not continue to be applied. At the same time, however, every effort must be made to ensure geographical and gender balance. Linguistic diversity should be promoted not only at headquarters but also at

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

regional and country levels, where there was often an even greater need for staff with specific language skills.

**The Board noted the progress report on the plan of action on multilingualism.**

Dr KEAN (Executive Director, Office of the Director-General) read out the amendments proposed to the draft resolution. The member for the United States of America had proposed that paragraph 2(1) should be deleted. The member for China had proposed that two new subparagraphs should be inserted in paragraph 2, the first to become new subparagraph 2(2) and to read “equal respect for linguistic diversity at the WHO headquarters, regional offices and country offices”, and the second to read “that health-care background is taken into account when recruiting WHO language services staff”.

Dr STEIGER (alternate to Dr Wright, United States of America) proposed the deletion of paragraphs 1(2) and 1(4), which were superfluous given that a coordinator had already been recruited and the multilingual team of web site editors was virtually complete.

**The resolution, as amended, was adopted.<sup>1</sup>**

**3. STAFFING MATTERS: Item 7 of the Agenda (continued)**

**Human resources: annual report:** Item 7.2 of the Agenda (EB122/3, EB122/24, EB122/24 Add.1 and EB122/24 Add.1 Corr.1)

Mrs EBBE-DUNCAN (alternate to Dr Gwenigale, Liberia), speaking on behalf of the Member States of the African Region, commended progress achieved with the global management system and related planning and management reforms. Managing staff performance enabled the Organization to respect promises made to its governing bodies. Improving the Organization’s performance meant improving staff performance leading to improved health outcomes.

In Africa, where the burden of various diseases was greatest, human resources for health were important. With Member States trying to expand health services to underserved or new districts or in post-conflict countries such as Liberia, WHO was being called on to provide expert support. In some instances, it was even asked to provide funds to employ local counterparts for such experts. In 2007, the Programme, Budget and Administration Committee had expressed concern over the large number of temporary employees in the African Region. Although moving staff to long-term positions would increase payroll costs, it was necessary if WHO was to carry out its duties. The concern raised by some Member States over the future financial burden of retired employees was valid, but many of those were contract workers unlikely to retire in the system. More important was the supervision of those employees and the monitoring of their effectiveness.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) welcomed the fact that WHO was taking the management and assessment of staff performance seriously. WHO’s effectiveness at country level depended on the competence and leadership of its country representatives. Getting the right people with the right skills into that job should therefore be a priority. Over the preceding year the Organization had improved recruitment of representatives at country level through an open and transparent process; however, further progress was needed, for example an independent agency to handle appointments. Once in post, representatives should receive

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<sup>1</sup> Resolution EB122.R9.

appropriate professional training. The WHO performance system must identify those representatives whose performance was unsatisfactory and then deal with the problem. The report did not make it clear whether human resources approaches such as management of staff performance were equally and consistently implemented across all regions, and he requested clarification on that point.

The review of the programme on Health Action in Crises had shown that short-term funding of positions at country level undermined WHO's capacity to assume not only its coordinating function but also its more active operational role in humanitarian action. That was a source of concern.

Mr TOURÉ (Mali) said that the complex issue of human resources concerned two main points: staff production and staff retention. All countries faced, in differing degrees, the same problems of the quantitative and qualitative inadequacy of human resources, low motivation, need for capacity building and lack of career development plans. A thorough analysis was needed and a human resources policy in the health field, in order for countries to clarify their vision and develop strategies for implementation. They would then have a basis for discussion with partners and stakeholders, thereby facilitating the mobilization of funds for human resources development. He welcomed the various initiatives being carried out in order to strengthen health systems, including the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the International Health Partnership.

Ms BLACKWOOD (alternate to Dr Wright, United States of America) commended the Secretariat's efforts to improve human resources management and recruitment. She looked forward to the benefits expected from the global management system, including increased efficiency and effectiveness. Although the report described recruitment and outreach efforts in 2007, it failed to indicate action on underrepresentation and lack of representation of countries. Efforts should focus on those countries in 2008 and the results should be reported in 2009. She underscored the importance of comprehensive performance appraisal and noted the work in that regard.

Dr REN Minghui (alternate to Mr Li Baodong, China) said that the Secretariat should examine human resources issues in country offices, particularly recruitment of experts and appraisal of their performance. Steps had been taken to improve equitable geographical distribution; several workshops had been held in China recently. Lastly, the long-standing issue of under-representation of countries had to be addressed.

Dr DAHL-REGIS (Bahamas) said that every year she was saddened that at least nine countries of her Region were unrepresented within the Secretariat. For the past five years, her delegation had brought that fact to the attention of the Directing Council of PAHO, but to little avail. The need for development programmes at country, regional and headquarters levels to address that problem should be heeded. Competencies were available in the regions; in fact, nationals often did the work of visiting consultants. She stressed the benefits of geographical diversity and participation in promoting health within WHO. She supported the recommendation by the member for the United States of America to address the underrepresentation of a number of countries.

Mrs PRADHAN (Assistant Director-General) said that there had been many developments in the area of human resource management over the preceding three years. She agreed with the member for Liberia on the need to reduce the number of temporary staff within the Organization; the different types of contracts issued and terms and conditions of service applied had been rationalized. Such work would continue.

The global management system would integrate human resource planning into programme management, transforming the way the Organization functioned. The third area of reform – global learning and performance management – was a high priority; a global leadership programme had been set up, involving country representatives and other senior staff.

Board members had referred to the importance of ensuring that WHO had a good presence at country level. The Secretariat was working on a system to improve the recruitment of country

representatives, assessing the competencies required to tackle the health problems of specific countries.

Mr HENNING (Director, Human Resources Services), responding to the comment of the member from Liberia, said that a number of longer-term posts had recently been created in the Regional Office for Africa and that the trend would continue. Addressing the points raised by the member for the United Kingdom of Great Britain and Northern Ireland with regard to the competence and leadership qualities of country representatives, a new, more rigorous selection process would come into force in 2008. The competence of senior managers, including country representatives, would be evaluated within the global leadership programme, the next step of which would be a “360° evaluation”, one of the tools used to evaluate individual progress in the competencies of management and leadership.

The member for Mali had asked about technical competence and career development. The Global Learning Committee had requested the regions to formulate programmes to meet the needs of country offices, through, for example, provision of additional technical expertise to national staff. He would inform the member for the United States of America of the additional measures that had been taken. He recalled that, in 2006, the Board had approved a recruitment strategy to ensure representation of underrepresented and unrepresented countries. In response to the member for China, he said that evaluation and appraisal of experts would fall under the new, more rigorous consultant and expert policy of the global management system. The results of such appraisals would be available in a central database, to which all WHO offices would have access, thereby avoiding the possibility of recruiting consultants or experts who had not performed adequately during their period of employment within the Organization. In response to the comments of the member for the Bahamas, he said that both headquarters and PAHO had tried to attract candidates from the Caribbean countries; however, only two WHO collaborating centres had been active in supporting the recruitment strategy. Other sources would have to be sought to provide support in recruitment drives.

Dr DAHL-REGIS (Bahamas) asked the Secretariat to re-examine the figures with regard to the inadequate representation of the Caribbean countries at PAHO. She recommended that, if the strategy being used was not working, another should be tested.

The DIRECTOR-GENERAL said that the staff was WHO’s most important asset, and that salaries accounted for a large proportion of the budget; therefore, the talents and motivation of the staff must be maximized. Discussions had been held on the importance of performance appraisal, including meetings of senior management and a meeting in November 2007 of all WHO country representatives, who had agreed that a robust, fair, and transparent system was necessary. In new environments, new skills were needed. As “the face and voice of WHO”, country representatives needed training in diplomatic, leadership, technical and managerial skills. At the start of her term of office, she had noticed that at WHO good performance was seldom recognized and poor performance rarely censured; that attitude gave the wrong signals. She assured members that in the future no person who performed poorly would retain his or her position. She thanked those countries that had provided financial support to enable her to implement the new strategy smoothly.

Dr ANTEZANA ARANÍBAR (Bolivia)<sup>1</sup> said that competent, responsible staff formed the foundation for all the activities of the Organization. He asked for fuller information on WHO collaborating centres in developing countries whose potential was under-exploited. WHO should provide them with support through transfer of technical knowledge, and in the area of human resources management.

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**The Board noted the report.**

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

**Report of the International Civil Service Commission:** Item 7.3 of the Agenda (Documents EB122/3 and EB122/25)

**The Board noted the report.**

**Confirmation of amendments to the Staff Regulations and Staff Rules:** Item 7.4 of the Agenda (Documents EB122/3, EB122/30 and EB122/30 Add.1)

The CHAIRMAN invited the Board to consider the two draft resolutions set out in paragraph 13 of document EB122/30. The Programme, Budget and Administration Committee had recommended that the Board should adopt the two draft resolutions.

**The resolutions were adopted.<sup>1</sup>**

**Statement by the representative of the WHO staff associations:** Item 7.5 of the Agenda (Document EB122/INF.DOC./1)

Mr RATNAKARAN (representative of the WHO staff associations) highlighted: the need to extend improved staff/management consultation at headquarters to the regions and IARC; the lack of progress in harmonizing and streamlining selection procedures for fixed-term positions; the challenges posed by the imminent implementation of the global management system; the need to apply the Organization's policy on staff development and learning uniformly across all offices; and the need to strengthen the institution of Ombudsman. He reaffirmed the dedication of WHO's staff, as committed international civil servants, to the service of Member States and the health of their populations.

The DIRECTOR-GENERAL, expressing her gratitude to the representative of the WHO staff associations for his statement, reiterated the importance she attached to staff matters. She had participated, over the past 13 months, in the effort to enhance WHO's commitment to staff associations and would continue to do so. She recognized that, notwithstanding her commitment and that of the Regional Directors and IARC, the application of human resource management might be uneven in some areas. That would be considered so as to achieve further progress.

**The Board took note of the statement by the representative of the WHO staff associations.**

**4. MANAGEMENT MATTERS:** Item 6 of the Agenda (resumed)

**Reports of committees of the Executive Board:** Item 6.6 of the Agenda

- **Standing Committee on Nongovernmental Organizations** (Documents EB122/34 and EB122/34 Add.1)

Dr SINGAY (Bhutan), speaking in his capacity as Chairman of the Standing Committee on Nongovernmental Organizations, said that the Committee had considered applications for admission into official relations with WHO from four nongovernmental organizations. Additionally, it had reviewed information concerning four nongovernmental organizations that had been admitted into provisional official relations with WHO pursuant to decision EB120(3). The outcome of the Committee's discussions was set out in document EB122/34. He drew attention to the draft resolution and the draft decision contained in paragraphs 23 and 24 of document EB122/34. He expressed the

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<sup>1</sup> Resolutions EB122.R10 and EB122.R11.

Committee's appreciation of the work of the applicant nongovernmental organizations and of those organizations whose activities had been reviewed.

The CHAIRMAN invited the Board to consider the draft resolution contained in paragraph 23 of document EB122/24.

**The resolution was adopted.<sup>1</sup>**

The CHAIRMAN invited the Board to consider the draft decision contained in paragraph 24 of document EB122/24.

**The decision was adopted.<sup>2</sup>**

- **Foundations and awards** (Documents EB122/31, EB122/32 and EB122/35)

#### **Dr A.T. Shousha Foundation Prize**

**Decision:** The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2008 to Professor Sayed Adeeb ul Hassan Rizvi (Pakistan) for his significant contribution to public health in the Eastern Mediterranean Region. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.<sup>3</sup>

#### **Sasakawa Health Prize**

**Decision:** The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2008 to the Movement for Reintegration of People Affected by Hansen's disease (MORHAN), Brazil, for its outstanding innovative work in health development. The laureate will receive US\$ 40 000.<sup>4</sup>

#### **Francesco Pocchiari Fellowship**

**Decision:** The Executive Board, having considered the report of the Francesco Pocchiari Fellowship Selection Panel, awarded the Francesco Pocchiari Fellowship for 2008 to Dr Uranchimeg Davaatseren (Mongolia) and Dr Intesar Alsaidi (Yemen). The laureates will each receive US\$ 10 000.<sup>5</sup>

#### **United Arab Emirates Health Foundation Prize**

**Decision:** The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize

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<sup>1</sup> Resolution EB122.R12.

<sup>2</sup> Decision EB122(1).

<sup>3</sup> Decision EB122(2).

<sup>4</sup> Decision EB122(3).

<sup>5</sup> Decision EB122(4).

for 2008 to the Children's Cancer Hospital, Cairo (Egypt) for its outstanding contribution to health development. The laureate will receive US\$ 40 000.<sup>1</sup>

#### **State of Kuwait Prize for Research in Health Promotion**

**Decision:** The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Prize for Research in Health Promotion in 2008 to Dr Zaza Metreveli (Georgia) and Dr Chuon Chantopheas (Cambodia) for their outstanding contribution to health development. The laureates will each receive US\$ 20 000.<sup>2</sup>

#### **Dr Lee Jong-wook Memorial Prize for Public Health**

Professor SOHN Myongsei (Republic of Korea) thanked all those who had contributed to the establishment of the Dr Lee Jong-wook Memorial Prize for Public Health and, in particular, the Executive Board, for considering the proposal to institute the Prize within the Organization's framework. An award of US\$ 100 000 would be granted annually, starting in 2009, to persons or organizations for their contribution to research into and prevention, treatment and control of HIV/AIDS; research into and control of communicable diseases; or control of neglected tropical diseases.

He paid tribute to the late Director-General Dr Lee Jong-wook, who had dedicated 23 years of his life to the improvement of global health and to the betterment of the human condition.

**Decision:** The Executive Board, having considered the proposal of the Republic of Korea to establish an award for research in the areas of HIV/AIDS, communicable diseases and neglected tropical diseases, approved in principle the establishment of an award entitled the "Dr Lee Jong-wook Memorial Prize for Public Health", for which the proposed statutes are to be elaborated in cooperation with the Republic of Korea and submitted for the approval of the Board, together with recommendations for covering the administrative costs incurred with respect to such an award.<sup>3</sup>

The DIRECTOR-GENERAL thanked the Government of the Republic of Korea and the family of the late Dr Lee Jong-wook for their proposal to establish the Prize, and Member States for approving its establishment in memory of her predecessor.

#### **Darling Foundation Prize**

**Decision:** The Executive Board, having considered the report by the Director-General on administration and award of the Darling Foundation Prize: proposed dissolution, agrees to dissolve the Darling Foundation and requests the Director-General to take all necessary action to effect the dissolution subject to all approvals and action required under Swiss law.<sup>4</sup>

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<sup>1</sup> Decision EB122(5).

<sup>2</sup> Decision EB122(6).

<sup>3</sup> Decision EB122(7).

<sup>4</sup> Decision EB122(8).

**Provisional agenda of the Sixty-first World Health Assembly and date and place of the 123rd session of the Executive Board:** Item 6.7 of the Agenda (Document EB122/22)

Dr YOUNES (Director ad interim, Office of Governing Bodies) said that the Secretariat had noted three amendments to the provisional agenda of the Sixty-first World Health Assembly, as contained in Annex 1 of document EB122/22. Two new subitems had been proposed for Committee A, under item 11, Technical and health matters: item 11.11, Climate change and health, and item 11.12, Monitoring of the achievement of the health-related Millennium Development Goals. The subitem entitled “Progress reports on technical and health matters” would thus become subitem 11.13. Regarding Committee B, under item 17, Management matters, the subitem Method of work of the Health Assembly would be numbered subitem 17.1, to be followed by a new subitem 17.2, Multilingualism: implementation of action plan.

Mr BIN SHAKAR (United Arab Emirates) proposed the insertion of an item on counterfeit medical products, which posed a serious threat to the poorest segments of the population. His country had witnessed the phenomenon in 2007, when thousands of counterfeit medical supplies had been discovered and seized. New national legislation should be introduced soon, focusing on the import and export of medical supplies and products, and the evaluation of such products in cases of fraud. The issue was a concern for the health community as a whole. Therefore, WHO, together with the International Medical Products Anti-Counterfeiting Taskforce, should, at the next Health Assembly, draw up a report and a proposal on standards for combating counterfeit products.

Dr ABDESSELEM (Tunisia) endorsed the proposal made by the United Arab Emirates. Since 2006 the Organization had taken many steps to tackle the problem, including the establishment of the Taskforce; the adoption of an international declaration on the issue; and the coordination by WHO of the work of other international, intergovernmental and nongovernmental organizations, drug manufacturers and distributors in that area. He emphasized the Taskforce’s activities in relation to regulations, support for regulatory authorities, new technologies and communication. All those achievements should be brought to the attention of health professionals and authorities worldwide so that the Taskforce could benefit from their feedback in contemplating future action.

Dr MENESES GONZÁLEZ (alternate to Dr Hernández Ávila, Mexico) asked for the latest version of the provisional agenda of the Sixty-first World Health Assembly and working documents to be posted on WHO’s web site, to enable them to be consulted at the earliest opportunity.

Dr YOUNES (Director ad interim, Office of Governing Bodies) confirmed that the provisional agenda, as approved by the Board, would be posted on the Organization’s web site after the current meeting, and that the site was updated regularly.

At the request of the members for the United Arab Emirates and Tunisia, a new subitem 11.13 would be inserted after the new subitem 11.12, and would be entitled “Counterfeit medical products”. The subitem entitled “Progress reports on technical and health matters” would thus become subitem 11.14.

The CHAIRMAN said that he took it that the Board wished to adopt the draft decision contained in paragraph 3 of document EB122/22, as amended.

**The decision was adopted.<sup>1</sup>**

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<sup>1</sup> Decision EB122(9).

The CHAIRMAN said that the Board should consider the date and place of its next session.

**Decision:** The Executive Board decided that its 123<sup>rd</sup> session should be convened on Monday, 26 May 2008, at WHO headquarters, Geneva, and should close no later than Thursday, 29 May 2008.<sup>1</sup>

## 5. MATTERS FOR INFORMATION: Item 8 of the Agenda

### Reports of advisory bodies: Item 8.1 of the Agenda

- **Advisory Committee on Health Research (ACHR)** (Documents EB122/26 and EB122/26 Add.1)

Professor WHITWORTH (Chair of ACHR) expressed satisfaction at the progress made in developing WHO's research strategy, to be presented to the Sixty-second World Health Assembly in 2009. The extensive consultation involved all levels of the Organization and external stakeholders. Several themes had been identified: WHO should make research, particularly that with a direct impact on health outcomes in developing countries, a higher priority; research should go beyond basic science to focus on support, facilitating work in countries that could be "owned" by policy-makers; and staff should value research and incorporate it into their work. In addition to improving the way research was managed and organized within WHO, the strategy would serve to define WHO's niche and relative strength in the arena of global health research.

The announcement of WHO's research strategy would be a highlight of the Global Ministerial Forum on Research for Health (Bamako, 17–20 November 2008). The Forum would review progress made since the Ministerial Summit on Health Research in Mexico in 2004 and address some of the key recommendations of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. It would highlight WHO's leadership in rallying support for the larger research agenda by bringing together the major supporters of research, and in directing relevant research. It would focus on the health challenges facing the African Region.

Acting on an ACHR recommendation, WHO had established a guidelines review committee to ensure that its recommendations, advice and guidelines were based on the best available scientific evidence, thereby enhancing WHO's leadership in setting norms and standards. The search portal of the International Clinical Trials Registry Platform provided convenient access to data from major registers worldwide. The initiative would help to strengthen public confidence in research through better transparency, accountability and access to clinical research results. The progress made with WHO's Evidence-Informed Policy Networks initiative was encouraging. National teams had been established in 25 countries in three WHO regions with strong support from national governments.

The second meeting of ACHR in 2007 had considered regional harmonization, so that regional and global advisory committees would identify activities of common interest, the development of guidelines and translation of research into practice. ACHR planned to broaden its membership to include representatives of the governing bodies of WHO's major research programmes. Its work programme would emphasize research on noncommunicable diseases, the impact of climate change on health, good scientific conduct and the research role of WHO collaborating centres.

Mr TOURÉ (Mali), speaking on behalf of the Member States of the African Region, supported the Evidence-Informed Policy Networks initiative, a mechanism that strengthened the knowledge base and assisted health policy decisions. The Global Ministerial Forum on Research for Health would

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<sup>1</sup> Decision EB122(10).

strengthen research for health, development and equity; health ministers from all Member States would be invited to participate. Attention should also be paid to the unique function of the Forum in maintaining high-level political commitment to research in improving health. Emphasis should be placed on indicators and data, and high-quality research in Africa should show how research could have an impact on health outcomes.

The Regional Committee for Africa had confirmed that Algeria would host the ministerial preparatory conference for the Bamako Global Forum. The purpose of the conference was to bring together ministers from the African Region, and all relevant stakeholders, in order to strengthen commitments and draft a common African declaration to be submitted to the Global Forum. The preparatory conference would focus on new approaches and examples of success in strengthening the capacity for research, health information and the management of knowledge in the Region. A regional preparatory consultation had been held by the Regional Office for Africa (Brazzaville, 24–28 November 2007).

The African group recommended that it should be involved more in the setting of the programme and objectives of the Global Forum. A ministerial session of the Forum and a section of the declaration should be devoted to the problems of research in Africa.

Professor WHITWORTH (Chair of ACHR) acknowledged Mali's commitment.

**The Board noted the reports.**

- **Expert committees and study groups** (Documents EB122/27 and EB122/28)

**The Board noted the reports.**

**The meeting rose at 12:30.**