SUMMARY RECORDS

FIRST MEETING

Monday, 26 May 2008, at 09:35

Chairman: Dr B. SADASIVAN (Singapore)
later: Mr N.S. de SILVA (Sri Lanka)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB123/1 and EB123/1 (annotated))

The CHAIRMAN, declaring the 123rd session of the Executive Board open, invited the Board to consider the provisional agenda. He proposed the deletion of agenda items 6.7 and 7.2, Amendments to the Financial Regulations and Financial Rules, and Confirmation of amendments to the Staff Regulations and Staff Rules, as no amendments had been proposed.

Dr GARCIA (United States of America) said that, during the resumed second session of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, held in Geneva from 28 April to 3 May 2008, a nongovernmental organization, Health Action International, had circulated an inappropriate paper. The way in which nongovernmental organizations participated in intergovernmental meetings, as well as the incident in question, should be reviewed by the Standing Committee on Nongovernmental Organizations of the Executive Board at its 124th session. He asked for the views of the Secretariat on that request.

The CHAIRMAN said that the request of the member for the United States had been noted.

The agenda, as amended, was adopted.[1]

2. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEUR: Item 2 of the Agenda

The CHAIRMAN invited nominations for the office of Chairman.

Dr KANDUN (alternate to Dr Supari, Indonesia) nominated Mr N.S. de Silva (Sri Lanka), the nomination being seconded by Professor SOHN Myong-sei (Republic of Korea).

Mr N.S. de Silva (Sri Lanka) was elected Chairman.

The DIRECTOR-GENERAL thanked Dr Sadasivan, the outgoing Chairman, for his leadership, drive and sense of purpose during the past year. She said that the successful outcome of the Sixty-first World Health Assembly had been due to the excellent preparatory work of the Board. Nevertheless, it was unfortunate that the only agenda item that the Health Assembly had not managed to discuss had

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[1] See page vii.

been the very one that the Executive Board had been unable to consider at its 122nd session. The Board might therefore wish to explore ways of streamlining its working methods in the future.

The Director-General presented Dr Sadasivan with a gavel.

Dr SADASIVAN (Singapore) said that he had been honoured to be Chairman of the Executive Board and thanked the members for their support, and the Secretariat for its invaluable assistance. At the recently established J.W. Lee Centre for Strategic Health Operations, he had seen, by means of interactive television, WHO field officers working in Myanmar in very difficult conditions. He paid tribute to the dedication of all WHO's field officers wherever they might be deployed.

Mr de Silva took the Chair.

The CHAIRMAN said that he was honoured to have been elected; his election was also a tribute to the South-East Asia Region and a mark of recognition of the health gains made by his country, Sri Lanka. WHO's mission was to promote the health aspirations of the international community, a task in which it should continue to receive the support it deserved. Conscious of the responsibilities vested in him, he was confident that, with the assistance of the Board members, it would be possible to fulfil them. He invited nominations for the four posts of Vice-Chairmen.

Professor SALANIPONI (Malawi), seconded by Dr MAÏGA (alternate to Mr Touré, Mali), nominated Mr Ould Khlil (Mauritania).

Dr GARCIA (United States of America), seconded by Dr DAHL-REGIS (Bahamas), nominated Mr Vallejos (Peru).

Dr MOHAMED (Oman), seconded by Dr AHMADZAI (Afghanistan), nominated Dr Abdesselem (Tunisia).

Dr VOLJ (Slovenia), seconded by Dr JAKSONS (Latvia), nominated Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland).

Mr Ould Khlil (Mauritania), Mr Vallejos (Peru), Dr Abdesselem (Tunisia) and Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland) were elected Vice-Chairmen.

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure of the Executive Board, if the Chairman was unable to act between sessions, one of the Vice-Chairmen should act in his place; the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairmen should serve in the following order: Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland), Mr Vallejos (Peru), Mr Ould Khlil (Mauritania) and Dr Abdesselem (Tunisia).

The CHAIRMAN invited nominations for the office of Rapporteur.

Dr SADASIVAN (Singapore), seconded by Dr REN Minghui (China) nominated Mr Cunliffe (New Zealand).

Mr Cunliffe (New Zealand) was elected Rapporteur.

Dr VOLJ (Slovenia), speaking on behalf of the European Union, said that as Board members were aware, the European Community, its Member States and the European Commission worked closely with WHO on a wide range of subjects. As agreed in an exchange of letters in 2000 between WHO and the Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Community, the European Commission attended the sessions of the Board as an observer. However, under Rule 4 of the Board's Rules of Procedure, observers were not automatically invited to participate in the work of the subcommittees or other subdivisions of the Board, such as drafting groups. He accordingly requested that, as at previous sessions of the Board, the European Commission be invited to participate without vote in the deliberations of the subcommittees or other subdivisions of the Board and committees falling within the Community's competence at the 123rd session of the Board and, in particular, those covered by agenda item 5.

The CHAIRMAN said that he took it that the Board wished to accept that proposal concerning the participation of the European Community.

It was so agreed.

3. OUTCOME OF THE SIXTY-FIRST WORLD HEALTH ASSEMBLY: Item 3 of the Agenda (Document EB123/2)

The CHAIRMAN reminded the Board that it had been represented at the Sixty-first World Health Assembly by Dr Sadasivan (Singapore) and three Vice-Chairmen.

Dr VOLJ (Slovenia), speaking on behalf of the European Union, expressed satisfaction at the outcome of the session and the goals achieved. The adoption of the Global Strategy on Public Health, Innovation and Intellectual Property and of parts of the draft action plan represented a major advance. He urged WHO and all stakeholders to implement the measures without delay in order to improve access to treatment for people in need. The resolution on the impact of climate change on public health placed the topic on the agenda of the Health Assembly for years to come, while implementation of the International Health Regulations (2005) would be crucial for global health security. Adoption of the resolutions on a global immunization strategy, and on implementation of the global strategy and action plan for the prevention and control of noncommunicable diseases, would contribute towards improving health globally. The global strategy on harmful use of alcohol should reflect the risk factors and their potentially adverse impact on communicable and noncommunicable diseases.

He emphasized the adoption of a resolution, of which Slovenia had been a sponsor, that would strengthen monitoring of achievement of the health-related Millennium Development Goals. The adoption of a resolution on the health of migrants, by addressing the situation at the global level, should help to resolve a particular concern for the European Union. He welcomed the measures contained in the resolution on female genital mutilation. He noted that the problem of counterfeit medical products would be discussed by the Board at its 124th session. Adoption of resolutions alone was not enough. They must be implemented, and that demanded strong political will by all concerned.

The Board noted the report.

4. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the Agenda (Document EB123/3)

Professor PEREIRA MIGUEL (Portugal), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, highlighted the key issues discussed. The Committee had welcomed the Secretariat's report on progress in management reforms, including the status of the global management system; the move to full compliance with international public sector accounting standards; the streamlining of recruitment; the strengthening of performance management; securing adequate financing of WHO's support functions; and information about the financing gaps for the Capital Master Plan and improved compliance with United Nations minimum operating standards for staff security. The global management system would be in use by the end of 2009 by all regional offices, except that for the Americas, which would join later. It was recognized that implementation was highly complex and risky. The Committee had welcomed the steps taken to define better the direct and indirect costs of support to activities funded by voluntary contributions, and urged the Secretariat to identify mechanisms to ensure the financing of those support functions. It had noted the report submitted to it by the Secretariat on "Management reforms: review of progress".

The Committee had also welcomed a report on global health partnerships. It had noted that the Board would discuss a set of draft principles, to be submitted to it at its 124th session, that would form a basis for policy guidelines. It had stressed that any agreement for WHO to host a partnership should be submitted to the governing bodies for review and approval. Enhanced national coordination through finance or other ministries was needed. It requested the Secretariat to report periodically to the governing bodies on partnerships and the status of the GAVI Alliance, which was to become an independent Swiss foundation. The Secretariat had identified 11 formal partnerships whose budgets lay outside the Programme budget. It was also noted that a small section in the budget would describe the synergies arising from such partnerships for WHO's work towards the strategic objectives of the Medium-term strategic plan 2008–2013. The Committee recommended that the Board note the reports contained in documents EB123/6 and EB123/6 Add.1.

Considerable progress had been made in implementing the WHO publications policy. The proposed categorization of products reflected requirements in terms of content development, production and dissemination, and criteria for approval. Linking the proposed electronic library to other databases would be problematic, however, for reasons of quality assurance and potential confusion among users. The Secretariat had instead facilitated access to health information in developing countries through existing mechanisms, including the Health InterNetwork Access to Research Initiative and the Blue Trunk Library. The Committee recommended that the Board take note of the report contained in document EB123/7.

In regard to the method of work of the Health Assembly, the Committee had discussed the Secretariat's response to the Board's proposal to consider ways of making the meetings of the General Committee more efficient, and suggested that the Board discuss the matter further. The Committee recommended that the Board take note of the report contained in document EB123/11.

The Board noted the report.

5. TECHNICAL AND HEALTH MATTERS: Item 5 of the Agenda

Human organ and tissue transplantation (Document EB123/5)

The CHAIRMAN said that the report outlined the results of a comprehensive consultation, which had resulted in recommendations for improving the safety, quality, efficacy and ethics of human organ and tissue transplantation.

Dr GARCIA (United States of America) said that the report raised international awareness of important ethical and safety issues, and he commended WHO's leadership. Organ transplantation offered important health benefits, and safe and effective transplantation of human organs, tissues and cells should be available worldwide. Current demand exceeded supply, thus reinforcing the need for ethical and safer procurement and allocation. Living organ donation had been subject to serious human rights abuses, but it had substantial health benefits, and in certain circumstances was acceptable. All Member States would benefit from a comprehensive study of the increasingly global practices and ethical issues surrounding living donations. Condemned prisoners should not be accepted as organ donors because of the difficulty of ensuring voluntary consent and the risk of transmission of infectious diseases. Such ethically unacceptable practices should be discouraged and citizens' involvement as recipients prevented. It was possible to construct and regulate a system in which human tissues could be recovered, processed and distributed safely. His country would share the experience of its Food and Drug Administration with other Member States in that respect.

Dr ABDESSELEM (Tunisia), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the transplantation of human organs and tissues had important medical, economic and ethical implications. The imbalance between limited supply and growing demand had generated unacceptable practices, such as "transplant tourism", organ trafficking and the commerce in organs. Such practices originated in the use of organs from living donors who were not related to the recipients. Certain governments in the Region had expressed concern about organized networks that targeted the poor. He commended WHO's efforts to update the guiding principles, which had influenced professional codes of practice and legislation throughout the world. He welcomed WHO's commentaries on the principles for the security, quality and efficacy of donor procedures and transparency; and the emphasis on the prevention of illnesses that led to organ failure.

For more than 20 years, Tunisia had financed the treatment of chronic renal disease through the national health insurance system, representing about 5% of annual health expenditure. A regulatory framework covered the removal and transplantation of organs and tissues. A national centre handled the demand for transplantation of organs and their supply in a transparent manner.

Regional priorities for organ transplantation were the organization of activities, raising public awareness and international cooperation. WHO should provide support through setting standards, technical cooperation and raising awareness. More efforts were needed to incorporate the guiding principles into legislation and bioethics.

He asked the Executive Board to recommend the report for approval by the Health Assembly. He requested the Director-General to disseminate the guiding principles widely, to review them regularly in the light of each country's experience and fresh developments, and to report the progress achieved at least every four years to the Health Assembly.

Dr REN Minghui (China) said that human organ transplants had raised the hopes of many patients faced with terminal organ failure. A lack of legislation and the imbalance of supply and demand had led to organ trafficking. In March 2006, the Chinese Ministry of Health had regulated the clinical application and management of human organ transplantation. In 2007, with WHO support, it had issued regulations in keeping with the WHO guiding principles on human organ transplants. The Ministry of Health had certified 87 medical institutions; another 77 would meet the conditions shortly. In July 2007, it had forbidden transplant tourism. A regulatory system was being set up that would integrate human organ donation, attribution, transplantation and scientific registration. China sought increased cooperation with the Secretariat and Member States in order to strengthen management of transplantation and combat illegal activities.

Dr VOLJ (Slovenia), speaking on behalf of the European Union, commended the report, which showed that WHO's guiding principles had helped Member States to set up legislation and establish appropriate practices. It had prevented conduct contrary to ethical principles and human rights. The present review underscored WHO's normative authority. Removal of the non-regenerating

organs of a living donor for the benefit of another human being called for the strongest ethical vigilance. The removal or organs from dead bodies also raised ethical concerns. The shortage of organs and tissues had widened the ethical gap between registered and unregistered transplantations. The differences between rich and poor had led to transplantation practices that exploited and violated the solidarity principle. WHO should maximize support for the guiding principles, as their implementation had reduced transplant tourism and trafficking and could help to prevent criminal practices. The principles of safety, quality, efficiency, transparency and traceability required an efficient international database, such as that set up by Spain, in collaboration with WHO. The European Union, working closely with WHO, would continue to combat undesirable activities and support those that protected the health and dignity of donors and recipients.

The European Union sought to encourage organ transplantation after death by fostering the altruistic and positive attitudes familiar to blood donors. It endorsed the review and updating of the guiding principles and, at the 124th session of the Executive Board, would submit a draft resolution to underline their importance and role, for subsequent consideration by the Sixty-second World Health Assembly.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that it was important that the report be adopted and implemented, as the 17-year hiatus since the previous guidelines on the matter represented a long time in scientific and ethical matters. The United Kingdom was particularly concerned by the question of organ trafficking and exploitation covered by guiding principles 5 and 6. He regretted the absence of a reference to public education. Citizens must be made aware of the risks in donating organs or tissues in response to financial inducements. In guiding principle 4, he proposed deletion of the word “rare”. In 2007, the United Kingdom Human Tissue Authority had approved 71 living donations of bone marrow from children without the capacity to consent, a figure that suggested that the practice might not be so rare, although it should remain an exception.

Professor AYDIN (Turkey) commended the report and welcomed the new guiding principles on human organ transplantation. Transplant tourism should be monitored carefully: some wealthy countries encouraged transplantation abroad, which led to organ trafficking. Sometimes, organ donors and recipients were brought together through third countries. Despite existing legislation, his country was facing similar challenges and the new principles would help to promote safety and transparency.

Mr FISKER (Denmark) said that the report was in line with the work done by his country within the Council of Europe, whose recommendation on organ transplantation had a special focus on organ trafficking.

Among the guiding principles, Denmark was uneasy with regard to guiding principle 4, which permitted removal of tissue or organs from children and legally incompetent persons under exceptional circumstances. He recommended strict surveillance and monitoring of such practices. The unethical buying and selling of organs and tissues for transplantation was illegal in many countries. It constituted a horrendous exploitation of poor and socially weak persons that must be prevented. Legislation must be introduced in all countries, and WHO should play an important advisory role in that respect. In order to prevent the purchase of tissues and organs from poor people or other criminal methods of obtaining organs for transplantation, all such material should be fully traceable. Denmark agreed that a global system for coding and monitoring should be set up. The serious ethical and even criminal problems raised by organ and tissue transplantation demonstrated that new inventions and technologies could foster new problems.

Professor STARODUBOV (Russian Federation) welcomed WHO’s efforts in the area of cell, tissue and organ transplantation. The report took into account recipients’ interests, donors’ rights and the dignity of all concerned. In many countries, the limited supply of donor organs had resulted in a commercial market, in which the most vulnerable persons in society were exploited.

Access to safe, good-quality transplants should be improved. Transparency in organizing a supply of human material, on the basis of regulatory legislation, could help to solve a range of technical and legal problems. Spreading commercialism and the lack of proof that death had occurred served the arguments of opponents of transplantation. Its future development would depend on prompt supply of organs and tissues and establishing the exact time of death. The draft guiding principles would be helpful for solving technical, legal and ethical problems at country level. Given that 17 years had elapsed since the guiding principles had originally been endorsed, WHO should respond more promptly to new problems that arose.

Dr MOHAMED (Oman) welcomed WHO’s consideration of transplantation practices and the revised guiding principles. National legislation in the field of transplantation must be respected: in his country, there were few transplants from living donors, and consideration was given to transplantations of organs or tissue from deceased persons. Islamic countries had participated in a Kuwaiti initiative to consider transplantation issues, at which it had been stressed that, by earlier treatment of certain noncommunicable diseases and greater vaccination coverage, the need for transplants could be largely reduced. Transplantation should be considered within the broader context of public health.

Dr ABABII (Moldova), welcoming the guiding principles on human cell, tissue and organ transplantation, said that in 2007 his country had signed and ratified the Additional Protocol to the Convention on Human Rights and Biomedicine, on Transplantation of Organs and Tissues of Human Origin. An agency would oversee transplantations and the creation of a global database on the supply of organs and tissues. He thanked the Regional Office for Europe and partners for their support. In Moldova, the problem of organ trafficking was exacerbated by a high level of migration, a poor standard of living and low levels of awareness. Victims were often reluctant to disclose the harm they had done to their health. The trade in organs should be examined at the global level by all interested parties. Moldova supported the draft update of the WHO guiding principles, a valuable tool for all countries and a source of protection for the most vulnerable populations.

Dr DULLAK PEÑA (Paraguay) said that the guiding principles on human cell, tissue and organ transplantation were a valuable tool for governments and communities, which would help to prevent trade in human organs. They should be approved by the Health Assembly. Paraguay was working within the framework of the Ibero-American Donation and Transplant Network and a national institute for organ removal and transplantation had been established. Legislation would support the transplantation of organs to persons in need, in accordance with medical and ethical guidelines.

Dr DAHL-REGIS (Bahamas), supporting in particular the two new guiding principles, said that they would promote safe, ethical practice in the area of human cell, tissue and organ transplantation, minimize some of the conflicts among professionals and strengthen regulatory frameworks.

Surveillance in the Caribbean region was needed. Her country was faced with offshore transplant facilities, about which it often knew nothing, due to lack of enforcement and the geographical dispersion of the islands in the Caribbean. She supported those statements calling for a global surveillance system.

Dr MAZA BRIZUELA (El Salvador) said that the number of people suffering from organ failure, for whom the transplant of an organ or tissue was the last hope, was increasing. Since 2004, El Salvador had established a national transplantation council and policy, a strategic plan, and a regulatory framework on organ transplantation. El Salvador welcomed the guiding principles, but remained concerned about transplant tourism. He called upon the Board to prepare a resolution providing for the possibility of an internationally binding treaty to combat the trafficking of organs and tissues.

Ms JAQUEZ (Mexico)[1] said that the progress made in the transplantation of human tissues and organs constituted some of the greatest strides in medical treatment over the previous 50 years. She welcomed WHO's efforts to promote equitable, ethical and safe transplantation practices. Mexico's transplantation centre coordinated the national programme. Between 2000 and 2006, the number of transplants undertaken in Mexico had increased 23% annually. In accordance with the guiding principles, her country sought equity in medical care, coordination of the public and private sectors, and optimized human, physical and material resources in the area of transplantation.

Ms LASPINA (Ecuador)[1] welcomed WHO's support for the ethical development of transplants. A legal framework for transplantation existed in her country and the National Constituent Assembly had discussed the possibility that persons over 18 years of age could decide themselves whether to be altruistic donors. She welcomed the guiding principles, but some countries clearly needed mechanisms to promote transparency with respect to transplantation. WHO should continue its work and should take steps to ensure that immunosuppressive medication was available in an affordable, timely fashion to all transplant patients in all countries, particularly the least developed countries.

Ms MAHILLO DURÁN (Spain)[1] said that her Government's Ministry of Health and Consumers, through the National Transplantation Organization, was working closely with WHO in regard to all aspects of transplantation. Spain currently hosted the global database on donation and transplantation, which promoted transparency and the international dissemination of information and played a role in revising and updating the guiding principles. She shared the concerns of WHO regarding the safety and quality of allogeneic transplants and ethical issues with regard to transplants from live donors, the growth of transplant tourism and the trade in human cells, tissues and organs, including trafficking.

Outcomes of transplantation of organs had improved as a result of progress in surgical techniques, the experience acquired and the development of new immunosuppressive medications. Demand for transplants often exceeded the supply of organs and led to the commercial trafficking of human organs. Summarizing several key points contained in the draft annex of the report, she said that the guiding principles could provide a legal and ethical framework for the transplantation of cells, tissues and organs for therapeutic purposes and provided tools to prevent their trade and trafficking.

Dr MBOYA OKEYO (Kenya)[1] called for an international mechanism to ensure that the poor and vulnerable were protected from the trade in human organs and tissues. Legislation at all levels should be strengthened, and surveillance should be provided within the framework of the updated guidelines. He sought clarification as to whether stronger mechanisms could be set up that would ensure that the poor and vulnerable were not exploited. He welcomed the European Union's intention to submit a draft resolution on the matter to the 124th session of the Executive Board.

Mr CHAWDHRY (India)[1] said that the guiding principles were of particular interest to India in view of the country's state-of-the-art transplantation facilities. India was committed to protecting the poor and vulnerable from exploitation in that connection. Deficiencies had been identified with respect to the national Transplantation of Human Organs Act 1994, which was implemented by each state independently, and allegations had been made concerning commercial transactions in organs. Accordingly, the legislation was under review. Amendments similar to the WHO guiding principles were likely to be considered by Parliament. Referring to guiding principle 6 regarding altruistic donation, he said that the law in India permitted the donation of organs for near relatives only when there was affection and attachment between the donor and the recipient. That provision could be made more stringent with respect to foreign nationals coming to India for organ transplantation. India was

[1] Participating by virtue of Rule 3 of Rules of Procedure of the Executive Board.

considering a nationwide programme to raise awareness of organ donation, which could help to prevent unauthorized and criminal practices in the trade of organs. The different cultural, legal and economic situations of Member States must be taken into account in finalizing the guiding principles. Capacity building would be needed for their implementation.

Dr MAÏGA (alternate to Mr Touré, Mali) said that a draft law concerning organ donation and transplantation was in the process of adoption in her country. Many developing countries lacked reliable data on transplantation, and Mali supported WHO's report. Inequitable access to technologies and medicines constituted a barrier to development, and she emphasized improved access to medicines, particularly immunosuppressive treatment.

Monsignor VAN MEGEN (Holy See), speaking at the invitation of the CHAIRMAN, welcomed the Secretariat's report on human organ and tissue transplantation, and said that the concern on those issues, expressed at numerous Health Assemblies, was warranted. The late Pope John Paul II had said that transplantation techniques had proven to be a valid means of attaining the primary goal of all medicine – the service of human life – but also touched many ethical, legal and social questions that needed deeper investigation. Guiding principle 5 stated that cells, tissues and organs should only be donated freely, without any monetary payment or reward, and that their sale by living persons, or by the next of kin of deceased persons, should be banned. The teachings of the Catholic Church made clear that any procedure that tended to commercialize human organs, or to consider them as items of exchange or trade, was morally unacceptable. To use the body as an object would be to violate the dignity of the human person.

He welcomed the other guiding principles. Referring to paragraph 11 of the report, he said that greater clarity was required in the area concerning determination of death. Although speed in the removal of organs might be necessary, caution and care must ensure full, uncompromising respect for human life and the dignity of the potential donor, until the time of natural death.

Professor HAKIM (International College of Surgeons), speaking at the invitation of the CHAIRMAN, said that, as the number of transplants performed had increased, so had the demand for organs. Efforts had been made to find new ways to increase the donation of organs. The amount of material donated could be tripled if "non-heartbeating" donors were used. The techniques used to preserve organs from such donors required technology that was accessible to countries with limited resources. The "presumed consent" system, which had been adopted by several countries, allowed the removal of organs unless the person had expressed his or her opposition before death; that system significantly increased the number of donors.

Transplant tourism had increased. He shared WHO's concerns about the commercial trade in human organs. Legal frameworks were essential to permit transplantation, while deterring commercial trade and trafficking and protecting vulnerable citizens. Increased numbers of transplants depended on safe legal donation and greater public awareness of the dangers of organ trafficking. Health-care professionals involved in transplantation procedures should be prohibited from receiving any payment that exceeded a justifiable fee for the services rendered. The reimbursement of expenses incurred by the donor should not be precluded. Transparency in donation and transplantation must be ensured. Lastly, he noted that transplantation provided an excellent basis for surgical training in general.

Dr DELMONICO (The Transplantation Society), speaking at the invitation of the CHAIRMAN, said that the revised guiding principles on human cell, tissue and organ transplantation should be approved by the Board and submitted to the Sixty-second World Health Assembly. They were essential for the medical transplantation profession. Since the approval of resolution WHA57.18, and with the support of WHO, some Member States had adopted protective laws. At the International Summit on Transplant Tourism and Organ Trafficking (Istanbul, Turkey, 30 April – 3 May 2008), government representatives and medical professionals from 78 countries had issued a declaration that organ trafficking and transplant tourism were unethical and violated respect for human dignity, equity

and justice, and should be prohibited. Member States could help in removing obstacles to deceased organ donation. Those with well-established deceased donor programmes should share information and expertise.

The Transplantation Society had published recommendations on the medical and psychosocial suitability of living donors. The care and follow-up extended to living donors should be recognized and provided for by Member States and national health authorities.

Dr ETIENNE (Assistant Director-General) thanked Member States for their comments on, and support for, the guiding principles and noted growing consensus on the importance of the issue. The revised guiding principles had been prepared through international, regional and national consultation. She noted the concerns expressed about guiding principles 4, 5 and 6, and said that more work would be done towards preventing and controlling illnesses leading to organ failure. The Secretariat would support Member States and regulatory authorities to ensure that cell, tissue and organ transplantations were conducted in a manner that was safe, transparent and conformed with ethical practices. She supported Member States' efforts to increase the availability of cell, tissue and organ supplies through altruistic donations.

The CHAIRMAN suggested that the issue be discussed further by the Board at its next session.

It was so agreed.

6. MANAGEMENT, BUDGET AND FINANCIAL MATTERS: Item 6 of the Agenda

Global health partnerships: progress on developing draft policy guidelines for WHO's involvement: Item 6.1 of the Agenda (Documents EB123/6 and EB123/6 Add.1)

The CHAIRMAN invited members of the Board to contribute their views on the proposed principles on WHO's involvement in partnerships and continued participation in the GAVI Alliance.

Dr GARCIA (United States of America) said that WHO should not host any partnerships without first fully reviewing costs and benefits; proposals for WHO-hosted partnerships should first be sent to the Executive Board for approval. Existing partnerships should be periodically reviewed and ended when appropriate. Partnerships should operate on a cost-recovery basis so that WHO did not incur additional participation or hosting costs without reimbursement. The draft policy guidelines should provide that all partnerships should take place in future within the WHO accountability framework and operational platform.

Dr VOLJ (Slovenia), speaking on behalf of the European Union, said that there were many opportunities for cooperation in global health where WHO, as the leading health organization, might participate and even take the lead; however, duplication of work should be avoided as that wasted resources and impaired coordination. Added value and partnerships consistent with WHO strategic objectives ensured that WHO contributed skills, knowledge and expertise in important global health areas.

Resources should be allocated to cover the additional workload from partnerships imposed on the Secretariat; new partnership agreements should include a "sunset clause" to ensure that, once a partnership achieved its aim, continuation would require a specific decision. Such clauses might indeed have been useful in other areas of WHO's work. He looked forward to continuing the discussion of the proposed principles at the Board's next session.

Dr ESTRELA DE CARVALHO (alternate to Dr Buss, Brazil), referring to paragraph 14, suggested that a footnote be added to indicate that "guidelines on collaboration with the commercial sector" referred to the annex to the guidelines on working with the private sector to achieve health outcomes, contained in document EB107/20.

Dr MOHAMED (Oman), speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the proposed principles on WHO's involvement in partnerships, which supported national health and development objectives and focused on country needs. Partnership coordination, hosting, funding, priority setting and information flow were important challenges. WHO should strengthen national capacities to develop partnership skills. Countries should take responsibility in formulating strategic agendas. The Global Fund Country Coordination Mechanisms illustrated how to coordinate partner activities under the national agenda for health and development.

All governing bodies of partnerships hosted by WHO should support WHO's leadership and coordination roles in areas of public health priority. He called on Member States to work together, and to avoid duplication of work and the waste of scarce resources.

He asked why document EB123/6, paragraph 3, made no mention of FAO or the Office International des Epizooties. In document EB123/6 Add.1, paragraph 8, the meaning of "significant legal risks" should be clarified.

Dr REN Minghui (China) said that WHO should take a stronger lead in reinforcing coordination among global health partnerships to avoid waste of resources and duplication of work. Current partnerships should be regularly assessed; potential new partnerships should be submitted to the Executive Board for approval. Coordination of global partnerships by WHO would entail costs and the resources required should be identified.

Dr AHMADZAI (Afghanistan) called on the governing bodies of partnerships in which WHO played an important part to support the Organization's leadership.

Professor STARODUBOV (Russian Federation) said that international health care in an era of globalization required improved mechanisms of management for the benefit of countries most in need. Global partnerships should be built on common values and recognition of organizations' differing resources. The risks were duplication, increased operating costs, and poor coordination between partners at country level. The report contained in document EB123/6 applied only to formal partnerships with their own legal status, budget and secretariat. Partnerships should provide added value in support of national initiatives under the global health agenda.

Among the organizational elements that would ensure effective partnerships, he emphasized WHO's wide experience and the importance of harmonizing with WHO's core mandate and functions, neither duplicating nor competing with those. Particular attention should be given to potential conflicts of interest.

Further consultations were needed on the detail of the draft guidelines, in order to balance trends in global health care with WHO's leading role in global partnerships. He pledged his country's commitment to supporting WHO's activities within its mandate; to further strengthening its strategic and technical leadership; and to support partnerships, participate in governance and fulfil Secretariat functions. He welcomed the direction taken by WHO in coordinating global health partnerships.

Dr JAKSONS (Latvia) said that allocation of additional resources was important. However, partnerships should still be limited to ensure that WHO fulfilled its core functions and mandate and to avoid increasing the demand for senior managerial staff. Potential partnerships should be evaluated to determine what role WHO would take. The benefits from hosting partnerships should be balanced against taking on a workload that was significantly beyond the Organization's mandate.

Professor SALANIPONI (Malawi), acknowledging that WHO collaborated with other public bodies, civil society and commercial enterprises in the health domain, nevertheless urged the Secretariat to maintain a balance and to avoid indirect collaboration.

Dr MBOYA OKEYO (Kenya)[1] recommended that the Executive Board and the Health Assembly approve all partnerships where WHO had significant technical and administrative experience in order to improve coordination of global health initiatives. At the country level, growth in partnerships had improved access to international assistance, benefited communities, and emphasized the importance of WHO's leadership. If the Constitution had to be revised in order for WHO to play that role, it should be done forthwith. He asked the Secretariat what measures would be necessary to strengthen WHO's leadership in partnerships.

He proposed that the issue be discussed further at the next session of the Board and in the Health Assembly, to take into consideration the outcome of the third High-Level Forum on Aid Effectiveness to be held in September. He asked the Secretariat to ensure that partnerships contributed to that process. WHO's role should be extended at country level to include work with ministries of finance and foreign affairs in coordinated national health plans.

Mr HOHMAN (alternate to Dr Garcia, United States of America) supported the call for a footnote referring to the guidelines contained in document EB107/20, as requested by the member for Brazil. He asked whether the guidelines had been submitted to, or approved by, any governing body. He also requested clarification on the procedure for developing and approving guidelines.

Dr ESTRELA DE CARVALHO (Brazil) confirmed that he was referring to the guidelines on working with the private sector to achieve health outcomes, in document EB107/20, which included an annex on guidelines on interaction with commercial enterprises. He asked the Secretariat for any further information on those issues.

Ms HODNE STEEN (Norway)[1] agreed with the proposed principles on WHO's involvement in partnerships. More restrictive criteria should be used when deciding whether WHO served as the host organization for partnerships or initiatives. However, formal approval by the Board should not be necessary. WHO could further explore its partnerships role by enabling countries to devise comprehensive and coordinated national health strategies. Adding value from partnerships for WHO should include access to groups with which it had less contact and opportunities for technical dialogue that could support WHO's role.

Dr SCHUFTAN (CMC – Churches' Action For Health and People's Health Movement), speaking at the invitation of the CHAIRMAN, urged the Secretariat to inform Member States about the partnerships in which it was involved, including data on stakeholders and their responsibilities, mode of operation of the partnership and any conflicts of interest. He also suggested that civil society groups should be enlisted in the drafting of guidelines on partnerships. WHO's partners must share its goals and support people's right to health in accordance with international human rights law.

Mr PATRIOTA (alternate to Dr Buss, Brazil), referring to the report in document EB123/6, drew attention to an apparent inconsistency between the aim, stated in paragraph 6, of "reducing management burden on national administrations" and that stated in paragraph 9, that partnership "should help to build country capacities. It should support or strengthen the principle of government stewardship for public health." Referring to paragraph 7, he asked who the "key partners" might be.

[1] Participating by virtue of Rule 3 of Rules of Procedure of the Executive Board.

Paragraph 9 referred to exceptions to principles of best practices. The revised version of the document should expand on what the exceptions were and why they were referred to at that particular point.

Paragraph 14 stated that "pursuit of the public health goal should take precedence over the special interests of participants". That was a sensitive issue in partnerships with a high level of private participation.

Paragraph 16 stated that "the partnership should have a self-monitoring mechanism". He suggested that Member States should also have an opportunity to examine them. Transparency was the key to ensuring that all Member States felt well-informed about WHO's partnerships. He also agreed with the earlier suggestion that such partnerships should be subject to approval by the Executive Board and the Health Assembly, and brought into WHO's accountability framework.

Mr AITKEN (Representative of the Director-General for Partnerships and United Nations Reform) said that the Secretariat was appreciative of the comments made. The next version of the document would contain clear recommendations on how the hosting arrangements for partnerships would be considered by the governing bodies. With regard to the issue of national leadership, the revised version would clarify the apparent anomaly between paragraphs 6 and 9. In terms of the next stages, the Secretariat would further consult with the partnerships and communities involved, in order to have the document ready in time for review by the Board in January 2009. He agreed with the suggestion that there should be a reference to FAO, an important partner in many areas of WHO's work.

As to the guidelines on cooperation with the private sector, he agreed that a footnote referencing them would be useful. They were now under internal review, and the intention was to bring them back for review by the Board as soon as possible, since the intervening eight years had seen significant changes in the operation of WHO's work with the private sector.

Mr BURCI (Legal Counsel), responding to the question about the statement in document EB123/6 Add.1 to the effect that WHO's participation in the GAVI Alliance would not raise significant legal risks, explained that the word "significant" did not denote any specific percentage or level of risk. Even the core activities of WHO entailed some legal risk despite the Organization's status, privileges and immunities. The statement in the document simply meant that the Secretariat had analysed the possible legal risks arising from WHO's participation in the reformed GAVI Alliance and was satisfied that, in the light of the foundation's statute and of the attitude of Switzerland as the host country of both WHO and the GAVI Alliance, there would be no appreciable legal risks additional to those that WHO would normally encounter in the course of its regular activities.

Dr DAHL-REGIS (Bahamas), asked whether the new governance structure of the GAVI Alliance provided assurances that WHO's involvement would guide the benefit that countries derived from the Alliance and ensure that all countries maintained and strengthened their immunization programmes.

The DIRECTOR-GENERAL explained that it had been decided that the former dual Boards of the GAVI Alliance should be merged and the Alliance itself become a Swiss foundation, under the same name. The decisions had been made for the sake of efficiency, following a thorough review process. The statute of the new foundation was clear that representation on its Board would be balanced between the developing and the developed world. WHO would be one of the members of that Board. Many more countries would want to be individually represented, but such a large Board would hinder effective management. She herself would ideally represent all those Member States not themselves on the Board.

The Board took note of the report.

WHO publications policy: guidance on implementation and evaluation: Item 6.2 of the Agenda (Document EB123/7)

The CHAIRMAN drew attention to the report in document EB123/7, which had been drafted in response to requests from the Programme, Budget and Administration Committee at its seventh meeting and the Executive Board itself at its 122nd session.

Dr KANDUN (alternate to Dr Supari, Indonesia), speaking on behalf of the countries of the South-East Asia Region, expressed concern about the provision that controversial publications, or those that had policy implications for the Organization, would need to be referred to the Office of the Director-General for clearance. The concern was whether that would take away the authority of the Regional Directors to approve publications and whether it contradicted the spirit of WHO's Constitution, which explicitly created a decentralized structure and recognized that issues could be specific to a region. The requirement of prior approval and the biennium list of planned publications would make it difficult for WHO to provide timely information to Member States, especially with regard to so-called "controversial health-related issues". It was not clear what such issues were or to whom they were controversial.

A further concern was that the policy sought printing economies but by implication those costs would be shifted to the Member States and notably to countries where Internet access, an alternative to hard-copy publication, might be limited. The policy objective of protecting the reputation of the Organization should be balanced with the important notion of serving Member States.

He urged the Executive Board to examine the policy thoroughly, assessing its implications.

Mr ABOUBAKER (alternate to Mr Miguil, Djibouti), speaking on behalf of the countries of the Eastern Mediterranean Region, expressed concern that the two criteria established for the approval of a publication were based only on resources. The availability of resources for a publication did not necessarily imply that the publication was useful or cost-effective.

The links between the publications policy and the action plan on multilingualism was not clear. Beyond the translation of high-priority publications into WHO's official languages, support was needed for the preparation of publications in national languages, arising from particular health situations.

A further concern was that the free distribution of WHO publications, currently extended to most medical libraries, would terminate. WHO should first establish whether those library users were ready and able to access electronic publications. Cost savings through increased use of electronic publishing must not override the needs of Member States nor contravene the principle of equity in access to information. He emphasized that publications must reach those who needed them, by whatever means. WHO's information products must continue to be distributed without charge to ministries of health. To exclude them would serve neither WHO nor advocacy for health.

Print-on-demand was good in theory but if the target public did not know about a publication, there would be no demand for printing it. The existence and availability of products created demand, and the necessary resources had to be guaranteed to meet that demand. The report stated that the impact of information products would be one indicator for evaluating the publications policy. To determine whether a WHO product had influenced a decision, policies or attitudes would require considerable research.

Dr VOLJ (Slovenia), speaking on behalf of the European Union, said that the implementation and evaluation of the publications policy should be in line with WHO's normative mandate and role in providing technical expertise to all Member States. He supported the wide accessibility of WHO documents, recalling the resolution on multilingualism adopted by the Health Assembly, and welcomed the proposals relating to cost-effectiveness, production and distribution. He emphasized transparency.

He sought further information on how the resolution on multilingualism would affect the publications policy and asked for clarification of the concept of "target audiences" referred to in paragraph 6 of the report. WHO's publications should be available on an equal basis in all the official languages of the Organization, in particular technical documents intended for public use. Requesting information on the criteria for approval of publications, he said that the primary guide for approval of a publication should be its evidence base. The risk of censorship must be avoided and the reference to "controversial health-related issues" should be clarified.

He supported WHO's efforts to establish a transparent, unbiased publications policy that would further enhance WHO's reputation as a source of authoritative, impartial information.

The meeting rose at 12:35 p.m.

SECOND MEETING

Monday, 26 May 2008, at 14:35

Chairman: Mr N.S. de SILVA (Sri Lanka)

1. **MANAGEMENT, BUDGET AND FINANCIAL MATTERS:** Item 6 of the Agenda (continued)

WHO publications policy: guidance on implementation and evaluation: Item 6.2 of the Agenda (Document EB123/7) (continued)

Dr ESTRELA DE CARVALHO (alternate to Mr de Aguiar Patriota, Brazil) expressed doubts about the need for a new publications policy as he had not been aware that other Member States considered the current policy unsuccessful. His country had raised concerns previously regarding the content of some WHO publications and would continue to do so, when necessary. Referring to paragraph 10 of the report, he expressed concern about the criteria for determining which topics had policy implications for the Organization. A publications policy that might give rise to "self-censorship" within the Secretariat would have implications for transparency and the technical approach of WHO. Controversial health-related issues should be debated openly and appropriate information and support should be provided by WHO in the area of health, without political interference from any country.

The proposed publications policy should be discussed by all Member States before being implemented in order to provide information on the need for such a policy, on how to define controversial health-related issues and on how other international organizations dealt with that matter. If an additional clearance procedure were adopted, it should be based on principles of transparency. For example, Member States should be informed of the reasons why certain publications that had been in the pipeline were not published or made subject to the new mechanism.

Dr GARCIA (United States of America) noted that many Member States relied on the Secretariat for documents of high quality in the areas of science and public health, but that some documents did not meet the standards expected. The new publications policy should be embraced within the Organization and implemented at all levels to avoid repeating previous failures. He urged the Director-General to ensure that all WHO employees understood the policy, monitor closely its implementation and establish a formal internal process for clearing all publications. An executive secretariat should be established within the Organization to ensure stringent application of the new policy.

The policy should be evaluated not only at the end of the next biennium, but in the report on the Programme budget performance assessment.

Mr ABEYKOON (alternate to Mr de Silva, Sri Lanka) said that it was important to maintain consistency and quality in information products throughout the Organization, as well as flexibility in publishing so that country and regional offices could respond promptly to specific country circumstances and needs. He expressed the hope that regional offices could therefore retain a degree of independence in producing publications.

There should be sufficient regional representation on the policy coordination group in order to ensure that the policy reflected regional perspectives. With regard to evaluation, feedback from

end users in countries should be emphasized, as interaction between the Secretariat and its Member States was an important aspect of the life-cycle approach envisaged by the publications policy.

Dr JAN (alternate to Dr Ahmadzai, Afghanistan) said that scientific documents needed to be published without censorship, because science, by its very nature, could not be subject to omissions or deletions. Some Member States would require resources for translating WHO publications from the six official United Nations languages into local languages.

Professor SALANIPONI (Malawi) said that the report was important for countries in the African Region and other developing countries that relied on WHO publications for accurate public health information. The introduction of cost-effective measures should not compromise accessibility and should take account of the constraints faced by developing countries in the area of electronic publishing. Member States should have the opportunity to give further consideration to the policy before it was approved, including with regard to guidelines.

Dr MOHAMED (Oman) said that developing countries required health ministries and services for their development and relied on WHO for support in the areas of health and medicine. Therefore, decisions about publication of WHO reports should be based on careful study. Despite globalization, technology and the Internet were being developed only slowly in developing countries, and furthermore information had to be disseminated in languages other than the six official languages of the Organization.

Dr TSESHKOVSKIY (adviser to Professor Starodubov, Russian Federation) said that WHO's publications provided an invaluable resource for those taking decisions concerning national health systems, and for practising specialists. He praised their objective and comprehensive approach, based on factual data, and their accessibility, particularly on the Internet, where many full texts were available free of charge, greatly widening their potential readership. He endorsed the Secretariat's suggestion to increase the number of texts available on the WHO web site.

Welcoming the report, he expressed support for the proposed approach to the need for transparent and objective evaluation of the effectiveness of WHO's publications policy and to ensuring the high quality of publications, including devising a set of indicators to monitor implementation of the policy. He further expressed support for the principal strategies outlined in the document.

It was important that printed publications be distributed in Russian. Translating documents into various languages, in particular the official languages of WHO, a subject that had been debated by the Health Assembly the previous week, generated wider readership. Surveys in the Russian Federation indicated a significant need for publications to be translated into Russian; official translations were needed for interpreting and applying international regulations, standards and other instruments and in preparing domestic legislation. They were also used by clinical managers and practising physicians. He expressed full support for the report and the suggestions contained therein.

Dr REN Minghui (China) said that the Secretariat should fully evaluate Member States' needs for publication of documents in various languages. Countries needed timely access to publications and the Secretariat should therefore arrange for high-quality translations to be made available in a wider range of language versions. Country-specific information should be verified with the relevant countries before WHO documents were published, in order to avoid confusion. The publications policy needed to be implemented at WHO headquarters, regional offices and country offices.

Dr BIN SHAKAR (United Arab Emirates) stated that it was important to monitor the implementation of WHO publications policy in order to ensure that documents were published and utilized in a proper manner. Timely translations were needed into all official languages.

Ms DLADLA (South Africa)[1] requested clarification on the terms of reference for the proposed policy coordination group referred to in paragraph 5 of the report. She would have expected the group to be considered under the paragraphs dealing with clear mechanisms for approval (paragraphs 7 to 10), and asked what the interface would be between the group and the production process for categories of products, as outlined in paragraph 11.

She agreed with the members for Malawi and Brazil that the Executive Board should have the opportunity to review the new publications guidelines.

Mrs NYAGURA (Zimbabwe)[1] acknowledged the need for WHO's information products to comply with agreed standards of quality, cost–effectiveness and accessibility, but stressed that the cost–effectiveness criterion should not hamper access to and dissemination of information and research findings. She endorsed the emphasis placed in paragraph 1 of the report on the need for both staff accountability and editorial freedom from political or other pressures. WHO's leadership in providing accurate medical and scientific information and conducting research was crucial for promoting public health and should therefore not be undermined by the publications policy.

She supported the proposal by the members for Malawi and Brazil that the publications policy should be considered and approved by Member States so that they would have input into the policy.

Dr MBOYA OKEYO (Kenya)[1] stressed the urgency of establishing a publications policy within the Organization. The same proportion of the budget was spent on publishing activities as on country activities and such a policy was therefore needed for guiding investments in that area. Under the new policy, emphasis should be placed on reducing the proportion of the budget spent on publishing and those savings should be invested in programme activities at community level.

According to Article 32 of the Constitution of WHO, the Director-General was the ex-officio Secretary of the Organization. She was also therefore editor-in-chief of all WHO publications and her independence in that role was a critical factor in the success of any medical publication. The publications policy should clearly describe how the independence of the Director-General as editor-in-chief was to be assured, and she should be able to delegate editorial responsibilities within the Organization.

While evidence-based publications were needed, evidence was not always available for every practice or procedure in the areas of public health and medicine. It was therefore important to assess the impact of the strict use of evidence as a criterion for access to public health information.

The new publications policy should take into account the needs of patients and health workers and promote efficiency and cost–effectiveness. A flexible policy was needed in order to respond to the challenges of global health.

Mr MACPHEE (Canada)[1] welcomed the progress described in the report. He supported the views expressed previously on behalf of the European Union. The issue of publications policy was of fundamental importance for a normative organization such as WHO. It was essential to develop an appropriate balance between centralization of procedures and the flexibility required to enable WHO to respond to international public health requirements in a timely manner. Given the importance of transparency, he encouraged greater use of the WHO web site for the purpose of publicizing the policy. The Executive Board should have a role in the further development and implementation of the publications policy so that all Member States were involved in that process.

Dr EVANS (Assistant Director-General) said that WHO publications were often produced with specific target audiences in mind, so there was a need to be sensitive to those audiences. On the subject of multilingualism, the new process of approval encouraged authors to consider their

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[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

translation needs at the publication planning stage. Some topics were regionally specific and therefore the translation requirements for documents dealing with those topics might differ. The clarification of the mechanisms for approval was intended to develop greater awareness, understanding, responsibility and accountability on the part of all those involved in the publications process.

In response to the query from the member for Indonesia about whether the new policy for planning approval involved a recentralization of authority, he said that its purpose was simply to clarify where the authority lay and to give those holding such authority a greater awareness of their responsibilities. He expected the new policy to speed up the publication process. Better planning at the beginning of each biennium would help avoid duplication, streamline production and make translation priorities clear in advance, in line with the priorities determined by the strategic objectives of the Medium-term strategic plan. The master list of publications would not be a fixed list established at the beginning of each biennium but updated periodically in response to unforeseen publication needs. He agreed with the member for Djibouti that the availability of financial resources was not necessarily a reason to produce a publication. The approval process would ensure that publications corresponded to the strategic objectives. Moreover, the master list would serve to discourage duplication.

Responding to the comment by the member for Slovenia concerning the need for evidence-based approval, he said that, under the new procedures, peer review and guidelines review would be essential tools to enhance the quality of scientific and technical publications and guidelines. With regard to the questions raised by the members for Sri Lanka and South Africa, he said that the policy coordination group would oversee the whole publications process, not just the approval process, and it would be regionally representative. On the subject of executive clearance, which had been raised by some members, the procedure was new but was simply intended to improve the existing clearance mechanism. Regarding categorization, an effort would be made to respond to the suggestion by the member for Slovenia to include a reference to the type of product in the title of information products. In response to questions about measures to improve the cost–effectiveness of the production process, he reassured members that access to WHO's information products would not be compromised. WHO had a programme of partnerships to ensure translation of information products into national languages other than the six official languages of WHO and would be seeking to increase access to publications in local languages wherever possible.

Responding to the member for Djibouti, he said that WHO would continue to distribute free copies of publications to WHO depository libraries and, where appropriate, district health authorities. With regard to the concern that health ministries and permanent missions would be excluded from free distribution under the new system of access to information products, lists of publications would be provided so that they could then request free copies of those required. There was therefore no change in policy in that regard, but rather, in response to feedback from Member States, greater choice was being offered.

Careful consideration would be given to all the concerns expressed about the evaluation process for the policy's stated goals. He looked forward to reporting back on policy implementation issues in a comprehensive manner at the end of the biennium 2010–2011.

Mr BURCI (Legal Counsel) said that factual accuracy, for example in the use of terminology, geographical expressions, maps or references to the legal and political status of States and territories, was an element of WHO publications policy and therefore fell within the corporate responsibility of senior management. Review and clearance mechanisms were in place but would be strengthened under the new publications policy to ensure that WHO's practice was consistent with that of the United Nations.

The DIRECTOR-GENERAL thanked Member States for their input. She stressed that the publications policy was not new, but should be reviewed regularly to ensure that it continued to reflect the needs of the organization. As the chief technical and administrative officer, she jealously guarded her editorial independence. There was absolutely no question of censorship. Information products should be based on the best available evidence, wherever possible, and they should be consistent with

the constitutional mandate, policies and priorities, and core functions of the Organization. The process of peer review was crucial, though sometimes problematic. It had been called an "incestuous" process. Peer review should be inclusive and transparent, since the challenge for WHO was to serve all countries, not any staff member, Member State, industry, civil society or academic group with a vested interest.

The clearance process was a means to demonstrate the accountability of senior management. Regional directors should have the prerogative to decide which documents were important for their region without going through an unduly cumbersome process. The master list was necessary to ensure sufficient space between publications, especially in cases where several important reports were produced at the same time. Cost–effectiveness was another important consideration; using up year-end resources on publications to improve the rate of implementation was not acceptable. Money should be saved and put into programme activities to benefit the countries. As the Legal Counsel had indicated, the clearance process was also designed to prevent the Organization causing embarrassment or creating political difficulties for Member States by using inappropriate terminology in official documentation. Therefore some documents needed to be reviewed, particularly by the Legal Department.

She would endeavour to respond to the suggestions made by members and would provide feedback on the issue to Member States. She urged members to give her the flexibility to implement the new policy which was urgently needed to streamline the publications process.

The Board noted the report.

Committees of the Executive Board: filling of vacancies: Item 6.3 of the Agenda (Documents EB123/8 and EB123/8 Add.1)

The CHAIRMAN introduced the report contained in document EB123/8.

Standing Committee on Nongovernmental Organizations

Decision: The Executive Board appointed Dr J.M. de Carvalho (Sao Tome and Principe), Dr A.J. Mohamed (Oman) and Dr B. Volj (Slovenia) as members of the Standing Committee on Nongovernmental Organizations.[1]

Programme, Budget and Administration Committee

Decision: The Executive Board appointed Professor F. Salaniponi (Malawi), Dr J. Garcia (United States of America),[2] Dr M. Dahl-Regis (Bahamas), Mr A.K.M. Zafar Ullah Khan (Bangladesh), Mr J. Fisker (Denmark),[2] Mr M. Kökény (Hungary), Dr A.A. Bin Shakar (United Arab Emirates) and Dr Ren Minghui (China) as members of the Programme, Budget and Administration Committee.[3]

Foundation Committees

The CHAIRMAN announced that there were no vacancies on any of the Foundation Committees. However, in accordance with the Implementing Regulations of the Jacques Parisot Foundation, the Foundation Committee was composed of five members, who thus far had been the Chairman, the Vice-Chairmen and a member of the Executive Board. Sir Liam Donaldson was the

[1] Decision EB123(1).

[2] Extended for a one-year term, until expiry of membership on the Board.

[3] Decision EB123(2).

Executive Board member on the Foundation Committee and was also on the Selection Panel. As he had been appointed as a Vice-Chairman of the Board and taking into account the increase in the number of Vice-Chairmen from three to four, the CHAIRMAN proposed that the Board adopt the following decision:

Decision: The Executive Board, in accordance with the Implementing Regulations of the Jacques Parisot Foundation, decided that the Jacques Parisot Foundation Committee shall be composed of the Chairman and Vice-Chairmen of the Executive Board (ex officio). It also decided that Sir Liam Donaldson will continue to be a member of the Jacques Parisot Foundation Selection Panel for the duration of his term of office as Vice-Chairman of the Executive Board, in addition to the Chairman of the Board (member ex officio).[1]

Representatives of the Executive Board at the Sixty-second World Health Assembly

The CHAIRMAN proposed that the Executive Board should be represented at the Sixty-second World Health Assembly by the Chairman and the first three Vice-Chairmen. If any of them were not available, the fourth Vice-Chairman or the Rapporteur could be asked to act in that capacity.

Decision: The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Mr N.S. de Silva (Sri Lanka), ex officio, and its first three Vice-Chairmen, Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland), Mr C. Vallejos (Peru) and Mr M.O.M. Ould Khalil (Mauritania), to represent the Board at the Sixty-second World Health Assembly.[2]

Dr LEE Jong-wook Memorial Prize for Public Health: statutes: Item 6.4 of the Agenda (Document EB123/9)

The CHAIRMAN said that the establishment of the Dr LEE Jong-wook Memorial Prize for Public Health had been approved in principle by the Executive Board at its 122nd session. He invited the Board to consider the draft statutes of the Prize, which had been elaborated in cooperation with the Republic of Korea and included provisions for covering the administrative costs, as contained in document EB123/9.

Professor SOHN Myong-sei (Republic of Korea) thanked the Board and all Member States for their continuing support of the Dr LEE Jong-wook Memorial Prize for Public Health. Their support demonstrated both a recognition of the Prize as an instrument to advance the health of peoples throughout the world and a sign of enduring respect for the late Director-General. He fully endorsed the statutes.

He suggested that Members and other participants might like to visit the J.W. Lee Centre for Strategic Health Operations at headquarters, where they could see WHO's work at ground level as well as a portrait of Dr Lee, which had been unveiled the previous week.

The CHAIRMAN paid tribute to Dr Lee. He took it that the Board wished to approve the draft statutes.

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[1] Decision EB123(3).

[2] Decision EB123(5).

Decision: The Executive Board, at its 123rd session, decided to approve the draft statutes of the Dr LEE Jong-wook Memorial Prize for Public Health submitted to it.[1]

Future sessions of the Executive Board and the Health Assembly: Item 6.5 of the Agenda (Document EB123/10)

Dr DAHL-REGIS (Bahamas) commended the progress made in measles eradication in several countries. Measles vaccination was one of the most effective public health interventions, and she urged the Board to request the Secretariat to examine the feasibility of global measles elimination and to submit a report to the Board in May 2009.

Dr KANDUN (alternate to Dr Supari, Indonesia) said that fixed dates for future sessions of the governing bodies should be considered, as it was difficult to find accommodation in Geneva. He proposed that the Sixty-second World Health Assembly should take place over six working days, in view of the efficient work of the Sixty-first World Health Assembly during the same duration. The ninth meeting of the Programme, Budget and Administration Committee should be held from 15 to 17 January 2009 and its tenth meeting from 15 to 16 May 2009. That would facilitate the work of delegations during the Executive Board and the Health Assembly.

Dr MOHAMED (Oman) noted that the Eastern Mediterranean Region had established the goal of eliminating measles by 2010. It would therefore welcome a discussion of that topic in May 2009.

Mr HOHMAN (alternate to Dr Garcia, United States of America) requested clarification of the proposal from the member for Indonesia, as in alternate years the Health Assembly lasted nine days in order to allow discussion of the biennium budget. Although holding the Programme, Budget and Administration Committee on a Friday and Saturday instead of a Thursday and Friday might save the Organization some money, it would prevent many delegations from preparing adequately for both the Health Assembly and that Committee.

Dr DAHL-REGIS (Bahamas) supported the statement made by the member for the United States of America. Meetings should not be scheduled for the Saturday or Sunday preceding the Health Assembly, particularly as a meeting of Commonwealth ministers had already been scheduled for the Sunday in question.

Dr REN Minghui (China) supported the dates proposed by the member for Indonesia for the Programme, Budget and Administration Committee meetings. Furthermore, he also considered that nine days for the Health Assembly was excessive, as addition of two further days for the Executive Board meeting would imply delegations' presence in Geneva for a fortnight. Seven or eight days should be the maximum length of the Sixty-second World Health Assembly.

Mr KÖKÉNY (Hungary) said that it was premature for the Board to make a final decision on changes to the duration of future meetings. He therefore agreed that the schedule proposed in document EB123/10 should be adopted for 2009. The Secretariat could make a proposal to change the timing of the Health Assembly in 2009, once it had assessed costs, organization and the Health Assembly's working methods.

[1] Decision EB123(4).

Professor SALANIPONI (Malawi) said that the meetings of Commonwealth ministers would make it difficult for delegations of the Commonwealth countries to attend other meetings on a Saturday or Sunday.

The CHAIRMAN said that he took it that the Board wished to accept the proposal to include a report on the elimination of measles on the agenda of the Board in May 2009.

It was so agreed.

The CHAIRMAN took it that the Board approved the dates proposed in document EB123/10.

Decision: The Executive Board decided that its 124th session should be convened on Monday, 19 January 2009, at WHO headquarters, Geneva, and should close no later than Tuesday, 27 January 2009.[1]

Decision: The Executive Board decided that the Sixty-second World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 18 May 2009, and that it should close no later than Wednesday, 27 May 2009.[2]

Method of work of the Health Assembly: Item 6.6 of the Agenda (Document EB123/11)

The Board noted the report.

2. STAFFING MATTERS: Item 7 of the Agenda

Statement by the representative of the WHO staff associations: Item 7.1 of the Agenda (Document EB123/INF.DOC./1)

Mr BAILEY (representative of the WHO staff associations) said that the staff associations and the administration of each office accepted the principle of "one WHO". They believed that the principles of evidenced-based science and the experience of effective practice, when synthesized, shared and applied, could have a positive impact on the level of health of the global population. The unique role of the Organization within the United Nations system had been a strength and an obstacle to the vision of "one WHO". It was a comparatively democratic body in which planning, budget and implementation were shared and increasingly decentralized among the regional offices. Moreover, the regional directors were directly elected by Member States in the regions rather than appointed centrally, allowing for regional approaches to regional problems, ideally coordinated with a global vision. The launch of the global management system had achieved significant results in terms of harmonizing the Organization's business processes. Nonetheless, there was as yet no basic common vision of staff terms and conditions of service. Each regional office had its own interpretation of staff mechanisms owing to administrative independence, lack of coordination or regional governing bodies that were not aligned with the common global vision. While most of the Organization's offices had harmonized contract processes, selection procedures varied. Administration of justice and conflict resolution mechanisms were not universally available, and staff/management mechanisms were unequally applied or supported. The staff associations were working with the administration on those

[1] Decision EB123(6).

[2] Decision EB123(7).

issues through the Global Staff/Management Council, as one global team, not as regions or as staff versus management, and were confident that any disagreements could, and would, be resolved.

In order for "one WHO" to become more than shorthand for a global federation of regional health offices, staff had to change their culture and behaviour. The staff associations were committed to that change. For many years, they had developed and strengthened their normative role by listening to individual grievances, offering guidance on staff rights and rules, and advising staff on how best to use the processes available. Staff members therefore no longer saw themselves as aggrieved parties, but as empowered individuals seeking greater conflict resolution. The associations had also gathered data on trends affecting terms and conditions of staff service, which had been used to urge management to improve policy. The associations were trying to promote the principle that, if staff used evidence-based, normative behaviour with each other in order to achieve the greatest impact with the fewest resources, such behaviour would be reflected in their technical work.

Inconsistent approaches to performance management in many ways underpinned the issues of better selection, promotion and staff-management relations. The staff associations agreed with the Director-General that performance management had to be more robust and honest in order to increase the Organization's effectiveness. However, managers and staff should not regard evaluations as an exercise in reporting post hoc on performance, as that approach encouraged the pressures of confrontation and negotiation. Performance management should be a continuous dialogue between staff and management, with the common goal of improving the Organization's objectives. That would allow those involved to move away from a corporate culture of reporting towards one of learning. If such behaviour was adopted between peers and in staff-management relations, it could affect technical work and promote a move away from "top-down" reporting towards a peer-to-peer learning approach in Member States. That in turn could facilitate greater honesty, exchange, innovation and local empowerment in public health delivery in countries. While consistent and harmonized processes were necessary, they should result in a learning and productive environment.

The Board noted the statement by the representative of the WHO staff associations.

3. MATTERS FOR INFORMATION: Item 8 of the Agenda

Report on meetings of expert committees and study groups (Document EB123/4)

The CHAIRMAN, introducing the item, observed that document EB123/4 contained a report by the Secretariat on the implications of two expert committee reports and the Director-General's recommendations on follow-up action to be taken.

Dr ESTRELA DE CARVALHO (alternate to Mr de Aguiar Patriota, Brazil) requested clarification on the extent to which the International Medical Products Anti-Counterfeiting Taskforce was one of the Organization's major initiatives, as stated in paragraph 12 of the document.

Dr ETIENNE (Assistant Director-General) said that the Organization had created the Taskforce in 2006; it represented all WHO's major stakeholders with regard to the counterfeiting of medical products. Its secretariat was located in the Department of Medicines Policy and Standards, which therefore collaborated with the Taskforce.

The CHAIRMAN requested, on behalf of the Board, that the Secretariat follow up on the recommendations, as appropriate, in implementation of WHO's programmes.

The Board took note of the report.

4. CLOSURE OF THE SESSION: Item 9 of the Agenda

The DIRECTOR-GENERAL thanked the Board for its guidance and efficient work. The Sixty-first World Health Assembly had been remarkable in terms of both the intense work and the achievements made. The beginning of the Organization's seventh decade was marked by a clear mandate to address some significant and complex problems, such as human organ transplantation, an issue that continued to grow in technical and ethical complexity. Access to life-saving technology could not be allowed to encourage the exploitation of vulnerable populations, and all tools, from legislation to public information, should be used to prevent unethical practices. In the context of her intention to bring about administrative reform at WHO, she welcomed the guidance of the Board on policies for managing global health partnerships and WHO publications with greater efficiency. She had particularly noted the need to move partnerships into WHO's framework of accountability, to examine hosting arrangements and to review the principles guiding the Organization's relationship with the private sector. Regarding WHO publications, she was clear that they should be evidence-based and, in order to serve Member States, should be available in an appropriate format, be it hard copy or electronic.

She emphasized that the staff associations did a great deal more than complain. Staff were the lifeblood of all the Organization's activities. She agreed that performance management constituted a continuous dialogue between staff and management.

After the customary exchange of courtesies, the CHAIRMAN declared the session closed.

The meeting rose at 16:10.