

RESOLUTIONS

EB124.R1 Appointment of the Regional Director for South-East Asia

The Executive Board,

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

Considering the nomination made by the Regional Committee for South-East Asia at its sixty-first session,

1. REAPPOINTS Dr Samlee Plianbangchang as Regional Director for South-East Asia as from 1 March 2009;
2. AUTHORIZES the Director-General to issue a contract to Dr Samlee Plianbangchang for a period of five years from 1 March 2009, subject to the provisions of the Staff Regulations and Staff Rules.

(Second meeting, 20 January 2009)

EB124.R2 Appointment of the Regional Director for the Western Pacific

The Executive Board,

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

Considering the nomination made by the Regional Committee for the Western Pacific at its fifty-ninth session,

1. APPOINTS Dr Shin Young-soo as Regional Director for the Western Pacific as from 1 February 2009;
2. AUTHORIZES the Director-General to issue a contract to Dr Shin Young-soo for a period of five years from 1 February 2009, subject to the provisions of the Staff Regulations and Staff Rules;
3. AUTHORIZES the Director-General to amend the conditions of employment of Dr Shin Young-soo as follows: "you will not participate in the United Nations Joint Staff Pension Fund but will instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had you been a participant".

(Second meeting, 20 January 2009)

EB124.R3 Expression of appreciation to Dr Shigeru Omi

The Executive Board,

Desiring, on the occasion of the retirement of Dr Shigeru Omi as Regional Director for the Western Pacific, to express its appreciation of his services to the World Health Organization;

Mindful of his lifelong devotion to the cause of international health, and recalling especially his 10 years of service as Regional Director for the Western Pacific;

1. EXPRESSES its profound gratitude and appreciation to Dr Shigeru Omi for his invaluable contribution to the work of WHO;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

(Second meeting, 20 January 2009)

EB124.R4 The grave health situation caused by Israeli military operations in the occupied Palestinian territory, particularly in the occupied Gaza Strip¹

The Executive Board,

Guided by the principles and objectives of the Charter of the United Nations, the Constitution of WHO, international law and international humanitarian law and the Universal Declaration of Human Rights;

Affirming that all human rights are interdependent and complementary and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Confirming the applicability of the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949, to the occupied Palestinian territory;

Referring to the reports and statements issued by the World Health Organization, the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies, the United Nations Relief and Works Agency, the United Nations Office for the Coordination of Humanitarian Affairs, the United Nations Children's Fund and other international and regional organizations, relating to the deteriorating health and humanitarian situation in the occupied Gaza Strip as a result of Israeli military operations;

Recognizing also that the Israeli blockade imposed on the occupied Gaza Strip and prevention of the passage and delivery of humanitarian supplies of medicines, food and fuel will lead to grave health and humanitarian consequences;

¹ See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

Expressing its deep concern regarding the consequences of Israeli military operations in the occupied Gaza Strip, which have, thus far, resulted in the killing of more than 1300 persons and injured thousands of Palestinian civilians, more than half of whom are women, children, infants and elderly persons;

Expressing its deep concern about the serious deterioration of the health conditions of all Palestinians in the occupied Palestinian territory and in the Gaza Strip in particular;

Asserting the right of patients as well as Palestinian and other medical personnel to access Palestinian health institutions,

1. WELCOMES and emphasizes the respect of the ceasefire from both parties and calls for a complete withdrawal of Israeli forces from the Gaza Strip, the lifting of the Israeli blockade and opening of all border crossings in order to allow access and free movement of humanitarian aid to the occupied Gaza Strip, including reinforcing of humanitarian corridors to ensure the delivery of humanitarian medical and food aid and to facilitate the passage of medical teams and the transfer of the wounded and injured;
2. STRESSES avoiding targeting of civilians and residential areas from both sides in accordance with the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War and avoiding targeting of hospitals, clinics, medical centres, ambulance and emergency crews and food and medicine warehouses;
3. CALLS upon providing Palestinian people with the protection to live in security on their land, allowing them free movement and facilitating the tasks of medical teams, ambulances and emergency relief efforts, and enabling them to continue to provide health services;
4. CALLS for the urgent provision of necessary support for the Palestinian people by making available the urgent and immediate needs of ambulances and medical teams, medicines and medical supplies, as well as necessary coordination measures to facilitate the passage of this assistance to the Gaza Strip in support of the health sector and preventing the collapse of health institutions;
5. CALLS for contribution to the reconstruction of the health infrastructure in the Gaza Strip, which has been destroyed by the Israeli military operations;
6. REQUESTS the Director-General to dispatch urgently a specialized health mission to identify the urgent health and humanitarian needs and assess the destruction of medical facilities that has occurred in the occupied Palestinian territory, particularly in the Gaza Strip and to submit a report on current, medium- and long-term needs on the direct and indirect effects on health of the Israeli military operations to the Sixty-second World Health Assembly.

(Fifth meeting, 21 January 2009)

EB124.R5 Climate change and health¹

The Executive Board,

Recalling resolution WHA61.19 on Climate change and health;

Noting the proposed workplan on climate change and health,

1. ENDORSES the proposed workplan on climate change and health;²
2. REQUESTS the Director-General:
 - (1) to implement the actions contained in the workplan on climate change and health;
 - (2) to report annually, beginning in 2010, through the Executive Board, to the Health Assembly on progress in implementing resolution WHA61.19 and the workplan.

(Seventh meeting, 22 January 2009)

EB124.R6 Reducing health inequities through action on the social determinants of health

The Executive Board,

Having considered the report on the Commission on Social Determinants of Health,³

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:¹

The Sixty-second World Health Assembly,

Having considered the report on the Commission on Social Determinants of Health;

Noting the 60th anniversary of the establishment of WHO in 1948, and its Constitution, which affirms that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Noting the 30th anniversary of the International Conference on Primary Health Care at Alma-Ata in 1978, which reaffirmed the essential value of equity in health and launched the global strategy of primary health care to achieve health for all;

Recalling the principles of “Health for All”, notably the need for intersectoral action (resolution WHA30.43);

¹ See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

² See Annex 1.

³ Document EB124/9.

Confirming the importance of addressing the wider determinants of health and considering the actions and recommendations set out in the series of international health promotion conferences, from the Ottawa Charter on Health Promotion to the Bangkok Charter for Health Promotion in a Globalized World, making the promotion of health central to the global development agenda as a core responsibility of all governments (resolution WHA60.24);

Noting the global consensus of the United Nations Millennium Declaration to achieve the Millennium Development Goals by 2015 and the concern at the lack of sufficient progress towards many of these goals in some regions at the half-way point;

Welcoming in this regard resolution WHA61.18, which initiates annual monitoring by the Health Assembly of the achievement of health-related Millennium Development Goals;

Noting *The world health report 2008*¹ on primary health care and its focus on ways to improve health equity by reforming health and other societal systems;

Mindful about the fact that responses to environmental degradation and climate change include health equity issues and noting that the impact of climate change is expected to negatively affect the health of vulnerable and disadvantaged populations (resolution WHA61.19);

Mindful about the facts concerning widening gaps in life expectancy worldwide;

Attaching utmost importance to the elimination of gender-related health inequities;

Recognizing that millions of children globally are not reaching their full potential and that investing in comprehensive supports for early child development that are accessible to all children is a fundamental step in achieving health equity across the lifespan;

Acknowledging that improvement of unfavourable social conditions is primarily a social policy issue;

Noting the need to improve coordination among global, national and subnational efforts in tackling social determinants of health through work across sectors, while simultaneously promoting social and economic development, with the understanding that such action requires the collaboration of many partners, including civil society and private sector,

1. EXPRESSES its appreciation for the work done by the Commission on Social Determinants of Health;

¹ World Health Organization. *The world health report 2008: primary health care – now more than ever*. Geneva, World Health Organization, 2008.

2. CALLS UPON the international community, including United Nations agencies, intergovernmental bodies, civil society and the private sector:

(1) to take note of the final report of the Commission on Social Determinants of Health and its recommendations;¹

(2) to take action in collaboration with WHO's Member States and the WHO Secretariat on assessing the impacts of policies and programmes on health inequities and on addressing the social determinants of health;

(3) to work closely with WHO's Member States and the WHO Secretariat on measures to enhance health equity in all policies in order to improve health for the entire population and reduce inequities;

3. URGES Member States:

(1) to develop and implement goals and strategies to improve public health with a focus on health inequities;

(2) to take into account health equity in all national policies that address social determinants of health and to ensure equitable access to health promotion, disease prevention and health care;

(3) to ensure dialogue and cooperation among relevant sectors with the aim of integrating a consideration of health into relevant public policies;

(4) to increase awareness among public and private health providers on how to take account of social determinants when delivering care to their patients;

(5) to contribute to the improvement of the daily living conditions contributing to health and social well-being across the lifespan by involving all relevant partners, including civil society and the private sector;

(6) to contribute to the empowerment of individuals and groups, especially those who are marginalized, and take steps to improve the societal conditions that affect their health;

(7) to generate new, or make use of existing, methods and evidence, tailored to national contexts in order to address the social determinants and social gradients of health and health inequities;

(8) to develop, make use of, and if necessary, improve health information systems in order to monitor and measure the health of national populations, with data disaggregated according to the major social determinants in each context (such as age, gender, ethnicity, education, employment and socioeconomic status) so that health inequities can be detected and the impact of policies monitored in order to devise appropriate policy interventions to minimize health inequities;

¹ Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva, World Health Organization, 2008.

4. REQUESTS the Director-General:
- (1) to work closely with partner agencies in the multilateral system on appropriate measures that address the social determinants of health and promote policy coherence in order to minimize health inequities; and to advocate for this topic to be high on global development and research agendas;
 - (2) to strengthen capacity within the Organization with the purpose of giving sufficient priority to relevant tasks related to addressing the social determinants of health in order to reduce health inequities;
 - (3) to implement measures, including objective indicators for the monitoring of social determinants of health, across relevant areas of work and promote addressing social determinants of health to reduce health inequities as an objective of all areas of the Organization's work, especially priority public health programmes;
 - (4) to ensure that ongoing work on the revitalization of primary health care addressing the social determinants of health is aligned with this, as recommended by *The world health report 2008*;
 - (5) to provide support to Member States in implementing a health-in-all-policies approach to tackling inequities in health;
 - (6) to provide support to Member States, upon request, in implementing measures with the aim of integrating a focus on social determinants of health across relevant sectors and in designing, or if necessary redesigning, their health sectors to address this appropriately;
 - (7) to provide support to Member States, upon request, in strengthening existing efforts on measurement and evaluation of the social determinants of health and the causes of health inequities and in developing and monitoring targets on health equity;
 - (8) to support research on effective policies and interventions to improve health by addressing the social determinants of health that also serve to strengthen research capacities and collaborations;
 - (9) to provide support to the regional directors in developing a regional focus on issues related to the social determinants of health and in engaging a broader range of countries in this issue, in accordance with the conditions and challenges of each region;
 - (10) to convene a global event, with the assistance of Member States, before the Sixty-fifth World Health Assembly in order to highlight the developments, progress and renewed plans for addressing the alarming trends of health inequities and to increase global awareness on social determinants of health, including health equity;
 - (11) to report on progress in implementing this resolution to the Sixty-fifth World Health Assembly through the Executive Board.

(Eighth meeting, 23 January 2009)

EB124.R7 Chagas disease: control and elimination

The Executive Board,

Having considered the report on Chagas disease: control and elimination,¹

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:²

The Sixty-second World Health Assembly,

Having considered the report on Chagas disease: control and elimination,

Expressing its satisfaction at the considerable progress achieved by countries towards the goal of eliminating Chagas disease by 2010, as recommended in resolution WHA51.14;

Underlining that 2009 will mark the centenary of the description of this disease by Dr Carlos Chagas;

Acknowledging the progress made with vector-control strategies;

Recognizing the success achieved through the intergovernmental initiatives in Latin America;

Taking into account the need for the harmonization of diagnostic and treatment procedures;

Recognizing the need for the provision of adequate care for late severe clinical manifestations;

Underlining the need for more effective, safe and adequate medicines, including paediatric formulations, and for better coverage and distribution of those currently available;

Recognizing that the risk of transmission through blood transfusion and organ transplantation and of congenital transmission is increasing;

Acknowledging the significant collaboration and support among Member States and the support of other partners and appreciating their continuous assistance,

1. URGES Member States:

(1) to reinforce efforts to strengthen and consolidate national control programmes and to establish them where there are none;

¹ Document EB124/17.

² See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

- (2) to establish mechanisms to ensure broad coverage of adequate control measures, including the promotion of decent and healthy living conditions, prevention and the integration of specific actions within health services based on primary care;
- (3) to harmonize systems and strengthen capacities for surveillance, data collection and analysis and dissemination of information;
- (4) to promote and encourage operational research on control of Chagas diseases in order:
 - (a) to interrupt transmission by domestic insect vectors;
 - (b) to develop more suitable, safer and more affordable medicines;
 - (c) to reduce the risk of late complications of the infection;
 - (d) to establish systems of early detection, in particular for the detection of new infections, of congenital infections in newborns and the reactivation of the disease in immunocompromised patients;
 - (e) to optimize blood transfusion safety and screening procedures in endemic and non-endemic countries with special focus on endemic areas;
- (5) to develop public health measures in endemic and non-endemic countries, with special focus on endemic areas, for the prevention of transmission through blood transfusion and organ transplantation, early diagnosis of congenital transmission and management of cases;

2. REQUESTS the Director-General:

- (1) to draw attention to the burden of Chagas disease and to the need to provide equitable access to medical services for the management and prevention of the disease;
- (2) to strengthen implementation of vector-control activities in order to achieve interruption of transmission and to promote research to improve or develop new prevention strategies;
- (3) to provide support to the countries of the Americas in order to strengthen intergovernmental initiatives and the Pan American Sanitary Bureau as a successful form of technical cooperation among countries;
- (4) to collaborate in order that countries and intergovernmental initiatives set objectives and new goals for the elimination of the transmission of the parasite;
- (5) to support the mobilization of national and international, public and private financial and human resources to ensure achievement of the goals;

- (6) to promote research on elimination of Chagas disease;
- (7) to support efforts at collaboration among multisectoral actors, networking among organizations and other interested parties to support the development and implementation of Chagas disease control programmes;
- (8) to report on progress in the elimination of Chagas disease to future World Health Assemblies.

(Tenth meeting, 24 January 2009)

EB124.R8 Primary health care, including health system strengthening

The Executive Board,

Having considered the report on primary health care, including health system strengthening,¹

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:²

The Sixty-second World Health Assembly,

Welcoming the efforts of the Director-General, and recognizing the central role that WHO plays, in promoting primary health care globally;

Having considered the report on primary health care, including health system strengthening;

Recalling the Declaration of Alma-Ata (1978), the Ottawa Charter for Health Promotion (1986), the United Nations Millennium Declaration (2000) and subsequent relevant resolutions of WHO's regional committees and Health Assemblies;³

Recalling also the discussions at the series of summits and global, regional and national conferences that have reaffirmed the commitment of Member States to primary health care and strengthening health systems;⁴

¹ Document EB124/8.

² See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

³ Resolutions WHA54.13, WHA56.6, WHA57.19, WHA58.17, WHA58.33, WHA60.22, WHA60.24, WHA60.27, WHA61.17 and WHA61.18.

⁴ Including summits on health system strengthening, such as the G8 Hokkaido Toyako Summit (2008), International Conference on Global Action for Health System Strengthening (Tokyo, 2008), International Conference dedicated to the 30th Anniversary of the Alma-Ata Declaration of WHO/UNICEF on primary health care (Almaty, 2008), and G15 Summit (2004); WHO regional meetings on primary health care, such as those at Buenos Aires (2007), Beijing (2007), Bangkok (2008), Tallinn (2008), Ouagadougou (2008), Jakarta (2008) and Doha (2008); and conferences on health promotion, such as Ottawa (1986), Adelaide (1988), Sundsvall (1991), Jakarta (1997), Mexico City (2000), Bangkok (2005) and the MERCOSUR Task Force on Health (since 1995).

Noting the growing consensus in the global health community that vertical approaches, such as disease-specific programmes, and integrated health systems approaches are mutually reinforcing and contribute to achieving the health-related Millennium Development Goals;

Recognizing the need to draw on the experiences, both positive and negative, of primary health care in the years since the Declaration of Alma-Ata and the Millennium Declaration;

Welcoming *The world health report 2008*,¹ published on the thirtieth anniversary of the international conference of Alma-Ata, that identifies four broad policy directions for reducing health inequalities and improving health for all: tackling health inequalities through universal coverage, putting people at the centre of care, integrating health into broader public policy, and providing inclusive leadership for health; and also welcoming the final report of the Commission on Social Determinants of Health;²

Reaffirming the need to build sustainable national health systems, strengthen national capacities, and honour fully financing commitments made by national governments and their development partners, as appropriate, in order to better fill the resource gaps in the health sector;

Reaffirming also the need to take concrete, effective and timely action, in implementing all agreed commitments on aid effectiveness and to increase the predictability of aid, while respecting recipient countries' control and ownership of their health system strengthening, more so given the potential effects on health and health systems of the current international financial and food crises and of climate change;

Strongly reaffirming the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action and community participation as the basis for strengthening health systems;

1. URGES Member States:

- (1) to ensure political commitment at all levels to the values and principles of the Declaration of Alma-Ata, keep the issue of strengthening health systems based on the primary health care approach high on the international political agenda, and take advantage, as appropriate, of health-related partnerships and initiatives relating to this issue, particularly to support achievement of the Millennium Development Goals;
- (2) to accelerate action towards universal access to primary health care by developing comprehensive health services and by developing national equitable and sustainable financing mechanisms, mindful of the need to ensure social protection and protect health budgets in the context of the current international financial crisis;
- (3) to put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health-care services, including health promotion, disease prevention, curative care and end-of-life services, that are integrated and coordinated according to need;

¹ *The world health report 2008: Primary health care – now more than ever*. Geneva, World Health Organization, 2008.

² Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health*. Geneva, World Health Organization, 2008.

- (4) to promote active participation by all people, in the processes of developing policy and improving health and health care, in order to support the renewal of primary health care;
- (5) to train adequate numbers of health workers, able to work in a multidisciplinary context, in order to respond effectively to people's health needs;
- (6) to ensure that vertical programmes, including disease-specific programmes, are developed and implemented in the context of integrated primary health care;
- (7) to improve access to appropriate medicines, health products and technologies, all of which are required to support primary health care;
- (8) to develop and strengthen health information and surveillance systems relating to primary health care in order to facilitate evidence-based policies and programmes and their evaluation;
- (9) to strengthen health ministries, enabling them to provide inclusive, transparent and accountable leadership of the health sector and to facilitate multisectoral action as part of primary health care;

2. REQUESTS the Director-General:

- (1) to ensure that WHO reflects the values and principles of the Declaration of Alma-Ata in its work and that the overall organizational efforts across all levels contribute to the renewal of primary health care;
- (2) to strengthen the Secretariat's capacities to support Member States in their efforts to deliver on the four broad policy directions for renewal of primary health care identified in *The world health report 2008*;
- (3) to collate and analyse past and current experiences of Member States in implementing primary health care and facilitate the exchange of experience, evidence and information on good practice;
- (4) to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations, international health initiatives, and other stakeholders in order to increase synergies between international and national priorities;
- (5) to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress regarding this resolution, including reporting on the effectiveness of WHO in its support to countries in the implementation of primary health care.

(Eleventh meeting, 26 January 2009)

EB124.R9 Traditional medicine

The Executive Board,

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:¹

The Sixty-second World Health Assembly,

Having considered the report on primary health care, including health system strengthening;

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA54.11, WHA56.31 and WHA61.21;

Recalling the Declaration of Alma-Ata which states, inter alia, that “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care” and “Primary health care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community”;

Noting that the term “traditional medicine” covers a wide variety of therapies and practices, which may vary greatly from country to country and from region to region;

Recognizing traditional medicine as one of the resources of primary health-care services that could contribute to improved health outcomes, including those in the Millennium Development Goals;

Recognizing that Member States have different domestic legislation, approaches, regulatory responsibilities and delivery models related to primary health care;

Noting the progress that many governments have made to include traditional medicine into their national health systems;

Noting that progress in the field of traditional medicine has been achieved by a number of Member States through implementation of the WHO traditional medicine strategy 2002–2005;²

Expressing the need for action and cooperation by the international community, governments, and health professionals and workers, to ensure proper use of traditional medicine as an important component contributing to the health of all people, in accordance with national capacity, priorities and relevant legislation;

Noting that the WHO Congress on Traditional Medicine took place from 7 to 9 November 2008, in Beijing, China, and adopted the Beijing Declaration on Traditional Medicine;

¹ See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

² Document WHO/EDM/TRM/2002.

Noting that African Traditional Medicine Day is commemorated annually on 31 August in order to raise awareness and the profile of traditional medicine in the African region, as well as to promote its integration into national health systems,

1. URGES Member States, in accordance with national capacities, priorities, relevant legislation and circumstances:

(1) to consider adopting and implementing the Beijing Declaration on Traditional Medicine in accordance with national capacities, priorities, relevant legislation and circumstances;

(2) to respect, preserve and widely communicate, as appropriate, the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality;

(3) to formulate national policies, regulations and standards, as part of comprehensive national health systems, to promote appropriate, safe and effective use of traditional medicine;

(4) to consider, where appropriate, including traditional medicine into their national health systems based on national capacities, priorities, relevant legislation and circumstances, and on evidence of safety, efficacy and quality;

(5) to further develop traditional medicine based on research and innovation, giving due consideration to the specific actions related to traditional medicine in the implementation of the Global strategy and plan of action on public health, innovation and intellectual property;

(6) to consider, where appropriate, establishing systems for the qualification, accreditation or licensing of traditional medicine practitioners and to assist traditional medicine practitioners to upgrade their knowledge and skill in collaboration with relevant health providers;

(7) to consider strengthening communication between conventional and traditional medicine providers and, where appropriate, establishing appropriate training programmes for health professionals, medical students and relevant researchers;

(8) to cooperate with each other in sharing knowledge and practices of traditional medicine and exchanging training programmes on traditional medicine, consistent with national legislation and relevant international obligations;

2. REQUESTS the Director-General:

(1) to provide support to Member States, as appropriate and upon request, in implementing the Beijing Declaration on Traditional Medicine;

(2) to update the WHO traditional medicine strategy 2002–2005, based on countries' progress and current new challenges in the field of traditional medicine;

(3) to give due consideration to the specific actions related to traditional medicine in the implementation of the Global strategy and plan of action on public health, innovation and intellectual property;

- (4) to continue providing policy guidance to countries on how to integrate traditional medicine into health systems, especially to promote, where appropriate, the use of traditional/indigenous medicine for primary health care, in line with evidence of safety, efficacy and quality;
- (5) to continue providing technical guidance to support countries in ensuring the safety, efficacy and quality of traditional medicine;
- (6) to strengthen cooperation with WHO collaborating centres, research institutions and nongovernmental organizations in order to share evidence-based information and to support training programmes for national capacity building in the field of traditional medicine.

(Eleventh meeting, 26 January 2009)

EB124.R10 Amendments to the Financial Regulations and Financial Rules¹

The Executive Board,

Having considered the report on amendments to the Financial Regulations and Financial Rules, relating in particular to the introduction of International Public Sector Accounting Standards,²

Recalling resolution WHA60.9 on amendments to the Financial Regulations and Financial Rules: introduction of International Public Sector Accounting Standards,

1. CONFIRMS, in accordance with Financial Regulation 16.3, the revised Financial Rules as shown in Annex 2 of the report on amendments to the Financial Regulations and Financial Rules,² provided that the amendments proposed to the Financial Regulations as set forth in Annex 1 of the report have been adopted by the Health Assembly, to be effective as from 1 January 2010;
2. RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:³

The Sixty-second World Health Assembly,

Having considered the report on amendments to the Financial Regulations and Financial Rules,

Recalling resolution WHA60.9 on amendments to the Financial Regulations and Financial Rules: introduction of International Public Sector Accounting Standards,

1. ADOPTS the changes to the Financial Regulations as shown in Annex 1 of the report on amendments to the Financial Regulations and Financial Rules,² to be effective as from 1 January 2010;

¹ See Annex 2.

² Document EB124/22.

³ See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

2. NOTES that the changes to the Financial Rules as confirmed by the Executive Board at its 124th session shall be effective at the same time as the amendments to the Financial Regulations adopted in paragraph 1;

3. AUTHORIZES the Director-General to number the revised Financial Regulations and Financial Rules appropriately.

(Eleventh meeting, 26 January 2009)

EB124.R11 Relations with nongovernmental organizations¹

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,²

1. DECIDES to admit into official relations with WHO the International Medical Corps;
2. CONFIRMS, in accordance with decision EB120(3), the status of provisional official relations with WHO, solely for the purpose of participating in the work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, of the following nongovernmental organizations: International AIDS Vaccine Initiative; The Global Alliance for TB Drug Development, Inc.; Africa Fighting Malaria International, Inc.; and Eucomed;
3. NOTES that the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property has completed its work and, therefore, no further action is required with respect to the provisional official relations status of the nongovernmental organizations listed in paragraph 2 of this resolution;
4. NOTES that, in addition to its admission into provisional official relations with WHO solely for the purpose of participating in the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, Eucomed has requested admission into official relations with WHO;
5. DECIDES, in the absence of an agreed workplan, to postpone the consideration of the application of Eucomed for admission into official relations with WHO;
6. DECIDES to discontinue official relations with the Inter-American Association of Sanitary and Environmental Engineering and the International Association of Human–Animal Interaction Organizations.

(Eleventh meeting, 26 January 2009)

¹ See Annex 3, and Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

² Document EB124/25.

EB124.R12 WHO's role and responsibilities in health research¹

The Executive Board,

Having considered the draft of the WHO strategy on research for health,²

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:³

The Sixty-second World Health Assembly,

Recalling resolution WHA58.34 on the Ministerial Summit on Health Research and resolution WHA60.15 on WHO's role and responsibilities in health research;

Recognizing the contribution of research to the development of solutions to health problems and the advancement of health worldwide;

Aware that, in a rapidly changing world facing significant environmental, demographic, social and economic challenges, research will be increasingly essential for clarifying the nature and scope of health problems, and for identifying effective life-saving interventions and strategies;

Realizing the increasingly multidisciplinary and intersectoral nature of research for health improvement;

Affirming the roles and responsibilities of WHO, as the leading global health organization, in health research;

Recognizing the need to strengthen the capacity of the public sector in health research;

Acknowledging that research activities in the private and public sectors can be mutually supportive and complementary in improving health globally;

Conscious of the need to strengthen the conduct, management and coordination of WHO's activities in health research;

Cognizant of the need to better communicate WHO's research activities and results, especially to its Member States and partners;

Noting the references to research for health in resolution WHA61.21 on the Global strategy and plan of action on public health, innovation and intellectual property and relevant conclusions and recommendations of the WHO Commission on Social Determinants for Health;

Taking into account the outcomes of the Global Ministerial Forum on Research for Health (Bamako, 17–19 November 2008),

¹ See Annex 4.

² Document EB124/12.

³ See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

1. ENDORSES the WHO strategy on research for health;¹
2. URGES Member States:
 - (1) to recognize the importance of research for improving health and health equity and to adopt and implement policies for research for health that are aligned with national health plans, that include the participation of all relevant sectors, public and private, that align external support around mutual priorities, and that strengthen key national institutions;
 - (2) to consider drawing on the strategy on research for health according to their own national circumstances and contexts, and as part of their overall policies on health and health research;
 - (3) to strengthen national health research systems by improving the leadership and management of research for health, focusing on national needs, establishing effective institutional mechanisms for research, using evidence in health policy development, and harmonizing and coordinating national and external support (including that of WHO);
 - (4) to establish, as necessary and appropriate, governance mechanisms for research for health, to ensure rigorous application of good research norms and standards, including protection for human subjects involved in research, and to promote an open dialogue between policy-makers and researchers on national health needs, capacities and constraints;
 - (5) to improve the collection of reliable health information and data and to maximize, where appropriate, their free and unrestricted availability in the public domain;
 - (6) to promote intersectoral collaboration and high-quality research in order to produce the evidence necessary for ensuring that policies adopted in all sectors contribute to improving health and health equity;
 - (7) to initiate or strengthen intercountry collaboration with the aim of obtaining efficiencies of scale in research through the sharing of experiences, best practices and resources, the pooling of training and procurement mechanisms, and the use of common, standardized evaluation methods for research;
 - (8) to consider, where appropriate, establishment of regional collaborating mechanisms, such as centres of excellence, in order to facilitate access by Member States to the necessary research and expertise to meet health challenges;
 - (9) to continue to pursue financing of research for health as articulated in resolution WHA58.34 on the Ministerial Summit on Health Research;
3. INVITES Member States, the health research community, international organizations, supporters of research, the private sector, civil society and other concerned stakeholders:
 - (1) to provide support to the Secretariat in implementing the research for health strategy and in monitoring and evaluating its effectiveness;

¹ See Annex 4.

(2) to collaborate with the Secretariat, within the framework of the strategy, in identifying priorities for research for health, in developing guidelines relating to research for health and in the collection of health information and data;

(3) to assist the Secretariat and WHO's research partners in mobilizing enhanced resources for the identified global priorities for research for health;

(4) to pay particular attention to the research needs of low-income countries, notably in areas such as technology transfer, research workforce, and infrastructure development and the determinants of health particularly where this will contribute to the achievement of the Millennium Development Goals, health equity and better health for all and to collaborate with WHO Member States and the Secretariat to better align and coordinate the global health research architecture and its governance through the rationalization of existing global health research partnerships, to improve coherence and impact, and to increase efficiencies and equity;

(5) to support, where appropriate, technical cooperation among developing countries in research for health;

4. REQUESTS the Director-General:

(1) to provide leadership in identifying global priorities for research for health;

(2) to implement the strategy within the Organization at all levels and with partners, and in line with the references to research for health in the Global strategy and plan of action on public health, innovation and intellectual property;

(3) to improve the quality of research within the Organization;

(4) to provide adequate core resources in proposed programme budgets for the implementation of the research for health strategy;

(5) to ensure that the highest norms and standards of good research are upheld within WHO, including technical, ethical and methodological aspects and the translation into practice, use and dissemination of results and to review and align the architecture and governance of the Organization's research activities and partnerships;

(6) to provide support to Member States, upon request and as resources permit, in taking relevant actions to strengthen national health research systems and intersectoral collaborations;

(7) to strengthen the role of WHO collaborating centres as a well-established, effective mechanism for cooperation between the Organization and countries in the field of research for health;

(8) to report to the Sixty-fifth World Health Assembly on the implementation of this resolution, through the Executive Board, in 2012.

(Twelfth meeting, 26 January 2009)

EB124.R13 Human organ and tissue transplantation

The Executive Board,

Having considered the report on human organ and tissue transplantation,¹

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:²

The Sixty-second World Health Assembly,

Recalling resolutions WHA40.13, WHA42.5 and WHA44.25 on organ procurement and transplantation and WHA57.18 requesting an update of the Guiding Principles on Human Organ Transplantation;

Having considered the report on human organ and tissue transplantation;

Aware of the growing magnitude and utility of human cell, tissue and organ transplantation for a wide range of conditions in low-resource as well as high-resource countries;

Committed to the principles of human dignity and solidarity which condemn the buying of human body parts for transplantation and the exploitation of the poorest and most vulnerable populations and the human trafficking that result from such practices;

Determined to prevent harm caused by the seeking of financial gain or comparable advantage in transactions involving human body parts, including organ trafficking and transplant tourism;

Convinced that the voluntary, non-remunerated donation of organs, cells and tissues from deceased and living donors helps to ensure a vital community resource;

Conscious of the extensive cross-boundary circulation of cells and tissues for transplantation;

Sensitive to the need for surveillance of adverse events and reactions associated with the donation, processing and transplantation of human cells, tissues and organs as such and for international exchange of such data to optimize the safety and efficacy of transplantation,

1. WELCOMES the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;³

¹ Document EB124/15.

² See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

³ See Annex 5.

2. URGES Member States:¹

(1) to implement the Guiding Principles on Human Cell, Tissue and Organ Transplantation in the formulation and enforcement of their own policies, laws and legislation regarding human cell, tissue and organ donation and transplantation where appropriate;

(2) to foster public awareness and understanding of the benefits as a result of the voluntary non-remunerated provision of cells, tissues and organs as such from deceased and living donors, in contrast to the physical, psychological and social risks to individuals and communities caused by trafficking in material of human origin and transplant tourism;

(3) to oppose the seeking of financial gain or comparable advantage in transactions involving human body parts, organ trafficking and transplant tourism, including by encouraging health-care professionals to notify relevant authorities when they become aware of such practices in accordance with national capacities and legislation;

(4) to promote equitable access to transplantation services in accordance with national capacities, which provides the foundation for public support of voluntary donation;

(5) to improve the safety and efficacy of donation and transplantation by promoting international best practices;

(6) to strengthen national and multinational authorities and/or capacities to provide oversight, organization and coordination of donation and transplantation activities, with special attention to maximizing donation from deceased donors and to protecting the health and welfare of living donors;

(7) to collaborate in collecting data including adverse events and reactions on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation;

(8) to encourage the implementation of globally consistent coding systems for human cells, tissues and organs as such in order to facilitate national and international traceability of materials of human origin for transplantation;

3. REQUESTS the Director-General:

(1) to disseminate the updated Guiding Principles on Human Cell, Tissue and Organ Transplantation as widely as possible to all interested parties;

(2) to provide support to Member States and nongovernmental organizations in order to ban trafficking in material of human origin and transplant tourism;

(3) to continue collecting and analysing global data on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation of human cells, tissues and organs;

¹ And regional economic international organizations where appropriate.

- (4) to facilitate Member States' access to appropriate information on the donation, processing and transplantation of human cells, tissues and organs, including data on severe adverse events and reactions;
- (5) to provide, in response to requests from Member States, technical support for developing national legislation and regulation on, and suitable systems for, donation and transplantation of human cells, tissues or organs, in particular by facilitating international cooperation;
- (6) to review the Guiding Principles on Human Cell, Tissue and Organ Transplantation periodically in the light of national experience with their implementation and of developments in the field of transplantation of human cells, tissues and organs;
- (7) to report to the Health Assembly at least every four years on actions taken by the Secretariat, as well as by Member States, to implement this resolution.

(Twelfth meeting, 26 January 2009)

EB124.R14 Confirmation of amendments to Staff Rules¹

The Executive Board

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General, with effect from 1 January 2009 concerning the remuneration of staff in the professional and higher categories, education grant, dependent children, and special education grant travel.

(Twelfth meeting, 26 January 2009)

EB124.R15 Amendments to Staff Regulations

The Executive Board,

Having considered the report on amendments to Staff Rules and Staff Regulations,²

RECOMMENDS, in accordance with Staff Regulation 12.1, to the Sixty-second World Health Assembly the adoption of the following resolution:

¹ See Annex 6, and Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

² Document EB124/34.

The Sixty-second World Health Assembly,

Noting the recommendations of the Executive Board with regard to the reassignment of staff, including those not involving promotion:

ADOPTS the proposed amendment to Staff Regulation 4.2;

ADOPTS the proposed amendment to Staff Regulation 4.3;

DECIDES that both amendments shall take effect on 1 June 2009.

(Twelfth meeting, 26 January 2009)

EB124.R16 Salaries of staff in ungraded posts and of the Director-General

The Executive Board,

Having considered the report on amendments to Staff Rules and Staff Regulations,¹

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:

The Sixty-second World Health Assembly,

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

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 177 032 per annum before staff assessment, resulting in a modified net salary of US\$ 128 071 (dependency rate) or US\$ 115 973 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 194 820 per annum before staff assessment, resulting in a modified net salary of US\$ 139 633 (dependency rate) or US\$ 125 663 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 239 632 gross per annum before staff assessment, resulting in a modified net salary of US\$ 168 761 (dependency rate) or US\$ 150 079 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2009.

(Twelfth meeting, 26 January 2009)

¹ Document EB124/34.

DECISIONS

EB124(1) Review of nongovernmental organizations in official relations with WHO

The Executive Board, having considered and noted the report of its Standing Committee on Nongovernmental Organizations on the review of one third of the nongovernmental organizations in official relations with WHO,¹ and following up decision EB122(1), reached the decisions set out below.

Noting with appreciation their collaboration with WHO and commending the continuing dedication to the work of WHO, the Board decided to maintain in official relations with WHO the nongovernmental organizations whose names are followed by an asterisk in the Annex to the report.

Noting that reports had not been received, or had been received too late to be included in the review, or that further information was required, the Board decided to defer until its 126th session the review of relations with the following 25 nongovernmental organizations: Association of the Institutes and Schools of Tropical Medicine in Europe; CropLife International; Cystic Fibrosis Worldwide Inc.; FDI World Dental Federation; Helen Keller International; International Agency for the Prevention of Blindness; International Association for Dental Research; International Association of Hydatid Disease; International Association of Logopedics and Phoniatics; International Commission on Radiological Protection; International Diabetes Federation; International Federation of Oto-Rhino-Laryngological Societies; International League against Epilepsy; International Leprosy Association; International Network on Children's Health, Environment and Safety; International Organization against Trachoma; International Physicians for the Prevention of Nuclear War; International Solid Waste Association; International Union against Tuberculosis and Lung Disease; International Union for Conservation of Nature and Natural Resources; International Union of Immunological Societies; International Union of Toxicology; ORBIS International; World Blind Union; and the World Federation of Hydrotherapy and Climatotherapy.

Noting the reports from Collegium Internationale Neuro-Psychopharmacologicum, International Society of Hematology, and the International Union of Microbiological Societies, and taking into consideration expectations of the resumption of mutually agreed collaboration, the Board decided to defer the review of relations with these nongovernmental organizations for an additional year and to request each organization to submit a report on its relations with WHO and on the results of exchanges to agree collaboration plans for consideration by the Executive Board at its 126th session.

Noting that reports of collaboration remained outstanding from the International Association for Adolescent Health, the International Union of Psychological Science, and the World Association of Girl Guides and Girl Scouts, the Board decided to defer the review of their relations for a further year and requested that the nongovernmental organizations be informed that, should the reports not be forthcoming for consideration by the Executive Board at its 126th session, their official relations would be discontinued.

¹ See Annex 3.

The Board noted the information in the report¹ on the participation of nongovernmental organizations in intergovernmental meetings convened by a decision of WHO's governing bodies.

(Eleventh meeting, 26 January 2009)

EB124(2) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2009 to Professor Huda Zurayk (Lebanon) for her significant contribution to public health research in the Eastern Mediterranean Region. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.

(Eleventh meeting, 26 January 2009)

EB124(3) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2009 to Dr Amal Abdurrahman al Jowder (Bahrain), for her outstanding innovative work in health development. The laureate will receive US\$ 30 000.

(Eleventh meeting, 26 January 2009)

EB124(4) Award of the United Arab Emirates Health Foundation Prize

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2009 to the Integrated Perinatal Care Project, KK Women's and Children's Hospital (Singapore) and to the Georgian Respiratory Association (Georgia) for their outstanding contribution to health promotion. The laureates will each receive US\$ 20 000.

(Eleventh meeting, 26 January 2009)

EB124(5) Award of the State of Kuwait Prize for Research in Health Promotion

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 2009 to the National Centre for Workplace Health Promotion, Nofer Institute of Occupational Medicine (Poland) and Dr Shaikha Salim Al Arrayed (Bahrain) for their outstanding contribution to research to health promotion. The laureates will each receive US\$ 20 000.

(Eleventh meeting, 26 January 2009)

¹ Document EB124/25.

EB124(6) Award of the Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for 2009 to the Infectious Diseases, AIDS and Clinical Immunology Research Center (Georgia) for its outstanding contribution in research into and prevention, treatment and control of HIV/AIDS, and research into and control of communicable diseases. The laureate will receive US\$ 85 000.

(Eleventh meeting, 26 January 2009)

EB124(7) Award of the Jacques Parisot Foundation Fellowship

The Executive Board, having considered the report of the Jacques Parisot Foundation Selection Panel, awarded the Jacques Parisot Foundation Fellowship for 2009 to Ms Livesy Abokyi Naaffoe (Ghana). The laureate will receive US\$ 5000.

(Eleventh meeting, 26 January 2009)

EB124(8) Appointment of representatives of the Executive Board at the Sixty-second World Health Assembly

The Executive Board, further to decision EB123(5) and in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Mr N.S. de Silva (Sri Lanka), ex officio, and three of the Vice-Chairmen, Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland), Mr C. Vallejos (Peru) and Mr O.I. Touré (Mali), to represent the Board at the Sixty-second World Health Assembly. It was understood that, if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr H. Abdesselem (Tunisia), and the Rapporteur, Dr Ren Minghui (China), could be asked to represent the Board.

(Eleventh meeting, 26 January 2009)

EB124(9) Provisional agenda for, and duration of, the Sixty-second World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Sixty-second World Health Assembly,¹ recalling its earlier decision that the Sixty-second World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 18 May 2009, and closing no later than Wednesday, 27 May 2009,² and recalling also the agreement made during the discussion of item 7.4 of the present session on the draft provisional agenda, approved the provisional agenda of the Sixty-second World Health Assembly, as amended.

(Eleventh meeting, 26 January 2009)

¹ Documents EB124/27, EB124/27 Add.1 and EB124/27 Add.2.

² See decision EB123(7).

EB124(10) Date and place of the 125th session of the Executive Board

The Executive Board decided that its 125th session should be convened on 28 May 2009, at WHO headquarters, Geneva, and should close no later than 30 May 2009.

(Eleventh meeting, 26 January 2009)
