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**PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING**

**WHO headquarters, Geneva  
Monday, 26 May 2014, scheduled at 14:30**

**Chairman: Dr M. SHAKEELA (Maldives)**

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## **SECOND MEETING**

**Monday, 26 May 2014, at 14:35**

**Chairman:** Dr M. SHAKEELA (Maldives)

### **1. TECHNICAL AND HEALTH MATTERS:** Item 5 of the Agenda (continued)

**Health and the environment – addressing the health impact of air pollution:** Item 5.2 of the Agenda (Document EB135/4)

Dr VALVERDE (Panama), speaking on behalf of the representatives of Bangladesh, France and Norway, appreciated the inclusion of the agenda item, the main aim of which was to strengthen WHO's capacity to confront the global health threat stemming from air pollution, raise awareness and increase Member States' commitment to prevention. Air pollution had not been provided for in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, yet it was one of the main causes of preventable diseases, resulting in about 7 million premature deaths a year. It deserved a strong and rapid response from the Secretariat and Member States alike. It was a concern for both developed and developing countries and was central to the discussions about the post-2015 sustainable development agenda. Transboundary air pollution in particular required a concerted effort involving countries, economic sectors and other interested parties. Air pollution should be considered separately within WHO programmes, with linkages to climate change, health and other overlapping areas. It was crucial for WHO to support preventive action against illnesses caused by air pollution through intersectoral cooperation and coordination initiatives involving United Nations actors, such as WMO and UNEP, governments and civil society.

Ms SAMIYA (Maldives) said that air pollution was a major concern in Maldives, where the rise in noncommunicable diseases related to poor-quality air was stretching the health budget to an unsustainable level. Air pollution was a global issue requiring coherent, coordinated and cross-sectoral efforts at national and global levels. She called on all countries to harness the political and social will to reduce air pollution.

Dr CUYPERS (Belgium), speaking on behalf of the European Union and its Member States, said that indoor and outdoor air pollution had been one of the European Union's main political concerns since the late 1970s. The European Union had developed an extensive body of legislation, based on health standards, to improve air quality and was currently working on a new clean air package for Europe up to 2030. With a view to further discussion by the Executive Board in January 2015, specific opportunities for further action would need to be identified and analysed at national, regional and global levels, building on existing evidence and initiatives. A multisectoral approach should be promoted at all levels, with health systems assuming a leading role and with due consideration being given to populations most at risk.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) argued that the health sector should not only attend to the health problems generated by air pollution but also undertake preventive actions through efforts by government and society. WHO should play a leadership role and alert other organizations of the United Nations system to the need to curb air pollution. Indoor air pollution was a separate issue, as it was connected to the social environment: for example, poor populations would not be able stop using wood as a fuel for cooking if they had no other source of energy.

Professor HATEM (Egypt) said that strategies to tackle air pollution should be drafted by a variety of ministries and authorities and not just by ministries of health. Since the current energy crisis was prompting his Government to reconsider using coal in factories, the Secretariat should draft a strategy incorporating strict guidelines on air pollution.

Dr REN Minghui (China) said that the number of areas impacted by air pollution was expanding owing to the rapid development of the world economy, urbanization and vehicle emissions. Research suggested that air pollution could accelerate the onset of chronic cardiovascular and respiratory diseases and exacerbate disease in ageing populations. The previous year, China had issued a national action plan on air pollution prevention and control for 2013–2017, based on the concept of society as a whole fighting air pollution, and setting strict targets and measures. He hoped that the Secretariat would work more closely with related United Nations agencies and provide Member States with empirical technical support for formulating countermeasures.

Mr KLEIMAN (Brazil) said that reducing air pollution was feasible, although admittedly difficult. His country was directly committed to preventing the release of atmospheric pollutants and promoting and protecting human health, fully supported the initiative to establish a global platform for air quality and health, and considered it highly desirable to include the topic of air pollution on the agenda of the next sessions of the Executive Board and World Health Assembly.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland), noting the synergies between measures against air pollution and those against greenhouse gas emissions, requested that any action on the agenda item should be taken before the twenty-first session of the Conference of the Parties to the United Nations Framework Convention on Climate Change in 2015. Although a continued multisectoral approach should be pursued, the health sector was in the best position to influence policy in areas of the post-2015 development agenda. She agreed that the item should be added to the agenda of the next session of the Executive Board, but requested that in future Board members and representatives should be provided with a draft agenda for the next session of the Board in advance, so that they could see which other items had already been mandated by the Health Assembly.

Dr NOOR HISHAM ABDULLAH (Malaysia) said that air pollution was a complex issue and therefore required a comprehensive multisectoral approach. He would welcome a further update of the 2005 air quality guidelines, as well as ongoing support to Member States in building capacity for assessment of the risk posed by air pollutants. He commended the establishment of a health task force to discuss transboundary air pollution, since his country and the surrounding region often suffered from haze.

Mr PIPPO (Argentina) said that the Board should consider effective measures to improve air quality in both indoor and outdoor settings. The report did not give adequate coverage to tobacco, which contained some 60 carcinogens and other toxins. Effective and integrated measures to tackle air pollution needed to be devised in the areas of transport, energy, urban development and industrial production, with the health sector playing a coordinating role. WHO must keep constant track of developments, provide leadership in the debates and recommendations, and make sure to update and disseminate the related guidelines, at the same time providing information on air quality and its health impact.

Mr KIM Young-hak (Republic of Korea) praised WHO's air quality guidelines. At regional level, networks should be established to share experiences of similar problems by Member States, while at global level information and experience should be shared to produce data on the health impact of air pollution and assist with efficient resource allocation. It was particularly important to develop

science-based guidelines for vulnerable groups, broken down by type of disease. Finally, the Secretariat's programme of activities related to air pollution should be expanded, perhaps using the WHO global conference on health and climate in August 2014 to define the programme.

Ms ALGOE (Suriname) said that although many people in rapidly industrializing and developing countries were exposed to both indoor and outdoor air pollution, her Government was particularly concerned about domestic indoor air pollution in places where wood was still the principal fuel for cooking and heating. Other air pollution issues worthy of note were smoking and pesticides, the latter being toxic to humans and animals when suspended in the air. The drive to increase industrial and agricultural production, alongside rapid economic growth, had also contributed to increased air pollution. Strong multisectoral efforts were now required to improve air quality and mitigate the consequences of air pollution.

Mr KOLKER (United States of America), supporting the statement by the member for Panama, favoured WHO taking a more active and cross-sectoral role to counter the health impacts of air pollution. The links between air pollution, climate change and health were interrelated but distinct, so in preparation for the air pollution discussion at the Sixty-eighth World Health Assembly, it would be important to see how air pollution fitted into existing WHO instruments such as the work plan on climate change and health and the Twelfth General Programme of Work, 2014–2019. WHO should look for synergies with its efforts to combat noncommunicable diseases, and he commended the Organization's work in the Health Task Force of the Climate and Clean Air Coalition.

Dr TAKASAKI (Japan) welcomed the inclusion of the item on the agenda. To address air pollution, which had been particularly severe since his country's post-war reconstruction in 1945, Japan had enacted laws, introduced regulations and paid reparations for the health damage it had caused. Japan's experience and current practices could assist other countries facing problems relating to air pollution. Outdoor air pollution was a problem that transcended national boundaries and required a global solution, while adequate measures needed to be taken to tackle indoor air pollution, which actually caused more deaths. He looked forward to continuing to receive evidence-based guidelines from WHO and encouraged the Secretariat to provide support to Member States to take action across multiple sectors.

Dr AMMAR (Lebanon) said that air pollution was an environmental health determinant that could not simply be addressed through health programmes along the lines of those on noncommunicable diseases, but required concerted action across countries, based on a multisectoral national approach covering the areas of environment, energy, industry, transport and others. WHO should use its leadership and convening power to call for concerted efforts and advocate taking the health aspect as an entry point to tackle air pollution and climate change. In addition, the Secretariat should endeavour to support countries wishing to build their air pollution monitoring capacities and develop relevant norms and policies. He would welcome the inclusion of the agenda item and a draft resolution at the next session of the Executive Board.

Dr MISHRA (Nepal) said that air pollution was particularly a threat to health in developing nations. It caused respiratory problems and related noncommunicable diseases; raised temperatures, adversely affecting agriculture; changed the characteristics of vectors, contributing to vector-borne diseases; caused glaciers to melt, causing flooding; and spread dust during the summer months. Efforts to combat air pollution needed to be concentrated and coordinated immediately through a multisectoral approach at local, national, regional and global levels.

Mr SEY (Gambia), recalling the debates on environmental waste and pollution at the Second Inter-ministerial Conference on Health and Environment in Africa, organized by WHO and UNEP in 2010, as well as current concerns about the impacts of air pollution on global health, urged the Board to make the health impact of air pollution an agenda item at the next World Health Assembly.

Ms IVANKO (Croatia), observing that air pollution was among the top five causes of the global burden of disease, said that the theme should be high on WHO's agenda and that the health sector should direct other governmental and nongovernmental sectors to address root environmental causes of ill health.

Dr BEJTJA (Albania) suggested that WHO should place its air quality improvement activities within the framework of climate change mitigation measures. Commending the work of the Secretariat in drafting guidelines, indicators and protocols on indoor air pollution, he called for further work to be done on the same lines and for additional evidence to be produced of the benefit of scenarios to curb air pollution.

Ms AXELROD (Russian Federation), drawing attention to the impact of air pollution on the health of people working in industry, said that an essential element of the Russian Federation's policies was to assess and monitor workers' health in relation to the environment. She welcomed the multisectoral approach to air pollution and endorsed the suggestion to include the topic on the agenda of the next session of the Executive Board.

Dr PILLAY (South Africa) supported the inclusion of air pollution on the World Health Assembly's agenda provided it did not become too full, as had been the case in the current year. Indoor and outdoor air pollution was especially a problem among the poor, who used low-quality wood and coal and lived in poor housing conditions. His Government had set targets for both household and ambient air quality but monitoring was a continuous challenge. He supported the call by the Director-General urging countries to hold national consultations in preparation for the discussion at the Health Assembly the following year.

Ms RUIZ VARGAS (Mexico)<sup>1</sup> highlighted the need to strengthen multisectoral approaches to reduce the health impact of air pollution. Although WHO had considered the connection between the environment and health, health impacts had not been central issues in other United Nations international forums. It would be useful to link WHO air pollution activities with those referred to in resolution WHA61.19 on climate change and health.

Ms DUSSEY-CAVASSINI (Switzerland)<sup>1</sup> said that the agenda item provided an opportunity to decompartmentalize disciplines and act on all fronts through a multisectoral approach. She supported WHO's drive to intensify its efforts and encouraged it to work with other United Nations actors to cover more areas connected to health, such as economic, environmental and social dimensions. As a first step, WHO could publish an updated report of the number of premature deaths from chronic illnesses due to air quality in each country. Such a report would reveal the urgency of specific national situations.

Ms LANTERI (Monaco)<sup>1</sup> fully agreed with the statement by the representative of Switzerland, and believed that the report proposed could carry weight in negotiations at upcoming high-level conferences. As the correlation between air pollution and health was now beyond doubt, WHO should

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

take a leading role in drawing the attention of other organizations to the issue and convincing Member States to take national initiatives. Although countries were aware of environmental risks, health issues were often neglected rather than being used as a catalyst for consensus on environmental reform.

Mr BOISNEL (France)<sup>1</sup> pointed out that air pollution caused more deaths than tobacco. Feasible solutions did exist, and there was now a window of opportunity to push collective efforts forward and search for new courses of action at global and regional levels. The recent Health Assembly had made climate change a priority issue, for which there had been considerable agreement and engagement. Similarly, health had a crucial role to play in upcoming conferences, such as the WHO global conference on health and climate in August that year, the United Nations Secretary-General's Climate Summit in September 2014 and the next two sessions of the Conference of the Parties to the United Nations Framework Convention on Climate Change in Lima and Paris. He therefore supported adding air pollution as an item on the agendas of the forthcoming sessions of WHO's governing bodies.

Dr SURIYA WONGKONGKATHEP (Thailand)<sup>1</sup> said that open burning in communities and fields and seasonal forest fires were major causes of transboundary haze pollution in the South-East Asia Region and increased the incidence of acute respiratory diseases. The current system for surveillance of environmental health strategies was inadequate, while the data collection and monitoring system for detecting haze air pollution still had room for improvement. The Secretariat should provide Member States with more support for building capacity, developing multisectoral strategies to reduce the health impacts of air pollution and making the transition to clean technologies and sustainable energy at national and community levels.

Mr AASLAND (Norway),<sup>1</sup> noting that air pollution ranked as a major global health issue, said that the health sector, through WHO, had a key role to play in ensuring that health concerns were fully taken into account in global and national responses. Although endorsing the view expressed at the Sixty-seventh World Health Assembly that the climate change work plan should be updated, he pointed out that air pollution required a separate response to deal with important aspects not covered by the climate agenda. Member States should work closely with the Secretariat to draft a resolution on the issue, with the further steps to be taken being debated in a full discussion based on background information provided by the Secretariat. He strongly supported the inclusion of the item in the agenda of the next session of the Executive Board.

Dr MAKASA (Zambia)<sup>1</sup> said that it was high time that WHO brought the item into focus and considered it with the seriousness that it deserved, as a risk factor for many communicable and noncommunicable diseases. He would appreciate technical input by the Secretariat to produce evidence of the health impacts of air pollution, both by industry and from the domestic use of organic fuels. Member States could then use the information to devise their own multisectoral response.

Mrs DE TROEYER (Medicus Mundi International – International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, said that any strategies to decrease the health impact of air pollution must deal with the causes of inequity between developed and developing countries. Urbanization must be restrained and the practices of transnational corporations must be addressed. However, the political challenges involved in implementing the necessary infrastructure changes had not been considered in the report. Strategies must be developed in collaboration with civil society organizations, especially those from the most affected communities. Open channels for technology transfer and the provision of support for innovation would be critical. She urged WHO to

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

strengthen the engagement of the health sector regarding clean air policy and practice, and to consider the development of binding international instruments to achieve change.

Dr BUSTREO (Assistant Director-General) thanked Member States for their comments, which clearly demonstrated support for discussion of the health impact of air pollution at the next session of the Executive Board. Strong policy coherence would be needed between national policies and those of WHO. Air pollution was a key determinant of health and would be dealt with as an integral component of work addressing the relationship between health, climate change and social, economic and environmental factors, as defined in the leadership priorities of the Twelfth General Programme of Work, 2014–2019. The next report for consideration by the Board would include additional details of the work currently under way.

The Organization was working closely with other United Nations agencies, and data on the health impact of air pollution by country, to be published in 2014, would inform the debate on climate change within the framework of the sessions of the Conference of the Parties to the United Nations Framework Convention on Climate Change. The year 2015 would be critical for ensuring political will and taking preventive action to address the health impact of air pollution.

The DIRECTOR-GENERAL said that the large number of views presented on the linkages between health and the environment during the general discussion in the plenary meetings of the Sixty-seventh World Health Assembly clearly indicated the importance accorded by governments to the subject.

The CHAIRMAN said that, in the absence of any objections, she took it that the Board wished to include the issue of the health impact of air pollution on the provisional agenda of the 136th session of the Executive Board, in January 2015.

**It was so decided.**

## **2. MANAGEMENT AND FINANCIAL MATTERS:** Item 6 of the Agenda

**Evaluation: annual report:** Item 6.1 of the Agenda (Document EB135/5)

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland) welcomed the report but expressed disappointment at the slow progress in implementing the WHO evaluation policy. Occasional evaluation of the Organization by external bodies was not sufficient. It was essential to ensure thorough, regular assessment of all WHO's activities in order to review their effectiveness, learn how they could be improved and demonstrate their importance.

Mr KOLKER (United States of America) said that establishment of the evaluation policy and a culture of evaluation had been an essential part of the WHO reform process. However, the results and recommendations of evaluation exercises must be carefully reviewed, contribute to changes in programme design and implementation, and be shared in a useful and timely manner with regional and, especially, country offices. The methodology for evaluating the impact and sustainability of programmes, projects and functions must be improved. He welcomed plans to evaluate WHO's normative functions and many of its flagship programmes, such as those on multidrug-resistant tuberculosis and malaria, in the Organization-wide evaluation work plan for 2014–2015 and looked forward to the ensuing recommendations. Pointing out that the report of the Internal Auditor had classified the work of some country offices as "unsatisfactory", he hoped that WHO had reviewed its

managerial procedures and accountability framework at global and regional levels to address such shortcomings.

Ms ZHANG Yang (China) expressed concern that only three regions had conducted consultations with the network of planning officers, owing to a lack of funding. The possible deferment to 2016 of evaluations due to be performed in the current biennium could result in incomplete evaluations for 2014. While appreciating the report's clarification of the staffing situation within the Office of Internal Oversight Services, she noted that information on the source of funding for such posts had not been provided.

Mr WEBB (Office of Internal Oversight Services) said that significant progress had been made in 2013 on creating the Global Network on Evaluation. He concurred with the comment that the source of funding for evaluation activities was not fully established, explaining that the Organization-wide evaluation work plan for 2014–2015 had not been completed in time to coincide with the Programme budget 2014–2015. Retrospective alignment of the work plan with the Programme budget would be needed, but the evaluation activities for 2016–2017 would be more closely integrated into the proposed programme budget for the next biennium. The Office of Internal Oversight Services was recruiting additional staff to strengthen the capacity to provide technical support for evaluation.

The DIRECTOR-GENERAL recalled that at its twentieth meeting the Programme, Budget and Administration Committee had engaged in a robust discussion, following which she had discussed with the Committee the limited capacity of the Office of Internal Oversight Services in relation to the size of WHO. Efforts had been made to enhance that capacity within existing budgetary constraints, and additional staff were being recruited. Member States had highlighted the need to enhance audit capacity and accelerate evaluation activities: the Global Network on Evaluation and the Organization-wide evaluation work plan for 2014–2015 provided a framework for action, but additional human resources would be required for their implementation. She hoped to be able to make the necessary resources available.

She reassured members that the Global Policy Group was aware of the shortcomings of some country offices and the need for action. To achieve results, an Organization-wide cultural change was needed: non-compliance must not be tolerated and consequences must be enforced. She was working with the Legal Counsel and the Director of Human Resources Management to take action to improve performance, within the boundaries of current United Nations human resources policies and regulations.

**The Board noted the report.**

**Committees of the Executive Board: filling of vacancies:** Item 6.2 of the Agenda (Documents EB135/6 and EB135/6 Add.1)

**• Programme, Budget and Administration Committee**

The CHAIRMAN said that the Programme, Budget and Administration Committee was composed of 14 members: two from each region, selected from among Board members, plus the Chairman and a Vice-Chairman of the Executive Board, members ex officio. There were seven vacancies to be filled on the Committee.

In the absence of any objections, she took it that the Board wished to approve the proposals contained in paragraph 2 of document EB135/6 Add.1.

**It was so decided.<sup>1</sup>**

**• Standing Committee on Nongovernmental Organizations**

The CHAIRMAN said that there was one vacancy to be filled on the Standing Committee on Nongovernmental Organizations.

In the absence of any objections, she took it that the Board wished to approve the proposal contained in paragraph 3 of document EB135/6 Add.1.

**It was so decided.<sup>2</sup>**

**• Foundation committees**

The CHAIRMAN said that there were two vacancies to be filled on the foundation committees.

In the absence of any objections, she took it that the Board wished to approve the proposals contained in document EB135/6 Add.1.

**It was so decided.<sup>3</sup>**

**• Appointment of representatives of the Executive Board to the Sixty-eighth World Health Assembly**

The CHAIRMAN proposed that the Executive Board be represented by the Chairman and the first three Vice-Chairmen at the Sixty-eighth World Health Assembly. If any of them were not able to attend the Health Assembly, the other Vice-Chairman and/or the Rapporteur could be asked to represent the Board.

In the absence of any objections, she took it that the Board wished to approve that proposal.

**It was so decided.<sup>4</sup>**

**3. STAFFING MATTERS:** Item 7 of the Agenda

**Statement by the representative of the WHO staff associations:** Item 7.1 of the Agenda (Document EB135/INF./1)

Dr ZUBER (representative of the WHO staff associations) said that the WHO staff associations had paid close attention to the discussions at the Sixty-seventh World Health Assembly, particularly those on the human resources annual report, and had been pleased to note that Member States' points of interest were closely aligned with those of the staff associations. Summarizing key issues from the statement contained in document EB135/INF./1, he drew attention to the importance placed by the staff associations on WHO reform, particularly issues related to conditions of service. Staff

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<sup>1</sup> Decision EB135(2).

<sup>2</sup> Decision EB135(3).

<sup>3</sup> Decisions EB135(4) and EB135(5).

<sup>4</sup> Decision EB135(6).

professional development was important for staff in all categories and duty stations and he hoped that, through the creation of attractive career paths, reform would enable talented staff to be retained and promising young people to be attracted to work for the Organization and the wider United Nations system. An effective performance management system must be implemented. Managed mobility would increase cohesion within the Organization but would need to be given careful consideration in view of the complexity of WHO, which required a high level of technical expertise for many functions. With regard to internal justice systems, the staff associations and the Secretariat were aware of the current deficiencies. The staff associations would be supporting a conference organized by ILO in September 2014 to identify good practices. He expressed appreciation for the addition of enhanced administration of justice to the human resources strategy but noted that it should be included and considered separately from the three areas of programmatic, governance and managerial reforms.

Since the beginning of 2014, the Staff Health Insurance Global Oversight Committee had begun examining the difficulties faced by staff and had decided to engage external experts to conduct a comprehensive review. In the meantime, ad hoc mechanisms should be put in place to ensure round-the-clock emergency support, as well as procedures enabling provision of payment guarantees to health care facilities. Conditions of service were also affected by the broader framework of the common United Nations system and, in particular, the current review of the compensation package by the International Civil Service Commission would have a profound impact. Members of the Board could provide a strong voice to advocate the promotion of good practices throughout the United Nations system. He reiterated the staff associations' commitment to continued close collaboration with the Secretariat to modernize and further improve organizational efficiency.

Mr KOLKER (United States of America) commended the Secretariat's tireless efforts during the recent session of the Health Assembly, including its valuable advice and facilitation of work. Welcoming the constructive statement by the representative of the WHO staff associations, he highlighted the importance of a culture of good management and a high-performing workforce, as well as the need to develop a well managed mobility programme.

The DIRECTOR-GENERAL thanked the representative of the WHO staff associations for his constructive statement which had been compiled following consultation with staff at all levels and duty stations. While the meetings of the governing bodies and working groups provided an opportunity for Member States to witness the commitment and dedication of Secretariat staff, in fact that commitment and dedication continued all the time, whether or not such major events were taking place. Work to improve a culture of good management and high performance would continue. With regard to staff mobility, valuable lessons had been learnt from the experiences of the regions, and the comments of the staff associations would continue to be addressed.

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

**Amendments to the Staff Regulations and Staff Rules:** Item 7.2 of the Agenda (Documents EB135/7 and EB135/7 Add.1)

The CHAIRMAN drew attention to the draft resolution contained in document EB135/7 and its financial and administrative implications for the Secretariat in document EB135/7 Add.1. As indicated in its report to the Board (document EB135/2), the Programme, Budget and Administration Committee had recommended the adoption of the draft resolution.

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

**4. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS:** Item 8 of the Agenda (Document EB135/8)

Mr PIPPO (Argentina) said that, with regard to the sixty-fourth report of the Expert Committee on Biological Standardization, technological developments in the field of biological substances used in human medicine had provided a means to treat a wide range of illnesses and could be expected to be able to treat many more in the future. Pharmaceutical regulations and, consequently, the recommendations of the Expert Committee should incorporate the need to ensure access to quality, safe, effective and affordable biotherapeutic products, in line with resolution EB134.R17. The work of the Expert Committee should continue to be transparent and based on solid scientific evidence, free from external influence and biased information.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland), welcoming WHO's continued provision of excellent reference materials, supported the development of reference materials for cancer diagnostics, given that cancer was an extremely complex area requiring considerable resources.

Dr KIENY (Assistant Director-General) looked forward to continuing the work to strengthen WHO's standard-setting mandate, including the development of reference materials in the crucial area of cancer diagnostics.

The CHAIRMAN requested the Secretariat to convey the gratitude of the Board to the experts for their contributions.

**The Board noted the report.**

**5. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:**  
Item 9 of the Agenda (Document EB135/9)

The CHAIRMAN took it that the Board wished to adopt the two draft decisions contained in document EB135/9 concerning the 136th session of the Executive Board and the Sixty-eighth World Health Assembly, as well as the twenty-first and twenty-second meetings of the Programme, Budget and Administration Committee of the Executive Board.

**It was so decided.<sup>2</sup>**

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<sup>1</sup> Resolution EB135.R1.

<sup>2</sup> Decisions EB135(7) and EB135(8).

**6. CLOSURE OF THE SESSION:** Item 10 of the Agenda

After the customary exchange of courtesies, the CHAIRMAN declared the 135th session of the Executive Board closed.

**The meeting rose at 16:20.**

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