



**SIXTY-FIFTH WORLD HEALTH ASSEMBLY
COMMITTEE A**

**A65/A/PSR/6
17 August 2012**

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

**Palais des Nations, Geneva
Thursday, 24 May 2012, scheduled at 14:30**

Chairman: Dr L.Z. DUKPA (Bhutan)

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SIXTH MEETING

Thursday, 24 May 2012, at 14:40

Chairman: Dr L.Z. DUKPA (Bhutan)

WHO REFORM: Item 12 of the Agenda (Documents A65/5, A65/5 Add.1, A65/5 Add.2, A65/5 Add.3, A65/40, A65/43 and A65/INF.DOC./6) (continued)

Mr LEATHER (CMC – Churches’ Action for Health), speaking at the invitation of the CHAIRMAN, urged the World Health Assembly to take a clear decision to ensure that the fundamental right to health was fully integrated into the draft twelfth general programme of work (document A65/5 Add.1). That would enable the Organization to reaffirm its commitment to human rights, meet the requirements of the Constitution and promote a rights-based approach to the Organization’s work, thereby contributing to the prioritization of health in national policy-making and supporting those most excluded from access to health services.

Ms VERZIVOLLI (Consumers International), speaking at the invitation of the CHAIRMAN, said that reform efforts in respect of engagement with stakeholders should focus on improving relations with public-interest nongovernmental organizations. Relations with nongovernmental organizations with commercial interests should perhaps be restricted. Such organizations had been accepted into official relations with WHO in violation of the 1987 Principles Governing Relations between WHO and Nongovernmental Organizations. Their relations with WHO should be guided by the policy for interaction with the private sector alluded to in paragraph 54 of document A65/5. Consultations on the revision of the 1987 principles should build on the key recommendations of the 2002 review report on WHO’s interactions with civil society and nongovernmental organizations¹ and on a thorough assessment of current practices. The proposed review of partnerships hosted by WHO should perhaps cover all partnerships in order to assess whether they enhanced or limited the Organization’s ability to fulfil its constitutional mandate.

Dr KAMAL-YANNI (Oxfam), speaking at the invitation of the CHAIRMAN, noted that the Organization was struggling to deliver on its core functions owing to financial constraints and resulting staff losses. She urged the Health Assembly to approve mechanisms to protect the core functions, including an emergency financial package, for the period through to the next programme budget. It was also important to ensure sufficient funding from the regular budget for activities relating to essential medicines, in view of the potential conflicts of interest in that area. Member States had to work together to bring about a significant increase in the proportion of flexible funding, which was essential in a context of increasing demands and decreasing Member State contributions to the regular budget. Longer-term reforms should build on WHO’s many successes and enable it to strengthen its leadership role in promoting universal and equitable access to quality health services.

Mr KNIGHTS (International Federation of Medical Students’ Associations), speaking at the invitation of the CHAIRMAN, expressed strong support for WHO collaboration with public-interest organizations. However, there was a qualitative difference between the interests of the latter and those

¹ Review report: WHO’s interactions with civil society and nongovernmental organizations. Geneva, World Health Organization, 2002 (WHO/CSI/2002/WP6).

of the private sector, and the Secretariat should devise effective ways of maintaining transparency in partnerships with the private sector, whose assistance should be accepted only if in line with agreed priorities.

A more radical approach was required to overcome the current funding crisis. An organization that derived 80% of its funding from earmarked donations could not set its own agenda objectively on the basis of evidence and global health needs. Member States should consider ways of allowing greater flexibility in their voluntary contributions and should also commit collectively to yearly growth in core funding.

WHO must advocate effective global policies to tackle the economic, social and environmental determinants of health. Some of its greatest successes had emerged from its advocacy and implementation work, and it would be regrettable to see those functions diminished by restricting its remit to a narrow biomedical focus. National and personal interests should be set aside in order to reaffirm WHO's core principles, especially the realization of health for all.

Mr BESANÇON (International Pharmaceutical Federation), speaking at the invitation of the CHAIRMAN, welcomed the reduction in the number of categories for priority setting and programmes, as presented in document A65/40, and stressed the need for systematic programme coordination at a technical level in order to promote a holistic approach. He trusted that the numbering of the categories did not reflect a hierarchy in terms of priority setting and financing.

On the subject of effective engagement with stakeholders, he said that the differentiation of nongovernmental organizations referred to in paragraph 49 of document A65/5 might create more problems than it solved, as only a few of those organizations were potentially likely to introduce bias into WHO's work. The important task of identifying and managing conflicts of interest in the Organization could be facilitated by providing a clear definition of the terms "stakeholder" and "conflict of interest".

The single-page summary of the draft twelfth general programme of work was commendable, but it might be enhanced by clarifying how the Organization would work, making reference, for example, to "transparency", "collaboration" and "broad consultation". "Health technology" should be added to the priorities under category 4 in order to support the illustrative example of WHO's prequalification of medicines, vaccines and diagnostics.

The CHAIRMAN invited the Committee to consider each section of the draft decision contained in document A65/5 Add.3 separately, beginning with "Programmatic reforms".

Dr GULLY (Canada) suggested that, in the interest of expediting decision-making, speakers should confine their comments to clarification of points already raised at the previous meeting.

Mrs ESCOREL DE MORAES (Brazil) said that the draft decision required further discussion, as some of the text remained in square brackets. Her delegation still had concerns to be addressed before it could agree to endorse the report referred to in subparagraph 1(a).

Dr MARTÍNEZ (Paraguay), speaking on behalf of the members of the Union of South American Nations, joined the delegate of Brazil in calling for further discussion of the draft decision. In particular, it needed to be clarified how the views expressed would be reflected in the text.

Ms POLACH (Argentina) endorsed the comments made by the delegates of Brazil and Paraguay.

The DIRECTOR-GENERAL, responding to the comments on programmes and priority setting, noted that there had been many points of convergence, but that some matters required further guidance and decisions by Member States. Once those matters were resolved, the decision points could perhaps then be addressed section by section. On the specific matters of blindness and zoonotic diseases raised by the delegates of Saudi Arabia and Mongolia, respectively, both would be addressed under the draft twelfth general programme of work. There had already been important collaborative work with FAO and OIE on zoonoses.

Several delegates had requested the Secretariat to revisit the priorities presented in the draft strategic overview contained in document A65/5 Add.1, so as to provide more details showing the interlinkages between the draft twelfth general programme of work and the draft proposed programme budget 2014–2015, and clarifying the results chain. In addition, Member States had requested greater emphasis on the ways in which WHO was working with health partners in the United Nations system. Both those requests would be addressed. Opinions had differed on the matter of the categories of work. Some delegates had proposed the inclusion of an additional category to reflect the importance of economic, social and environmental determinants of health and of other fundamental principles, such as equity and human rights. Others had opposed the addition of a category, but had agreed on the importance of those principles and had suggested that, in order to reflect their importance, they should be mainstreamed into the categories agreed during the February 2012 meeting. The delegate of Switzerland had suggested presenting them in a new row in the draft strategic overview as cross-cutting priorities covering all five categories. She sought guidance on the Committee's preference for one or other of those options. Another alternative might be to refer to health determinants and equity in each of the five boxes in the existing "priorities" row.

Mrs ESCOREL DE MORÃES (Brazil) said that the delegations opposing the addition of a new category had done so simply because they did not wish to reopen the discussion on the issue. That was not a good argument. Member States had gathered at the Health Assembly to review, endorse and, if necessary, improve on what had been agreed. The Director-General's suggestion was positive in that it would make the various determinants of health a priority in all categories. However, there would still be a need to establish a special unit to prepare the appropriate studies and to interact with staff working in the various programmatic areas. Creating a new category would be one way to address that need. It might be easier to reach agreement if Member States had a clearer understanding of the rationale for and objectives of the various categories.

Ms POLACH (Argentina) said that she did not see how it could be ensured that social determinants of health would be incorporated in the five categories and therefore favoured the addition of a new category, which would enable WHO to place health higher on the sustainable human development agenda. That, in turn, would help to raise awareness of the role of health determinants and ensure that appropriate work programmes and resources were incorporated into national development plans.

Dr GULLY (Canada) requested clarification as to the implications of creating another category. On the one hand, it might constitute a new category of work leading to a programme and a plan with outputs and outcomes, forming part of the results-based management system. On the other, it might take the shape of a programme for monitoring the plans and outputs of all WHO programmes to ensure that the various determinants of health were at the heart of the Organization's activities.

Dr LIU Peilong (China) suggested treating action on the various determinants of health in the same manner as the core functions of WHO established under the Eleventh General Programme of Work, such that considerations relating to health determinants would be included in each category of work, just as the core functions were reflected in each category.

The DIRECTOR-GENERAL explained that the addition of a new category would not affect organizational structure as the categories did not determine future structure nor future funding allocations. Priorities could be addressed either through a dedicated, stand-alone programme, as in the case of malaria and HIV/AIDS, or through a cross-cutting mechanism, as with gender, human rights and equity. In both cases, work would be overseen by a unit under the responsibility of an Assistant Director-General, but her office would take responsibility for compliance, and monitoring and evaluation. The addition of a category might raise the visibility of the issue, but if the aim was to ensure increased attention to health determinants, they should, in her view, be addressed at the priority level, since financial and human resources would be allocated not to categories but to priorities as articulated in the programme budget. Moreover, she personally would oversee work on mainstreamed priorities.

Dr SUWIT WIBULPOLPRASERT (Thailand), welcoming the Director-General's proposal, suggested that economic, social and environmental determinants, which were the root cause of both communicable and noncommunicable diseases, should be addressed both as priorities under each category and as an additional category.

Dr ST. JOHN (Barbados) noted that the key point in the Director-General's explanation was that resources were to be allocated to priorities. The end results of the work on social determinants of health were more important than the means, and an additional category might not be the best solution.

Ms SHAHNAZ WAZIR (Pakistan) endorsed the Director-General's view on the positioning of the social, economic and environmental determinants of health, as well as equity and human rights, which were fundamental principles that had to cut across all of WHO's work. Welcoming the clarification on the funding of priorities as opposed to categories, she said that the debate should focus on priority setting. In order to measure performance and outcomes in the five categories, it would be essential to consider social determinants of health. They should be mainstreamed and clearly defined as priorities in each category and should be addressed through work programmes and supported through budgets under those categories. She did not support the addition of a sixth category.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) said that priority setting was crucial. It was a complex process in which the principles, values, approaches and functions of WHO, as well as the categories of work and the criteria for priority setting, had to be taken into account. He supported the addition of a sixth category entitled "Health and sustainable development", which should be taken into consideration when setting priorities for funding. It was the priorities established that would ultimately determine the Organization's general programme of work and its activities at the global and regional levels.

Dr KIMANI (Kenya) stressed the need to give greater prominence to the long-neglected environmental determinants of health, which were of particular concern to many developing countries. Targets and indicators should be developed for those determinants, and they should be dealt with either in a new category or in each of the existing categories. Nutrition was another key cross-cutting determinant that should be prioritized, as it affected all population groups, but health workers often failed to accord it sufficient importance.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, reiterated her view, expressed at the previous meeting, that there was no need for a sixth category, given the broad consensus reached on the five categories of work at the February 2012 meeting of Member States on programmes and priority setting. Although reluctant to reopen the debate on the matter, she was willing to consider the Director-General's proposal in order to find a way forward.

Dr LARSEN (Norway) said that it was more important to focus on the criteria for priority setting than the categories, which had already been the subject of extensive debate at the meeting in February. That debate should not be reopened. He was pleased to see the determinants of health included among the principle values and fundamental approaches in the draft strategic overview presented in document A65/5 Add.1, and was confident that they would be suitably prioritized in the Twelfth General Programme of Work and the Programme budget 2014–2015. He did not support the addition of another category and endorsed the approach proposed by the Director-General.

Mr MESBAH (Algeria) said that the five categories should be seen as vertical axes and the social determinants of health, together with equity and gender, as cross-cutting, horizontal axes. It would be useful to consider the advantages and disadvantages of the two options – the creation of a new category or the inclusion of health determinants in each of the five categories – in terms of a single criterion: how they would contribute to the Organization's effectiveness.

Dr MAKUBALO (South Africa) said that all relevant factors contributing to good health needed to be taken into account in the continuing drive for universal coverage and equity. The Director-General had provided a useful indication of a way forward; however, details were often lost in the process of mainstreaming. South Africa had initially preferred the option of a separate category of work for social determinants of health, as it would help to ensure that they remained a focus of attention, and if the Committee decided against that option, it would be important to consider a means of monitoring progress on the elements that would have been included in such a category.

Dr SILBERSCHMIDT (Switzerland) said that his delegation, like that of South Africa, had initially been in favour of a separate category for health determinants and equity. However, it had realized that that might lead to their being neglected in the other categories. They had to be mainstreamed into all WHO's work, which called for a change of mindset throughout the Organization. The delegate of Brazil had rightly drawn attention to the need to establish a unit to remind other units of their responsibilities and to provide them with the tools to measure the results of their work, but it was not necessary to have an additional category of work for that purpose. The question of whether to present health determinants and equity in a new row in the draft strategic overview in document A65/5 Add.1 or under each category on the existing "priorities" row was unimportant. What mattered was to ensure that they formed the basis of all work in all five categories.

Dr AGUILAR (Ecuador), supporting the proposal by the delegate of Brazil, said that his Government and those of many other South American countries considered tackling the determinants of health through intersectoral synergies to be of primary importance in health work. A separate category would provide a means of organizing and focusing work on social determinants. A cross-cutting approach risked diluting the focus.

Dr AMMAR (Lebanon) reiterated his position, expressed at the previous meeting on behalf of the Member States of the Eastern Mediterranean Region, on the importance of considering social determinants of health under all five categories. He endorsed the cross-cutting approach proposed by the Director-General.

Ms TYSON (United Kingdom of Great Britain and Northern Ireland), endorsing the views of the delegates of Cuba, Denmark, Norway, Pakistan, South Africa, Switzerland and others, thanked the Director-General for her clarification of the distinction between the categories of work and the priorities. She supported prioritizing determinants of health under each category while also including them among the Organization's principles and values as shown at the top of the draft strategic overview of the draft twelfth general programme of work.

Dr AL-TAAE (Iraq) agreed with previous speakers that attention to the determinants of health was vital. Supporting the cross-cutting approach set out by the Director-General, he stressed the need for integrated performance indicators within each category in order to ensure that the focus on determinants remained undiluted.

Dr SEAKGOSING (Botswana) endorsed the Director-General's proposal of a cross-cutting approach to social determinants of health. The categories should be left as they stood.

Dr DANKOKO (Senegal), recalling his comment at the previous meeting on the importance of emphasizing social determinants of health in the draft twelfth general programme of work, stressed that none of the priorities set out in document A65/5 Add.1 could be tackled without taking those determinants into account. There was clearly a need for a cross-cutting approach, and he therefore supported the proposal by the Director-General.

Mr MAMACOS (United States of America) said that within the architecture proposed in January, social determinants of health should be treated as a principle underlying all WHO's work. The categories of work were baskets of programmatic activities comprising most of that work. It was unclear what activities would be carried out under a new category on social determinants. The categories already agreed should be respected; continued debate on the matter was hindering progress and was not in the Organization's best interests.

Dr TAKEI (Japan) expressed support for the approach suggested by the Director-General and endorsed her view of the cross-cutting nature of the determinants of health. He further endorsed the view of the delegate of Switzerland that those determinants should be regarded as overarching principles to be taken into account in all five categories of work.

Mr PARDO (Monaco), endorsing the comments by the delegates of Denmark, Norway and Switzerland, expressed appreciation for the clarification provided by the Director-General and supported her proposal. The debate on the list of categories, which had been agreed by consensus at the February meeting of Member States, should not be reopened. The determinants of health were clearly of great importance and should be considered priorities, but should not be placed in a separate category.

Mr URQUIDO VELÁSQUEZ (Colombia) said that without a separate category of work and a clear indication of WHO's mandate with respect to social determinants of health, there was a danger of the issue remaining in the realm of rhetoric and good intentions. The matter was of particular importance to developing countries, where stronger action was needed to enable them to achieve their public health objectives.

Ms MARTHOLM FRIED (Sweden) endorsed the views of the many speakers stressing the importance and cross-cutting nature of the determinants of health. That had been highlighted when those determinants had been included, along with gender equality – a principle dear to her delegation – among the principles, values and fundamental approaches at the top of the draft strategic overview

contained in document A65/5 Add.1. She supported the way forward proposed by the Director-General.

Dr RODRÍGUEZ (El Salvador) expressed support for the creation of a sixth category of work for determinants of health. Given the increased importance attached to them by WHO, and the conclusion drawn by the World Conference on Social Determinants of Health that they were fundamental to the achievement of health priorities, it would not suffice merely to incorporate them into the five previously agreed categories.

Mr KÜMMEL (Germany) said that while the February meeting of Member States on programmes and priority setting had reached a balanced consensus, which should be respected, it was clear that many delegations saw a need to give greater emphasis to social determinants of health in the draft twelfth general programme of work. He supported the approach proposed by the Director-General, which addressed that need while also preserving the earlier consensus.

Dr MARTÍNEZ (Paraguay), welcoming the Director-General's proposal to include health determinants in all five categories of work, enquired whether it might be possible to raise the visibility of such determinants through a mechanism other than a separate category. Such a mechanism should have adequate resources and technical support and should serve as a liaison with other cooperation agencies. Perhaps the Director-General might suggest a way around the impasse at which the Committee found itself.

The DIRECTOR-GENERAL said that the various meetings on WHO reform and the World Conference on Social Determinants of Health (in Rio de Janeiro, Brazil) had shown that all Member States embraced the importance of social determinants of health. The visual presentation of the draft strategic overview in document A65/5 Add.1 had perhaps exaggerated the importance of the five categories. Resources, as mentioned earlier, would be allocated not to the categories but to priorities, and the Secretariat would be accountable for the results achieved with those resources. She now saw how better to reflect the determinants, and equity, social justice, human rights and gender equality in the chart. She assured Member States that she personally would ensure that they were given greater prominence when the draft was revised, and reiterated that she would oversee all mainstreamed priorities.

Dr SUWIT WIBULPOLPRASERT (Thailand) suggested, as a possible compromise, that the words "social determinants of health" could be inserted into the title of category 3 and added to the respective list of priorities. He further suggested that the Committee should accept the Director-General's pledge to take direct responsibility for ensuring a clearer focus on health determinants.

Mrs ESCOREL DE MORÃES (Brazil) said that she could accept the proposal to revise the draft twelfth general programme of work to reflect the cross-cutting nature of not just social but also economic and environmental determinants of health. However, it also needed to reflect their specific characteristics and the potentially positive or negative effect of each determinant on health. Studies had to be conducted with a view to developing appropriate, evidence-based policies, indicators, goals and plans of action to support countries in adopting sound policies that would foster health and prevent disease.

As for the priorities listed under each category, although they had been suggested by the Secretariat on the basis of the criteria for priority setting agreed at the February meeting, they had not been discussed by Member States at that time. It was important to take the time to consider them carefully in order to arrive at the right decision.

The DIRECTOR-GENERAL acknowledged that the priorities had not been discussed at the February meeting of Member States, but pointed out that they had not been picked at random. They had been developed by the six regional directors, herself and the Deputy Director-General on the basis of contributions from across the Organization, taking into account regional and international priorities, as well as national priorities identified through the 145 country cooperation strategies. The list was neither exhaustive nor set in stone. Member States had agreed in February that the priorities should be reflected in the draft proposed programme budget 2014–2015, which would be developed in line with the comments made at the present Health Assembly. Member States would have three further opportunities to discuss priorities: when the draft proposed programme budget was submitted, together with the draft twelfth general programme of work, to the six regional committees in September and October 2012; during the 132nd session of the Executive Board; and at the Sixty-sixth World Health Assembly. Clearly, more work was required to give greater prominence to social determinants of health. One possible option might be to amend the title of category 3, as suggested by the delegate of Thailand, to read “Promoting health through the life-course and social determinants”. She sought guidance from Member States as to how they wished to proceed.

Dr GULLY (Canada) said that health determinants, together with sustainable development, were fundamental to all five categories. He urged the Secretariat to revise the draft programme of work in such a way as to ensure that they were given due attention in all areas of work.

Mr URQUIDO VELÁSQUEZ (Colombia) endorsed the proposal to include health determinants in the title of category 3, which might provide a way of reaching consensus, and suggested amending it to read “Promoting health and action on the determinants of health”.

Professor N'DRI-YOMAN (Côte d'Ivoire), speaking in her capacity as President of the World Health Assembly, recalled that, in plenary, the Health Assembly had stressed priorities and the need for programming and funding to support them. Accordingly, she suggested that health determinants should, as a first step, be included as a priority under one of the categories, preferably category 3, which covered health promotion, as it was through health promotion that the determinants of health would be addressed. The question of whether they needed to be placed in a separate category could be dealt with at a later stage, and the Committee could move on to consider other aspects of reform.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, endorsed the comments made by the delegate of Canada and reiterated her support for the cross-cutting approach proposed by the Director-General.

The CHAIRMAN invited the Committee to provide the guidance requested by the Director-General.

Dr SILBERSCHMIDT (Switzerland) said that the Committee should endorse the Chairman's report on the meeting of Member States held in February 2012 (document A65/40), as provided in subparagraph 1(a) of the draft decision. In order to highlight the importance that Member States clearly attached to determinants of health and to equity, subparagraph 1(b) might be amended to read: “... guidance provided by the Sixty-fifth World Health Assembly, especially concerning health determinants and equity ...”. The Secretariat could then revise the draft twelfth general programme of work, perhaps reworking the draft strategic overview so as to place less emphasis on the categories, and present a proposal for discussion during the upcoming regional committee sessions and the next session of the Executive Board. Member States could then judge whether the revised draft met their needs.

Dr DAHL-REGIS (Bahamas) endorsed the proposal put forward by the delegate of Switzerland.

Mrs ESCOREL DE MORÃES (Brazil), responding to a question from Dr LARSEN (Norway), said that her delegation remained concerned at the lack of any details on concrete activities by the Organization on determinants of health and sustainable development. Supporting the proposals to include determinants of health as a cross-cutting category and in the title of category 3, she suggested amending the latter to read: “Health promotion and social determinants”. Further to a query by the DIRECTOR-GENERAL regarding whether reference to the life-course should be retained, she said that the exact wording did not matter as long as health determinants were included in the title.

Ms LANTERI (Monaco) noted that the prevailing view was that the Director-General should carry out further work on the draft programme of work, taking into account all of the determinants of health as a cross-cutting priority, as suggested by the delegate of Switzerland. The categories should not be reopened for discussion, and the Committee should move on to other areas of WHO reform.

Dr LARSEN (Norway) said that, while there was clearly consensus on the importance of social determinants of health, there did not appear to be agreement to reopen discussion on the categories.

Mr MESBAH (Algeria) said that it would not be appropriate to include health determinants only under category 3 and reiterated his previous suggestion that the advantages and disadvantages of creating a new category or, alternatively, including health determinants in all categories should be examined in the light of how they might contribute to the Organization’s effectiveness.

Dr GULLY (Canada) said that he supported the amendment proposed by the delegate of Switzerland and looked forward to seeing a revised draft programme of work and a proposed programme budget that would reflect Member States’ concerns in respect of social determinants of health and would ensure, through the programme budget, that they were included in the activities of all WHO programmes.

Dr RODRÍGUEZ (El Salvador) suggested that a compromise approach encompassing the various options under consideration might be to put health determinants in a cross-cutting category placed across the top of the other five categories of work.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, endorsed the proposed amendment to subparagraph 1(b).

Ms PATTERSON (Australia) said that the text as amended would allow Member States to influence not only the general programme of work but also the programme budget, the means by which the determinants of health would actually be addressed. She therefore supported the proposed amendment.

Mrs ESCOREL DE MORÃES (Brazil), expressing support for the amendment proposed by the delegate of Switzerland, said that further work was required to improve the report of the Chairman of the meeting of Member States on programmes and priority setting; she would therefore suggest that the word “endorse” be replaced with “welcome” at the beginning of subparagraph 1(a).

Dr SILBERSCHMIDT (Switzerland) stressed that the Director-General would require clear and unambiguous guidance in order to produce a revised version of the draft Twelfth General Programme of Work and the Proposed programme budget. In view of the need to adopt a budget at the next Health Assembly, every effort should be made to avoid major differences of opinion. He noted that, while it was agreed that much stronger emphasis should be placed on health determinants and equity, most delegations appeared to want the categories to remain unchanged.

Dr ST. JOHN (Barbados) observed that the proposed amendment to subparagraph 1(b), which she fully supported, carried more weight than the proposed amendment to subparagraph 1(a), as it covered the substantive matter of how work was prioritized and resourced.

Dr SUWIT WIBULPOLPRASERT (Thailand) endorsed the amendment to subparagraph 1(b) and requested clarification of whether the proposal to rename category 3 had been accepted.

The CHAIRMAN said that there was no clear consensus on changing the title of category 3. The majority of delegations appeared to support the cross-cutting approach suggested by the Director-General.

Mrs ESCOREL DE MORÃES (Brazil), asked whether her proposed amendment to subparagraph 1(a) had been accepted and reiterated her view that the report by the Chairman of the meeting of Member States presented some good work but could do with improvement.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, said that the report was comprehensive and fruitful and should be endorsed. She requested clarification from the Secretariat as to whether the amendment proposed by the delegate of Brazil would imply that the discussion might be reopened.

Mr MAMACOS (United States of America) endorsed the amendment proposed by the delegate of Switzerland to subparagraph 1(b) of the draft decision and welcomed the amendment proposed by the delegate of Brazil to subparagraph 1(a).

Mr SEN (Turkey) welcomed the proposed amendments to subparagraphs 1(a) and 1(b) of the draft decision. In view of the Director-General's pledge to give due consideration to determinants of health in revising the draft general programme of work, the discussion could now be brought to a close.

The DIRECTOR-GENERAL, welcoming the comment of the previous speaker, said that the proposed amendment to subparagraph 1(b) of the draft decision would assist the Secretariat in ensuring that the revised version of the draft twelfth general programme of work captured the strong feelings expressed about determinants of health, gender equality, human rights and equity.

Dr DAYRIT (Secretary), in response to a request by the CHAIRMAN, read out paragraph 1 of the draft decision, with the amendments proposed by the delegates of Brazil and Switzerland: "(a) to welcome the Chairman's report on the meeting of Member States on programmes and priority setting and the criteria, categories and timeline set out in its three appendices;¹ (b) to request the Director-

¹ See document A65/40.

General to use the agreed framework¹ and guidance provided by the Sixty-fifth World Health Assembly, especially concerning health determinants and equity, in the formulation of the draft twelfth general programme of work and the proposed programme budget 2014–2015”.

Dr LARSEN (Norway) recalled that his delegation had proposed during the previous meeting to replace the word “framework” in subparagraph 1(b) with “criteria and categories”. As he had heard no support for that proposal, his delegation would withdraw it.

Mr TOBAR (Argentina), referring to paragraph 3 of the draft decision, expressed his delegation’s preference for the option set out in subparagraph 3(d). He also proposed that the word “draft” should be inserted before “paper” in subparagraph 8(a).

The CHAIRMAN said that the Committee would continue its discussion of the draft decision at its next meeting.

The meeting rose at 17:00

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¹ See document A65/5 Add.2.