



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

125TH SESSION

GENEVA, 23 MAY 2009

RESOLUTION AND DECISIONS

SUMMARY RECORDS

GENEVA

2009



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

125TH SESSION

GENEVA, 23 MAY 2009

RESOLUTION AND DECISIONS

SUMMARY RECORDS

GENEVA

2009

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	– <i>Office International des Epizooties</i>
ASEAN	– Association of Southeast Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination (formerly ACC)	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
		WMO	– World Meteorological Organization
		WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 125th session of the Executive Board was held at the Palais des Nations, Geneva, on 23 May 2009.

The Sixty-second World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board in place of those whose term of office had expired,¹ giving the following new composition of the Board:

Designating country	Unexpired term of office ²	Designating country	Unexpired term of office ²
Bahamas	1 year	New Zealand.....	1 year
Bangladesh	2 years	Niger	2 years
Brazil	2 years	Oman	2 years
Brunei Darussalam	3 years	Paraguay	1 year
Burundi.....	3 years	Peru.....	1 year
Canada.....	3 years	Republic of Korea.....	1 year
Chile	3 years	Republic of Moldova.....	1 year
Estonia.....	3 years	Russian Federation	2 years
France.....	3 years	Samoa	2 years
Germany	3 years	Sao Tome and Principe.....	1 year
Hungary.....	2 years	Serbia.....	3 years
India.....	3 years	Somalia	3 years
Indonesia	1 year	Syrian Arab Republic	3 years
Japan.....	3 years	Tunisia	1 year
Malawi.....	1 year	Uganda.....	2 years
Mauritania	2 years	United Arab Emirates	1 year
Mauritius	2 years	United Kingdom of Great Britain and Northern Ireland	1 year

Details regarding members designated by the above Member States will be found in the list of members and other participants.

¹ By decision WHA62(7). The retiring members were those designated by Afghanistan, China, Denmark, Djibouti, El Salvador, Latvia, Mali, Singapore, Slovenia, Sri Lanka, Turkey, and United States of America.

² At the time of the closure of the Sixty-second World Health Assembly.

CONTENTS

	Page
Preface.....	iii
Agenda	vii
List of documents.....	ix

PART 1

RESOLUTION AND DECISIONS

Resolution

EB125.R1	Independent Expert Oversight Advisory Committee	3
----------	---	---

Decisions

EB125(1)	Membership of the Programme, Budget and Administration Committee of the Executive Board	6
EB125(2)	Membership of the Executive Board's Standing Committee on Nongovernmental Organizations.....	6
EB125(3)	Membership of the Léon Bernard Foundation Committee.....	6
EB125(4)	Appointment of representatives of the Executive Board at the Sixty-third World Health Assembly	7
EB125(5)	Date, place and duration of the 126th session of the Executive Board	7
EB125(6)	Place, date and duration of the Sixty-third World Health Assembly	7

PART II

SUMMARY RECORDS

List of members and other participants.....	11
Committees and working groups.....	31

First meeting

1.	Opening of the session and adoption of the agenda	33
2.	Election of the Chairman, Vice-Chairmen and Rapporteur	35
3.	Outcome of the Sixty-second World Health Assembly	36
4.	Report of the Programme, Budget and Administration Committee of the Executive Board	37
5.	Technical and health matters	
	Global elimination of measles.....	38
	Availability, safety and quality of blood products	42
	Guidance on the WHO review of psychoactive substances for international control	49

Second meeting

1.	Technical and health matters (continued)	
	Birth defects	51
2.	Management and financial matters	
	Independent expert oversight advisory committee	56
	Committees of the Executive Board: filling of vacancies.....	56
	Representatives of the Executive Board at the Sixty-third World Health Assembly..	57
	Future sessions of the Executive Board and the Health Assembly	57
3.	Staffing matters	
	Statement by the representative of the WHO staff associations	59
4.	Matters for information	
	Report on meetings of expert committees and study groups	60
5.	Closure of the session.....	60

AGENDA¹

1. Opening of the session and adoption of the agenda
2. Election of Chairman, Vice-Chairmen and Rapporteur
3. Outcome of the Sixty-second World Health Assembly
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. Technical and health matters
 - 5.1 Global elimination of measles
 - 5.2 Availability, safety and quality of blood products
 - 5.3 Guidance on the WHO review of psychoactive substances for international control: proposed revision
 - 5.4 Birth defects
6. Management and financial matters
 - 6.1 Independent expert oversight advisory committee
 - 6.2 Committees of the Executive Board: filling of vacancies
 - 6.3 Future sessions of the Executive Board and the Health Assembly
 - 6.4 [deleted]
7. Staffing matters
 - 7.1 Statement by the representative of the WHO staff associations
 - 7.2 [deleted]

¹ As adopted by the Board at its first meeting.

8. Matters for information

Report on meetings of expert committees and study groups

9. Closure of the session

LIST OF DOCUMENTS

EB125/1	Provisional agenda ¹
EB125/1 (annotated)	Provisional agenda (annotated)
EB125/2	Outcome of the Sixty-second World Health Assembly
EB125/3	Report of the Programme, Budget and Administration Committee of the Executive Board
EB125/4	Global elimination of measles
EB125/5	Availability, safety and quality of blood products
EB125/6	Guidance on the WHO review of psychoactive substances for international control: proposed revision
EB125/7	Birth defects
EB125/8 and EB125/8 Add.1	Committees of the Executive Board: filling of vacancies
EB125/9	Future sessions of the Executive Board and the Health Assembly
EB125/10	Expert committees and study groups
EB125/11	Independent expert oversight advisory committee
Information document	
EB125/INF.DOC./1	Statement by the representative of the WHO staff associations
Diverse	
EB125/DIV/1	Provisional list of members and other participants
EB125/DIV/2	Preliminary daily timetable
EB125/DIV/3	Decisions and list of resolutions

¹ See page vii for agenda adopted by the Board.

PART I

RESOLUTION AND DECISIONS

RESOLUTION

EB125.R1 Independent Expert Oversight Advisory Committee

The Executive Board,

Having discussed the modalities for the establishment of an independent expert oversight advisory committee in the light of the views expressed by the Programme, Budget and Administration Committee of the Executive Board,¹

1. DECIDES to establish an Independent Expert Oversight Advisory Committee reporting to the Programme, Budget and Administration Committee of the Executive Board and APPROVES its terms of reference as annexed;
2. DECIDES that the initial membership of the Independent Expert Oversight Advisory Committee will be appointed by the Executive Board at its 126th session in January 2010;
3. REQUESTS the Director-General to propose candidates for membership of the Independent Expert Oversight Advisory Committee to the Executive Board at its 126th session, as provided for in the terms of reference of the Committee.

ANNEX

TERMS OF REFERENCE

PURPOSE OF THE COMMITTEE

1. As an independent advisory committee established by the Executive Board of WHO, and reporting to the Programme, Budget and Administration Committee, the purpose of the Independent Expert Oversight Advisory Committee is to advise the Programme, Budget and Administration Committee, and, through it, the Executive Board, in fulfilling their oversight advisory responsibility and, upon request, to advise the Director-General on issues within its mandate.

¹ See documents EB124/3, EB125/3 and EB125/11.

FUNCTIONS

2. The functions of the Committee shall be:

- (a) to review the financial statements of WHO and significant financial reporting policy issues, including advice on the operational implications of the issues and trends apparent;
- (b) to advise on the adequacy of the Organization's internal controls and risk management systems, and to review management's risk assessment in the Organization and the comprehensiveness of its ongoing risk management processes;
- (c) to exchange information with, and review the effectiveness of, the Organization's internal and external audit functions, as well as to monitor the timely, effective and appropriate implementation of all audit findings and recommendations;
- (d) to advise on the appropriateness and effectiveness of accounting policies and disclosure practices and to assess changes and risks in those policies;
- (e) to provide, upon request, advice to the Director-General on the matters under points (a) to (d) above;
- (f) to prepare an annual report on its activities, conclusions, recommendations and, where necessary, interim reports, for submission to the Programme, Budget and Administration Committee by the Chairman of the Independent Expert Oversight Advisory Committee.

COMPOSITION

3. The composition of the Committee and the qualifications of its members shall be as follows:

- (a) The Committee shall comprise five members of integrity and objectivity and who have proven experience in senior positions in the areas covered by these terms of reference.
- (b) Following consultations with Member States, the Director-General shall propose to the Executive Board candidates for membership of the Committee. Members of the Committee shall be appointed by the Executive Board. No two members shall be nationals of the same State.
- (c) Members shall provide their services free.
- (d) Members must be independent. They shall serve in their personal capacity and cannot be represented by an alternate attendee. They shall neither seek nor accept instructions in regard to their performance on the Committee from any government or other authority external to or within WHO. All members will be required to sign a declaration of interest and a confidentiality agreement in accordance with WHO practice in this respect.
- (e) Members shall collectively possess relevant professional financial, managerial and organizational qualifications and recent senior-level experience in accounting, auditing, risk management, internal controls, financial reporting, and other relevant and administrative matters.

- (f) Members shall have an understanding of and, if possible, relevant experience in the inspection, investigative processes, monitoring and evaluation.
- (g) Members should have or acquire rapidly a good understanding of WHO's objectives, governance structure and accountability, the relevant regulations and rules, and its organizational culture and control environment.
- (h) Committee membership should have a balanced representation of public and private-sector experience.
- (i) At least one member shall be selected on the basis of his or her qualifications and experience as a senior oversight professional or senior financial manager in the United Nations system or in another international organization.
- (j) In the selection process, due regard shall be given to geographical representation and gender balance. In order to retain the most equitable geographical representation, membership should be rotated among the WHO regions to the extent possible.

TERM OF OFFICE

4. The term of office shall be four years, non-renewable, except that the term of office for two of the initial members shall be two years, renewable once only for four years. The Chairman of the Committee shall be selected by its members. He or she shall serve in this capacity for a term of two years.

ADMINISTRATIVE ARRANGEMENTS

5. The following arrangements shall apply:
- (a) Members of the Committee not resident in the Canton of Geneva or neighbouring France shall be entitled to the reimbursement of travel expenses in accordance with WHO procedures applying to members of the Executive Board.
 - (b) The Committee shall meet at least twice per year.
 - (c) The quorum for meetings of the Committee shall be three members.
 - (d) Except as provided for in its terms of reference, the Committee shall, *mutatis mutandis*, be guided by the rules of procedure of the Executive Board concerning the conduct of business and the adoption of decisions. The Committee may propose amendments to its terms of reference for consideration by the Executive Board, through the Programme, Budget and Administration Committee.
 - (e) The Committee may decide at any time to obtain independent counsel or outside expertise if necessary and shall have full access to all WHO files and archives, which shall be treated on a confidential basis.
 - (f) The WHO Secretariat will provide secretariat support to the Committee.

(Second meeting, 23 May 2009)

DECISIONS

EB125(1) Membership of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board appointed as members of the Programme, Budget and Administration Committee Dr P.M. Buss (Brazil), Mr D. Houssin (France), Mr N. Dayal (India), Dr S. Omi (Japan), Mr T. Ryall (New Zealand), Dr A. Djibo (Niger) and Dr A.J. Mohamed (Oman) for a two-year period or until expiry of their membership on the Board, whichever comes first, in addition to Dr M. Dahl-Regis (Bahamas), Professor A.F.M.R. Haque (Bangladesh), Dr M. Kőkény (Hungary), Dr K. Kamoto (Malawi), Dr A.A. Bin Shakar (United Arab Emirates), and Dr S. Zaramba (Uganda), Chairman of the Board, and Professor Sohn Myongsei (Republic of Korea), Vice-Chairman of the Board, members ex officio. It was understood that, if any member of the Committee, except the two ex officio members, was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.

(Second meeting, 23 May 2009)

EB125(2) Membership of the Executive Board's Standing Committee on Nongovernmental Organizations

The Executive Board appointed Professor A.F.M.R. Haque (Bangladesh) and Mrs G.A. Gidlow (Samoa) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board, in addition to Dr A.J. Mohamed (Oman), Mr C. Vallejos (Peru), Dr J.M. de Carvalho (Sao Tome and Principe), already members of the Committee. It was understood that if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.

(Second meeting, 23 May 2009)

EB125(3) Membership of the Léon Bernard Foundation Committee

The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Dr I. Ababii (Republic of Moldova) as a member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that if Dr Ababii was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.

(Second meeting, 23 May 2009)

EB125(4) Appointment of representatives of the Executive Board at the Sixty-third World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Dr S. Zaramba (Uganda), and its first three Vice-Chairmen, Dr S.F. Supari (Indonesia), Dr E. Giménez (Paraguay) and Professor Sohn Myongsei (Republic of Korea) to represent the Executive Board at the Sixty-third World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr A.J. Mohamed (Oman) and the Rapporteur, Professor T. Milosavljević (Serbia), could be asked to represent the Board.

(Second meeting, 23 May 2009)

EB125(5) Date, place and duration of the 126th session of the Executive Board

The Executive Board decided that its 126th session should be convened on Monday, 18 January 2010, at WHO headquarters, Geneva, and should close no later than Saturday, 23 January 2010. The Board further decided that the eleventh meeting of the Programme, Budget and Administration Committee of the Executive Board should be held on 14 and 15 January 2010, at WHO headquarters.

(Second meeting, 23 May 2009)

EB125(6) Place, date and duration of the Sixty-third World Health Assembly

The Executive Board decided that the Sixty-third World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 17 May 2010, and that it should close no later than Saturday, 22 May 2010. The Board further decided that the twelfth meeting of the Programme, Budget and Administration Committee of the Executive Board should be held on Friday, 14 May 2010, at WHO headquarters, Geneva.

(Second meeting, 23 May 2009)

PART II

SUMMARY RECORDS

LIST OF MEMBERS AND OTHER PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

UGANDA

Dr S. ZARAMBA, Director-General, Health Services, Ministry of Health, Entebbe (**Chairman**)

Alternates

Dr N. KENYA-MUGISHA, Director, Health Services (Community), Entebbe

Mr O.J. EDULE, Chargé d'affaires a.i., Permanent Mission, Geneva

Mr J. KATEERA, First Secretary, Permanent Mission, Geneva

Adviser

Dr F. AGABA, Principal Medical Officer, Ministry of Health, Entebbe

BAHAMAS

Dr M. DAHL-REGIS, Chief Medical Officer, Ministry of Health, Nassau New Providence

BANGLADESH

Professor A.F.M.R. HAQUE, Minister of Health and Family Welfare, Dhaka

Alternates

Dr S.M. ALI, Adviser to the Prime Minister, Dhaka

Mr S.A. ALI, Secretary, Ministry of Health and Family Welfare

Advisers

Dr S.M. HOSSAIN, Director-General, Directorate of Health Services, Ministry of Health and Family Welfare

Mr F.M. KAZI, First Secretary, Permanent Mission, Geneva

BRAZIL

Dr P.M. BUSS, Director, Oswaldo Cruz Foundation

Alternates

Ms M.N. FARANI AZEVÊDO, Ambassador, Permanent Representative, Geneva

Mr A.G. LOPES PAROLA, Minister Counsellor, Permanent Mission, Geneva

Mr M. FARIAS LOBATO, Official, Division of Social Issues, Ministry of Foreign Affairs, Brasília

Advisers

Mr S.J. DE ALBUQUERQUE E SILVA, Minister, Head of Division of Social Issues, Ministry of Foreign Affairs, Brasília

Mr L.L. VIEGAS, Head of Division, Multilateral Affairs, Ministry of Health, Brasília

Mr R. ESTRELA, First Secretary, Permanent Mission, Geneva

BRUNEI DARUSSALAM

Mr P.D.S. OSMAN, Minister of Health, Bandar Seri Begawan

Alternate

Mr J. ERIH, Permanent Representative, Geneva

Advisers

Mr D.S. MOMIN, Permanent Secretary, Ministry of Health, Bandar Seri Begawan

Dr R. SAID, Director-General, Health Services, Ministry of Health, Bandar Seri Begawan

Dr M. MOHSIN, Acting Director, Health Services, Ministry of Health, Bandar Seri Begawan

Dr Z.A. YAHYA, Senior Special Duties Officer, Ministry of Health, Bandar Seri Begawan

Dr A. RAHMAN, Acting Assistant Director of Environmental Health Services, Ministry of Health, Bandar Seri Begawan

Ms A. MORNI, Second Secretary, Permanent Mission, Geneva

Ms A. JAMAIN, Administrative Officer Trainee, Ministry of Health, Bandar Seri Begawan

CANADA

Dr K. DODDS, Assistant Deputy Minister, Health Policy Branch, Health Canada, Ottawa

Advisers

Ms J. BILLINGS, Senior Assistant Deputy Minister, Public Health Agency, Ottawa

Ms B. EPHREM, Director General, International Affairs Directorate, Health Canada, Ottawa

Ms G. WISEMAN, Director, International Health Division, International Affairs Directorate, Health Canada, Ottawa

Ms S. BLACK, Senior Policy Analyst, International Affairs Directorate, Health Canada, Ottawa

Mr L. JONES, Senior Policy Analyst, International Affairs Directorate, Health Canada, Ottawa

Mr G. ASLANYAN, Principal Adviser, Manager, International Public Health Division, Public Health Agency of Canada, Ottawa

Ms J. AUGER, Senior Policy Analyst, International Public Health Division, Public Health Agency of Canada, Ottawa

Mr P. OLDHAM, Senior Counsellor, Permanent Mission, Geneva

Mr P. BLAIS, Senior Counsellor, Permanent Mission, Geneva

CHILE

Dr F. MUÑOZ, Ambassador, Permanent Representative, Geneva

ESTONIA

Dr M. JESSE, Director of the National Institute for Health Development, Tallinn

Alternate

Dr U.-K. NURM, Head, Public Health Department, Ministry of Social Affairs, Tallinn

Adviser

Ms K. SIBUL, Third Secretary, Permanent Mission, Geneva

FRANCE

Professeur D. HOUSSIN, Directeur général de la Santé, Ministère de la Santé et des Sports, Paris

Alternate

Mme B. ARTHUR, Chef, Bureau international Santé et Protection sociale, Délégation aux Affaires européennes et internationales, Ministère de la Santé et des Sports, Paris

Advisers

M. J.-B. MATTEI, Ambassadeur, Représentant permanent, Genève

M. C. GUILHOU, Représentant permanent adjoint, Genève

Mme A. LECLERC, Déléguée aux Affaires européennes et internationales, Direction générale de la Santé, Ministère de la Santé et des Sports, Paris

Mme E. JEAN, Chef, Cellule des Affaires européennes, Direction générale de la Santé, Ministère de la Santé et des Sports, Paris

M. T. DELAROCQUE, Bureau international Santé et Protection sociale, Délégation aux Affaires européennes et internationales, Ministère de la Santé et des Sports, Paris

Mme G. BONNIN, Bureau international Santé et Protection sociale, Délégation aux Affaires européennes et internationales, Ministère de la Santé et des Sports, Paris

Mme N. TOLSTOÏ, Direction générale de la Mondialisation, du Développement et des Partenariats, Ministère des Affaires étrangères et européennes, Paris

M. F. POINSOT, Conseiller Santé, Mission permanente, Genève

Mlle E. TEXIER, Attachée Santé, Mission permanente, Genève

M. G. ANGLES, Attaché Santé, Mission permanente, Genève

GERMANY

Dr E. SEEBA, Director-General, Federal Ministry of Health, Berlin

Advisers

Dr R. SCHWEPPE, Ambassador, Permanent Representative, Geneva

Mrs D. REITENBACH, Head of Division, Federal Ministry of Health, Berlin

Mr T. IFLAND, Adviser, Federal Ministry of Health, Berlin

Professor R. SEITZ, Director-General, Division of Haematology and Transfusion Medicine, Paul-Ehrlich-Institute, Berlin

Mrs J. HEYDEMANN, Permanent Mission, Geneva

Mrs U. HANNAN, Adviser, Federal Ministry of Health, Berlin

Mr A. MIR, Adviser, Permanent Mission, Geneva

Mr H. VOIGTLÄNDER, Former Director of the Federal Ministry of Health, Berlin

HUNGARY

Dr M. KÖKÉNY, Member of Parliament, President, Health Committee of the National Assembly, Budapest

Alternate

Mr A. MÉSZÁROS, Deputy Head, Department of International and European Affairs, Ministry of Health, Budapest

Advisers

Mr L. SZÉKELY, Deputy Permanent Representative, Geneva

Ms N. KONDOROSI, Counsellor, Department of International and European Affairs, Ministry of Health, Budapest

Dr A. KOVÁCS, Deputy Chief Medical Officer, National Public Health Service, Budapest

Mrs A. SEREGDY, Head of International Department, National Public Health Service,
Budapest

Mr G. SOMOGYI, Third Secretary, Permanent Mission, Geneva

INDIA

Mr N. DAYAL, Secretary, Health and Family Welfare, New Delhi

Alternates

Mr A. GOPINATHAN, Ambassador, Permanent Representative, Geneva

Mr V. CHAUDHRY, Joint Secretary, Minister of Health and Family Welfare, New Delhi

Advisers

Mr P. SATPATHY, Minister, Permanent Mission, Geneva

Dr S. CHAUHAN, Director, International Health, Ministry of Health and Family Welfare,
New Delhi

INDONESIA

Dr S.F. SUPARI, Minister of Health, Jakarta (**Vice-Chairman**)

Alternate

Professor T.Y. ADITAMA, Director-General, Communicable Disease Control and
Environmental Health, Ministry of Health, Jakarta

Advisers

Mr D.T. DJANI, Ambassador, Permanent Representative, Geneva

Professor A. PURWADIANTO, Chief, National Institute Health Research and Development
Board, Ministry of Health, Jakarta

Mr I.G.A.W. PUJA, Ambassador, Deputy Permanent Representative, Geneva

Mr A. SOMANTRI, First Secretary, Permanent Mission, Geneva

Mr U.S. SUTARJO, Chief, Center of Health Development Analysis, Ministry of Health, Jakarta

Dr B. SARDJONO, Director, Community Health Care, Ministry of Health, Jakarta

Mr D. ISWARDY, Chief, International Cooperation Division, Bureau of Planning and
Budgeting, Ministry of Health, Jakarta

Mr I. MOURBAS, Chief, Short-term Health Development Analysis Division, Center of Health
Development Analysis, Ministry of Health, Jakarta

Dr M. WIBISONO, Expert of Foreign Policy on Global Health, Ministry of Foreign Affairs,
Jakarta

Dr N.K. NARYATIE, Directorate of Social Culture and Non Governmental Organization,
Ministry of Foreign Affairs, Jakarta

Dr R. KUSRIASTUTI, Director, Vector Borne Disease Control, Communicable Disease
Control and Environmental Health, Ministry of Health, Jakarta

Dr A. ISMAINI, International Cooperation Division, Bureau of Planning and Budgeting,
Ministry of Health, Jakarta

JAPAN

Dr S. OMI

Alternate

Dr H. INOUE, Director, International Cooperation Office, Minister's Secretariat, Ministry of
Health, Labour and Welfare, Tokyo

Advisers

Mr A. ISOMATA, Minister, Permanent Mission, Geneva

Mr O. YAMANAKA, Counsellor, Permanent Mission, Geneva

Dr K. YAMAMOTO, Deputy Director, International Affairs Division, Minister's Secretariat,
Ministry of Health, Labour and Welfare, Tokyo

Ms M. TOYOTA-IMAMURA, First Secretary, Permanent Mission, Geneva

Dr T. SHIMIZU, Deputy Director, International Affairs Division, Minister's Secretariat,
Ministry of Health, Labour and Welfare, Tokyo

Mr Y. OTAKE, Deputy Director, Counsellor's Office of Health and Welfare, Director-General
for Policy Planning and Evaluation, Ministry of Health, Labour and Welfare, Tokyo

Ms S. HARADA, Official, International Affairs Division, Minister's Secretariat, Ministry of
Health, Labour and Welfare, Tokyo

MALAWI

Dr KAMOTO, Head, HIV/AIDS Unit, Ministry of Health, Lilongwe

MAURITANIA

Dr M.A. OULD SIYAM, Ministre de la Santé, Nouakchott

MAURITIUS

Dr N. GOPEE, Director-General, Health Services, Ministry of Health and Quality of Life, Port-Louis

NEW ZEALAND

Dr A. BLOOMFIELD, Chief Adviser Public Health, Ministry of Health, **(alternate to Mr T. Ryall)**

Advisers

Ms L. CASSELLS, Second Secretary, Permanent Mission, Geneva

Mrs W. HINTON, Deputy Permanent Representative, Geneva

NIGER

Dr A. DJIBO, Directeur général de la Santé publique, Ministère de la Santé publique, Niamey

Advisers

M. A. ILLO, Ambassadeur, Représentant permanent, Genève

M. R. ISSAKA MOUSSA, Conseiller, Mission permanente, Genève

OMAN

Dr A.J. MOHAMED, Adviser, Health Affairs, Ministry of Health, Muscat **(Vice-Chairman)**

PARAGUAY

Dr E. GIMÉNEZ, Viceministro de Salud, Ministerio de Salud Pública y Bienestar Social, Asunción
(alternate to the Executive Board member) (Vice-Chairman)

Alternate

Sr. R. GAUTO, Embajador, Misión Permanente, Ginebra

Advisers

Sr. E. GARCIA DE ZUÑIGA, Director General de Relaciones Internacionales, Ministerio de Salud Pública y Bienestar Social

Dra. G. GAMARRA, Directora General de Información Estratégica en Salud, Ministerio de Salud Pública y Bienestar Social, Asunción

Sra. M. MORENO, Ministra, Misión Permanente, Ginebra

PERU

Dr. C. VALLEJOS, Director, Instituto Nacional de Enfermedades Neoplásicas, Lima

Advisers

Sr. C. CHOCANO BURGA, Ministro Consejero, Misión Permanente, Ginebra

Sr. C. SIBILLE RIVERA, Segundo Secretario, Misión Permanente, Ginebra

Srta. N.M. WILLIAMS, Misión Permanente, Ginebra

REPUBLIC OF KOREA

Professor SOHN Myongsei, Department of Preventive Medicine, Medical College, Yonsei University, Seoul **(Vice-Chairman)**

Alternates

Mr LEE Young-chan, Minister Counsellor, Permanent Mission, Geneva

Mr KIM Pil-woo, Counsellor, Permanent Mission, Geneva

Mr YOON Sang-wook, First Secretary, Permanent Mission, Geneva

Ms CHOI Chong-hee, Deputy Director, International Cooperation Division, Ministry of Health, Welfare and Family Affairs, Seoul

Mr HONG Jeong-ik, Deputy Director, Division of Health Promotion, Ministry of Health, Welfare and Family Affairs, Seoul

Mr LEE Han-sung, Researcher, Korea Center for Disease Control and Prevention, Seoul

Adviser

Ms KIM Hyung-kyoung, Director, Korean Foundation for International Healthcare, Seoul

REPUBLIC OF MOLDOVA

Dr I. ABABII, Rector of the State University of Medicine and Pharmacy “N. Testemitanu”, Chisinau

Alternate

Ms T. LAPICUS, Ambassador, Permanent Representative, Geneva

Advisers

Ms R. GRAMMA, Counsellor, Programmes Coordinator, State University of Medicine and Pharmacy “N. Testemitanu”, Chisinau

Ms C. CALUGARU, First Secretary, Permanent Mission, Geneva

RUSSIAN FEDERATION

Professor V. STARODUBOV, Director, Central Research Institute of Health, Management and Information Systems, Ministry of Health and Social Development, Moscow

Alternates

Ms T.A. GOLIKOVA, Minister of Health and Social Development, Moscow

Ms V.I. SKVORTSOVA, Deputy Minister of Health and Social Development, Moscow

Mr V.V. LOSHEININ, Ambassador, Permanent Representative, Geneva

Mr V.A. NEBENZYA, Deputy Permanent Representative, Geneva

Ms S.A. MALYAVINA, Assistant to the Minister of Health and Social Development, Moscow

Mr I.I. DUBOV, Director, Department of International Cooperation, Ministry of Health and Social Development, Moscow

Mr O.V. KRIVONOS, Director, Department of Organization of Medical Care and Development of Public Health, Ministry of Health and Social Development, Moscow

Ms D.O. MIHAĬLOVA, Director, Department for the Development of the Pharmaceutical and Medical Engineering Markets, Ministry of Health and Social Development, Moscow

Ms M.P. SHEVYREVA, Director, Department of Health Protection and Epidemiological Well-being, Ministry of Health and Social Development, Moscow

Ms E.M. SIPLEVA, Director, Finance Department, Ministry of Health and Social Development, Moscow

Mr A.A. KOTEL'NIKOV, Adviser to the Minister of Health and Social Development, Moscow

Mr O.P. CHESTNOV, Deputy Director, Department of International Cooperation, Ministry of Health and Social Development, Moscow

Mr V.V. NEROEV, Director, Helmholtz Institute of Ophthalmology, Federal Service for Surveillance of Public Health and Social Development, Moscow

Ms J.V. MIHAĬLOVA, Director, Central Research Institute for Management and Information Systems in Health Care, Ministry of Health and Social Development, Moscow

Mr I.J. KOKOTKIN, Head of Section, Department for Organization of Medical Care and Development of Public Health, Ministry of Health and Social Development, Moscow

Ms Z.V. KOZHEVNIKOVA, Head of Section, Department for Organization of Medical Care and Development of Public Health, Ministry of Health and Social Development, Moscow

Ms L.A. MIHAĬLOVA, Head of Section, Department for Organization of Medical Care and Development of Public Health, Ministry of Health and Social Development, Moscow

Mr N.N. SHIKACHEV, Senior Counsellor, International Organizations Department, Ministry of Foreign Affairs, Moscow

Mr V.M. ZIMYANIN, Senior Counsellor, Permanent Mission, Geneva

Mr A.V. PAVLOV, Counsellor, Permanent Mission, Geneva

Ms J.V. DEMINA, Deputy Chief, Department of Epidemiological Surveillance, Federal Service for Surveillance on Consumer Rights Protection and Human Well-being, Moscow

Ms E.M. SESHTOPALOVA, Senior Laboratory Investigator, Vector State Centre for Research on Virology and Biotechnology, Federal Scientific Institute, Moscow

Mr M.S. TSESHKOVSKIĬ, Chief of Department, Central Research Institute for Management and Information Systems in Health Care, Ministry of Health and Social Development, Moscow

Ms N.A. KULESHOVA, Chief Specialist-Expert, Department of International Cooperation, Ministry of Health and Social Development, Moscow

Ms O.I. GUSEVA, Chief Specialist-Expert, Department for Organization of Medical Care and Development of Public Health, Ministry of Health and Social Development, Moscow

Ms E.A. KORMACHEVA, Chief Specialist-Expert, Department for Organization of Medical Care and Development of Public Health, Ministry of Health and Social Development, Moscow

Mr A.A. KULIKOV, Principal Specialist-Expert, Department of International Cooperation,
Ministry of Health and Social Development, Moscow

Advisers

Mr E.V. KALUGIN, Third Secretary, Permanent Mission, Geneva

Mr D.A. KHUDOV, Attaché, Permanent Mission, Geneva

SAMOA

Mrs G.A. GIDLOW, Minister of Health, Apia

Advisers

Ms P.T. TOELUPE, Chief Executive Officer, Ministry of Health, Apia

Ms F. BREBNER, Registrar, Ministry of Health, Apia

SAO TOME ET PRINCIPE

Dr J.A.N. DOS RAMOS, Directrice du Cabinet du Ministre de la Santé, Ministère de la Santé,
Sao Tomé

SERBIA

Dr T. MILOSAVLJEVIĆ, Minister of Health, Belgrade (**Rapporteur**)

Advisers

Mr S. VUKČEVIĆ, Ambassador, Permanent Mission, Geneva

Ms J. DJURIČKOVIĆ-TUVIĆ, Minister Counsellor, Permanent Mission, Geneva

SOMALIA

Dr Q.A. ALI, Minister of Health, Mogadishu

Alternates

Dr A.A. IBRAHIM, Adviser to the Minister of Health, Mogadishu

Mrs S. MOHAMED DJAMA, Women Affairs Bureau, Mogadishu

Advisers

Dr Y.M. ISMAIL, Ambassador, Permanent Representative, Geneva

Dr A.M. EGHE, Director-General, Ministry of Health, Mogadishu

Mr A.M. AHMED, Adviser to the Minister of Health, Mogadishu

Dr M.A. ALI, Somali Diaspora Medical Association, Geneva

SYRIAN ARAB REPUBLIC

Dr M.I. AL DAKER, Deputy Minister of Health, Damascus (**alternate to Dr R. Said**)

Adviser

Dr H. AL HAJ HUSSEIN, Director of International Relations, Damascus

TUNISIA

Dr H. ABDESSELEM, Directeur général, Unité de la Coopération technique, Ministère de la Santé publique, Tunis

UNITED ARAB EMIRATES

Dr A.A. BIN SHAKAR, Director-General, Ministry of Health, Abu Dhabi

Alternate

Dr Y.A. ALMULLA, Director, Dental Services Centre, Ministry of Health, Abu Dhabi

Adviser

Dr E. AL MANSORI, Assistant Director of Foreign Relations and International Organizations, Ministry of Health, Abu Dhabi

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Sir Liam DONALDSON, Chief Medical Officer, Department of Health, London

Alternates

Ms S. HENDRY, Director, International Health and Public Health Delivery, Department of Health, London

Mr W. NIBLETT, Team Leader, Global Health Team, Department of Health, London

Advisers

Mr N. MOORS, International Business Manager, Department of Health, London

Mr P. GOODERHAM, Ambassador, Geneva

Mr P. TISSOT, Deputy Head of Post, Permanent Mission, Geneva

Mr S. BLAND, Counsellor, Permanent Mission, Geneva

Ms C. KITSELL, First Secretary, Permanent Mission, Geneva

Mr N. WAPSHERE, Second Secretary, Permanent Mission, Geneva

Mr A. SEARL, Second Secretary, Permanent Mission, Geneva

Ms N. DONKOR, Attaché, Permanent Mission, Geneva

Ms T. MCGRATH, Attaché, Permanent Mission, Geneva

MEMBER STATES NOT REPRESENTED ON THE EXECUTIVE BOARD**ALGERIA**

M. I. JAZAÏRY, Ambassadeur, Représentant permanent, Genève

M. B. CHEBIHI, Ministre Conseiller, Représentant permanent adjoint, Genève

M. M. MELLAH, Sous-Directeur, Ministère des Affaires étrangères, Alger

M. M.F. BOUCHEDOUB, Secrétaire diplomatique, Mission permanente, Genève

ANGOLA

Mrs N.M. SARAIVA, Assistant for Health Issues, Permanent Mission, Geneva

AUSTRALIA

Mr S. COMMAR, Minister Counsellor (Health), Permanent Mission, Geneva
Mrs M. BROWN, Deputy Permanent Representative, Geneva
Mr N. MCFARLANE, Counsellor (Development), Permanent Mission, Geneva
Mr S. THOM, First Secretary, Permanent Mission, Geneva
Dr T. POLETTI, Health Adviser (AusAID), Permanent Mission, Geneva
Ms R. HODGKIN, Policy Research Officer, Permanent Mission, Geneva

AUSTRIA

Mr M. MÜHLBACHER, European Union Coordination and Liaison Services, Federal Ministry of Health, Vienna
Dr C. KOKKINAKIS, Minister, Deputy Permanent Representative, Geneva
Dr H. FRIZA, Minister, Permanent Mission, Geneva
Mr M. EHRMANN, Federal Ministry of International and European Affairs, Vienna
Ms J. WIMMER, Adviser, Permanent Mission, Geneva
Ms N. GOMSI, Adviser, Permanent Mission, Geneva

BELGIUM

Mme L. MEULENBERGS, Chef de Service, Service des Relations internationales, Service public fédéral, Santé publique, Sécurité de la Chaîne alimentaire et Environnement, Brussels
M. J. DE PRETER, Premier Secrétaire, Mission permanente, Genève

BOLIVIA (PLURINATIONAL STATE OF)

Sra. A. NAVARRO LLANOS, Embajadora, Representante Permanente, Ginebra
Sr. L.F. ROSALES LOZADA, Primer Secretario, Misión Permanente, Ginebra

BOSNIA AND HERZEGOVINA

Professor E. KEČO ISAKOVIĆ, Ambassador, Permanent Representative, Geneva
Ms L. PERIĆ, Counsellor, Permanent Mission, Geneva

BULGARIA

Dr V. TZEKOV, Deputy Minister of Health, Sofia
Ms V. BOJKOV, Chargé d'Affaires a.i., Permanent Mission, Geneva
Professor L. IVANOV, National Center of Public Health Protection, Ministry of Health, Sofia
Mrs D. PARUSHEVA, Second Secretary, Human Rights and International Humanitarian Organization Directorate, Ministry of Foreign Affairs, Sofia
Mrs N. KRASTEVA, Second Secretary, Permanent Mission, Geneva
Mrs E. UGRINOVA, Senior Expert, European Affairs and International Cooperation Directorate, Ministry of Health

CHINA

Dr LIU Peilong, Senior Adviser, Department of International Cooperation, Ministry of Health, Beijing
Ms LIU Hua, Counsellor, Permanent Mission, Geneva
Dr FENG Yong, Division Director, Department of International Cooperation, Ministry of Health,
Beijing
Ms SITU Sujian, Section Chief, Department of International Cooperation, Ministry of Health, Beijing
Mr ZHANG Bo, Deputy Section Chief, Maternal and Child Health and Rural Development, Ministry
of Health
Professor ZHU Jun, National Center for Birth Defects Monitoring, National Office for Maternal and
Child Mortality Surveillance, Beijing
Mr TENG Fei, Attaché, Permanent Mission, Geneva

COLOMBIA

Sr. A. GARZÓN, Embajador, Representante Permanente, Ginebra
Sra. M.I. ALARCÓN LÓPEZ, Ministra, Misión Permanente, Ginebra
Sra. D. MURILLO, Misión Permanente, Ginebra

CÔTE D'IVOIRE

M. G.-A. GAUZE, Ambassadeur, Représentant permanent, Genève
M. K. KOUADIO, Premier Conseiller, Mission permanente, Genève
Mme B. QUACOE, Conseiller, Mission permanente, Genève
Mlle M. ABIE, Mission permanente, Genève

CZECH REPUBLIC

Dr M. VIT, Deputy Minister, Protection of Public Health, Chief Public Health Officer, Ministry of
Health
Mr T. HUSÁK, Ambassador, Permanent Representative, Geneva
Mr P. BAMBAS, Deputy Permanent Representative, Geneva
Mr J. VOLF, Senior Adviser, Permanent Mission, Geneva
Mr M. BREJNÍK, Counsellor, Permanent Mission, Geneva
Ms B. SOUSKOVÁ, Third Secretary, Permanent Mission, Geneva
Mr A. TRAMPOSCH, Intellectual Property Expert, Ministry of Foreign Affairs, Prague
Ms M. PRUCHOVÁ, Department of International Affairs and the European Union, Ministry of
Health, Prague
Ms L. WONDRICHOVÁ, Department of International Affairs and the European Union, Ministry of
Health, Prague
Ms M. SPILLINGOVÁ, Assistant, Permanent Mission, Geneva
Mr J. ŠTĚPÁNEK, Assistant, Permanent Mission, Geneva
Ms J. TOMKIN, Permanent Mission, Geneva
Ms J. BURKEYBYLE, Permanent Mission, Geneva
Mr H. MORIÉ, Permanent Mission, Geneva

DENMARK

Mrs M.-L. OVERVAD, Ambassador, Permanent Representative, Geneva
Ms M. KRISTENSEN, Chief Adviser, National Board of Health, Copenhagen
Dr S.J. JØRGENSEN, Senior Adviser, National Board of Health, Copenhagen
Mrs A.C. CHRISTENSEN, Counsellor, Permanent Mission, Geneva
Mr B.N. JULIUSSEN, Permanent Mission, Geneva

DOMINICAN REPUBLIC

Sr. H.L. HERNÁNDEZ SANCHEZ, Embajador, Representante Permanente, Ginebra
Sr. C. SEGURA, Ministro Consejero, Misión Permanente, Ginebra

ECUADOR

Sr. M. MONTALVO, Embajador, Representante Permanente, Ginebra
Sr. T. NEIRA, Asesora del Despacho de la Ministra, Quito
Sr. J. HOLGUIN, Ministro, Misión Permanente, Ginebra
Sr. C. SANTOS, Consejero, Misión Permanente, Ginebra
Sr. L. VAYAS, Primer Secretario, Misión Permanente, Ecuador
Sra. M. DEL CARMEN VIVAR, Tercer Secretario, Misión Permanente, Ginebra

EGYPT

Mr H. BADR, Ambassador, Permanent Representative, Geneva
Dr A.I.G. EL DIN, Deputy Permanent Representative, Geneva
Dr M. GAD, First Secretary, Permanent Mission, Geneva

FINLAND

Ms T. KOIVISTO, Ministerial Adviser, Ministry of Social Affairs and Health, Helsinki
Ms H. TANHUA, Senior Officer, Ministry of Social Affairs and Health, Helsinki
Dr E. LAHTINEN, Counsellor, Permanent Mission, Geneva

GREECE

Mr F. VERROS, Ambassador, Permanent Representative, Geneva
Mr A. CAMBITSIS, Minister Counsellor, Permanent Mission, Geneva
Ms A. DAMIGO, Counsellor for Health Affairs, Permanent Mission, Geneva

HAITI

M. J.B. ALEXANDRE, Ministre Conseiller, Mission permanente, Genève

ICELAND

Mr S. MAGNÚSSON, Chief Medical Adviser, Ministry of Health, Reykjavík
Mr R.G. KRISTJÁNSSON, Counsellor, Deputy Permanent Representative, Geneva

IRAN (ISLAMIC REPUBLIC OF)

Dr B. SADRIZADEH, Adviser for Health and International Affairs, Ministry of Health, Tehran

IRAQ

Mr U. IBRAHIM, Third Secretary, Permanent Mission, Geneva

IRELAND

Mr D. O'CEALLAIGH, Ambassador, Permanent Representative, Geneva
Mr B. INGOLDSBY, Principal Officer, Department of Health and Children, Dublin
Dr T. HOLOHAN, Chief Medical Officer, Department of Health and Children, Dublin
Dr J. KIELY, Medical Adviser, Department of Health and Children, Dublin
Mr J. MCGOVERN, Assistant Principal Officer, Department of Health and Children, Dublin
Mr M. MULKERRIN, Higher Executive Officer, Department of Health and Children, Dublin
Mr M. GALLAGHER, Second Secretary, Permanent Mission, Geneva

ITALY

M. P. D'AVINO, Ministre Conseiller, Mission permanente, Genève
M. E. VICENTI, Premier Conseiller, Mission permanente, Genève
Mme M.P. RIZZO, Direction générale pour la Coopération au Développement, Ministère des Affaires étrangères, Rome

KAZAKHSTAN

Dr M. KULZHANOV, Rector of the Higher School of Public Health, Astana
Dr Z. KARAGULOVA, Counsellor, Permanent Mission, Geneva

LIBYAN ARAB JAMAHIRIYA

Dr H. GASHUT, Minister Counsellor, Permanent Mission, Geneva

MALI

M. O.I. TOURE, Ministre de la Santé, Bamako
Dr M. BOUARE, Conseiller technique, Ministère de la Santé, Bamako
M. I. SANGHO, Chargé de Mission, Ministère de la Santé, Bamako
M. A. MAÏGA, Deuxième Conseiller, Mission permanente, Genève

Professeur T. SIDIBE, Directeur national de la Santé, Bamako
Dr S. SAMAKE, Directeur de la Cellule de Planification et de la Statistique, Bamako

MEXICO

Sra. M. GÓMEZ OLIVER, Embajadora, Representante Permanente, Ginebra
Sr. E.J. NAVARRETE, Coordinator de la Estrategia de Migrantes, Secretaría de Salud, Mexico
Sra. M.A. JAQUEZ, Primer Secretario, Misión Permanente, Ginebra
Sr. J.R. LORENZO, Primer Secretario, Misión Permanente, Ginebra

MOROCCO

M. O. HILALE, Ambassadeur, Représentant permanent, Genève
M. A. SAMRI, Ministre, Mission permanente, Genève

NETHERLANDS

Ms S. TERSTAL, Deputy Permanent Representative, Geneva
Ms F. NICOLAI, Senior Adviser, International Affairs Directorate, Ministry of Health, Welfare and Sport
Ms E. VAN DER MUNNIK, Policy Adviser, United Nations Directorate, Ministry of Foreign Affairs, Amsterdam
Ms L. DE BOER, Adviser, Permanent Mission, Geneva

NIGERIA

Dr M.I. UHOMOIBHI, Ambassador, Permanent Representative, Geneva
Mrs C.O. YAHAYA, Minister, Permanent Mission, Geneva

NORWAY

Mr T. WROLDSEN, Senior Adviser, Ministry of Health and Care, Oslo
Ms S. H. STEEN, Minister Counsellor, Permanent Mission, Geneva

POLAND

Mr W. GWIAZDA, Expert, International Cooperation Department, Ministry of Health, Warsaw

PORTUGAL

M. A.V. DA SILVA, Conseiller, Mission permanente, Genève

ROMANIA

Mr F. PIRONEA, Second Secretary, Permanent Mission, Geneva

SOUTH AFRICA

Dr G. MTSHALI, Ambassador, Permanent Representative, Geneva
Ms N. DLADLA, Minister, Health Representative, Permanent Mission, Geneva
Ms M.K. MATSAU, Deputy Director-General, International Affairs, Department of Health, Tshwane

SPAIN

Sra. M.L. GARCIA TUÑÓN, Consejera Técnica, Subdirección General de Relaciones Internacionales, Ministerio de Sanidad y Política Social, Madrid
Sra. E. RODRIGUEZ MACHADO, Jefa de Servicio, Subdirección General de Relaciones Internacionales, Ministerio de Sanidad y Política Social, Madrid
Sr. A. CALVETE OLIVA, Jefe de Servicio de Coordinación con la Unión Europea, Dirección General de Salud Pública y Sanidad Exterior, Ministerio de Sanidad y Consumo, Madrid
Sr. F.J. APARICIO ALVAREZ, Consejero, Misión Permanente, Ginebra

SRI LANKA

Mr N.S. DE SILVA, Minister of Healthcare and Nutrition, Colombo
Dr W. JAYANTHA, Deputy Director-General (Biomedical Engineering Services), Ministry of Healthcare and Nutrition, Colombo
Mrs M.K. MALLIKARATCHY, Second Secretary, Permanent Mission, Geneva

SWEDEN

Ms A. MOLIN HELLGREN, Counsellor, Permanent Mission, Geneva
Ms L. ANDERSSON, Attaché, Permanent Mission, Geneva
Mr M. ERIKSSON, Permanent Mission, Geneva

SWITZERLAND

M. J.-D. BIELER, Chef suppléant, Division des Affaires internationales, Office fédéral de la Santé publique, Berne
M. A. VON KESSEL, Chef suppléant, Section Organisations internationales, Office fédéral de la Santé publique, Berne
Mme V. MASSERAY, Chef, Section Vaccination, Office fédéral de la Santé publique, Berne

THAILAND

Dr SIRIPON KANSHANA, Deputy Permanent Secretary, Ministry of Public Health, Bangkok
Dr SURIYA WONGKONGKATHEP, Senior Health Supervisor, Ministry of Public Health, Bangkok
Dr VIROJ TANGCHAROENSATHIEN, Director, International Health Policy Program, Ministry of Public Health, Bangkok
Dr SOPIDA CHAVANICHKUL, Director, Bureau of International Health, Ministry of Public Health, Bangkok
Dr PHUSIT PRAKONGSAI, Senior Medical Officer, International Health Policy Program, Ministry of Public Health, Bangkok

Dr CHARNCHAI PINMUANG-NGAM, Director, Regional Health Promotion 8, Nakorn Sawan,
Department of Health, Ministry of Public Health, Bangkok
Ms WALAIORN PATCHARANARUMOL, Pharmacist, International Health Policy Program,
Ministry of Public Health, Bangkok
Ms PHATTIPON AJALANANT, Foreign Relations Officer, Bureau of International Health, Ministry
of Public Health, Bangkok
Ms KANNIKAR BUNTEONGJIT, Deputy Secretary-General, National Health Commission Office,
Ministry of Public Health, Bangkok
Ms NATTAYA THAENNIN, Expert, National Health Commission Office, Ministry of Public Health,
Bangkok
Dr TIPICHA POSAYANONDA, Expert, National Health Commission Office, Ministry of Public
Health, Bangkok
Ms TANYARAT MUNGKALARUNGSI, First Secretary, Permanent Mission, Geneva

TURKEY

Mr E.S. YÜKSEL, Counsellor, Ministry of Health, Ankara
Mr R. IMAMECIOGLU, Directorate General, Primary Health Care Department, Ministry of Health,
Ankara

UNITED STATES OF AMERICA

Ms A. BLACKWOOD, Director, Health Programs, Office of Technical Specialized Agencies, Bureau
of International Organization Affairs, Department of State, Washington DC
Mr D. GIBB, Senior Technical Adviser, Bureau for Global Health, United States Agency for
International Development, Washington DC
Mr D.E. HOHMAN, Health Attaché, Permanent Mission, Geneva

URUGUAY

Sra. L. TRUCILLO, Ministro, Representante Permanente, Ginebra

VENEZUELA (BOLIVARIAN REPUBLIC OF)

Sr. G.M. HERNÁNDEZ, Embajador Representante Permanente, Ginebra
Sr. J.A. PALACIO, Embajador Representante Permanente, Alterno
Sr. J. COLMENARES, Coordinador de asuntos Multilaterales del Ministerio del Poder Popular para la
Salud y Protección Social, Caracas
Sr. J.L. LOBO, Funcionario de Apoyo del Sector Político, Caracas

OBSERVERS FOR A NON-MEMBER STATE

HOLY SEE

Mgr S.M. TOMASI, Nonce Apostolique et Observateur Permanent, Mission Permanente, Genève
Mgr R. VITILLO, Expert

OBSERVERS**INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

Mr P. CAROLAN, Senior Officer, Voluntary Blood Service, Health and Care Department

REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS**United Nations**

Ms J. BEAGLE, Deputy Director-General
Ms V. COLLANTES, External Relations and
Inter-Agency Affairs Officer, Office of the
Director-General

United Nations Population Fund

Ms L. ALYANAK, Officer in Charge, Geneva
Mr V. FAUVEAU, Senior Adviser on
Maternal Health
Ms S. HAMID, External Relations Specialist
Mr Y. WOLMAN, Consultant on Maternal
Health

UNAIDS

Mr M. SIDIBE, Executive Director
Mr E.A. SY, Deputy Executive Director a.i.,
Management and External Relations
Mr P. DE LAY, Deputy Executive Director for
Programme, a.i.
Mr L. LOURES, Director, Executive Office

Mr T. MARTINEAU, Director, Technical and
Operational Support
Ms H. FRARY, Chief, Board and UN
Relations
Mr D. BROUN, Chief, Partnerships
Ms M. BAVICCHI LERNER, Chief, Resource
Mobilization
Ms M. BEZRUCHENKO-NOVACHUK,
Chief, Management of Executive Office
Mr M. USSING, Adviser to the Executive
Director
Ms A. TRENTON-MBONDE, Adviser,
Technical and Operational Support
Mr S. FURGAL, Adviser, Technical and
Operational Support
Mr N. VARUGHESE, Adviser, Technical and
Operational Support
Ms P. CUCHI, Adviser, Technical and
Operational Support
Ms S. WYND, Adviser, Technical and
Operational Support
Mr J. TYSZKO, External Relations Officer,
Board and UN Relations

SPECIALIZED AGENCIES**International Labour Organization**

Dr S. NIU, Programme on Safety and Health
and the Environment

Food and Agriculture Organization of the United Nations

Mr M. AHMAD, Director, FAO Liaison
Office with the United Nations, in Geneva

World Meteorological Organization

Ms L. MALONE, Scientific Officer, Climate
and Water Department

United Nations Industrial Development Organization

M. J.-M. DEROY, Directeur, Bureau de
l'ONUDI, Genève
M. B. CALZADILLA-SARMIENTO, Bureau
de l'ONUDI, Genève

World Trade Organization

M. R. KAMPF, Conseiller, Division de la
Propriété Intellectuelle

**REPRESENTATIVES OF OTHER
INTERGOVERNMENTAL ORGANIZATIONS**

African Union

Mrs K.R. MASRI, Ambassador, Permanent
Observer, Geneva
Dr KASSAMA, Director, Medical Services
Dr G. KALIMUGOGO, Head, HIV/AIDS, TB
and Malaria
Dr M. DIALLO, Pharmacist
Dr KILENGA, Laboratory Technician

European Commission

Mr M. RAJALA, Minister Counsellor,
European Commission, Brussels
Mr C. NOLAN, Team Coordinator,
Directorate General Health and Consumers,
Brussels

**Health Ministers' Council for Gulf
Cooperation Council States**

Dr T.A.M. KHOJA, Chairman

Dr M.S.H. AHMED
Mr A.M. ALGHUSN

International Organization for Migration

Dr D. MOSCA, Director, Migration Health
Department
Ms J. WEEKERS, Migration Health Policy
Adviser
Dr S. GUNARATNE, Coordinator, Migration
Health Emergencies
Dr A. DAVIES, Public Health Specialist
Mr G. GRUJOVIC, Global HAP Coordinator
Mr C. GILPIN, Global Laboratory Manager
Ms R. BORLAND, Migration Health Officer
Ms N. MOTUS, Regional Migration Health
Manager, Bangkok,
Mr D. TREES, Project Development Adviser

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS
IN OFFICIAL RELATIONS WITH WHO**

**Council for International Organizations of
Medical Sciences**

Dr G. KREUTZ
Dr J.E. IDÄNPÄÄN-HEIKKILÄ
Dr J. VENULET

**Council on Health Research for
Development**

Professor C. IJSSELMUIDEN
Dr M. BERGER
Mr M. DEVLIN

FDI World Dental Federation

Dr D. ALEXANDER
Dr J. FISHER
Mr J. CRAIL
Ms C. LEE THORSON

Global Forum for Health Research

Mr S.A. MATLIN
Mrs S. JUPP
Mr C. GARDNER

International Alliance of Women

Mrs M. PAL
Mrs H. SACKSTEIN

International College of Surgeons

Professor B.P. HAHNLOSER

International Commission on Occupational Health

Dr K. KOGI

International Council for Control of Iodine Deficiency Disorders

Dr H. BUERGI

International Council of Nurses

Mr D.C. BENTON
Dr T. GHEBREHIWET

International Federation of Business and Professional Women

Ms M. GERBER
Ms G. GONZENBACH
Dr I. ANDRESEN

International Federation of Medical Students Associations

Dr M. BOU ALWAN
Ms S. RUKAVINA
Ms V. JUGOVEC
Dr M. CEVIK
Mr F. STIGLER
Mr M. KARAKAYA
Mr G. POLYCHRONIDIS
Ms L.M. MULCAHY
Ms M. MONTAZERI
Mr A. LABRUTO

International Federation of Pharmaceutical Manufacturers & Associations

Mr M. OTTIGLIO
Ms S. CROWLEY

International Hospital Federation

Miss S. ANAZONWU
Dr E. DE ROODENBEKE

International Lactation Consultant Association

Ms M. ARENDT

International Organization for Standardization

Mr T.J. HANCOX

Medical Women's International Association

Dr C. LANDERER
Dr E. DULIC
Dr E. BLOECHLINGER
Dr A. GILOMEN

MSF INTERNATIONAL

Dr T. VON SHOEN
Mr S. GROSSERUESCHKAMP
Mr G. BONNET

The World Medical Association, Inc.

Dr J.E. HILL
Dr D. HANSON
Dr O. KLOIBER
Dr R. CAPOLINGUA
Mrs C. DELORME
Dr E. ANDREWS
Dr M. HAIKERWAL
Dr M. ISHII
Professor T. KUROYANAGI
Mrs R. MENES
Professeur V. NATHANSON
Mrs Yoonsun PARK
Dr S. RASMUSSEN
Dr J. SEYER
Professor K. TAKEMI
Mr H. TSURUOKA
Mr S. UCHIYAMA
Mrs L. WAPNER
Dr YUNG TUNG WU

**World Federation of Acupuncture-
Moxibustion Societies**

Dr WEIGUO HU
Professor A. LIGUORI
Professor F. BANGRAZI PETTI
Professor S. BANGRAZI

World Federation for Mental Health

Mrs M. LACHENAL
Dr S. FLACHE
Ms A. YAMADA-VETSCH

World Vision International

Mr S. GERMANN

COMMITTEES AND WORKING GROUPS¹

1. Programme, Budget and Administration Committee

Dr M. Dahl-Regis (Bahamas), Professor A.F.M.R. Haque (Bangladesh), Dr P.M. Buss (Brazil), Professor D. Houssin (France), Dr M. Kőkény (Hungary), Mr N. Dayal (India), Dr S. Omi (Japan), Dr K. Kamoto (Malawi), Mr T. Ryall (New Zealand), Dr A. Djibo (Niger), Dr A.J. Mohamed (Oman), Dr A.A. Bin Shakar (United Arab Emirates), Dr S. Zaramba (Uganda), Chairman of the Executive Board, member ex officio, Professor Sohn Myongsei (Republic of Korea), Vice-Chairman of the Executive Board, member ex officio.

Tenth meeting, 14 May 2009: Dr M. Dahl-Regis (Bahamas, Chair), Mr S.A. Ali (Bangladesh, alternate to Professor A.F.M.R. Haque), Dr Liu Peilong (China, alternate to Dr Ren Minghui), Ms M. Kristensen (Denmark, alternate to Mr J. Fisker), Dr M. Kőkény (Hungary), Dr W. Lukito (Indonesia, alternate to Dr S.F. Supari), Dr K. Kamoto (Malawi), Mr I.O. Touré (Mali), Ms D. Roche (New Zealand, alternate to Mr T. Ryall), Dr A.A. Bin Shakar (United Arab Emirates), Ms A. Blackwood (United States of America, alternate to the Board member), and Mr N.S. de Silva (Sri Lanka, Chairman of the Executive Board), member ex officio.

2. Standing Committee on Nongovernmental Organizations

Professor A.F.M.R. Haque (Bangladesh), Dr A.J. Mohamed (Oman), Mr C. Vallejos (Peru), Dr J.M. de Carvalho (Sao Tome and Principe), Mrs G.A. Gidlow (Samoa).

3. Léon Bernard Foundation Committee

Dr I. Ababii (Republic of Moldova), together with the Chairman and Vice-Chairmen of the Board, members ex officio.

4. Jacques Parisot Foundation Committee

Chairman and Vice-Chairmen of the Executive Board, members ex officio, Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland).

5. Jacques Parisot Foundation Selection Panel

Chairman of the Executive Board and a Vice-Chairman of the Board, members ex officio, and Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland, member of the Foundation Committee).

¹ Showing their current membership and listing the names of those members of the Executive Board who attended meetings held since the previous session of the Board.

6. Ihsan Dogramaci Family Health Foundation Selection Panel

Chairman of the Executive Board (ex officio), the President of Bilkent University, Turkey, or his or her appointee, and a representative of the International Children's Centre, Ankara.

7. Sasakawa Health Prize Selection Panel

Chairman of the Executive Board and a representative of the founder, members ex officio, and Professor Sohn Myongsei (Republic of Korea).

8. United Arab Emirates Health Foundation Selection Panel

Chairman of the Executive Board and a representative of the founder, members ex officio, and Dr H. Abdesselem (Tunisia).

9. State of Kuwait Health Promotion Foundation Selection Panel

Chairman of the Executive Board and a representative of the founder, members ex officio, and Dr A.A. Bin Shakar (United Arab Emirates).

10. Dr LEE Jong-wook Memorial Prize for Public Health

Chairman of the Executive Board and a representative of the founder, members ex officio, and Mrs G.A. Gidlow (Samoa).

SUMMARY RECORDS

FIRST MEETING

Saturday, 23 May 2009, at 09:35

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

later: Dr S. ZARAMBA (Uganda)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB125/1 and EB125/1 (annotated))

The CHAIRMAN declared open the 125th session of the Executive Board and invited the Board to consider the provisional agenda. He proposed the deletion of items 6.4 (Amendments to the Financial Regulations and Financial Rules) and 7.2 (Confirmation of amendments to the Staff Regulations and Staff Rules) as no amendments had been proposed.

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, said that the European Community and the European Commission worked closely with WHO. He therefore requested that, as at previous sessions, the European Commission should be invited to participate without vote in the meetings of subcommittees or other subdivisions of the Board.

The CHAIRMAN said that he took it that the Board wished to accede to the request.

It was so agreed.

Dr KÖKÉNY (Hungary), speaking in his capacity as the member for Hungary, asked the Board to consider deferring discussion of items 5.3 and 5.4 to the Board's 126th session because the relevant documents had been distributed only that morning, giving many Member States insufficient time to consider the items fully.

Dr BIN SHAKAR (United Arab Emirates), congratulating the Secretariat on the success of the Sixty-second World Health Assembly despite the constraints imposed by the revised timetable, requested that discussion of item 5.2 also be postponed until the Board's 126th session for the same reason.

Dr INOUE (alternate to Dr Omi, Japan) suggested consulting the Rules of Procedure of the Executive Board before deciding what to do about the late distribution of documents.

Mr BURCI (Legal Counsel) recalled that the matter had also been raised at the Board's 124th session. The Rules of Procedure of the Executive Board did not specify any time limit between the presentation of proposals and their consideration by the Board. In practice, the Board had applied Rule 50 of the Rules of Procedure of the World Health Assembly, which provided that no proposal should be discussed or put to the vote at any meeting of the Health Assembly unless copies of it had been circulated to all delegations at least two days before. The Health Assembly and its main committees usually waived the two-day requirement, particularly for short sessions.

Mr HOHMAN (United States of America),¹ observing that the concerns expressed related to the late distribution of meeting documents, not proposals, requested clarification of the Board's position on that aspect.

Mr BURCI (Legal Counsel) said that Rule 11 of the Board's Rules of Procedure stated that the Board should not, unless it determined otherwise, proceed to the discussion of any item on the agenda until at least 48 hours had elapsed after the relevant documents had been made available to the members. The documents relating to items 5.2, 5.3 and 5.4 on the provisional agenda had been issued on 7, 12 and 14 May 2009, respectively.

Dr KÖKÉNY (Hungary) said that item 5.2 should not be treated in the same way as items 5.3 and 5.4 since the document for item 5.2 had been made available and it would therefore be acceptable for the Board to begin its consideration of the item during the current session, so long as it was carried over to the 126th session for more detailed discussion. However, as he had been unable to find the documents for items 5.3 and 5.4 on the web site, he was requesting the Board to agree to postpone discussion of them until its 126th session.

Mr HOHMAN (United States of America)¹ asked for clarification of Rule 5 of the Board's Rules of Procedure, which provided that documents for the session should be dispatched by the Director-General not less than six weeks before the commencement of a regular session of the Board.

Dr MOHAMED (Oman), observing that the Rules of Procedure had been formulated before the existence of the Internet, said that delegates could generally read the documents online well in advance of meetings. He saw no reason, therefore, why discussion of all the items in question should not begin during the current session and be continued at the Board's 126th session.

Dr BUSS (Brazil), Dr DODDS (Canada), Dr LIU Peilong (China),¹ Professor ADITAMA (alternate to Dr Supari, Indonesia) and Dr ZARAMBA (Uganda) expressed support for the suggestion put forward by the member for Oman.

Dr KÖKÉNY (Hungary) said that in the interests of consensus he could agree to the Board's beginning its consideration of items 5.3 and 5.4 during the current session so long as the discussions were carried over to its 126th session.

Dr GIMÉNEZ (Paraguay) suggested that the agenda should remain as it stood.

The CHAIRMAN noted that the Board had agreed that consideration of agenda items 5.2, 5.3 and 5.4 would be continued during its 126th session.

The agenda was adopted.²

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

² See page vii.

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

The CHAIRMAN invited nominations for the office of Chairman.

Dr DJIBO (Niger), speaking on behalf of the African Region, nominated Dr Zaramba (Uganda), the nomination being seconded by Dr GOPEE (Mauritius).

Dr Zaramba (Uganda) was elected Chairman.

The Director-General presented Mr De Silva, the outgoing Chairman, with a gavel.

Mr DE SILVA (Sri Lanka) said that he had been honoured to be Chairman of the Executive Board and thanked the members for their support and the Secretariat for its valuable assistance. The contribution made by WHO to improving people's health worldwide should be a cause of satisfaction and he was confident that its role as the global leader in health would become increasingly important.

Dr Zaramba took the Chair.

The CHAIRMAN said that he was honoured to have been elected Chairman of the Executive Board and would strive to carry out his duties in a manner matching the expectations of the Member States. He invited nominations for the four posts of Vice-Chairman.

Dr VALLEJOS (Peru), seconded by Dr DAHL-REGIS (Bahamas), nominated Dr Giménez (Paraguay).

Professor HAQUE (Bangladesh), seconded by Mr CHAWDHRY (alternate to Mr Dayal, India), nominated Dr Supari (Indonesia).

Dr BIN SHAKAR (United Arab Emirates), seconded by Dr ABDESSELEM (Tunisia), nominated Dr Mohamed (Oman).

Dr BLOOMFIELD (New Zealand), seconded by Dr INOUE (alternate to Dr Omi, Japan), nominated Professor Sohn Myongsei (Republic of Korea).

Dr Supari (Indonesia), Dr Mohamed (Oman), Professor Sohn Myongsei (Republic of Korea) and Dr Giménez (Paraguay) were elected Vice-Chairmen.

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

It was determined by lot that the Vice-Chairmen would serve in the following order: Dr Supari (Indonesia), Dr Giménez (Paraguay), Professor Sohn Myongsei (Republic of Korea), and Dr Mohamed (Oman).

The CHAIRMAN invited nominations for the office of Rapporteur.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) nominated Mr Milosavljević (Serbia).

Mr Milosavljević (Serbia) was elected Rapporteur.

3. OUTCOME OF THE SIXTY-SECOND WORLD HEALTH ASSEMBLY: Item 3 of the Agenda (Document EB125/2)

Dr KÖKÉNY (Hungary) said that, despite a full agenda and shorter meeting time, and beside the fact that it had been the object of global attention owing to the influenza pandemic alert, the Health Assembly had completed its work successfully. That was due in no small measure to the Organization's excellent leadership and the spirit of compromise demonstrated by its Member States.

Experience had shown the value of the preparatory work done by the Board each year at its January session. The Health Assembly was more likely to reach agreement on agenda items discussed earlier by the Board, but he questioned the need for the Health Assembly to reopen debate on items that had been thoroughly discussed in the Board. The Health Assembly could perhaps dispense with debate on those items and simply focus on three or four key health issues each year.

The Director-General, a leader with excellent managerial skills, was to be congratulated on her well-prepared response to the potential influenza pandemic. Yet that emergency should not overshadow the many other challenges facing WHO, such as the impact on health of the world financial crisis or the consequences of noncommunicable diseases. To meet those challenges, the Organization needed to engage in debate on the politics of health with key players in other areas. The Board might in that connection wish to examine the implications for the Organization's work of the United Nations General Assembly resolution 63/33 on global health and foreign policy.

Professor STARODUBOV (Russian Federation) said that understandable concerns had been voiced in recent months about how the global financial crisis might affect the Organization's programme implementation. Thanks to its rapid assessment of the crisis, the Organization had been able to identify the specific steps that needed to be taken at the international and national levels to mitigate the impact of that crisis on health.

The international community was faced with a new challenge in the form of a potential influenza A (H1N1) pandemic, but the attitude and actions of the Director-General inspired confidence. His country had recently seen its first cases of the disease and was taking all necessary steps to contain the outbreak.

Despite uncertainty on the part of some delegations, the Health Assembly had managed to discharge its responsibilities more rapidly than originally planned and much fruitful discussion had taken place. Nevertheless, even more might have been achieved with a more disciplined approach to timekeeping by both delegates and chairmen. The Secretariat might wish to heed that experience in its future planning for the meetings of the governing bodies. He remained convinced that the concerns of Member States could best be handled through dialogue and consensus.

Dr BUSS (Brazil), commending the Director-General's leadership of the global response to the potential influenza A (H1N1) pandemic, said that, at such a crucial moment, it was important to recall some achievements in public health. For example, in 2010 the international community would be commemorating the thirtieth anniversary of the eradication of smallpox, a major global public health achievement and an illustration of the Organization's leadership. He therefore proposed that a special ceremony be held to mark that anniversary at the Sixty-third World Health Assembly.

The Organization must provide leadership in ensuring that the appropriate vaccines, diagnostics and medications were available to all in need of them in the event of an influenza pandemic. Moreover, WHO should continue to play a leading role in immunization by supplementing donor-sponsored programmes.

Among the major conclusions of the Sixty-second World Health Assembly were the importance of collective effort to achieve the health-related Millennium Development Goals and the need to reform health systems, particularly in the context of primary health care, so as to ensure universal coverage. Health systems should not only assist the sick but also focus on disease prevention and health promotion.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that the Sixty-second World Health Assembly, conducted in a positive spirit, had been valuable and productive. The shorter duration had helped to focus the debates, improve efficiency and sustain participation. The shorter format, combined with a judicious use of extended sessions and self-imposed limits on speaking time, might be adopted for future Health Assemblies. At the same time, it was important to use the Executive Board as effectively as possible to shape the Health Assembly's agenda and ensure the relevance of items.

Dr MOHAMED (Oman) said that, despite its shortened format and the complex issues before it, the Health Assembly had been able to complete its work efficiently. One advantage of a shorter Health Assembly was that health ministers would be likely to stay for the entire meeting. He agreed with the previous speaker that the precedent should be followed in the future.

A more appropriate division of work between the Board and the Health Assembly was needed. Once an issue had been extensively debated and a decision relating to it adopted by the Board, there was no need to reopen debate on it at the Health Assembly. Such issues should instead be discussed regionally.

Dr GIMÉNEZ (Paraguay) commended the work done by WHO, particularly by its Director-General, and PAHO in responding rapidly to the influenza A (H1N1) pandemic alert. In recent weeks, much information had emerged about countries' responses to the alert and he gave special recognition to the measures taken by countries with confirmed cases, including Canada, Mexico and the United States of America.

Given the significant discussions at the Health Assembly on primary health care, in particular on the strengthening of health services and the social determinants of health, it might be appropriate to establish a system to monitor regional and national progress in those areas.

The Board noted the report.

4. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the Agenda (Document EB125/3)

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had welcomed the proposals from the Secretariat for renewing WHO's performance monitoring and assessment framework. Those proposals concerned the Medium-term strategic plan, 2008–2013 and the Eleventh General Programme of Work, 2006–2015.

The Committee had also taken note of a further update on the Global Management System. Despite progress on stabilizing the System, major challenges remained. Clear criteria had been worked out to guide further the regional introduction of the System planned for 2010. The Committee had

emphasized the importance of implementing the recommendations of the internal and external auditors, following their reviews of the System. The Committee had also noted that work had begun in the General Management cluster with respect to the development of risk management.

The Committee had welcomed the establishment of an independent oversight advisory committee. It had considered the proposed terms of reference in the Annex to document EB125/11 and the revised proposed terms had been annexed to document EB125/3. The Committee had been told that the cost of the proposed committee had been put at about US\$ 200 000 annually, and that such expenditure would need to come from existing resources.

The Committee recommended that the Board adopt the draft resolution on the independent expert oversight advisory committee contained in document EB125/3.

The CHAIRMAN, replying to Dr INOUE (alternate to Dr Omi, Japan), said that the matter would be considered under the appropriate agenda item.

The Board noted the report.

(For adoption of the resolution on the independent expert oversight advisory committee, see summary record of the second meeting, section 2.)

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

Global elimination of measles: Item 5.1 of the Agenda (Document EB125/4)

The CHAIRMAN recalled that, at its 123rd session, the Board had requested the Director-General to report on the feasibility of eliminating measles worldwide,¹ for which no goal had yet been set. The resulting report discussed the prospects for global elimination, the progress made towards regional goals, and the challenges ahead.

Professor SOHN Myongsei (Republic of Korea) commended the regional offices' work towards meeting their measles elimination goals but expressed concern that the report focused on regional issues and deferred consideration of global elimination to 2011. It was deeply disappointing, in such an obviously urgent matter, that the Member States would have to wait two more years before the Secretariat was in a position to inform them whether and how far global elimination of measles was feasible and appropriate. While accurate, comprehensive and in-depth analysis of the issues involved understandably took time, the Secretariat should delay no further and provide its findings as soon as possible.

Professor HAQUE (Bangladesh) said that the global elimination of measles was an ambitious but not impossible goal, as the Region of the Americas had shown. Other regions had set measles elimination goals for between 2010 and 2012. The exception, the Regional Office for South-East Asia, was working to reduce measles mortality. Measles vaccination coverage in Bangladesh was 83%, which, while above the global average, lagged behind the global target of over 90%. Efforts were being made to achieve universal child vaccination coverage and to combine measles vaccination with other child survival measures such as vitamin A supplementation, deworming and provision of insecticide-treated bednets. Case-based surveillance of measles had been introduced in 2008. A follow-up campaign in 2010 to immunize children between the ages of nine months and five years

¹ Document EB123/2008/REC/1, summary record of the second meeting, section 1.

would comprise national poliomyelitis vaccination days, vitamin A supplementation and albendazole treatment. Bangladesh had improved its child survival rate and at present ranked eighth among the 16 most successful countries in the world. He favoured setting a global measles elimination goal in principle and looked forward to receiving a comprehensive analytical report in which the Secretariat considered the feasibility and appropriateness of that in the light of the three issues identified in the report.

Dr INOUE (alternate to Dr Omi, Japan) agreed that a global plan should not be postponed to 2011. Vaccination against diseases like measles was one of the most cost-effective public health interventions. In addition, the combination of vaccination with other health measures such as vitamin A supplementation and deworming had resulted in improved health outcomes. Despite slow progress towards achieving Millennium Development Goal 4 in general, measles mortality had been reduced substantially in recent years. The Member States concerned, WHO, UNICEF and other partners were to be commended for their efforts to that end.

Japan had a relatively low measles vaccination coverage rate. The problem was not lack of domestic funding or technical difficulties but mainly public concern about vaccinations in general, a factor of Japan's culture and history. In recognition of its shared responsibility for the global elimination of measles, Japan had adopted several additional domestic measures in recent years to remedy the situation.

Mr CHAUDHRY (alternate to Mr Dayal, India), endorsing the report, considered measles mortality reduction to be crucial to achieving Millennium Development Goal 4. Thanks to accelerated measles control efforts, substantial progress had been made on reducing measles mortality in developing countries. Since the disease was highly infectious, stopping transmission required high levels of immunity. It met the criteria for elimination because its transmission depended on humans, sensitive and specific diagnostic tools existed, and effective intervention was available. Measles mortality reduction was the current goal of India's national immunization programme; plans were also being drawn up to eliminate the disease.

Dr MUÑOZ (Chile), pointing to the obstacles that stood in the way of measles elimination, observed first that measles control varied widely from one WHO region to another. It therefore made little sense to recommend special action in the priority countries because, until they achieved greater vaccination coverage, all other countries, including those of the Region of the Americas, would have to keep up their vaccination campaigns and routine programmes for populations that had become complacent about a disease they considered a thing of the past.

Secondly, in order to eliminate measles it was necessary to ensure rapid delivery of effective and affordable vaccines (the same consideration applying to all vaccine-preventable diseases). Pneumococcal disease, for example, was a major cause of child mortality, but the vaccine to prevent it would remain hard to obtain without greater efficiency on the part of existing procurement mechanisms such as the GAVI Alliance, or the mechanism PAHO had used for many years to secure vaccine supplies. Determined action would be needed to balance intellectual property rights against the needs of children in the most vulnerable countries and groups, especially with regard to diseases that jeopardized chances of achieving the health-related Millennium Development Goals.

Dr ABABII (Republic of Moldova), referring to the economic and social damage caused by measles and to resolution EUR/RC55/R7 adopted by the WHO Regional Committee for Europe, said that his Government remained committed to eliminating measles in Europe by 2010. It had taken steps to implement the European Region's strategic plan to eliminate measles and rubella and to prevent congenital rubella infection; more than 99% of children were receiving two doses of the measles, mumps and rubella vaccine, and an effective epidemiological surveillance and response system was in place. Targeted measles, mumps and rubella vaccination campaigns had been launched in the wake of

a mumps epidemic in 2008. The various steps taken had resulted in one of the largest reductions in measles incidence in the Region.

Despite the economic crisis, which had shrunk the resources available for health development, his Government would continue working towards the elimination of measles. Problems of access to vaccines were nevertheless likely to arise. It was hoped that the Secretariat would encourage governments to give priority to the purchase of vaccines and ensure that coverage with two doses of measles, mumps and rubella vaccine did not fall below 95%. Countries that had not undertaken supplementary immunization campaigns against measles should do so soon. The experience of the Region of the Americas showed measles elimination to be an achievable goal.

Dr DAHL-REGIS (Bahamas) said that the global elimination of measles was one of the most cost-effective public health interventions. The infrastructure existed and would be strengthened by the global elimination proposal. The regional elimination of measles had prevented many child deaths, reduced hospital costs and improved quality of life. Time was of the essence and the global elimination of measles could be achieved within the Director-General's term of office.

Dr MOHAMED (Oman) observed that measles transmission rates differed from one WHO region to another. Many countries had substantial measles control programmes and had managed to halt transmission. It was a good idea to convene a global consultation on measles but, as a conference had been held on the subject in the United States of America some years earlier, it was to be hoped that the planned consultation would not cover the same ground.

The Eastern Mediterranean Region had made strenuous efforts to reach its goal of eliminating measles before 2010 or 2011 at the latest. As noted in the report, those countries with the highest incidence of measles also had the highest incidence of other childhood illnesses, spurring them to develop measles control plans and to use vaccines to prevent measles and other diseases.

Professor ADITAMA (alternate to Dr Supari, Indonesia) said that vaccinating children against measles was an important part of Indonesia's immunization programme. He fully supported the goal of global elimination of measles, one of the most important public health issues worldwide; the control strategy could and should be implemented properly.

Dr GOPEE (Mauritius), referring to the mention in paragraph 10 of the report that misplaced concerns about vaccine safety were the principal barriers to achieving measles elimination, asked whether the Secretariat had any plans to address those concerns by helping to disseminate accurate information about the measles vaccine and thereby send clear and strong signals to high priority countries in particular.

Professor STARODUBOV (Russian Federation) said that epidemiological surveillance would be reorganized under his Government's three-year plan for the elimination of measles so as to ensure immunization coverage for children and those aged 35 or under. The plan was in its third stage – to certify various regions measles-free – and there had been only isolated and sporadic measles outbreaks in 2008. It was hoped that the Russian Federation's efforts would contribute to successful implementation of the European Region's plan to eliminate measles across the Region.

Mr OSMAN (Brunei Darussalam) expressed satisfaction at the great progress some regions had made towards eliminating measles, which ought to be true of all regions. He took note of the points raised in paragraph 7 of the report and, while looking forward to receiving the next report in 2011, hoped that it would be prepared more expeditiously.

Ms DLADLA (South Africa)¹ was encouraged that the Regional Office for the Americas had managed to eliminate measles in the Region and commended the considerable progress made in other regions. Although one of the largest regional reductions in measles mortality had been achieved in the African Region, little detailed information had been provided on the challenges faced and progress made there. The Secretariat should include details on the African Region in the next report.

Dr VIROJ TANGCHAROENSATHIEN (Thailand),¹ while expressing satisfaction at the 74% reduction in measles mortality between 2000 and 2007, remained alarmed at the high mortality rate (197 000 deaths a year), which hindered achievement of Millennium Development Goal 4 in the priority countries identified in the annex to the report. Furthermore, 98% of those deaths occurred in 47 priority countries in which vaccination coverage, while improved over the period under review, remained below the level required to control measles.

Five countries in the South-East Asia Region had a substantial measles mortality burden. The Regional Office should convene an urgent meeting among the Member States in the Region in order to establish pre-elimination or elimination goals, as countries in other regions had done. Elimination would require two main interventions: sustaining measles vaccination coverage of more than 90% and administering supplementary vaccinations to children aged between nine months and 14 years every two to four years.

Three major challenges stood in the way of eliminating measles: the capacity of health systems to sustain high routine vaccination coverage rates as opposed to periodic vaccination campaigns; global measles vaccine security, particularly in view of the huge numbers of vaccines needed for catch-up campaigns; and the funding gap for both routine and catch-up campaigns.

Assessing the feasibility of global measles elimination, while welcome, had to be speeded up to enable the Secretariat to report to the Health Assembly by 2010, rather than 2011, for three reasons: the stakes were so high that nobody could adopt a “business as usual” attitude; the Region of the Americas had eliminated measles, the Eastern Mediterranean, European and Western Pacific Regions had set elimination goals and the African Region had established a pre-elimination goal, providing a firm foundation for the feasibility assessment; and various global initiatives taken to help to strengthen health systems could be implemented as part of, rather than before, efforts to sustain high routine vaccination coverage.

Cost-effectiveness was certainly an important aspect of the feasibility assessment, but no less important was the ethical dimension. Children could not be allowed to die when effective measures such as vaccination were available. Measles mortality was indeed a major barrier to achieving Millennium Development Goal 4. It might be wise to examine the capacity of health systems to scale up immunization programmes in “catch-up” populations.

Ms MAFUBELU (Assistant Director-General) said that the Secretariat would take into account the valuable comments made by Board members in formulating recommendations for future consideration by the governing bodies. Regarding the request for clarification of the final sentence of paragraph 10 of the report, she said that measures were already in place for communication to counter rumours about the lack of safety of vaccines. Member States were to be commended on their progress to date towards the 2010 measles mortality reduction goal, although many challenges clearly remained.

Dr DAHL-REGIS (Bahamas) requested a response from the Secretariat to the recommendations made by the representative of Thailand, which she supported.

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

Ms MAFUBELU (Assistant Director-General) said that every effort would be made to respond to those recommendations as quickly as possible.

The DIRECTOR-GENERAL assured the Board that, as it had requested, a report would be prepared for the Executive Board and the Health Assembly in 2010 rather than in 2011.

On that understanding, the Board noted the report.

Availability, safety and quality of blood products: Item 5.2 of the Agenda (Document EB125/5)

The CHAIRMAN drew attention to the following draft resolution on the availability, quality and safety of blood products¹ proposed by Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden and United Kingdom of Great Britain and Northern Ireland, and which read:

The Executive Board recommends to the World Health Assembly the adoption of the following resolution,

The Sixty-third World Health Assembly,

Recalling resolution WHA58.13 and preceding related resolutions, which urged Member States to promote the full implementation of well-organized, nationally coordinated and sustainable blood programmes with appropriate regulatory systems and to enact effective legislation governing the operation of blood services;

Conscious that plasma-derived medicinal products for the treatment of haemophilia and immune diseases are included in the WHO Model List of Essential Medicines¹ and of the need to facilitate access to these products by developing countries;

Concerned by the unequal access globally to blood products including plasma-derived essential medicines, leaving many patients with severe congenital and acquired disorders without adequate treatment;

Aware that a major factor limiting the global availability of plasma-derived essential medicines is an inadequate supply of plasma meeting internationally recognized standards for fractionation;

Bearing in mind that treatment using labile blood components is gradually being included in medical practice in developing countries and that thereby increased quantities of recovered plasma should become available for fractionation into plasma-derived medicinal products;

Concerned that in developing countries fractionation capacity is lacking, and because of insufficient regulatory controls and failure to implement appropriate practices in blood establishments plasma from developing countries is often unacceptable for contract fractionation, with considerable wastage of plasma as a result;

Convinced that assuring the suitability of plasma for fractionation requires the establishment of a nationally coordinated and sustainable plasma programme within a properly organized, legally established and regulated national blood programme;

Recognizing that access to information about strategies to ensure supplies of blood products sufficient to meet demand, effective mechanisms of regulatory oversight,

¹ The Essential Medicines List identifies individual medicines that together could provide safe and effective treatment for the majority of communicable and noncommunicable diseases. These include blood-derived immune globulins, and clotting factors, which are needed to prevent and treat a variety of serious conditions that occur worldwide.

technologies to ensure quality and safety of blood products, guidelines on the appropriate clinical use of blood products and the risks of transfusion has become more and more necessary;

Bearing in mind that voluntary and non-remunerated blood donations can contribute to high safety standards for blood and blood components and being aware that the safety of blood products depends on testing of all donated blood for transfusion-transmissible infections, and correct labelling, storage and transportation of raw blood components and final blood products;

Bearing in mind that patient blood management means that every reasonable measure should be taken to optimize the patient's own blood volume before surgery, to minimize the patient's blood loss and to harness and optimize the patient-specific physiological tolerance of anaemia following the WHO's guide for optimal clinical use (three pillars of patient blood management);

Concerned that unsafe and/or poor-quality blood products can render patients vulnerable to avoidable risk if the blood programmes are not subject to the level of control now exercised by experienced national or regional regulatory authorities;

Alarmed that patients in developing countries continue to be exposed to the risk of preventable transfusion-transmitted infections by bloodborne pathogens such as hepatitis B virus, hepatitis C virus or HIV;

Concerned that the increasing mobility of populations is contributing to increased risk of transmission of infectious diseases worldwide;

Noting the increasing movement across boundaries of blood products and blood safety related in vitro diagnostic devices, together with their rapid development and introduction into health-care systems of both developed and developing countries;

Recognizing the value of international biological reference materials (WHO International Standards) for the quality control of blood products and related in vitro diagnostic devices for detection of known and emerging bloodborne pathogens;

Convinced that traceability of all stages of the preparation of blood products, from the donor to the recipient and vice versa, is essential to identify risks, particularly the transmission of pathogens, and to monitor the efficacy of corrective measures aiming to minimize such risks;

Convinced that the whole chain of processes in the production of plasma-derived medicines, i.e. recruiting voluntary, non-remunerated healthy blood and plasma donors from low risk donor populations, testing of all donated blood for transfusion-transmissible pathogens, correct processing, labelling, storage and transportation of raw blood components and final plasma-derived medicines needs to be covered by reliable quality assurance procedures, compliant with good manufacturing practices;

Recognizing that stringent regulatory control is vital in assuring the quality and safety of blood products, as well as of related in vitro diagnostic devices, and that special effort is needed to strengthen globally the technical capacity of regulatory authorities to assure the appropriate control worldwide;

Recalling previous resolutions of the Health Assembly mentioning the vital need to ensure the quality, safety and efficacy of medicinal and biological products,

1. URGES Member States:¹

- (1) to take all the necessary steps to establish, implement and support nationally coordinated and sustainable blood and plasma programmes;

¹ And regional economic integration organizations, where applicable.

- (2) to take all the necessary steps to update their national legislation on medicines and operation of regulatory authorities to ensure that regulatory control in the area of quality and safety of blood products meets internationally recognized standards;
 - (3) to establish appropriate regulatory control to ensure the implementation of quality systems for blood products, and in particular good manufacturing practices for the production of plasma-derived medicines;
 - (4) to enhance the quality of evaluation and regulatory actions in the area of blood products and associated medical devices, including in vitro diagnostic devices;
 - (5) to ensure the reliability of mechanisms for reporting serious or unexpected adverse reactions to blood and plasma donation and to the receipt of blood components and plasma-derived medicinal products, including transmissions of pathogens;
2. REQUESTS the Director-General:
- (1) to guide Member States to meet internationally recognized standards in updating their national regulations for effective control of the quality and safety of blood products and associated medical devices, including in vitro diagnostics;
 - (2) to extend the support offered to Member States for developing and strengthening their national regulatory authorities and control laboratories so as to increase their competence in the control of blood products and associated medical devices, including in vitro diagnostic devices, and fostering the creation of regional regulatory networks where necessary and appropriate;
 - (3) to ensure sustainable development and provision of international biological reference materials (WHO International Standards) for use in the quality control and regulation of blood products and related in vitro diagnostic devices;
 - (4) to improve access by developing countries to international biological reference materials and to the scientific information obtained in their validation in order to assure the appropriate use of these materials;
 - (5) to develop, provide and disseminate guidance and organize training activities to promote effective regulatory oversight of blood systems and implementation of good manufacturing practices in plasma-fractionation programmes, under the responsibility of regulatory authorities;
 - (6) to inform regularly, at least every four years, the Health Assembly, through the Executive Board, on actions taken by Member States and other partners.

Dr KÖKÉNY (Hungary), speaking for the Czech Presidency on behalf of the European Union and its Member States, said that in resolution WHA58.13 the Health Assembly had urged Member States, *inter alia*, to promote well-organized, nationally coordinated and sustainable blood programmes. Blood transfusion was indispensable in medical practice, and plasma derivatives for treatment of severe bleeding and immunological disorders were included in the WHO Model List of Essential Medicines. However, global supplies of blood products were still insufficient and many countries lacked the capacity to produce plasma-derived products and could not afford to import them. Further support was needed to boost blood supplies and to enhance capacity to collect plasma and produce plasma-derived essential medicines, ensuring high quality and safety. Amendments to legislation, enhanced regulatory controls and the elaboration of scientific guidance and good manufacturing practices had demonstrated that a high level of quality and safety of blood products could be assured and that the risk of transmission of known and emerging infectious agents through blood products could be minimized.

The draft resolution addressed the need to improve access to high-quality and safe blood products worldwide. Valuable plasma was being lost for want of appropriate procedures. The draft resolution therefore advocated the establishment of plasma collection and, where possible, fractionation capacities within existing or developing national blood systems, and the use of the plasma recovered for the manufacture of essential medicines, in accordance with good manufacturing practices to assure quality. The draft resolution also urged Member States to amend their legislation, strengthen regulatory oversight and enhance the capacity of their control authorities accordingly. The Director-General should continue to advise Member States on internationally recognized standards for effective control of quality and safety of blood products, to support the strengthening of national regulatory authorities and control laboratories, and to ensure sustained provision of the necessary international biological reference materials. He welcomed WHO's leadership to date. The draft resolution should further encourage support for the developing countries in establishing national blood and plasma programmes and improving access to life-saving medicines. He proposed that the subject should be discussed in detail by the Board at its 126th session in January 2010.

Dr DODDS (Canada) said that Canada recognized the importance of national legislative and regulatory frameworks and international collaboration in promoting a reliable safe blood supply and wished to be included as a sponsor of the draft resolution. The text set out appropriate measures for implementing adequate procedures to ensure the safety, quality and availability of blood and blood products. There was a need to ensure access in developing countries to plasma-derived products for treating haemophilia and immune diseases; those products were included in the WHO Model List of Essential Medicines. He looked forward to further discussion of the subject.

Dr INOUE (alternate to Dr Omi, Japan) said that blood products were not just commodities; the donation of blood by voluntary, non-remunerated donors symbolized a society's unity. Countries should therefore be encouraged to meet at least part of their needs from domestic blood and blood products. The provision of safe blood supplies was no easy task, requiring as it did the national capacity to develop effective policies, quality control systems, and legislative and regulatory frameworks. The draft resolution captured those challenges and Japan therefore wished to be included as a sponsor. As in other areas, technology transfer would be an important element in strengthening national capacity to achieve goals. However, since it had not been mentioned in the Secretariat's report, he would welcome further information on the transfer of technologies for the processing of blood and the production of blood products.

Professor HAQUE (Bangladesh) said that in line with global initiatives Bangladesh had launched a nationwide programme for safe blood transfusion in 2000. It had also enacted related legislation in 2002 and regulations in 2008. A licence was required to operate blood-bank and blood-transfusion services, and screening of blood for markers of HIV, hepatitis B and C virus infections, syphilis and malaria was mandatory. The Government operated a network of safe blood-transfusion centres nationwide and was expanding public blood banks. Voluntary organizations and private hospitals also operated blood supply programmes. Since the enactment of regulations, the proportion of voluntary donations had risen to almost 100%. Blood products were still used inappropriately, however. Women's health should be improved with a view to reducing severe iron-deficiency anaemia, and medical professionals required education to raise their awareness of the need to minimize blood transfusions and prefer other options. The Ministry of Health and Family Welfare was conducting programmes to increase public awareness about voluntary donation. Further support from WHO for the introduction of blood component separation technologies in existing establishments would be appreciated. He urged rapid implementation of the actions recommended in the report, supported the draft resolution and looked forward to further discussions at the Board's 126th session.

Dr SEEBA (Germany) commended the Secretariat's activities and achievements in improving the availability, quality and safety of blood products, and said that Germany wished to cosponsor the draft resolution. Safe blood products were essential for saving lives, and national plasma programmes were therefore of major importance. The Secretariat should continue to guide and support the Member States in their efforts in that area.

Dr ABABII (Republic of Moldova), expressing full support for the comments by the member for Hungary, highlighted the importance of blood services for modern medicine. In the Republic of Moldova, as in many countries, donated blood was regarded as national property, the blood service was given high priority and safe transfusions were a matter of national security. Good progress had been made in recent years towards improving safety and organization, and strengthening laboratory facilities. International experience showed that unpaid, voluntary donation was the best way of ensuring safe blood donation. Campaigning for donation had significantly increased the number of donors. The human element was a key factor in ensuring the quality of blood services, calling as it did on many health professionals and technicians. Initial and continuing training of staff was therefore also important.

Although transfusions of blood products could be of great benefit, the potential complications meant that alternatives, such as iron supplements to treat anaemia, should also be considered. It was particularly important to contemplate wider introduction of autotransfusion, with appropriate support from WHO, as it could reduce the need for blood products and the risk of infection. WHO should encourage research into artificial blood products.

Dr BIN SHAKAR (United Arab Emirates) said that his country had adopted stringent measures consistent with WHO standards on the availability, safety and quality of blood products. The import of blood was prohibited, for example, and blood-donation campaigns had been conducted countrywide, with the result that hospitals were self-sufficient in blood. Mechanisms were also in place for the regulation and control of blood products and plasma. A blood transfusion and research centre in the country had moreover recently been selected as a WHO collaborating centre. He had no objection to the draft resolution but would have appreciated an opportunity to consult with his national authorities.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that the current discussion should provide a good opportunity to strengthen the draft resolution before its detailed consideration at the Board's next session in January 2010. Paragraph 6 of the report referred to "unsafe transfusion practices at the patient's bedside", but transfusion errors were not explicitly mentioned in the draft resolution. The preamble to the recommended resolution should be amended to refer to the risks of, and potential solutions to, such errors, and should also specifically refer to excessive or unnecessary use of transfusion. The need for research to find new technologies for producing safe and effective substitutes for blood or alternative ways of producing blood, for example through stem-cell research, should also be mentioned.

Dr MUÑOZ (Chile) said that the guidance given in the report and the draft resolution should be amended to offer more advice to countries on managing their blood supply systems, with a view to improving decision-making and reducing risks to patients. He supported the draft resolution, which should be strengthened as suggested by himself and other members.

Mr CHAUDHRY (alternate to Mr Dayal, India), endorsing the report, said that national blood programmes should be developed as an integral part of health-care systems based on the principles of primary health care. Vigorous training programmes to ensure a sufficiency of qualified personnel were essential to improving the quality and safety of blood transfusion services. Since the steps outlined in the report for expanding access to safe, good-quality blood products were feasible in the foreseeable future, it might be useful to set a time frame for their implementation by Member States. More time

was needed to consider the draft resolution, and further discussion should therefore be deferred to the Board's next session in January 2010.

Dr BUSS (Brazil) said that the Member States in the Region of the Americas were improving the availability, quality and safety of blood products. He supported the draft resolution in principle, including the amendments made by previous speakers, but questioned the relevance of the thirteenth preambular paragraph, which referred to the contribution of the increasing mobility of populations to the risk of transmission of infectious diseases, and proposed its deletion.

Dr GIMÉNEZ (Paraguay) supported the draft resolution as amended by the previous speaker.

Mrs GIDLOW (Samoa) requested support from the Secretariat for small island countries in the areas for action set out in paragraphs 4 to 9 of the report. Developing countries such as hers were particularly in need of guidance on improving poor-quality systems and the regulation of blood products. While she supported the draft resolution in principle, more time was needed for regional consultations on the content, and she too proposed that further consideration should be deferred to the Board's next session in January 2010.

Professor ADITAMA (alternate to Dr Supari, Indonesia) said that the issue of blood availability, safety and quality was a high priority in Indonesia. An adviser had been appointed to strengthen national capacity in that regard, in accordance with national regulations.

Dr BLOOMFIELD (New Zealand) said that robust legislation and regulations in New Zealand supported a safe and effective national blood-product programme and that the country was able to meet all its requirements for blood products through voluntary donations.

He emphasized strict selection criteria for donors, voluntary non-remunerated donations, and strong governance and leadership. WHO had an important part to play in capacity-building. He supported the draft resolution but stressed that the text should be strengthened before further discussions by the Board at its 126th session.

Ms YAHAYA (Nigeria),¹ noting that medical care depended on a steady supply of blood and blood products from healthy donors, observed that many deaths were attributable to an inadequate supply, particularly in developing countries. National blood screening centres had been created in Nigeria in order to strengthen transfusion services and, owing to the risk of transfusion-transmitted infections, a target of zero transmission of HIV through blood transfusions had been set for the end of 2009.

Nigeria appreciated work done by the Secretariat and Member States to impose quality standards for blood and blood products. It was promoting voluntary unpaid donations of blood in order to establish a credible national blood bank.

Nigeria wished to cosponsor the draft resolution but felt that the word "Concerned" at the beginning of the thirteenth preambular paragraph should be replaced by "Observing".

Ms ALARCÓN LÓPEZ (Colombia),¹ Mr COLMENARES (Bolivarian Republic of Venezuela),¹ Ms JAQUEZ (Mexico)¹ and Mr ROSALES LOZADA (Plurinational State of Bolivia)¹ agreed with the amendment proposed by the member for Brazil about the deletion of the thirteenth preambular paragraph. There was no relation between population mobility and the subject matter of the draft resolution.

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

Dr LIU Peilong (China)¹ said that his Government attached great importance to blood safety and had adopted measures to ensure both safety and supply of blood. Effective cooperation had been established with the Secretariat. It was to be hoped that support to Member States, particularly developing countries, would be strengthened in three priority areas: creation and implementation of quality-control standards; rational use of blood and blood products; and dissemination of WHO's materials on that issue, such as relevant policies.

He supported the draft resolution but wanted the text to be strengthened with respect to rational use of blood and blood products.

Ms DLADLA (South Africa),¹ referring to paragraph 7 of the report, sought clarification on the issue of mobility that other speakers had mentioned. It was unclear how mobility could be crucial for the availability of blood, particularly when the necessary measures for screening blood were in place. The issue should be reviewed and made clearer.

Dr ETIENNE (Assistant Director-General) thanked speakers for their comments and guidance and the emphasis that access to safe, good-quality blood and products was essential to saving lives. The Secretariat had noted the many recommendations for strengthening the text of the draft resolution, particularly those made by China, India, New Zealand and the United Kingdom.

With regard to management of blood transfusion services, the Secretariat had taken the lead and fostered good management of those services, with training workshops to build capacity. The Secretariat would continue to provide support to Member States as they built that capacity through guidelines and training at all levels.

On support for transfer of technology, policy and technical advice had been provided in the fifty-sixth report of the Expert Committee on Biological Standardization.² The Secretariat would continue to work with Member States and experts and provide further support in that regard.

The Secretariat had noted the need to increase dissemination of the many documents to which reference had been made.

In response to the mobility issue, the Secretariat would review the text but Member States should be aware that the movement of blood donors across countries increased the risk of transfusion-transmitted diseases if the appropriate donor recruitment, selection and testing systems were not properly implemented.

The Secretariat would consult with Member States and its experts.

The CHAIRMAN took it that the Board wished to take note of the report on availability, safety and quality of blood products.

The Board took note of the report.

The CHAIRMAN took it that the Executive Board wished to postpone further discussion of the draft resolution until its 126th session.

It was so agreed.

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

² WHO Technical Report Series, No. 941, 2007.

Guidance on the WHO review of psychoactive substances for international control: proposed revision: Item 5.3 of the Agenda (Document EB125/6)

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that the report was highly technical and there had been insufficient opportunity to discuss it in depth with national experts. He therefore welcomed a limited discussion but said that a full discussion at the 126th session of the Board in January 2010 would be more appropriate.

The information and reports issued by WHO were powerful, innovative and accessible. The reports to the Board, however, while obviously the product of much hard work, were highly technical and occasionally inaccessible to non-specialists like himself. He suggested that document content and presentation should be reviewed at a future Board session to make documents more accessible to members.

Dr MOHAMED (Oman) agreed with the proposal to postpone discussion of the report to the Board's 126th session.

Dr DJIBO (Niger) agreed that the report was highly technical and that input from national experts in the subject would be necessary. He also agreed with the proposal to postpone the discussions.

Dr JESSE (Estonia), while acknowledging the effort involved in revising such technical guidelines fully, pointed out that it was five years since the Expert Committee on Drug Dependence had requested guidance in that area. The revised guidelines would provide more transparency and enhanced quality control through a peer-review procedure. While the issue was complex and called for careful attention by members of the Executive Board and specialists in the Member States, it was important to remember that WHO had been asked only to contribute a review of psychotropic substances for international control; any decision would be made in another organization and the final decision about scheduling would be taken by the Commission on Narcotic Drugs in Vienna. It was therefore imperative that, following discussion by the Board at its session in January 2010, the proposed revision should be adopted.

Dr BLOOMFIELD (New Zealand), endorsing the comments by the member for Estonia, asked the Secretariat how many responses had been received from Member States on the draft guidelines and whether any specific concerns might be identified to expedite discussions, particularly as the Expert Committee had been requesting the revised draft for five years.

Mr HOHMAN (United States of America)¹ agreed that the proposed revision was an important issue, the discussion of which should be postponed to January 2010; however, he asked the Secretariat to provide guidance to the Board at that 126th session on paragraph 45, regarding shifting control of substances from one Convention to another. The availability of substances for medical and scientific purposes might not be WHO's responsibility under the conventions. While WHO was always free to pass on any information in that area, would that be a formal recommendation to the Board for further consideration by the Commission on Narcotic Drugs? In particular, he was unclear about the scope of the verb "articulate" in the final sentence of paragraph 45.

Dr LIU Peilong (China)¹ supported the proposal for detailed discussion at the Board's 126th session. Under the 1961 and 1971 Conventions, parties to the Convention or WHO itself could submit review requests to the United Nations Secretary-General. The document provided clear guidance on

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

WHO's procedures for review of psychoactive substances for international control; however, it failed to provide guidance on how WHO would collect data on substance abuse or how to propose a review request. He requested further clarification on those points.

Mr ROSALES LOZADA (Plurinational State of Bolivia)¹ said that such revision was useful to the Organization and should be based on scientific progress and improved administrative procedures and transparency. An assessment of the potential impact of such substances should meet the expectations of all members and should be based on best practices, with transparent notification procedures and in accordance with decisions by the WHO Committee of Experts.

Ms NICOLAI (Netherlands)¹ said that access to controlled medication, particularly for pain relief, had become an important aspect of drug control. WHO was mandated to advise the United Nations on medical and scientific matters of drug control, and that evaluation should take into account all relevant aspects of public health to ensure that, while there was sufficient regulation to minimize potential abuse and dependence, medications were available where necessary for medical treatment. She looked forward to further discussion by the Board in January 2010.

Dr BLOOMFIELD (New Zealand) repeated his request to the Secretariat for information on the degree of response to the two public online consultations.

Dr ETIENNE (Assistant Director-General) said that few, if any, Member States had responded and only five experts had done so.

Dr BLOOMFIELD (New Zealand) requested the Secretariat to carry out a further consultative process over the coming months and to submit a summary of the feedback to the Board at its session in January 2010.

The DIRECTOR-GENERAL thanked the member for New Zealand for his pertinent suggestion. The Secretariat would initiate a further online consultation with Member States, and she encouraged Member States and experts to provide input in order to ensure the best possible outcome at the January 2010 session of the Executive Board.

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

It was so agreed.

The meeting rose at 12:40.

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

SECOND MEETING

Saturday, 23 May 2009, at 14:35

Chairman: Dr S. ZARAMBA (Uganda)

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

Birth defects: Item 5.4 of the Agenda (Document EB125/7)

The CHAIRMAN drew attention to a draft resolution on birth defects proposed by China, India and the Republic of Korea, and which read:

The Executive Board,

Concerned by the high number of stillbirths and neonatal deaths occurring worldwide and by the large contribution of neonatal mortality to under-five mortality;

Recognizing the importance of birth defects as a cause of stillbirths and neonatal mortality;

Mindful that effective interventions including provision of appropriate community genetic services within the primary health care are available that can be integrated into maternal, reproductive and child health services;

Alarmed by the inadequate coverage of maternal, newborn and child health interventions and the barriers to access to health services that still exist in countries with the highest burden of maternal, newborn and child deaths;

Aware that the attainment of Millennium Development Goal 4 on reduction of child mortality will require accelerated progress in reducing neonatal mortality including prevention and management of birth defects;

Recalling resolution WHA58.31, in which the Health Assembly, calling for universal coverage of maternal, newborn and child health interventions, urged Member States to commit resources and to accelerate national action to build a seamless continuum of care for reproductive, maternal, newborn and child health; as well as resolution WHA57.13 which recognized that genomics has a significant contribution to make in the area of public health;

Recognizing that the prevalence of birth defects varies between communities, and that insufficient epidemiological data may hamper effective and equitable management;

Deeply concerned that birth defects are not still recognized as priorities in public health;

Alarmed by the limited resources dedicated to prevent and management of birth defects in particular in middle-income and low-income countries;

Welcoming the report on birth defects,¹

1. URGES Member States:

(1) to raise the awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of birth defects as a cause of child morbidity and mortality;

¹ Document EB125/7.

- (2) to set priorities, commit resources, and develop plans and activities for integrating effective interventions to prevent and care for children with birth defects into existing maternal, reproductive and child health services for all individuals who need them;
- (3) to increase coverage of effective prevention measures, through health education programmes that include ethical, legal and social issues associated with birth defects for the general population and high risk groups, and by fostering the development of parent-patient organizations and establishing appropriate community genetic services;
- (4) to integrate surveillance data on birth defects into national health information systems;
- (5) to develop expertise and to build capacity on the prevention and management of children with birth defects;
- (6) to strengthen research and studies on etiology, diagnosis and prevention of major birth defects and to promote international cooperation in combating with them;

2. REQUESTS the Director-General:

- (1) to promote the collection of data on the global burden of mortality and morbidity due to birth defects, and to consider broadening the groups of congenital abnormalities included in the classification when the International Statistical Classification of Diseases and Related Health Problems (Tenth Revision) is revised;
- (2) to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects within their national maternal, newborn and child health plan, and to promote equitable access to such services;
- (3) to promote technical cooperation among Member States, nongovernmental organizations and other relevant bodies on prevention of birth defects;
- (4) to support and facilitate research efforts on prevention and management of birth defects in order to improve the quality of life of those affected of such disorders;
- (5) to report on progress in implementing this resolution to the Sixty-seventh World Health Assembly, through the Executive Board, in 2014.

Dr MOHAMED (Oman) said that the subject of birth defects warranted ongoing discussion by the Board. Commenting on the report, he expressed surprise that the percentage of neonatal deaths from congenital abnormalities was as high (or higher) in some developed countries as it was in some developing countries. As for means of preventing congenital disorders, WHO promoted routine vaccination against rubella and varicella as part of the Expanded Programme on Immunization. Yet there had been a resurgence of varicella in some countries, and WHO should therefore raise the matter with national immunization authorities.

Marriage between relatives was common in some countries but did not inevitably lead to congenital disorders. The degree of consanguinity associated with such risks should be specified, with emphasis placed on awareness-raising and premarital screening. Furthermore, serious congenital disorders were not only due to genetic or environmental causes, and the report should be reworded to reflect that fact. He further suggested that WHO should work with other organizations, including FAO and Codex Alimentarius, to ensure that food supplied to developing countries was fortified with micronutrients, a low-cost process with high returns that should be mandatory worldwide.

Ms ARTHUR (France) said that approaching the topic of birth defects from the point of view of stillbirths and neonatal mortality was understandable in the light of Millennium Development Goal 4 (reduce child mortality). She cautioned, however, that such an approach might lead to ignoring the fact that many congenital disorders had a significant impact in terms of morbidity, disability and the burden placed on families and society, often for many years.

Although the report listed some measures in its sections on prevention, screening and genetic counselling, and detection, treatment and care, it did not rank those likely to be most effective or

efficient in the context of each country. That point could usefully be explored between sessions of the Board.

Congenital disorders due to genetic causes might appear to be rare on a case-by-case basis, but they were frequent when viewed in aggregate, and optimum management of those disorders must be based on the creation of suitable interdisciplinary networks. Such management could benefit greatly from cooperation between Member States with support from WHO.

She looked forward to detailed discussion of the topic and the draft resolution at the next session of the Board.

Dr ABABII (Republic of Moldova) said that, as the report had been prepared by highly qualified specialists and reflected the latest approaches to detection and treatment of birth defects, he thus found it difficult to share fully the views of previous speakers.

In his country, birth defects were the second largest cause of child mortality and the main cause of disability among those under 18 years of age. Given the high economic costs of treating and caring for people living with such conditions, efforts should be devoted mainly to prevention, for example through family planning or genetic counselling. Health professionals, particularly in primary health-care services, should be trained in clinical genetics and specialized diagnostic centres should be established. Alternatively, measures could be taken to treat the symptoms of birth defects, either in utero or after birth. Such treatment, however, was beyond the means of many countries, and therefore preconceptual and prenatal research and genetic counselling were important and should be integrated into maternal and child health systems in all countries. He expressed full support for the potential country-level actions identified in the report.

In order to improve diagnosis and reporting of birth defects, targeted methodological approaches should be developed, including research into miscarriages after 22 weeks' gestation; to that end better qualified specialists were needed. A range of measures, including testing for biochemical markers and ultrasound procedures, should be investigated with a view to minimizing the use of invasive interventions. Attention should also be given to neonatal research. International data-sharing through new registration cards, in line with recommendations of the European Surveillance of Congenital Anomalies, could contribute to analysis of possible risk factors for birth defects and changes in the gene pool.

Dr GAMARRA (adviser to Dr Giménez, Paraguay) pointed out that primarily agricultural countries, such as Paraguay, were constantly exposed to the use (and abuse) of chemicals, notably pesticides. Depending on the period of vulnerability, acute exposures to these substances were responsible for innumerable birth defects, which could be lethal or cause long-term disability, thereby placing a burden on families and on the health system. The report should have made explicit reference, in its section on prevention, to chemical substances such as mercury, cadmium, lead and, in particular, pesticides. Paragraph 12 should have mentioned promoting the development and implementation of strict measures regulating the use of chemical substances.

With regard to the draft resolution, she suggested adding language to the preamble that would recognize the diversity of causes and determinants of congenital disorders, including infectious or nutritional factors, vaccine-preventable diseases, consumption of alcohol and drugs, and exposure to chemical substances, notably pesticides, and state that all those factors were preventable. She also proposed to insert a new subparagraph 1(2) that would read as follows: "to promote the application of internationally recognized standards regulating the use of chemical substances in the air, water and soil".

Dr DODDS (Canada) observed that 3% to 4% of babies in Canada were born with a serious congenital anomaly, in most cases to women with no known family history of such defects and no known risk factors for them. Canada was committed to national monitoring and reporting of

congenital anomalies and also recognized the importance of international collaboration in order to better understand and reduce the burden of those abnormalities.

He suggested that the report should be discussed at the forthcoming annual meeting of the International Clearinghouse for Birth Defects Surveillance and Research (Salt Lake City, Utah, United States of America, 11–15 September 2009). That forum could identify strategies for improved surveillance and prevention of congenital anomalies and foster research and collaboration among surveillance programmes worldwide.

While supporting the draft resolution, she proposed that, in the fourth and ninth preambular paragraphs, the word “Alarmed” should be replaced by “Concerned”. In paragraph 2, a new subparagraph (2) should be added, to read: “to continue to collaborate with the International Clearinghouse for Birth Defects Surveillance and Research (ICBDSR) in order to improve collection of data on global burden of mortality and morbidity due to birth defects”.

Dr INOUE (alternate to Dr Omi, Japan), observing that the report listed several possible interventions for dealing with birth defects, suggested that they should be reorganized by cost-effectiveness and feasibility. For example, there were several descriptions of diagnostic techniques, but some of them did not appear to result in prevention, treatment or other measures to mitigate the disease burden in real settings. On the other hand, some of the interventions listed were known to be cost-effective, such as iodide fortification for the prevention of cretinism, folic acid supplementation for the prevention of neural-tube defects, and routine vaccination for the prevention of rubella and varicella. Consequently, he suggested that the Secretariat should review the list of potential measures in terms of feasibility and cost-effectiveness.

Professor SOHN Myongsei (Republic of Korea) said that, while much work had been accomplished at the national level, countries must take a broader view and expand their efforts to the regional and global levels. Birth defects remained a serious concern not only in developing countries, where screening and health planning services were lacking, but also in developed countries with low birth rates.

Dr BUSS (Brazil) drew attention to omissions in the report. He requested the Secretariat to incorporate in the text, for consideration at the Board’s next session, existing evidence on the relationship between birth defects and consumption of certain foods and medicines, the use of chemicals in food production, and environmental pollutants. Discussion of the report and the draft resolution should be resumed at the next session in the light of that evidence.

Dr GOPEE (Mauritius) pointed out that there was a reference to ethical, legal and social issues in paragraph 1(3) but not paragraph 2 of the draft resolution. Emphasizing the ethical issues, he proposed insertion of a subparagraph after paragraph 2(2), to read “to support Member States in developing the ethical and legal guidelines in relation to birth defects”. Furthermore, since some countries did not have sufficient capacity in genetic services, he requested that another subparagraph should be added to paragraph 2, reading “to assist Member States in the provision of appropriate community genetic services within the primary health-care system”.

Dr MUÑOZ (Chile) supported the draft resolution as amended by the member for Canada. It was essential to enhance knowledge of the relative risk of birth defects – for which various factors were to blame – in order to apply the appropriate regulatory measures.

Dr DAHL-REGIS (Bahamas) endorsed the references in the report to the challenges posed by the application of the International Statistical Classification of Diseases and Related Health Conditions (Tenth Revision), which led to the underreporting of congenital events, as had happened with the Ninth Revision. Attention must also be paid to perinatal records and information systems that were

particularly relevant to early detection of congenital abnormalities. Birth registries were useful but could be enhanced by perinatal monitoring systems.

She supported the amendments proposed by the members for Canada and Mauritius. She suggested that, in paragraph 2 of the draft resolution, a reference should be added on the strengthening of health systems and primary care, and on the role of improved vaccination coverage in the prevention of birth defects.

Dr BLOOMFIELD (New Zealand) supported the draft resolution with the amendments proposed by the member for Canada. In order to emphasize that effective preventive measures against birth defects existed, he proposed the addition in the third preambular paragraph of the words “to prevent birth defects” after “effective interventions”. He also sought clarification from a sponsor of the draft resolution about the eighth preambular paragraph (“Deeply concerned that birth defects are not still recognized as priorities in public health”). Did that mean that, although birth defects were a national priority for some countries, they were not yet regarded as a global priority?

In response, Dr LIU Peilong (China) referred to the Secretariat’s analysis of how birth defects were related to children’s mortality rate. Birth defects presented a major challenge to the global public health system; in order to achieve the targets for Millennium Development Goal 4, governments must give due attention to the prevention and control of birth defects by making firm commitments and adopting measures of proven efficacy. Such measures included folic acid supplementation for women of childbearing age, promotion of iodized salt, vaccination of young women against rubella, and the provision of rehabilitation support to congenitally disabled children. Governments must also enhance monitoring, build capacity, conduct research and development and engage in international cooperation.

Through a package of effective measures over the past decade, China had reduced serious birth defects by almost 50%, thereby significantly reducing infant and child mortality. Although China expected to achieve the relevant Millennium Development Goal on time, it still faced many challenges. Its intervention measures could not cover the entire target population.

The Secretariat should provide support to Member States, in particular developing countries, by improving standards, carrying out effective interventions, promoting international cooperation and advancing research and development. Insights from the experiences of successful countries could be useful to the Secretariat in drafting strategies for the prevention and control of birth defects so as to better guide the work of Member States.

The CHAIRMAN observed that the member for China had not provided the clarification requested by New Zealand concerning the eighth preambular paragraph of the draft resolution.

Dr ALWAN (Assistant Director-General), acknowledging the Board’s valuable comments, said that the emphasis on primary health care and public health approaches for the prevention of common birth defects and congenital anomalies, as well as on preconception and genetic counselling and the classification of such defects and anomalies, would form the main thrust of any global or national strategy in that area of work. All the comments on those issues would be taken into account in a new version of the document to be submitted to the Board at its 126th session.

Ms MAFUBELU (Assistant Director-General) said that the Secretariat would follow up on the suggestion by the member for Canada that the report should be discussed within the framework of the International Clearinghouse for Birth Defects Surveillance and Research.

The CHAIRMAN took it that the Board wished to note the report and postpone consideration of the draft resolution until its next session.

It was so agreed.

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

Independent expert oversight advisory committee: Item 6.1 of the Agenda (Document EB125/11)

The CHAIRMAN, recalling that the Chairman of the Programme, Budget and Administration Committee had reported in the previous meeting on the Committee's discussions on the establishment of an independent expert oversight advisory committee,¹ invited the Board to comment on the amended proposed terms of reference for that body that were annexed to the report.

Dr INOUE (alternate to Dr Omi, Japan) said that, although the proposed independent expert advisory committee would be concerned mainly with financial and managerial matters, there was need for a similar independent body to advise on a more fundamental matter: redefining of the role of WHO in a rapidly changing global health environment in which it was one of numerous organizations dealing with global health issues.

In the absence of any further comments, the CHAIRMAN took it that the Board wished to adopt the draft resolution contained in paragraph 8 of document EB125/3.

The resolution was adopted.²

Committees of the Executive Board: filling of vacancies: Item 6.2 of the Agenda (Documents EB125/8 and EB125/8 Add.1)

The CHAIRMAN drew the Board's attention to the report on membership of the Board's committees (document EB125/8), and invited the Board to consider his proposals for filling vacant posts (document EB125/8 Add.1).

Programme, Budget and Administration Committee

Decision: The Executive Board appointed as members of the Programme, Budget and Administration Committee Dr A. Djibo (Niger), Dr P.M. Buss (Brazil), Mr N. Dayal (India), Mr D. Houssin (France), Dr A.J. Mohamed (Oman), Dr S. Omi (Japan), Mr T. Ryall (New Zealand) for a two-year period or until expiry of their membership on the Board, whichever comes first, in addition to Dr K. Kamoto (Malawi), Dr M. Dahl-Regis (Bahamas), Professor A.F.M.R. Haque (Bangladesh), Dr M. Kökény (Hungary), Dr A.A. Bin Shakar (United Arab Emirates), Dr S. Zaramba (Uganda), Chairman of the Board, member ex officio and Professor Sohn Myongsei (Republic of Korea), Vice-Chairman of the Board, member ex officio. It was understood that, if any member of the Committee, except the two ex officio members, was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.³

¹ See summary record of the first meeting, section 4.

² Resolution EB125.R1.

³ Decision EB125(1).

Standing Committee on Nongovernmental Organizations

Decision: The Executive Board appointed Professor A.F.M.R. Haque (Bangladesh) and Mrs G.A. Gidlow (Samoa) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board, in addition to Dr J.M. de Carvalho (Sao Tome and Principe), Mr C. Vallejos (Peru), Dr A.J. Mohamed (Oman), already a member of the Committee. It was understood that if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.¹

Foundation Committees

Léon Bernard Foundation

Decision: The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Dr I. Ababii (Republic of Moldova) as a member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that if Dr Ababii was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, would participate in the work of the Committee.²

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

The CHAIRMAN proposed that the Board should be represented by the Chairman and first three Vice-Chairmen. In the event that any of them were not available, the fourth Vice-Chairman and/or the Rapporteur could be asked to act in that capacity. He took it that the Board wished to accept his proposals.

It was so agreed.

Decision: The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Dr S. Zaramba (Uganda), and its first three Vice-Chairmen, Dr S.F. Supari (Indonesia), Dr E. Giménez (Paraguay) and Professor Sohn Myongsei (Republic of Korea) to represent the Executive Board at the Sixty-third World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr A.J. Mohamed (Oman) and the Rapporteur, Professor T. Milosavljević (Serbia), could be asked to represent the Board.³

Future sessions of the Executive Board and the Health Assembly: Item 6.3 of the Agenda (Document EB125/9)

Dr BLOOMFIELD (New Zealand), supported by Dr INOUE (alternate to Dr Omi, Japan), proposed that in May 2010 the Programme, Budget and Administration Committee should meet for

¹ Decision EB125(2).

² Decision EB125(3).

³ Decision EB125(4).

one day instead of two before the Sixty-third World Health Assembly, on Friday, 14 May 2010, and that the second draft decision in paragraph 5 of document EB125/9 should be amended accordingly. The Committee should be able to complete its business in a single day as it had done at its previous meeting, particularly as it would not be considering a biennial budget proposal in 2010.

Dr BIN SHAKAR (United Arab Emirates) endorsed the proposal by the member for New Zealand, but requested that the meeting be held on 15 May 2010.

Professor ADITAMA (alternate to Dr Supari, Indonesia) requested that an item on human health and waste management be included in the provisional agendas of the 126th session of the Executive Board and the Sixty-third World Health Assembly, pursuant to a request by the President of the ninth Conference of the Parties to the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, and to the invitation to the Health Assembly to consider a resolution on the subject contained in the Bali Declaration on Waste Management for Human Health and Livelihood.

Dr YOUNES (Governing Bodies) agreed with the member for New Zealand that the Programme, Budget and Administration Committee could, with strong and dedicated chairmanship, complete its work in a single day, but the meeting must be held on 14 May 2010 because the next day was a Saturday, which would entail an additional financial burden.

Regarding the proposed addition of an agenda item on health and waste management, he noted that the subject would be considered within the broader context of an item on international chemicals management, and the relevant document would contain a section dealing specifically with hazardous waste management.

Dr MOHAMED (Oman), supporting the proposal by the member for New Zealand, asked whether the Programme, Budget and Administration Committee's meeting in January 2010 could not be reduced to one day as well. He also suggested that the Sixty-third World Health Assembly last for five days instead of six, followed by a one-day session of the Executive Board.

Mr AITKEN (Assistant Director-General) explained that the January 2010 meeting of the Programme, Budget and Administration Committee was due to consider all administrative and related items on the agenda of an entire session of the Executive Board, and that experience had shown such work to take at least one day and a half. However, the additional time invested by the Committee would most likely shorten the Board session by a day.

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chair of the Programme, Budget and Administration Committee, supported the proposed shortening of the Committee's meeting in May 2010 and confirmed that two days would be needed for the January 2010 meeting, particularly as many hours were spent preparing the Committee's report at the end of a meeting.

Dr KÖKÉNY (Hungary), recalling his earlier comments on the working methods of the Executive Board and the Health Assembly,¹ requested that the Chairman consult the Legal Counsel on whether some procedures could be made more efficient and that he report back to the Board at its 126th session. He also asked the Director-General to consider including in the provisional agenda an item on the impacts of United Nations General Assembly resolution 63/33 on global health and foreign policy.

¹ See summary record of the first meeting, section 3.

The CHAIRMAN said that the Secretariat had noted the requests and would look into ways of streamlining the work of the governing bodies. That matter deserved serious discussion at the next session of the Board. After confirming that the member for Indonesia was satisfied with the Secretariat's explanations concerning the proposed provisional agenda item on health and waste management, he said that he took it that the Board wished to adopt the draft decisions contained in paragraph 5 of document EB125/9 as amended.

Decision: The Executive Board decided that its 126th session should be convened on Monday, 18 January 2010, at WHO headquarters, Geneva, and should close no later than Saturday, 23 January 2010. The Board further decided that the eleventh meeting of the Programme, Budget and Administration Committee of the Executive Board should be held on 14 and 15 January 2010, at WHO headquarters.¹

Decision: The Executive Board decided that the Sixty-third World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 17 May 2010, and that it should close no later than Saturday, 22 May 2010. The Board further decided that the twelfth meeting of the Programme, Budget and Administration Committee of the Executive Board should be held on Friday, 14 May 2010, at WHO headquarters, Geneva.²

3. STAFFING MATTERS: Item 7 of the Agenda

Statement by the representative of the WHO staff associations: Item 7.1 of the Agenda (Document EB125/INF.DOC./1)

Mr BAILEY (representative of the WHO staff associations) said that the main point the staff associations wanted to highlight was that, because the world had changed a great deal since WHO's inception in 1947, the Organization needed a management structure and working methods that were more proactive and responsive to complex and rapidly changing situations. The staff's response to the outbreak of influenza A (H1N1) was illustrative of the way WHO should work every day. He paid tribute to the Director-General, whose tenure had been marked by an increasing sense of trust and pride among the staff, which could safely be said to imply a causal relationship between the way she and her colleagues had been managing the Organization and the improved teamwork and effectiveness of staff.

The DIRECTOR-GENERAL expressed her appreciation of the efforts of WHO staff members at all levels and in all regions, and looked forward to their ongoing support as the Organization continued to grapple with the influenza A (H1N1) pandemic. She also thanked Member States for their support.

The CHAIRMAN, expressing gratitude on behalf of the Board for the dedication of the WHO staff, took it that the Board wished to take note of the statement by the WHO staff associations.

The Board noted the statement.

¹ Decision EB125(5).

² Decision EB125(6).

4. MATTERS FOR INFORMATION: Item 8 of the Agenda**Report on meetings of expert committees and study groups: Item 8 of the Agenda (Document EB125/10)**

The CHAIRMAN invited comments on the report on the work of two expert committees. Hearing none, he took it that the Board wished to take note of the reports and thanked the experts involved. On behalf of the Board, he requested the Secretariat to follow up on the committees' recommendations, as appropriate, in the implementation of the Organization's programmes.

The Board noted the report.

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

The DIRECTOR-GENERAL expressed her gratitude to the Board for its careful consideration of the complex issues on its agenda. Its views on the global elimination of measles were clear: substantial successes had been recorded, but time was of the essence, and the report on the feasibility of measles elimination should be prepared before 2011. As requested, more detailed information would be provided on the situation and the challenges facing the African Region.

With regard to blood safety, she had noted the emphasis placed on plasma collection and fractionation capacities, more rational use of blood products, technology transfer to developing countries, quality assurance and regulatory control systems, international collaboration, and the importance of a patient-focused approach. The suggestions for improving the report would be acted on.

Concerning psychoactive substances, she appreciated the need, in a public health context, to strike a balance between ensuring access to much needed medications, especially for pain relief, and guarding against the potential abuse of such medications through an appropriate level of international control. She also appreciated the request for more time to discuss the issues with technical experts.

In discussing birth defects members had stressed prevention (including vaccination), proper management of pregnancy and fortification of food, and had highlighted the role of chemicals and environmental factors. She had noted the request for more guidance on measures for prevention, detection and treatment.

She thanked the Board for the satisfactory discharge of its responsibilities and for carrying the torch for public health at a time when much of the world was nervous and distracted by global crises. Its discussions were vital for priority-setting, providing as they did valuable strategic guidance for the work of WHO.

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

The meeting rose at 16:00.
