EXECUTIVE BOARD 110th Session Provisional agenda item 3 EB110/2 18 May 2002

## **Outcome of the Fifty-fifth World Health Assembly**

- 1. The Fifty-fifth World Health Assembly dealt with a very heavy agenda, including a number of complicated issues. This meant that the meetings had to be extended on two evenings and, unfortunately, three items under Technical Matters had to be postponed to the Fifth-sixth World Health Assembly. The two invited speakers were Ms Carol Bellamy, Executive Director of UNICEF, and Professor Jeffrey Sachs, Director of the Center for International Development at Harvard University, Chair of the Commission on Macroeconomics and Health and recently appointed Special Adviser to the United Nations Secretary-General on the Millennium Development Goals.
- 2. The agenda of Committee A was challenging, but balanced. Complex problems appeared alongside new initiatives, giving the Health Assembly a road map for making headway.
- 3. Delegates expressed a desire to see WHO take a strong leadership role in the Global Fund to Fight AIDS, Tuberculosis and Malaria, especially on technical matters. It should be ensured that this funding mechanism complements existing infrastructures and procedures and does not duplicate them. WHO was also asked to provide support to countries in greatest need to prepare high-quality proposals, and to strengthen their own capacity to manufacture good quality, affordable drugs, including antiretrovirals. Delegates from some of the countries hardest hit by AIDS pointed out that provision of antiretrovirals is cost effective when compared with the costs of treating opportunistic infections or caring for millions of orphans.
- 4. In a closely related item on the global strategy for HIV/AIDS, Committee A again heard strong arguments for making antiretrovirals available in developing countries and strengthening the health system's capacity for doing so. Many delegates gave first-hand accounts of experiences within their countries, demonstrating both strong political determination to combat this devastating disease and specific approaches that are proving successful. WHO was also asked to provide support to countries in reducing mother-to-child transmission of HIV.
- 5. The Committee adopted, by consensus, two resolutions on WHO's contribution to achieving the goals of the United Nations Millennium Declaration and one on health and sustainable development. It also adopted, by consensus, a resolution on the global strategy for HIV/AIDS.
- 6. Many new alliances and partnerships have been formed to address the problem of lack of access to drugs and other life-saving interventions, and the international community appears committed to tackling this fundamental injustice. In this regard, items on GAVI and the WHO medicines strategy, where a resolution was adopted, stimulated lively debate.
- 7. The debate on mental health stressed the universality of mental illness, which affects all ages and socioeconomic groups in all countries, rich and poor alike, and led to adoption of a resolution. A resolution on quality of care and patient safety another problem facing rich and poor countries

alike – was also adopted. On smallpox, the resolution adopted, by consensus, affirmed the need to conduct further essential research aimed at protecting against the possible deliberate use of the virus, and stressed the need for this research to be outcome-focused, time-limited and periodically reviewed. It also postponed destruction of the virus pending satisfactory completion of this research. The Committee also adopted, by consensus, a resolution calling for strengthened prevention and control of dengue and dengue haemorrhagic fever.

- 8. The debate on the global public health response to the natural occurrence, accidental release or deliberate use of biological or chemical agents or radionuclear materials that affect health acknowledged the great importance of WHO's political neutrality, which is so important for a quick response to outbreaks whatever the cause and for securing the trust of affected countries. The Committee adopted the resolution on this item by consensus.
- 9. Committee B, for its part, first approved a resolution on the health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine.
- 10. The Committee then examined financial matters, approving, in particular, the following resolutions:
  - Financial report on the accounts of WHO for 2000-2001, report of the External Auditor and comments thereon made on behalf of the Executive Board; report of the Internal Auditor;
  - Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution;
  - Miscellaneous income;
  - Real Estate Fund, and
  - Revolving Sales Fund.

It also approved a decision on the assessment of contributions for financial year 2004-2005.

- 11. Regarding staffing matters, Committee B approved the following resolutions:
  - Salaries of staff in ungraded posts and of the Director-General;
  - Amendments to the Staff Regulations and Staff Rules, and
  - Need for increased representation of developing countries in the Secretariat and in the Expert Advisory Panels and Committees.
- 12. The Committee also approved a decision on the appointment of representatives to the WHO Staff Pension Committee.
- 13. Committee B was invited to contribute to a review of the working methods of the Executive Board. The Board's Chairman reported on progress in discussions by the Executive Board. The Committee took note of the report submitted to it and approved a resolution on reimbursement of travel expenses for members of the Executive Board.

- 14. The Committee also discussed progress in collaboration within the United Nations system and with other intergovernmental organizations. The Committee took note of questions and activities more especially pertinent to WHO and the International Decade of the World's Indigenous Peoples. These subjects did not result in the adoption of specific resolutions or decisions by the Committee.
- 15. Committee B also considered matters submitted to it by Committee A. Examination of the item dealing with infant and young child nutrition resulted in adoption of a resolution by consensus. A resolution was also approved relating to consideration of the item concerned with diet, physical activity and health. Finally, the Committee also considered the item on ageing and health.

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