

RESOLUTIONS

EB115.R1 Appointment of the Regional Director for Africa

The Executive Board,

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

Considering the nomination and recommendation made by the Regional Committee for Africa at its fifty-fourth session,¹

1. APPOINTS Dr Luis Gomes Sambo as Regional Director for Africa as from 1 February 2005;
2. AUTHORIZES the Director-General to issue a contract to Dr Luis Gomes Sambo for a period of five years from 1 February 2005, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 18 January 2005)

EB115.R2 Expression of appreciation to Dr Ebrahim M. Samba

The Executive Board,

Desiring, on the occasion of the retirement of Dr Ebrahim M. Samba, Regional Director for Africa, to express its appreciation of his services to the World Health Organization;

Mindful of his lifelong devotion to the cause of international health, and recalling especially his 14 years of service as Director of the Onchocerciasis Control Programme for West Africa and 10 years of service as Regional Director for Africa,

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

(Third meeting, 18 January 2005)

EB115.R3 Appointment of the Regional Director for Europe

The Executive Board,

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

¹ Resolution AFR/RC54/R1.

Considering the nomination and recommendation made by the Regional Committee for Europe at its fifty-fourth session,¹

1. REAPPOINTS Dr Marc Danzon as Regional Director for Europe as from 1 February 2005;
2. AUTHORIZES the Director-General to issue a contract to Dr Marc Danzon for a period of five years from 1 February 2005, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 18 January 2005)

EB115.R4 International Nonproprietary Names: revised procedure²

The Executive Board,

Having considered the report on International Nonproprietary Names,³

ADOPTS the revised Procedure for the selection of recommended International Nonproprietary Names for pharmaceutical substances.

(Sixth meeting, 19 January 2005)

EB115.R5 Public health problems caused by harmful use of alcohol

The Executive Board,

Having considered the report on public health problems caused by alcohol,⁴

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Recalling resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems: development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse, WHA55.10 on mental health: responding to the call for action, WHA57.10 on road safety and health, WHA57.16 on health promotion and healthy lifestyles and WHA57.17 on the Global Strategy on Diet, Physical Activity and Health;

¹ Resolution EUR/RC54/R2.

² See Annex 1.

³ Document EB115/11.

⁴ Documents EB115/37 and EB115/37 Corr.1.

Recalling *The world health report 2002*,¹ which indicated that 4% of the burden of disease and 3.2% of all deaths globally are attributed to alcohol, and that alcohol is the foremost risk to health in low-mortality developing countries and the third in developed countries;

Recognizing that the patterns, context and overall level of alcohol consumption influence the health of the population as a whole, and that harmful drinking is among the foremost underlying causes of disease, injury, violence – especially domestic violence against women and children – disability, social problems and premature deaths, is associated with mental ill-health, has a serious impact on human welfare affecting individuals, families, communities and society as a whole, and contributes to social and health inequalities;

Emphasizing the risk of harm due to alcohol consumption in the context of driving a vehicle, at the workplace and during pregnancy;

Alarmed by the extent of public health problems associated with harmful consumption of alcohol and the trends in hazardous drinking, particularly among young people, in many Member States;

Recognizing that intoxication with alcohol is associated with high-risk behaviours, including the use of other psychoactive substances and unsafe sex;

Concerned about the economic loss to society resulting from harmful alcohol consumption, including costs to the health services, social welfare and criminal justice systems, lost productivity and reduced economic development;

Recognizing the threats posed to public health by the factors that have given rise to increasing availability and accessibility of alcoholic beverages in some Member States;

Noting the growing body of evidence of the effectiveness of strategies and measures aimed at reducing alcohol-related harm;

Mindful that individuals should be empowered to make positive, life-changing decisions for themselves on matters such as consumption of alcohol,

1. REQUESTS Member States:

- (1) to develop, implement and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol;
- (2) to encourage mobilization and active and appropriate engagement of all concerned social and economic groups, including scientific, professional, nongovernmental and voluntary bodies, the private sector, civil society and industry associations, in reducing harmful use of alcohol;
- (3) to support the work requested of the Director-General below, including, if necessary, through voluntary contributions by interested Member States;

¹ *The world health report 2002. Reducing risks, promoting healthy life*. Geneva, World Health Organization, 2002.

2. REQUESTS the Director-General:

- (1) to strengthen the Secretariat's capacity to provide support to Member States in monitoring alcohol-related harm and to reinforce the scientific and empirical evidence of effectiveness of policies;
- (2) to intensify international cooperation in reducing public health problems caused by the harmful use of alcohol and to mobilize the necessary support at global and regional levels;
- (3) to report to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including a comprehensive assessment of public health problems caused by harmful use of alcohol;
- (4) to draw up recommendations for effective policies and interventions to reduce alcohol-related harm and to develop technical tools that will support Member States in implementing and evaluating recommended strategies and programmes;
- (5) to strengthen global and regional information systems through further collection and analysis of data on alcohol consumption and its health and social consequences, providing technical support to Member States and promoting research where such data are not available;
- (6) to promote and support global and regional activities aimed at identifying and managing alcohol-use disorders in health-care settings and enhancing the capacity of health-care professionals to address problems of their patients associated with harmful patterns of alcohol consumption;
- (7) to collaborate with Member States, intergovernmental organizations, health professionals, nongovernmental organizations and other relevant stakeholders to promote the implementation of effective policies and programmes to reduce harmful alcohol consumption;
- (8) to organize open consultations with representatives of industry and agriculture and distributors of alcoholic beverages in order to limit the health impact of harmful alcohol consumption;
- (9) to report through the Executive Board to the Sixtieth World Health Assembly on progress made in implementation of this resolution.

(Seventh meeting, 20 January 2005)

EB115.R6 Antimicrobial resistance: a threat to global health security

The Executive Board,

Having considered the report on rational use of medicines by prescribers and patients;¹

¹ Document EB115/40.

Acknowledging that the containment of antimicrobial resistance is a prerequisite for attaining several of the internationally agreed health-related goals contained in the United Nations Millennium Declaration;

Recalling the recommendations of the Second International Conference on Improving Use of Medicines (Chiang Mai, Thailand, 2004);

Recalling also the findings of WHO's report on "Priority medicines for Europe and the world",¹ and the Copenhagen Recommendation from the European Union conference on "The Microbial Threat" (Copenhagen, 1998);

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on rational use of medicines by prescribers and patients;

Acknowledging that the containment of antimicrobial resistance is a prerequisite for attaining several of the internationally agreed health-related goals contained in the United Nations Millennium Declaration;

Recalling the recommendations of the Second International Conference on Improving Use of Medicines (Chiang Mai, Thailand, 2004);

Recalling also the findings of WHO's report on "Priority medicines for Europe and the world",¹ and the Copenhagen Recommendation from the European Union conference on "The Microbial Threat" (Copenhagen, 1998);

Aware that the spread of antimicrobial resistance recognizes no national boundaries and has reached proportions that require urgent action at national, regional and global levels, especially in view of the decreasing development of new antimicrobial agents;

Recalling previous resolutions WHA39.27 and WHA47.13 on the rational use of drugs, WHA51.17 on antimicrobial resistance, and WHA54.14 on global health security;

Recognizing the efforts of WHO in collaboration with governments, universities, the private sector and nongovernmental organizations to contain antimicrobial resistance, thereby contributing to prevention of the spread of infectious diseases;

Noting that, despite some progress, the strategy for containment of antimicrobial resistance has not been widely implemented;²

Wishing to intensify efforts to contain antimicrobial resistance and to promote rational use of antimicrobial agents by providers and consumers in order to improve global health security;

¹ Document WHO/EDM/PAR/2004.7.

² Document WHO/CDS/CSR/DRS/2001.2.

Re-emphasizing the need for a coherent, comprehensive and integrated national approach to promoting the containment of antimicrobial resistance;

Convinced that it is time for governments, the health professions, civil society, the private sector and the international community to reaffirm their commitment to ensuring that sufficient investment is made to contain antimicrobial resistance,

1. URGES Member States:

- (1) to ensure the development of a coherent, comprehensive and integrated national approach to implementing the strategy for containment of antimicrobial resistance taking account, where appropriate, of financial and other incentives that might have a harmful impact on policies for prescribing and dispensing;
- (2) to consider strengthening their legislation on availability of medicines in general and of antimicrobial agents in particular;
- (3) to mobilize human and financial resources in order to minimize the development and spread of antimicrobial resistance, in particular by the promotion of the rational use of antimicrobial agents by providers and consumers;
- (4) to monitor regularly the use of antimicrobial agents and the level of antimicrobial resistance in all relevant sectors;
- (5) actively to share knowledge and experience on best practices in promoting the rational use of antimicrobial agents;

2. REQUESTS the Director-General:

- (1) to strengthen the leadership role of WHO in containing antimicrobial resistance;
- (2) to accelerate the implementation of resolutions WHA51.17 and WHA54.14 concerning the containment of antimicrobial resistance by expanding and strengthening the provision of technical support to Member States, at their request;
- (3) to support other relevant programmes and partners in strengthening their efforts to promote the appropriate use of antimicrobial agents by scaling up interventions proven to be effective;
- (4) to support the sharing of knowledge and experience among stakeholders on the best ways to promote the rational use of antimicrobial agents;
- (5) to report to the Sixtieth World Health Assembly, and subsequently on a regular basis, on progress achieved, problems encountered and further actions proposed in implementing this resolution.

(Tenth meeting, 22 January 2005)

EB115.R7 Strengthening active and healthy ageing

The Executive Board,

Having considered the document on International Plan of Action on Ageing: report on implementation,¹

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the document on International Plan of Action on Ageing: report on implementation;

Noting that more than 1000 million people will be over 60 years old by 2025, the vast majority in the developing world, and that this figure is expected to double by 2050 which will lead to increasing demands on health and social-service systems worldwide;

Recalling resolution WHA52.7 on active ageing that called upon all Member States to take appropriate steps to carry out measures that ensure the highest attainable standard of health and well-being for the growing numbers of their older citizens;

Recalling also United Nations General Assembly resolution 58/134 of 22 December 2003, which requested the organizations and bodies of the United Nations system and the specialized agencies to integrate ageing, including from a gender perspective, into their programmes of work;

Recalling further United Nations General Assembly resolution 59/150, which called on governments, the organizations of the United Nations system, nongovernmental organizations and the private sector to ensure that the challenges of population ageing and the concerns of older persons were adequately incorporated into their programmes and projects, especially at country level, and invited Member States to submit, whenever possible, information to the United Nations database on ageing;

Acknowledging the active ageing policy framework, WHO's contribution to the United Nations Second World Assembly on Ageing, and its vision for the framing of integrated intersectoral policies on ageing;²

Mindful of the important role played by WHO in implementing the objectives of the Madrid International Plan of Action on Ageing, 2002, particularly Priority Direction II: Advancing health and well-being into old age;

Recognizing the contributions that older persons make to development, and the importance of lifelong education and active community involvement for older persons;

¹ Document EB115/29.

² Document WHO/NMH/NPH/02.8.

Stressing the important role of public-health policies and programmes in enabling the rapidly growing numbers of older persons in both developed and developing countries to remain in good health and maintain their many vital contributions to the well-being of their families, communities and societies;

Stressing also the importance of developing care services, including eHealth services, to enable older persons to remain in their homes for as long as possible;

Underlining the need for incorporating a gender perspective into policies and programmes relating to active and healthy ageing;

Welcoming WHO's focus on primary health care, such as the development of "age-friendly" primary health care,

1. URGES Member States:

- (1) to develop, implement and evaluate policies and programmes that promote healthy and active ageing and the highest attainable standard of health and well-being for their older citizens;
- (2) to consider the situation of older persons as an integral part of their efforts to achieve the internationally agreed development goals of the United Nations Millennium Declaration, and to mobilize political will and financial resources for that purpose;
- (3) to take measures to ensure that gender-sensitive health policies, plans and programmes recognize and address the rights and comprehensive health, social-service and development needs of older women and men, with special attention to the socially excluded, older persons with disabilities, and those unable to meet their basic needs;
- (4) to pay special attention to the key role that older persons, especially older women, play as caregivers in the family and community, and particularly the burdens placed on them by the HIV/AIDS pandemic;
- (5) to consider establishing an appropriate legal framework, to enforce legislation and to strengthen legal efforts and community initiatives designed to eliminate physical and mental elder abuse;
- (6) to develop, use and maintain systems to provide data, throughout the life-course, disaggregated by age and sex, on intersectoral determinants of health and health status in order to underpin the planning, implementation, monitoring and evaluation of evidence-based health-policy interventions relevant to older persons;
- (7) to undertake education and recruitment measures and incentives, taking into account the particular circumstances in developing countries, in order to ensure sufficient health personnel to meet the needs of older persons;
- (8) to strengthen national action in order to ensure sufficient resources to fulfil commitments to implementing the Madrid International Plan of Action on Ageing, 2002, and related regional plans of action relating to the health and well-being of older persons;
- (9) to provide progress reports on the status of older persons and on active and healthy ageing programmes when making country health reports;

(10) to support WHO's advocacy for active and healthy ageing through new, multisectoral partnerships with intergovernmental, nongovernmental, private-sector and voluntary organizations;

2. REQUESTS the Commission on Social Determinants of Health to consider including issues related to active and healthy ageing throughout the life-course among its policy recommendations;

3. REQUESTS the Director-General:

(1) to raise awareness of the challenge of the ageing of societies, the health and social needs of older persons, and the contributions of older persons to society, including by working with Member States and nongovernmental and private-sector employers;

(2) to provide support to Member States in their efforts to fulfil their commitments to the goals and outcomes of relevant United Nations conferences and summits, particularly the Second World Assembly on Ageing, related to the health and social needs of older persons, in collaboration with relevant partners;

(3) to continue to focus on primary health care, with an emphasis on existing community structures where applicable, that is age appropriate, accessible and available for older persons, thereby strengthening their capability to remain vital resources to their families, the economy and society for as long as possible;

(4) to provide support to Member States, by promoting research and strengthening capacity for health promotion and disease prevention throughout the life-course, in their efforts to develop integrated care for older persons, including support for both formal and informal caregivers;

(5) to undertake initiatives to improve the access of older persons to relevant information and health-care and social services in order, particularly, to reduce their risk of HIV infection, to improve the quality of life and dignity of those living with HIV/AIDS, and to help them support family members affected by HIV/AIDS and their orphaned grandchildren;

(6) to provide support to Member States, upon request, for compiling, using and maintaining systems to provide information, throughout the life-course, disaggregated by age and sex, health status and selected intersectoral information, on determinants of health, in order to underpin the planning, implementation, monitoring and evaluation of evidence-based health-policy interventions relevant to older persons;

(7) to strengthen WHO's capacity to incorporate work on ageing throughout its activities and programmes at all levels and to facilitate the role of WHO regional offices in the implementation of United Nations regional plans of action on ageing;

(8) to cooperate with other agencies and organizations of the United Nations system in order to ensure intersectoral action towards active and healthy ageing;

(9) to report to the Sixtieth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Tenth meeting, 22 January 2005)

EB115.R8 Assessments for 2006-2007

The Executive Board,

Having considered the report on Assessed contributions: Assessments for 2006-2007,¹

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report of the Director-General,

ADOPTS the scale of assessments of Members for the biennium 2006-2007 as set out below:

Members and Associate Members	WHO scale for 2006-2007
	%
Afghanistan	0.00200
Albania	0.00500
Algeria	0.07600
Andorra	0.00500
Angola	0.00100
Antigua and Barbuda	0.00300
Argentina	0.95600
Armenia	0.00200
Australia	1.59200
Austria	0.85900
Azerbaijan	0.00500
Bahamas	0.01300
Bahrain	0.03000
Bangladesh	0.01000
Barbados	0.01000
Belarus	0.01800
Belgium	1.06900
Belize	0.00100
Benin	0.00200
Bhutan	0.00100
Bolivia	0.00900
Bosnia and Herzegovina	0.00300
Botswana	0.01200
Brazil	1.52300
Brunei Darussalam	0.03400
Bulgaria	0.01700
Burkina Faso	0.00200
Burundi	0.00100
Cambodia	0.00200
Cameroon	0.00800

¹ Document EB115/17.

Members and Associate Members	WHO scale for 2006-2007
	%
Canada	2.81300
Cape Verde	0.00100
Central African Republic	0.00100
Chad	0.00100
Chile	0.22300
China	2.05300
Colombia	0.15500
Comoros	0.00100
Congo	0.00100
Cook Islands	0.00100
Costa Rica	0.03000
Côte d'Ivoire	0.01000
Croatia	0.03700
Cuba	0.04300
Cyprus	0.03900
Czech Republic	0.18300
Democratic People's Republic of Korea	0.01000
Democratic Republic of the Congo	0.00300
Denmark	0.71800
Djibouti	0.00100
Dominica	0.00100
Dominican Republic	0.03500
Ecuador	0.01900
Egypt	0.12000
El Salvador	0.02200
Equatorial Guinea	0.00200
Eritrea	0.00100
Estonia	0.01200
Ethiopia	0.00400
Fiji	0.00400
Finland	0.53300
France	6.03010
Gabon	0.00900
Gambia	0.00100
Georgia	0.00300
Germany	8.66230
Ghana	0.00400
Greece	0.53000
Grenada	0.00100
Guatemala	0.03000
Guinea	0.00300
Guinea-Bissau	0.00100
Guyana	0.00100
Haiti	0.00300
Honduras	0.00500
Hungary	0.12600
Iceland	0.03400
India	0.42100

Members and Associate Members	WHO scale for 2006-2007
	%
Indonesia	0.14200
Iran (Islamic Republic of)	0.15700
Iraq	0.01600
Ireland	0.35000
Israel	0.46700
Italy	4.88510
Jamaica	0.00800
Japan	19.46830
Jordan	0.01100
Kazakhstan	0.02500
Kenya	0.00900
Kiribati	0.00100
Kuwait	0.16200
Kyrgyzstan	0.00100
Lao People's Democratic Republic	0.00100
Latvia	0.01500
Lebanon	0.02400
Lesotho	0.00100
Liberia	0.00100
Libyan Arab Jamahiriya	0.13200
Lithuania	0.02400
Luxembourg	0.07700
Madagascar	0.00300
Malawi	0.00100
Malaysia	0.20300
Maldives	0.00100
Mali	0.00200
Malta	0.01400
Marshall Islands	0.00100
Mauritania	0.00100
Mauritius	0.01100
Mexico	1.88300
Micronesia (Federated States of)	0.00100
Monaco	0.00300
Mongolia	0.00100
Morocco	0.04700
Mozambique	0.00100
Myanmar	0.01000
Namibia	0.00600
Nauru	0.00100
Nepal	0.00400
Netherlands	1.69000
New Zealand	0.22100
Nicaragua	0.00100
Niger	0.00100
Nigeria	0.04200
Niue	0.00100
Norway	0.67900

Members and Associate Members	WHO scale for 2006-2007
	%
Oman	0.07000
Pakistan	0.05500
Palau	0.00100
Panama	0.01900
Papua New Guinea	0.00300
Paraguay	0.01200
Peru	0.09200
Philippines	0.09500
Poland	0.46100
Portugal	0.47000
Puerto Rico	0.00100
Qatar	0.06400
Republic of Korea	1.79600
Republic of Moldova	0.00100
Romania	0.06000
Russian Federation	1.10000
Rwanda	0.00100
Saint Kitts and Nevis	0.00100
Saint Lucia	0.00200
Saint Vincent and the Grenadines	0.00100
Samoa	0.00100
San Marino	0.00300
Sao Tome and Principe	0.00100
Saudi Arabia	0.71300
Senegal	0.00500
Serbia and Montenegro	0.01900
Seychelles	0.00200
Sierra Leone	0.00100
Singapore	0.38800
Slovakia	0.05100
Slovenia	0.08200
Solomon Islands	0.00100
Somalia	0.00100
South Africa	0.29200
Spain	2.52000
Sri Lanka	0.01700
Sudan	0.00800
Suriname	0.00100
Swaziland	0.00200
Sweden	0.99800
Switzerland	1.19700
Syrian Arab Republic	0.03800
Tajikistan	0.00100
Thailand	0.00600
The former Yugoslav Republic of Medeconia	0.00100
Timor-Leste	0.00100
Togo	0.00100
Tonga	0.00100

Members and Associate Members	WHO scale for 2006-2007
	%
Trinidad and Tobago	0.02200
Tunisia	0.03200
Turkey	0.37200
Turkmenistan	0.00500
Tuvalu	0.00100
Uganda	0.00600
Ukraine	0.03900
United Arab Emirates	0.23500
United Kingdom of Great Britain and Northern Ireland	6.12720
United Republic of Tanzania	0.00600
United States of America	22.00000
Uruguay	0.04800
Uzbekistan	0.01400
Vanuatu	0.00100
Venezuela (Bolivarian Republic of)	0.17100
Viet Nam	0.02100
Yemen	0.00600
Zambia	0.00200
Zimbabwe	0.00700
Total	100.00000

(Eleventh meeting, 24 January 2005)

EB115.R9 Amendments to the Financial Regulations and Financial Rules¹

The Executive Board,

Having examined the report on amendments to the Financial Regulations and Financial Rules,²

1. RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on amendments to the Financial Regulations,

1. APPROVES the changes to the Financial Regulations as shown in Annex 1 of the report, to be effective as from 1 January 2006;
2. AUTHORIZES, as a transitional measure, that at the end of the financial period 2006-2007 any unliquidated obligations from the financial period 2004-2005 shall be cancelled and credited to Miscellaneous Income.

¹ See Annex 2.

² Document EB115/43.

2. CONFIRMS, in accordance with Financial Regulation 16.3, the amended Financial Rules as shown in Annex 2 of the report,¹ provided that the amendments proposed to the Financial Regulations as set forth in Annex 1 of the report are adopted by the Health Assembly, to be effective as from 1 January 2006.

(Eleventh meeting, 24 January 2005)

EB115.R10 Relations with nongovernmental organizations²

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,³

1. DECIDES to admit into official relations with WHO the Framework Convention Alliance on Tobacco Control, International Network on Children's Health, Environment and Safety, and the International Stroke Society;
2. DECIDES, taking into account the request of the International Council on Social Welfare, to suspend official relations with the Council until such time as a plan for collaboration may be developed;
3. DECIDES to discontinue official relations with the International Association of Agricultural Medicine and Rural Health, and the International Council for Science;
4. DECIDES, in the absence of reports from the International Academy of Pathology, International Radiation Protection Association, International Society for Human and Animal Mycology, World Assembly of Youth, and the World Federation of Parasitologists, to discontinue official relations with these nongovernmental organizations.

(Eleventh meeting, 24 January 2005)

EB115.R11 Health action in relation to crises and disasters, with particular emphasis on the south Asian earthquakes and tsunamis of 26 December 2004

The Executive Board,

Having considered the report on responding to health aspects of crises;⁴

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

¹ Document EB115/43.

² See Annex 5.

³ Document EB115/22.

⁴ Document EB115/6.

The Fifty-eighth World Health Assembly,

Regretting the profound human consequences of the earthquakes and tsunamis that on 26 December 2004 struck many countries, from south-east Asia to east Africa, causing more than 210 000 deaths, with thousands more still missing, injuring as many as half a million people, and making at least five million people homeless and/or deprived of adequate access to safe drinking-water, sanitation, food or health services;

Noting that citizens of more than 30 countries were affected by the disaster, and that those who died included many health professionals;

Acknowledging that most relief assistance has initially been, and will continue to be, provided from within affected communities and through local authorities, supported through intense international cooperation, and expecting that these communities will continue to experience serious difficulties as a result of the loss of their means of livelihood, overloading of health and social services, and both immediate and long-term psychological trauma;

Recognizing that action to address the public health aspects of crises should at all times strengthen the ingenuity and resilience of communities, the capacities of local authorities, the preparedness of health systems, and the ability of national authorities and civil society to provide prompt and coordinated back-up geared to the survival of those immediately affected;

Appreciating the generous assistance provided to the affected nations by governments, nongovernmental groups, individuals, and national public-health institutions, including through the Global Outbreak Alert and Response Network;

Acknowledging the difficulties faced by under-resourced local health systems in locating missing persons, identifying those who have died, and managing the bodies of the deceased;

Recognizing the challenges faced by overwhelmed local authorities as they coordinate the relief effort, including personnel and goods generously made available as a result of both national and international solidarity;

Noting that the effectiveness with which affected nations respond to sudden events of this scale reflects their preparedness and readiness for focused and concerted action, particularly in relation to saving life and sustaining survival;

Recalling that more than 30 countries worldwide are currently facing major, often long-standing crises, with as many as 500 million persons at risk because they face a variety of avoidable threats to their survival and well-being, and that around 20 other countries are at high risk of serious natural or man-made events, increasing the number of persons at risk to between 2000 million and 3000 million;

Appreciating that analyses of health needs and performance of health systems, within the context of national policies and internationally agreed development goals, including those contained in the United Nations Millennium Declaration, are essential for the proper rehabilitation and recovery of equitable individual and public health services, and that this task is best undertaken if there are clear synergies between preparedness and response;

Reaffirming the need to build local capacity to assess risks, and to prepare for, and respond to, any future catastrophe, including by providing continuous public education,

dispelling myths about health consequences of disasters, and reducing the risk of disaster damage in critical health facilities;

Taking into account the outcomes of the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18 to 22 January 2005),

1. CALLS UPON the international community to continue its strong and long-term support to humanitarian action that lays emphasis on saving lives and sustaining survival in areas affected by the tsunamis of 26 December 2004, and to give similar attention to the needs of people affected by other humanitarian crises;

2. URGES Member States:

(1) to provide adequate backing to tsunami-affected countries for the sustainable recovery of their health and social systems;

(2) to make their best efforts to engage actively in the collective measures to establish global and regional preparedness plans and build up capacity to respond to health-related crises;

(3) to formulate national emergency-preparedness plans that give due attention to public health and to the roles of the health sector in crises, in order to improve the effectiveness of responses to crises and of contributions to the recovery of health systems;

(4) to ensure that women and men have equal access to both formal and informal education on emergency preparedness and disaster reduction through early warning systems that empower women, as well as men, to react in timely and appropriate ways, and that appropriate education and response options are also made available to all children;

(5) to ensure that – in times of crisis – all affected populations, including displaced persons, have equitable access to essential health care, focusing on saving those whose lives are endangered, and sustaining the lives of those who have survived, and paying particular attention to the specific needs of women and children, older people, and persons with acute physical and psychological trauma, communicable diseases, chronic illnesses, or disability;

(6) to provide support for a review, within the Proposed programme budget 2006-2007, of WHO's actions in relation to crises and disasters, in order to allow for immediate, timely, adequate, sufficient and sustained interventions, and to consider increasing contributions in order to ensure adequate financing of significant WHO actions and interventions before, during and after crises;

(7) to protect national and international personnel involved in improving health of crisis-affected communities, and to ensure that they receive the necessary back-up to undertake urgent and necessary humanitarian action and relief of suffering – to the greatest possible extent – when lives are endangered;

3. REQUESTS the Director-General:

(1) to intensify WHO support for tsunami-affected Member States as they focus on effective disease-surveillance systems, and improved access to clean water, sanitation and

good-quality health care, particularly for mental health, providing necessary technical guidance, including that on management of bodies of the deceased and avoidance of communicable diseases, and ensuring prompt and accurate communication of information;

(2) actively, and in a timely manner, to provide accurate information to international and local media to counter rumours in order to prevent public panic, conflicts, and other social and economic impacts;

(3) to encourage cooperation of WHO's field activities with those of other international organizations, with the support of donor agencies, so as to help governments of countries affected by the tsunamis to coordinate responses to public health challenges, under the aegis of the United Nations Office for the Coordination of Humanitarian Affairs, and to plan and implement the rapid and sustainable rehabilitation of health systems and services, and to report to the Health Assembly on the progress of such cooperation;

(4) to assist in the design of health aspects of programmes that provide support to persons whose lives and livelihoods have been affected by the tsunamis, and of the services needed to address their physical and mental trauma;

(5) to adapt, redesign where necessary, and secure adequate resources for effective work in the area of emergency preparedness and response, and other areas of work involved in the Organization-wide response to crises;

(6) to enhance WHO's capacity to provide support, within the coordination mechanisms of the United Nations system and of other institutions, particularly the International Red Cross and Red Crescent Movement, for formulating, testing and implementing health-related emergency preparedness plans, responding to the critical health needs of people in crisis conditions, and planning and implementing sustainable recovery after a crisis;

(7) to establish clear lines of command within WHO in order to facilitate rapid and effective responses in the initial stages of an emergency, and to communicate those arrangements clearly to Member States;

(8) to mobilize WHO's own health expertise, to increase its ability to locate outside expertise, to ensure that such knowledge and skills are updated, and to make this expertise available in order to provide prompt and appropriate technical support to both international and national health disaster preparedness, response, mitigation and risk-reduction programmes;

(9) to foster WHO's continued and active cooperation with the International Strategy for Disaster Reduction, thereby ensuring adequate emphasis on health-related concerns in the implementation of the outcomes of the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18 to 22 January 2005);

(10) to ensure that WHO helps all relevant groups concerned with preparation for, response to, and recovery after, disasters and crises through timely and reliable assessments of suffering and threats to survival, using morbidity and mortality data; coordination of health-related action in ways that reflect these assessments; identification of, and action to, fill gaps that threaten health outcomes; and building of local and

national capacities, including transfer of expertise, experience and technologies, among Member States, with adequate attention to the links between relief and reconstruction;

(11) to strengthen existing logistics services within WHO's mandate, in close coordination with other humanitarian agencies, so that the necessary operational capacity may be available for Member States to receive prompt and timely assistance when faced by public health crises.

(Twelfth meeting, 24 January 2005)

EB115.R12 Infant and young child nutrition

The Executive Board,

Having considered the report on infant and young child nutrition;¹

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), resolutions WHA39.28, WHA41.11, WHA46.7, WHA47.5, WHA49.15, and particularly resolution WHA54.2 on infant and young child nutrition, appropriate feeding practices and related questions;

Having considered the report on infant and young child nutrition;

Aware that the joint FAO/WHO expert meeting on *Enterobacter sakazakii* and other microorganisms in powdered infant formula held in 2004 concluded that intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* had been a cause of infection and illness, including severe disease in infants, particularly preterm, low birth-weight or immunocompromised infants, and could lead to serious developmental sequelae and death;²

Noting that such severe outcomes are especially serious in preterm, low birth-weight and immunocompromised infants, and therefore are of concern to all Member States;

Bearing in mind that the Codex Alimentarius Commission is revising its recommendations on hygienic practices for the manufacture of foods for infants and young children;

Concerned that there are reports of nutrition and health claims being used inappropriately to promote the sale of breast-milk substitutes instead of breastfeeding;

¹ Document EB115/7.

² FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula: Meeting Report. Microbiological Risk Assessment Series No. 6, 2004, p. 37.

Acknowledging that the Codex Alimentarius Commission plays a pivotal role in providing guidance to Member States on the proper regulation of foods, including foods for infants and young children;

Bearing in mind that on several occasions the Health Assembly has called upon the Commission to give full consideration, within the framework of its operational mandate, to evidence-based action that it might take to improve the health standards of foods, consistent with the aims and objectives of relevant public health strategies, particularly WHO's global strategy for infant and young child feeding (resolution WHA55.25) and Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17);

Recognizing that such action requires a clear understanding of the respective roles of the Health Assembly and the Codex Alimentarius Commission, and that of food regulation in the broader context of public health policies;

Taking into account resolution WHA56.23 on the joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission, which endorsed WHO's increased direct involvement in the Commission and requested the Director-General to strengthen WHO's role in complementing the work of the Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in Health Assembly resolutions,

1. URGES Member States:

- (1) to continue to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding,¹ and to provide for continued breastfeeding up to two years of age or beyond, by implementing fully the WHO global strategy on infant and young child feeding that encourages the formulation of a comprehensive national policy, including where appropriate a legal framework to promote maternity leave and a supportive environment for six months' exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process;
- (2) to ensure that nutrition and health claims are not permitted on foods for infants and young children except where specifically provided for in relevant Codex Alimentarius standards or national legislation;
- (3) to ensure, in situations where infants are not breastfed, that clinicians and other health-care providers, community workers and families, parents and other caregivers, particularly of infants at high risk, are provided with information and training in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

¹ As formulated in the conclusions and recommendations of the Expert Consultation (Geneva, 28-30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

- (4) to ensure that financial support for professionals working in infant and young child health does not create conflicts of interest;
- (5) to ensure that research on infant and young child feeding, which forms the basis for public policies, is always independently reviewed in order to ensure that such policies are not unduly influenced by commercial interests;
- (6) to work closely with relevant entities, including manufacturers, to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula;
- (7) to continue to ensure that manufacturers adhere to Codex Alimentarius or national food standards and regulations;
- (8) to ensure policy coherence at national level by stimulating collaboration between health authorities, food regulators and food standard-setting bodies;
- (9) to participate actively in the work of the Codex Alimentarius Commission;
- (10) to ensure that all national agencies involved in defining national positions on public health issues for use in all relevant international forums, including the Codex Alimentarius Commission, have a common and consistent understanding of health policies adopted by the Health Assembly, and to promote these policies;

2. REQUESTS the Codex Alimentarius Commission:

- (1) to continue to give full consideration, when elaborating standards, guidelines and recommendations, to those resolutions of the Health Assembly that are relevant in the framework of its operational mandate;
- (2) to establish standards, guidelines and recommendations on foods for infants and young children formulated in a manner that ensures the development of safe and appropriately labelled products that meet their known nutritional and safety needs, thus reflecting WHO policy, in particular the WHO global strategy for infant and young child feeding and the International Code of Marketing of Breast-milk Substitutes;
- (3) urgently to complete work currently under way on addressing the risk of microbiological contamination of powdered infant formula and establish appropriate microbiological criteria or standards related to *E. sakazakii* and other relevant microorganisms in powdered infant formula; and to provide guidance on safe handling and explore the necessity of adding warning messages on product packaging;

3. REQUESTS the Director-General:

- (1) in collaboration with FAO, to develop guidelines for clinicians and other health-care providers, community workers and family, parents and other caregivers on the preparation, use and handling of infant formula so as to minimize risk, and to address the particular needs of Member States in establishing effective measures to minimize risk in situations where infants cannot be, or are not, fed breast milk;

(2) to encourage and promote independently reviewed research, including by collecting evidence from different parts of the world, in order to get a better understanding of the ecology, taxonomy, virulence and other characteristics of *E. sakazakii*, in line with the recommendations of the FAO/WHO expert meeting on *E. sakazakii*, and to explore means of reducing its level in reconstituted powdered infant formula;

(3) to provide information in order to promote and facilitate the contribution of the Codex Alimentarius Commission, within the framework of its operational mandate, to full implementation of international public health policies;

(4) to report regularly to the Health Assembly on progress in the consideration of matters referred to the Codex Alimentarius Commission for its action.

(Twelfth meeting, 24 January 2005)

EB115.R13 Sustainable health financing, universal coverage and social health insurance

The Executive Board,

Having considered the report on social health insurance,¹

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on social health insurance;

Noting that health-financing systems in many countries need to be further developed in order to guarantee access to necessary services while providing protection against financial risk;

Accepting that, irrespective of the source of financing for the health system selected, prepayment and pooling of resources and risks are basic principles in financial-risk protection;

Considering that the choice of a health-financing system should be made within the particular context of each country;

Acknowledging that a number of Member States are pursuing health-financing reforms that may involve a mix of public and private approaches, including the introduction of social health insurance;

Noting that some countries have recently been recipients of large inflows of external funding for health;

Recognizing the important role of State legislative and executive bodies in further reform of health-financing systems with a view to achieving universal coverage,

¹ Document EB115/8.

1. URGES Member States:

- (1) to ensure that health-financing systems include a method for prepayment of financial contributions for health care, with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care;
- (2) to ensure adequate and equitable distribution of good-quality health care infrastructures and human resources for health so that the insurees will receive equitable and good-quality health services according to the benefits package;
- (3) to ensure that external funds for specific health programmes or activities are managed and organized in a way that contributes to the development of sustainable financing mechanisms for the health system as a whole;
- (4) to plan the transition to universal coverage of their citizens so as to contribute to meeting the needs of the population for health care and improving its quality, to reducing poverty, to attaining internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and to achieving health for all;
- (5) to recognize that, when managing the transition to universal coverage, each option will need to be developed within the particular macroeconomic, sociocultural and political context of each country;
- (6) to take advantage, where appropriate, of opportunities that exist for collaboration between public and private providers and health-financing organizations, under strong overall government stewardship;
- (7) to share experiences on different methods of health financing, including the development of social health insurance schemes, and private, public, and mixed schemes, with particular reference to the institutional mechanisms that are established to address the principal functions of the health-financing system;

2. REQUESTS the Director-General:

- (1) to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems, particularly prepayment schemes, including social health insurance, with a view to achieving the goal of universal coverage and taking account of the special needs of small island countries and other countries with small populations; and to collaborate with Member States in the process of social dialogue on health-financing options;
- (2) to provide Member States, in coordination with the World Bank and other relevant partners, with technical information on the potential impact of inflows of external funds for health on macroeconomic stability;
- (3) to create sustainable and continuing mechanisms, including regular international conferences, subject to availability of resources, in order to facilitate the continuous sharing of experiences and lessons learnt on social health insurance;
- (4) to provide technical support in identifying data and methodologies better to measure and analyse the benefits and cost of different practices in health financing,

covering collection of revenues, pooling, and provision or purchasing of services, taking account of economic and sociocultural differences;

(5) to provide support to Member States, as appropriate, for developing and applying tools and methods to evaluate the impact on health services of changes in health-financing systems as they move towards universal coverage.

(Twelfth meeting, 24 January 2005)

EB115.R14 Malaria

The Executive Board,

Having considered the report on malaria;¹

Noting that few countries endemic for malaria are likely to reach the targets set in the Abuja Declaration on Roll Back Malaria in Africa (25 April 2000) of ensuring that at least 60% of those at risk of, or suffering from, malaria benefit from suitable and affordable preventive and curative interventions by 2005, but that there is rapidly increasing momentum for expanding malaria-control interventions in African countries,

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on malaria;

Concerned that malaria continues to cause more than one million preventable deaths a year, especially in Africa among young children and other vulnerable groups, and that the disease continues to threaten the lives of millions of people in the Americas, Asia and the Pacific;

Recalling that the period 2001-2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, by the United Nations General Assembly,² and that combating HIV/AIDS, malaria and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration;

Recalling further United Nations General Assembly resolution 59/256 entitled “2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa”;

Mindful that the global burden of malaria needs to be decreased in order to reduce child mortality by two thirds by 2015 and to help achieve the other internationally agreed development goals, including those contained in the United Nations Millennium Declaration, of improving maternal health and eradicating extreme poverty;

¹ Document EB115/10.

² Resolution 55/284.

Recognizing that the Global Fund to Fight AIDS, Tuberculosis and Malaria has committed 31% of its grants, or US\$ 921 million, over two years, to projects to control malaria in 80 countries,

1. URGES Member States:

- (1) to establish national policies and operational plans to ensure that at least 80% of those at risk of, or suffering from, malaria benefit from major preventive and curative interventions by 2010 in accordance with WHO technical recommendations, so as to ensure a reduction in the burden of malaria of at least 50% by 2010 and 75% by 2015;
- (2) to assess and respond to the need for integrated human resources at all levels of the health system in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, and to take the necessary steps to ensure the recruitment, training and retention of health personnel;
- (3) to further enhance financial support and development assistance to malaria activities in order to achieve the above targets and goals, and to encourage and facilitate the development of new tools to increase effectiveness of malaria control, especially by providing support to the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;
- (4) to increase, in countries endemic for malaria, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;
- (5) to pursue a rapid scale-up of prevention, by applying expeditious and cost-effective approaches, including targeted free, or highly subsidized, distribution of materials and medicines to vulnerable groups, with the aim of at least 60% of pregnant women receiving intermittent preventive treatment and at least 60% of those at risk using insecticide-treated nets wherever that is the vector-control method of choice;
- (6) to support indoor residual insecticide spraying, where this intervention is indicated by local conditions;
- (7) to develop or strengthen intercountry cooperation to control the spread of malaria across shared borders;
- (8) to encourage collaboration between national programmes and other services, including those of the private sector and universities;
- (9) to support expanded access to artemisinin-based combination therapy, including the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy, and the scaling up of artemisinin production to meet the increased need;
- (10) to support the development of new medicines to prevent and treat malaria, especially for children and pregnant women; of sensitive and specific diagnostic tests; of effective vaccine(s); and of new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing global partnerships;

(11) to support coordinated efforts to improve surveillance, monitoring and evaluation systems so as to better track and report changes in the coverage of recommended Roll Back Malaria interventions and subsequent reductions in the burden of malaria;

2. REQUESTS the Director-General:

(1) to reinforce and expand the Secretariat's work to improve existing national capabilities, and to cooperate with Member States, in collaboration with Roll Back Malaria partners, in order to ensure the full and cost-effective use of increased financial resources for achieving international goals and targets, including the internationally agreed development goals related to malaria contained in the United Nations Millennium Declaration;

(2) to collaborate with malaria-affected countries and Roll Back Malaria partners to ensure that countries receive full support for necessary monitoring and evaluation, including the development and implementation of appropriate pharmacovigilance systems;

(3) to collaborate with Roll Back Malaria partners, industry, and development agencies in order to ensure that sufficient quantities of insecticide-treated mosquito nets and effective antimalarial medicines are made available, especially those required for combination therapies, for example by studying the possibility of WHO undertaking bulk purchases on behalf of Member States, noting the need for strictly controlled distribution systems for antimalarial medicines;

(4) to provide evidence-based advice to Member States on the appropriate use of indoor residual insecticide spraying, taking into account recent experiences around the world;

(5) to strengthen collaboration with partners in industry and academia for development of affordable high-quality products for malaria control, including rapid, easy-to-use, sensitive and specific diagnostic tests; an effective malaria vaccine; novel, effective and safe antimalarial medicines; and new insecticides and delivery modes to enhance effectiveness and delay the onset of resistance;

(6) to provide support for intercountry collaboration to control malaria, in particular where there is a risk of spread across shared borders;

(7) to further promote cooperation and partnership between countries supporting malaria control programmes in order to ensure that funds available to combat the disease are used efficiently and effectively.

(Twelfth meeting, 24 January 2005)

EB115.R15 Blood safety: proposal to establish World Blood Donor Day

The Executive Board,

Having considered the report on blood safety,¹ and the Consensus Statement of the WHO Forum on Good Policy Process for Blood Safety and Availability;²

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Recalling resolution WHA28.72 which urged the development of national blood services based on the voluntary, nonremunerated donation of blood;

Having considered the report on blood safety;

Alarmed by the chronic shortage of safe blood and blood products, particularly in low- and medium-income countries;

Mindful that preventing the transmission of HIV and other bloodborne pathogens through unsafe blood and blood-product transfusions requires the collection of blood only from donors at the lowest risk of carrying such infectious agents;

Recognizing that voluntary, nonremunerated blood donation is the cornerstone of a safe and adequate national blood supply that meets the transfusion requirements of all patients;

Noting the positive responses to World Blood Donor Day, 14 June 2004, for the promotion of voluntary, nonremunerated blood donation,

1. AGREES to the establishment of an annual World Blood Donor Day, to be celebrated on 14 June each year;
2. RECOMMENDS that this blood donor day should be an integral part of the national blood-donor recruitment programme;
3. URGES Member States:
 - (1) to promote and support the annual celebration of World Blood Donor Day;
 - (2) to establish or strengthen systems for the recruitment and retention of voluntary, nonremunerated blood donors and the implementation of stringent criteria for donor selection;
 - (3) to introduce legislation, where needed, to eliminate paid blood donation except in limited circumstances of medical necessity and, in such cases, to require informed assent of the transfusion recipient;

¹ Document EB115/9.

² 9 November 2004, Geneva.

- (4) to provide adequate financing for high-quality blood donation services and for extension of such services to meet the needs of the patients;
 - (5) to promote multisectoral collaboration between government ministries, blood transfusion services, professional bodies, nongovernmental organizations, civil society and the media in the promotion of voluntary, nonremunerated blood donation;
 - (6) to ensure the proper use of blood transfusion in clinical practice so as to avoid abuse of blood transfusion, which may result in a shortage of blood and hence stimulate the need for paid blood donation;
 - (7) to support the full implementation of well-organized, nationally coordinated and sustainable blood programmes with appropriate regulatory systems through, in particular:
 - (a) government commitment and support for a national blood programme with quality-control systems, by means of a legal framework, a national blood-safety policy and plan, and adequate resources,
 - (b) organization, management and infrastructure to permit a sustainable blood transfusion service,
 - (c) equitable access to blood and blood products,
 - (d) voluntary, nonremunerated blood donors from low-risk populations,
 - (e) appropriate testing and processing of all donated blood and blood products,
 - (f) appropriate clinical use of blood and blood products;
 - (8) to establish a quality process for policy- and decision-making for blood safety and availability based on ethical considerations, transparency, assessment of national needs, scientific evidence, and risk/benefit analysis;
 - (9) to share information nationally and internationally in order to make clear the scientific, economic and social basis of national policy decisions related to blood safety and availability;
 - (10) to strengthen partnerships at all levels in order to accomplish these recommended actions;
4. CALLS UPON international organizations and bodies concerned with global blood safety to collaborate in promoting and supporting World Blood Donor Day;
5. INVITES donor agencies to provide adequate funding for initiatives to promote voluntary, nonremunerated blood donation;
6. REQUESTS the Director-General:
- (1) to work with other organizations of the United Nations system, multilateral and bilateral agencies, and nongovernmental organizations to promote World Blood Donor Day;

- (2) to work with concerned organizations to provide support to Member States in strengthening their capacity to screen all donated blood against major infectious diseases so as to ensure that all blood collected and transfused is safe.

(Twelfth meeting, 24 January 2005)

EB115.R16 Strengthening pandemic-influenza preparedness and response

The Executive Board,

Having considered the report on influenza pandemic preparedness and response;¹

Recognizing the grave and increasing threat to the world's health posed by pandemic influenza,

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on influenza pandemic preparedness and response;

Recalling resolutions WHA22.47, Diseases under surveillance: louse-borne typhus, louse-borne relapsing fever, viral influenza, paralytic poliomyelitis; WHA48.13, Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases; WHA56.19, Prevention and control of influenza pandemics and annual epidemics; and WHA56.28, Revision of the International Health Regulations; and the global agenda for influenza surveillance and control;

Acknowledging with growing concern that the evolving, unprecedented outbreak of H5N1 avian influenza in Asia represents a serious threat to human health;

Stressing the need for all countries, especially those affected by highly pathogenic avian influenza, to collaborate with WHO and the international community in an open and transparent manner in order to lessen the risk that the H5N1 influenza virus causes a pandemic among humans;

Mindful of the need to address the limited progress being made in development of influenza vaccines and transit to the production stage;

Emphasizing the importance of strengthening surveillance of human and zoonotic influenzas in all countries in order to provide an early warning of, and a timely response to, an influenza pandemic;

Noting the gaps in knowledge and the need for additional research on various aspects of the spread of influenza and for influenza preparedness and response;

Acknowledging that communication with the public must be improved in order to increase awareness of the seriousness of the threat that an influenza pandemic represents, and of the steps in

¹ Document EB115/44.

basic hygiene that citizens can and should take in order to lessen their risk of contracting and transmitting influenza;

Concerned that organizations responsible for animal and human health, at local, national and international levels, are not collaborating closely enough on human and zoonotic influenzas;

Aware of the need to expand the availability of influenza vaccine so that protection in a pandemic can be extended to populations in more countries, with particular attention to requirements in developing countries;

Recognizing the need to prepare for international interventions during the initial stages of a pandemic, particularly in the event of inadequate stockpiles of vaccine and antiviral medications;

Recognizing further that influenza antiviral medications will be an important component of a containment strategy, but that additional studies are required to establish their appropriate use in containment;

Recognizing also that a global stockpile of these agents is lacking and few countries have established national stockpiles,

1. URGES Member States:

- (1) to develop and implement national plans for pandemic-influenza preparedness and response that focus on limiting health impact and economic and social disruption;
- (2) to develop and strengthen national surveillance and laboratory capacity for human and zoonotic influenzas;
- (3) to achieve the target set by resolution WHA56.19, Prevention and control of influenza pandemics and annual epidemics, to increase vaccination coverage of all people at high risk, which will lead to availability of greater global vaccine-production capacity during an influenza pandemic;
- (4) seriously to consider developing domestic influenza-vaccine production capacity, based on annual vaccine needs, or to work with neighbouring States in establishing regional vaccine-production strategies;
- (5) to ensure prompt and transparent reporting of outbreaks of human and zoonotic influenzas, particularly when novel influenza strains are involved, and to facilitate the rapid sharing of clinical specimens and viruses through the WHO Global Influenza Surveillance Network;
- (6) to communicate clearly to health-care workers and the general public the potential threat of an influenza pandemic and to educate the public about effective hygienic practices and other public health interventions that may protect them from influenza-virus infection;
- (7) to strengthen linkages and cooperation among national health, agriculture and other pertinent authorities in order to prepare for, including by mobilizing resources, and respond jointly to, outbreaks of highly pathogenic avian influenza;

(8) to support an international research agenda to reduce the spread and impact of pandemic influenza viruses, to develop more effective vaccines and antiviral medications, and to advance, among various population groups, especially people with immunodeficiencies such as HIV-infected and AIDS patients, vaccination policies and strategies, in close consultation with the communities concerned;

(9) to contribute, as feasible, their expertise and resources to strengthen WHO programmes, bilateral country activities and other international efforts to prepare for pandemic influenza;

(10) to take all necessary measures, during a global pandemic, to provide timely and adequate supplies of vaccines and antiviral drugs, using to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights;

2. REQUESTS the Director-General:

(1) to continue to strengthen global influenza surveillance, including the WHO Global Influenza Surveillance Network, as a crucial component of preparedness for seasonal epidemics and pandemics of influenza;

(2) to seek solutions with other international and national partners, including the private sector, to reduce the present global shortage of influenza vaccines and antiviral medications for both epidemics and pandemics, including vaccination strategies that economize on the use of antigens, and development and licensing of antigen-sparing vaccine formulations;

(3) to provide Member States with technical support and training in order to develop health-promotion strategies in anticipation of, and during, influenza pandemics;

(4) to draw up and coordinate, in collaboration with public and private partners, an international research agenda on pandemic influenza;

(5) to assess the feasibility of using antiviral-medication stockpiles to contain an initial outbreak of influenza and to slow or prevent its international spread, and, as appropriate, to develop an operational framework for their deployment;

(6) to evaluate the potential benefit of personal protection measures, including the wearing of surgical masks, to limit transmission in different settings, especially health-care settings;

(7) to continue to develop WHO's plans and capacity to respond to an influenza pandemic and to ensure clear communications with Member States;

(8) to establish joint initiatives for closer collaboration with national and international partners, including FAO and the *Office International des Epizooties*, in the early detection, reporting and investigation of influenza outbreaks of pandemic potential, and in coordinating research on the human-animal interface;

(9) to report to the Fifty-ninth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Twelfth meeting, 24 January 2005)

EB115.R17 Salaries of staff in ungraded posts and of the Director-General

The Executive Board

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

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

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 172 860 per annum before staff assessment, resulting in a modified net salary of US\$ 117 373 (dependency rate) or US\$ 106 285 (single rate);
2. ESTABLISHES the salary of the Director-General at US\$ 233 006 per annum before staff assessment, resulting in a modified net salary of US\$ 154 664 (dependency rate) or US\$ 137 543 (single rate);
3. DECIDES that those adjustments in remuneration shall take effect from 1 January 2005.

(Twelfth meeting, 24 January 2005)

EB115.R18 Confirmation of amendments to the Staff Rules¹

The Executive Board

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2005 concerning the remuneration of staff in the professional and higher categories, paternity leave, salary determination, schedule of salaries, dependants' allowances, education grant and special education grant for disabled children, repatriation grant, payments and deductions, staff member's beneficiaries, within-grade increase, special leave, sick leave, removal of household goods and, with effect from the school year in progress on 1 January 2005, levels of education grant and special education grant for disabled children.

(Twelfth meeting, 24 January 2005)

EB115.R19 Confirmation of amendment to the Staff Rules²

The Executive Board

CONFIRMS, in accordance with Staff Regulation 12.2, the amendment to the Staff Rules that has been made by the Director-General with effect from 1 January 2005 concerning the policy on promotion resulting from reclassification of a post.

(Twelfth meeting, 24 January 2005)

¹ See Annex 3.

² See Annex 4.

EB115.R20 eHealth

The Executive Board,

Having considered the report on eHealth,¹

RECOMMENDS to the Fifty-eighth World Health Assembly, the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on eHealth;

Noting the potential impact that advances in information and communication technologies could have on health-care delivery, public health, research and health-related activities for the benefit of both low- and high-income countries;

Aware that advances in information and communication technologies have raised expectations for health;

Respecting the principles of equity, and considering differences in culture, education, language, geographical location, physical and mental ability, age, and sex;

Recognizing that a WHO eHealth strategy would serve as a basis for WHO's activities on eHealth;

Recalling resolution WHA51.9 on cross-border advertising, promotion, and sale of medical products through the Internet;

1. URGES Member States:

(1) to consider drawing up a long-term strategic plan for developing and implementing eHealth services that includes an appropriate legal framework and infrastructure and encourages public and private partnerships;²

(2) to develop the infrastructure for information and communication technologies for health as deemed appropriate to promote equitable, affordable, and universal access to their benefits, and to continue to work with information and telecommunication agencies and other partners in order to reduce costs and make eHealth successful;

(3) to build on closer collaboration with the private and non-profit sectors in information and communication technologies, so as to further public services for health;

(4) to endeavour to reach communities, including vulnerable groups, with eHealth services appropriate to their needs;

¹ Document EB115/39.

² eHealth is understood in this context to mean use of any information and communication technologies locally and at a distance.

(5) to mobilize multisectoral collaboration for determining evidence-based eHealth standards and norms, to evaluate eHealth activities, and to share the knowledge of cost-effective models, thus ensuring quality, safety and ethical standards;

(6) to establish national centres and networks of excellence for eHealth best practice, policy coordination, and technical support for health-care delivery, service improvement, information to citizens, capacity building, and surveillance;

(7) to consider establishing and implementing national public-health information systems and to improve, by means of information, the capacity for surveillance of, and rapid response to, disease and public-health emergencies;

2. REQUESTS the Director-General:

(1) to promote international, multisectoral collaboration with a view to improving compatibility of administrative and technical solutions in the area of eHealth;

(2) to document and analyse developments and trends, inform policy and practice in countries, and report regularly on use of eHealth worldwide;

(3) to provide technical support to Member States in relation to eHealth products and services by disseminating widely experiences and best practices, in particular on telemedicine technology; devising assessment methodologies; promoting research and development; and furthering standards through diffusion of guidelines;

(4) to facilitate the integration of eHealth in health systems and services, including in the training of health-care professionals and in capacity building, in order to improve access to, and quality and safety of, care;

(5) to continue the expansion to Member States of mechanisms such as the Health Academy, which promote health awareness and healthy lifestyles through eLearning;¹

(6) to provide support to Member States to promote the development, application and management of national standards of health information; and to collect and collate available information on standards with a view to establishing national standardized health information systems in order to facilitate easy and effective exchange of information among Member States;

(7) to support in the area of eHealth regional and interregional initiatives or those among groups of countries that speak a common language.

(Twelfth meeting, 24 January 2005)

¹ eLearning is understood in this context to mean use of any electronic technology and media in support of learning.