TENTH MEETING

Saturday, 22 January 2005, at 09:10

Chairman: Mr D.Á. GUNNARSSON (Iceland)

1. PROGRAMME AND BUDGET MATTERS: Item 5 of the Agenda (continued)

Guiding principles for strategic resource allocations: Item 5.3 of the Agenda (Documents EB115/14 and EB115/INF.DOC./7)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, drew attention to paragraphs 51-54 of document EB115/45, which set out the Committee's observations on the guiding principles. The Committee had welcomed the approach taken to set strategic resource allocation within the broader context of the results-based management framework, while recognizing the challenge of aligning detailed allocations with strategic objectives. It had recommended that the consultative process with Member States should continue, and that a new draft should be submitted to the Board at its 116th session.

Speaking as the member for Maldives and also on behalf of the members for Nepal and Thailand, he said that the South-East Asia Region was the only one to have established a formal mechanism for the consultative process foreseen in decision WHA57(10). A regional working group, in which all 11 countries of the Region were represented, had met three times to review the previous allocation model based on UNDP's human development index and examine the guiding principles proposed. There had been consensus on the approach that WHO should take in the future allocation of budget resources among regions. Moreover, there had been a high degree of consistency between the guiding principles set out in document EB115/INF.DOC./7 and the recommendations of the working group, namely that a transparent and collegiate consultative process between headquarters and the regions would be a key element of the guiding principles; that the outcome of simulations through a model or mechanism would strengthen the collaborative decision-making process; that such a model or mechanism should be based on the health needs of countries or regions, socioeconomic status and disease burden; that the breakdown of regional resources between countries would continue to be decided by regions, based on overall Organization-wide benchmarks; and that further consultations should be foreseen for the next session of the Board.

Views had diverged about the stage at which an objective, needs-based model or mechanism should be applied in the allocation process. The working group had considered that WHO's strategic planning process would not necessarily be able to reflect competing health needs in various regions. For that reason, it would be preferable for a broad allocation between regions to be made on the basis of health indicators and technical needs, taking into account the guiding principle of a collegiate consultative process, before a more detailed allocation to areas of work according to a results-based framework and the principles set out in document EB115/INF.DOC./7. It did not really matter whether a model was applied at the beginning or end of the process, provided that the results were fed into the next consultation loop. He was confident that it would be possible to avoid a divisive debate on the issue, particularly as the new allocation principles would not take effect until the biennium 2008-2009.

Dr ANTEZANA ARANÍBAR (Bolivia) said that the comments and recommendations made on the guiding principles for resource allocation during the general discussion of the budget should be included in the new draft to be submitted to the Board at its 116th session to ensure that all Member States were able to participate in what was termed the global management process, and have their various needs and priorities reflected in the guiding principles eventually adopted.

Dr THINLEY (Bhutan)[1] recalled that the countries of the South-East Asia Region agreed that resource allocation should be based on technical and health needs, and results-based management. Those needs should be identified using objective and internationally accepted indicators, such as disease burden, health-related Millennium Development Goal indicators, poverty, education and access to essential health-care services. The earlier model based on the human development index no longer sufficed. Although the guiding principles proposed by the Secretariat took into account many concerns of Member States, the results-based budget and management framework appeared to be the mainstay for resource allocation, with health needs a secondary consideration.

The strategic resource allocation policy did not accurately reflect the competing health needs in the regions. Some countries did not have the capacity to identify requirements and develop plans, and their actual needs might not be reflected in the strategic programme on which resource allocation was to be based, while others did not have the appropriate means to implement and monitor plans. Since resource allocation would also take into account performance, countries lacking such capacity might be caught in a vicious circle. In order to address the issues of equity, efficiency and performance, and to support countries in greatest need, it would be preferable to allocate the resources available only after the health needs of countries and regions had been identified and appropriate strategic plans drawn up.

Ms MAFUBELU (South Africa),[1] speaking on behalf of the African group, said that its members had always argued for guiding principles that took account of factors such as level of development, the needs of the least developed countries, the state of health systems and the Region's disproportionate share of the global burden of disease. The proposed guiding principles focused sharply on performance, an indicator that was difficult to measure; although important, it should not overshadow other principles such as equity, efficiency and support to countries in greatest need. Health systems in Africa were often weak, even nonexistent, and might therefore be deemed to be performing badly, putting some countries at a disadvantage. In developing the guiding principles, the needs of the least developed countries must be taken into account.

The CHAIRMAN said that he took it that the recommendations of the Programme, Budget and Administration Committee that the Secretariat should continue the consultation process with Member States and that a new draft should be submitted to the Board at its 116th session were acceptable.

It was so agreed.

General Programme of Work 2006-2015: review of process and draft outline: Item 5.4 of the Agenda (Document EB115/15)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had discussed the General Programme of Work 2006-2015: review of process and draft outline, and its conclusions were to be found in paragraphs 3-6 of document EB115/45. The Committee had welcomed the new scope of the General Programme, noting the importance of having a document outlining the future of public health, defining a global health agenda and clarifying the role of WHO and other actors. It had made numerous comments on the outline, including the positioning of health, emphasis on well-being rather than on health, partnerships and the increased role of civil society, and the need for WHO to build on its strengths, and had suggested that the title of the General Programme should relate to partnerships in health in an interdependent and globalized world. Input from Member States and partners would be essential in preparing the next phase of the General Programme.

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

Dr BUSS (Brazil) said that the draft outline in document EB115/15 of the direction WHO might follow in the period 2006-2015 was of prime interest to policy-makers, whom it would assist in health planning. The Board must be given clear information on what was planned, as the Eleventh General Programme of Work was designed to cover a 10-year period and would have to deal with a wide range of health issues, from the general, such as the effects of environmental degradation, to the particular, such as immunization programmes. There would be need to work together with other United Nations organizations. More details of the process proposed were needed, notably concerning the consultations at regional level that were due to take place during February and March 2005. Board members needed adequate information on the process at the current stage to enable them to assess its results in the course of the year with a view to submitting a proposal to the Fifty-ninth World Health Assembly in May 2006.

Dr HUERTA MONTALVO (Ecuador) said that, although it was accepted that health and development were closely linked, the budget was defined solely in terms of health. WHO should align itself with the Millennium Development Goals, which linked health to poverty and the environment, and ensure that the development factor was incorporated. It was not clear how the Proposed programme budget 2006-2007 would tie in with the General Programme of Work 2006-2015. The Board should be given more advance information on the schedule for the regional consultations.

He noted the absence of conclusions in the document and took it that as soon as any were reached they would be submitted to Member States for comment.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) welcomed the involvement of Member States in formulating the General Programme of Work which in turn enabled them to adjust their own health systems' development to meet future challenges. Estimates of total resource requirements and the potential resource availability should be made in order to identify resource gaps and alert development partners and countries to the need for appropriate action. He supported the draft outline; his country wished to be fully involved in the drafting process.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) commended the comprehensive nature of the General Programme of Work 2006-2015, which set out not only the work of the Organization, but also the objectives of various areas of work. He had been pleased to note that a task force composed of staff from headquarters and regional offices was assisting in the process of preparing the General Programme, and that external consultants, academics and other experts had also been involved. The recommendations of the regional committees to improve approaches to drawing up the General Programme and planning its strategic directions had also been taken into account.

In keeping with the practice followed in other United Nations agencies, the General Programme of Work should contain criteria and mechanisms for monitoring and evaluating the effectiveness of measures taken and programmes implemented at the global, regional and country levels, mechanisms which should involve nongovernmental and civil society organizations and the private sector. He drew attention to the importance of determining time frames for implementing the results of the evaluations and suggested a time frame of two years, in order to reflect the budget cycle.

He endorsed the draft outline contained in document EB115/15.

Dr STEIGER (United States of America) said that in its final form the General Programme of Work should be consistent with previous corporate strategies and plans already adopted. The corporate strategy and core functions approved by the Fifty-second World Health Assembly remained valid, and should be retained as the basis for the Eleventh General Programme. The draft outline contained many vague expressions; the language needed to be more precise to avoid conflicting interpretations.

At the core of the General Programme of Work lay the need for WHO clearly to identify its role and comparative advantage within the United Nations system. There was still too much overlap between the different agencies connected with health. The different scenarios presented in paragraph 9 were confusing and might even jeopardize the success of the programme: thus, the third scenario, based on market-driven approaches, and the fourth scenario, based on multilateral cooperation, were

not mutually exclusive. He concurred with the member for Ecuador that the General Programme of Work should focus on the Millennium Development Goals, and notably on the internationally agreed health-related goals of the Millennium Declaration. WHO had to be careful not to commit itself to trying to solve all the world's problems, and should guard against the tendency to become involved in headline news stories merely to demonstrate that it remained relevant; it should rather focus on its core mandate.

He strongly endorsed the emphasis by the member for the Russian Federation on the importance of monitoring and evaluation, because it was not clear to what extent the objectives set in the previous General Programme of Work had been achieved. He also supported the calls for more detailed information on the consultation process to be provided well in advance of the Fifty-ninth World Health Assembly.

Mr SHUGART (Canada) said that the report gave a clear picture of the process so far and was a good basis for future work. The Secretariat should continue to focus on areas it was familiar with, while becoming fully involved in the consultative process. By monitoring progress in attaining targets and making the necessary adjustments to new circumstances, WHO would be able to stay focused on its priorities.

Whatever the final draft of the General Programme of Work might contain, it should support and reinforce the Millennium Development Goals. In an increasingly complex global situation, WHO should continue to maximize its potential as a knowledge-based, technical organization, while developing partnerships in which its presence contributed added value.

Mr RAMOTSOARI (alternate to Dr Phooko, Lesotho) welcomed the outlined direction of the General Programme of Work, but said that it should reflect some of the outcomes of work already done in the African Region. The consultation process needed to involve regions, countries and other stakeholders in health and the private sector, in order to build internal capacity and ensure the success of the Programme. Political and social instability and poverty might usefully be included as key challenges in Chapter 3. Another important area for consideration was the need to strengthen health information systems as a prerequisite for scenario modelling, which depended on reliable data. He supported previous speakers on the importance of establishing effective systems of monitoring and evaluation, and agreed that the process had to be adaptable and responsive to changing situations.

Dr TANGI (Tonga) emphasized reliable, independent monitoring and evaluation at every level in the reform process.

Ms MAFUBELU (South Africa)[1] strongly endorsed the views expressed by the member for Lesotho. Referring to paragraph 11 on the consultations that would be held in February and March 2005, she wondered how the views of the Health Assembly would be obtained, as the item was not on the provisional agenda of the Fifty-eighth World Health Assembly. That omission should be rectified.

Dr NORDSTRÖM (Assistant Director-General) confirmed that in preparing the Eleventh General Programme of Work the Secretariat had built on the corporate strategy and core functions of the previous Programme, modified or updated where necessary. The outcomes of other processes, such as work towards the Millennium Development Goals, the Ministerial Summit on Health Research (Mexico City, 16-20 November 2004), and the work of the Commission on Social Determinants of Health, would also be incorporated into the process. The relevant literature would also be reviewed in order to take account of the current state of knowledge.

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

The health scenarios presented were not intended to be mutually exclusive; their purpose was to trigger discussion. In the current complex environment there was increasing recognition of the interdependence of the traditional health and other sectors, and that the latter could contribute to improving the underlying determinants of health. The work of the Commission on Social Determinants of Health would facilitate progress in that direction. The methods used to develop the scenarios could be applied for other purposes. A more precise definition of the role of WHO would be an important outcome of the process, since the Organization's working relationship with its partners had changed dramatically over the past 10 years.

The link between the long-term vision, as expressed in the General Programme of Work, and the strategic allocation of resources would be provided by a proposed organization-wide strategic plan, discussed under the previous agenda subitem, that would provide direction to WHO over five or six years instead of the current two years. A new draft of the guiding principles and approach to the proposed strategic plan would be submitted to the Board at its 116th session.

It was important to ensure that internal monitoring and evaluation systems were strengthened, and that systems were in place to monitor the progress made in implementing the General Programme of Work and to identify more precisely the role of WHO. The Secretariat made a clear distinction between monitoring and evaluation; the former being an internal exercise, and the latter an external one in order to ensure independent performance assessment.

Regional consultations on the preparation of the General Programme would take place in the regions in February, March and April 2005, starting in the Region of the Americas. It had initially been planned to hold informal technical discussions during the Fifty-eighth World Health Assembly, but consideration was being given to the Board's view that it would be more appropriate to include the item on the agenda of the Health Assembly to allow an open discussion involving all Member States. The outcome of subsequent discussions by the regional committees would be submitted to the Fifty-ninth World Health Assembly. Further consultations were being considered, including meetings with other organizations of the United Nations system, banks, private sector entities, civil society organizations and academia. He invited Member States to submit further views and ideas concerning the consultative process, and urged them to participate in the extensive work involved in the exercise in view of the limited resources available at headquarters for that purpose. The consultation schedule would be put on the WHO web site as soon as possible.

Dr LOPEZ ACUÑA (Director of Program Management, Regional Office for the Americas) said that the General Programme of Work had been and would continue to be on the agendas of his Region's committees. The regional consultations were also being linked to the deliberations of the Working Group on PAHO in the 21st Century, an intergovernmental working group mandated by the Regional Committee for the Americas. The meeting, to be held from 14 to 16 February 2005, with the participation of all the Member States of the Region and all relevant stakeholders, would consider the latest draft of the General Programme. Other topics for discussion would be the comparative advantage of WHO in the United Nations system, the relevance of recent recommendations, such as those contained in the report of the United Nations Secretary-General's High-Level Panel on Threats, Challenges and Changes, and the bearing that the Rome Declaration on Harmonization had on the consultations. The relevance and importance of WHO's contribution to the attainment of the Millennium Development Goals would also be discussed.

The CHAIRMAN said that he took it that the Board wished to take note of the report contained in document EB115/15, the contents of the report of the Programme, Budget and Administration Committee of the Executive Board and the timetable.

It was so agreed.

Real Estate Fund: Item 5.5 of the Agenda (Document EB115/41)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the conclusions of the Committee's discussions on the Real Estate Fund were set out in paragraphs 55-59 of its report (document EB115/45).

Mr KOCHETKOV (adviser to Mr Skotnikov, Russian Federation) said that the question of security of premises was on the agenda of many specialized agencies of the United Nations system, and asked why that was not the case for the Executive Board. He requested that the sums being spent on WHO premises in order to provide a minimum level of security should be reflected separately in the budget so that the financing of security measures could be discussed further.

Dr NORDSTRÖM (Assistant Director-General) replied that WHO had been closely involved in the discussions held in the United Nations General Assembly on the management and strengthening of security. The revised version of the Proposed programme budget 2006-2007 would indicate more clearly the increases in security costs in relation to premises, including headquarters, and to staff.

Dr STEIGER (United States of America) asked whether there were any plans to amalgamate the office of the Regional Office for Africa in Harare and that in Brazzaville into a single site.

The CHAIRMAN replied that the Secretariat would answer that question at a later date.

Decision: The Executive Board, having considered the report of the Director-General on the proposed programme budget for the financial period 2006-2007: Real Estate Fund[1] and the report of the first meeting of the Programme, Budget and Administration Committee of the Executive Board,[2] decided to request the Director-General to report on progress made on elaboration of a 10-year capital master plan and development of a long-term mechanism for the financing of this plan to the Board at its 117th session.[3]

The CHAIRMAN said that he took it that the Board wished the Programme, Budget and Administration Committee to review at its second meeting, to be held immediately before the Fifty-eighth World Health Assembly, the proposals for construction projects at locations in countries of the Eastern Mediterranean Region, and report directly to the Health Assembly thereon. He also took it that, in accordance with the proposal of the member for the Russian Federation, the Board wished the Secretariat to prepare a report on the security of those premises.

It was so agreed.

2. TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda (continued)

eHealth: Item 4.13 of the Agenda (Document EB115/39)

Dr BUSS (Brazil) fully supported the draft strategy for eHealth, which was of considerable significance for the development of health systems and would benefit health professionals. In many countries, health professionals worked in isolated areas and had no access to information and communication technologies or to training in their use for public-health purposes. He urged the Board

[1] Document EB115/41.

[2] Document EB115/45.

[3] Decision EB115(10).

to support the initiative and to request the Director-General to continue to work on the strategy. He also urged it to support the ePort initiative, a project within the framework of eHealth designed to benefit lusophone countries in four regions, which together had a population of more than 220 million, with the aim of promoting information exchange between Portuguese-speaking health professionals. Participation in the project would provide valuable early experience of the overall eHealth strategy.

Dr AL-SAIF (alternate to Dr Al-Jarallah, Kuwait), supporting the draft resolution, said that eHealth would strengthen health systems, facilitate the provision of health care, and help to control epidemics throughout the world. A mechanism such as the Health Academy, launched by WHO in 2003, and soon to be extended to the regions, would also improve health care and health development.

Mrs IORDACHE (alternate to Professor Cinteza, Romania) strongly supported the draft resolution as it marked the beginning of an important process of innovation and partnership among countries. Access to information had taken on new importance with the emergence of the Internet as a basic tool for learning, and it was essential that the technology should be available to everyone, regardless of race, gender, income or age. Information and communication technologies would bring about fundamental changes in all aspects of health, leading to a more citizen-centred, personalized health-delivery system.

The Health Academy was an innovative approach to improving health through technology and a model for a new method of working in the information society era, linking ministries of health, education and technology in a partnership aimed at achieving Target 18 of the Millennium Development Goals.

Romania shared WHO's vision of eHealth and recognized the importance of its decision to play a leading role in that area. A global eHealth strategy would benefit both low- and high-income countries, for many countries would offer support in promoting the Health Academy within the framework of eLearning at the national level, in association with international partners. She urged that eHealth should be a regular item on the agendas of the Executive Board and of the Health Assembly as a means of ensuring good access to information and regular opportunities to monitor and evaluate progress.

Dr QI Qingdong (alternate to Dr Yin Li, China) agreed that information technology should be used to enhance the quality and effectiveness of health services. All countries should strive, in accordance with their respective levels of information technology use, to prepare and promote eHealth strategies. To help to control the spread of communicable diseases in particular, he proposed the addition of a new subparagraph in paragraph 1 of the draft resolution, that would read: "to consider establishing and implementing national public health information systems and to improve, by means of information, the capacity for the surveillance of and rapid response to, disease and public health emergencies". Furthermore, in the interests of standardizing health information, he proposed an additional subparagraph in paragraph 2, that would read: "to promote the development, application and management of standards of health information, collect and collate available information and its standards with a view to establishing progressively a globally standardized health information system".

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) said that the rapid growth and spread of information and communication technologies, and the broadening access to them, as reflected in the Millennium Development Goals, offered unlimited prospects for the development of public health services and exchange of information, penetrating even the remotest areas, and for the promotion of epidemiological surveillance. As a result, the effectiveness and efficacy of medical care were being speedily enhanced. He supported the amendments proposed by the member for China and further proposed that, in paragraph 2(3) of the draft resolution, the words "and best practices" should be followed by "in particular where telemedicine technology is required".

The technology in question might be costly, and he asked for information in that regard.

Dr KHALFAN (alternate to Dr Abdul Wahab, Bahrain) said that the application of information and communication technologies to public health strategy opened up great horizons, but would require much investment both in human resources and in equipment and technology. WHO should contribute by making its own experience and information available. The requirements would include an expanded database and software; in addition, relevant periodicals and other information sources should be made available on the Internet.

Dr STEIGER (United States of America) said that, although the draft strategy was a good first step in helping countries to provide better health care, a more focused approach was needed so as to avoid the risk of dissipating the Secretariat's resources. What method would be used for setting priorities, since the Secretariat could not become involved in every aspect, and what did "safe and reliable applications" mean? At the 112th session of the Board he had opposed the idea of WHO managing a ".health" Internet domain, endorsing health information outlets or defining health technologies. It seemed premature and pre-emptory for WHO to set technological norms and standards; many countries had their own standard-setting processes, and other international bodies, such as the International Organization for Standardization, had a mandate for setting technology standards; the ultimate arbiters would be consumers and the marketplace. For those reasons, not to mention that of cost, he could not support China's proposed amendment. Also, it was not clear what the nature, purpose, scope of activity and resource implications of a global eHealth observatory would be. There, too, care must be taken not to duplicate activities already being undertaken elsewhere in the Organization.

In the draft resolution, he proposed that the words "governance, finance, education," and "economic" should be deleted from the second preambular paragraph. The third preambular paragraph should end with the words "for health", and the rest should be deleted. In the fifth preambular paragraph, the words "developing both eHealth policies internationally and" should be deleted; the last preambular paragraph should be deleted in its entirety. In paragraph 1(2), the word "ensure" should be replaced by "promote"; in paragraph 1(4), the words "while guaranteeing maintenance of" should be replaced by "to improve"; and in paragraph 1(8), the word "individualized" should be deleted.

Ms HALTON (Australia) agreed with the previous speaker that, although WHO should take an interest in the development of information and communication technologies for health strategies, its approach should be cautious. Experience in Australia had shown that, even at the national level, the preparation of norms, standards and particularly guidelines could be both controversial and complicated. Therefore, and with the budgetary aspects in mind, it was difficult to see what key role WHO would assume, how activities would be delimited and how they would be paid for. Every country should, of course, recognize and develop its own potential, which meant that WHO should take care to confine its activity to areas where its own role was unique.

Mr SHUGART (Canada) said that the Secretariat could be helpful in the field of information and communication technology for health strategies, provided that its activities were focused. It was important, particularly at the outset, to avoid exacerbating the problem of resources. WHO's services could always be expanded at a later stage, if suitable opportunities came to light, but such a step would need to be viewed in the context of budgetary appraisal.

Dr ACHARYA (Nepal) said that eHealth was of the utmost interest to Member States such as Nepal, where communications were poor and the terrain difficult. Full technical support should be given to countries where necessary, for the speediest possible development of the relevant policies and strategies.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) welcomed the proposed establishment of a global eHealth observatory, but expressed concern about the implications of the draft resolution for developing countries in particular, given the need for a well-established infrastructure and skilled personnel. He therefore proposed that the words "which include appropriate

legal framework and infrastructure as well as encouraging public and private partnership" should be added at the end of subparagraph 1(1), and that subparagraphs 1(2), 1(3) and 1(6) should be deleted. Subparagraphs 1(7) and 1(8) should be merged to form a single subparagraph that would read "to mobilize multisectoral collaborations for determining evidence-based eHealth standards and norms and to evaluate eHealth activities to share the knowledge of cost-effective models thus ensuring quality, safety and ethical standards". He supported the rest of the text as it stood.

Dr AHMED (Ghana) said that, having developed a policy on information and communication technologies, Ghana welcomed the potential advantages to developing countries in areas such as the sharing of health information and the cost-effective provision of health care in remote areas, and the opportunities for training in the skills that many developing countries lacked. WHO should nevertheless take account of the differing levels of national development. He requested clarification of the term "speak with one voice" as a component of the strategy.

Dr BRUNET (alternate to Professor Dab, France) broadly concurred with the members for Australia, Canada and the United States of America and acknowledged the needs of the less well-resourced countries and their call for WHO support. For that reason the draft resolution required considerable amendment.

Experience in the European Union had shown that, after a spectacular start, targets had had to be scaled back because Member States had found it hard to harmonize standards against a backdrop of rapidly changing market forces on the one hand and peoples' expectations on the other. Political initiatives had often been overtaken by developments. Hence his country also favoured a cautious approach. It was likewise sceptical about the need for a global eHealth observatory and was uncertain what role it would play, especially as other bodies were already active in the fields of standard setting, methodology, product and service evaluation and the promotion of research and development. Moreover, while the question of cost effectiveness was important, the report had somewhat underestimated the aspect of patients' expectations. The Secretariat should therefore pursue consultations on the subject with a view to determining the added value of each component, ensuring complementarity of goals and activities and clarifying coordination mechanisms. In addition, efforts should be made to establish partnerships with the private sector and to clarify the responsibilities of potential providers of funds. Therefore, while WHO should remain highly involved in that field, it should be wary about devising tools that exceeded its capacity. All countries should display equal moderation when contemplating the budgetary implications of resolutions dealing with subjects that were not, perhaps, one of WHO's main priorities, and which might add greatly to its workload.

Dr TANGI (Tonga) said that over the years the small island developing states in the Pacific had experimented with telemedicine and eHealth and had been advised by experts to develop tools in accordance with their needs, but no help had ever been forthcoming. Ultimately WHO and the Government of Japan had assisted in the establishment of an information network. Unaware of the latest standards, those States welcomed such support and trusted that it would continue.

Dr SÁ NOGUEIRA (Guinea-Bissau) said that given the important role that information technology and the Internet could play in the strengthening of health personnel, he supported the draft resolution. Guinea-Bissau would be interested in sharing the benefits of cooperation programmes that might be established in that area. However, WHO would need to take into account questions of accessibility and the languages used for communication in order to ensure that such programmes were widely used. He therefore proposed amending the draft resolution by inserting a new subparagraph in paragraph 2 to read "to support regional and interregional eHealth initiatives or the eHealth initiatives of groups of countries that share a common language".

Dr YOOSUF (Maldives) said that scope for use of eHealth in health-care delivery was broad and rapidly expanding. However, if eHealth and eLearning were to be successful and have equitable distribution, the Secretariat would need to collaborate with Member States, international

telecommunication organizations and the private sector to seek a reduction in costs, especially in developing countries where there was often only a single service provider.

Information technology was already widely used within traditional WHO activities, such as disease surveillance, research and data management, health education and in-service training. Maldives was using information technology in several ways, for example, to access public health web sites, including those of WHO, during public health emergencies, to hold national telephone conferences to educate staff and the general public, and to give advice and support in the area of clinical management to health professionals in peripheral hospitals. Further development of such services was limited by the cost of telecommunications.

He supported the draft resolution with the amendments proposed by the member for Thailand but further proposed the insertion of a new subparagraph in paragraph 1 to read: "to work with international telecommunication agencies and other partners to strive to bring down the telecommunication cost to make eHealth successful".

The CHAIRMAN, speaking as the member for Iceland, said that, although eHealth was already having a substantial impact on health systems by making services more efficient and improving access to care in some countries, many parts of the world had little possibility of using eHealth technologies. The eHealth strategy should concentrate on equity and quality and be based on the principles of the Charter of the United Nations. The Secretariat should also focus on providing Member States with support in establishing safe and reliable eHealth applications. The proposed global eHealth observatory could play a vital role in that process, but it should be established in close cooperation with the private sector. His country supported the draft resolution and many of the proposed amendments.

Dr BEHBEHANI (Assistant Director-General) said that account would be taken of the views expressed. eHealth was likely to expand exponentially and would involve the use of new technologies. A committee representing UNAIDS and all levels of the Organization had therefore been set up in order to examine how Member States' requirements could best be met. Regional meetings had been held to consider countries' recommendations. The aim was to produce a plan of action before May 2005.

Dr EVANS (Assistant Director-General), recognizing the complexity of the area, said that the eHealth strategy was still in its early stages, but there was an increasing demand from constituents for guidelines and advice. The strategy would continue to evolve dynamically. The global eHealth observatory would not be a building, but a network modelled on observatories already operating in the Region of the Americas in the area of human resources for health, and in the European Region in the area of health systems in transition. Such networks synthesized the experiences of collaborative institutions in their regions; they were not heavily resource-intensive, but offered great benefits in terms of guidance and advice to Member States.

In terms of the benefits of eHealth, there were significant opportunities for cost savings in the area of human resources for health, where dramatic shortages meant that more staff had to be quickly trained. Tapping the possibility of distance learning and telemedicine would make it possible to ease other bottlenecks and constraints.

Dr LEPAKHIN (Assistant Director-General) added that, in the field of health-care delivery, teleconsultations reduced patients' travel costs, eliminated unnecessary referrals and improved access to services. The savings achieved by teleconsultations depended on geographical factors and patient numbers. Furthermore, patients from remote areas could receive otherwise unobtainable specialist advice through teleconsultations; in the aftermath of the recent tsunami, primary health-care doctors in the affected areas were having to treat patients who would normally have been referred to specialist medical services which no longer existed. One of WHO's practical responses to that situation was to offer an eHospital project, run in cooperation with the European Space Agency and the World Bank. As part of that project, laptop computers with electronic health records would be supplied to 50 relief

and medium-term primary health-care centres in the stricken areas, providing Internet and e-mail access in order to support communication and relief coordination, and to maintain contact with networks of medical specialists and consultation services that could supply online and offline advice on communicable diseases, paediatrics, obstetrics, dermatology, injuries and psychiatry. The cost would depend on how the project was organized. Many partners were supplying their services practically free of charge. eHealth would contribute to the discovery of ways of helping people and countries in the most cost-effective manner.

The DIRECTOR-GENERAL said that, although eHealth clearly offered many benefits, it was plain that a more focused approach was needed and that Member States would have to be more closely consulted.

The CHAIRMAN said that a new paper would be prepared, incorporating the suggested amendments and that the agenda item would be reconsidered at a later meeting.

It was so agreed.

(For adoption of the resolution, see summary record of the twelfth meeting, section 7.)

Rational use of medicines by prescribers and patients: Item 4.14 of the Agenda (Document EB115/40)

The CHAIRMAN invited the Board to consider the report contained in document EB115/40. Speaking as the member for Iceland, he drew attention to a draft resolution, originally drawn up by the Nordic countries, and submitted by his own country and by Austria, Canada, China, Cyprus, Czech Republic, Denmark, Ecuador, Finland, Gabon, Germany, Ghana, Guinea, Hungary, Ireland, Jamaica, Kenya, Kuwait, Lesotho, Libyan Arab Jamahiriya, Lithuania, Luxembourg, Maldives, Nepal, Netherlands, Norway, Pakistan, Romania, Sweden, Switzerland, Thailand, Tonga, United Kingdom of Great Britain and Northern Ireland, United States of America and Viet Nam, which read:

> The Executive Board,
>
> Having considered the report on rational use of medicines by prescribers and patients;[1]
>
> 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 from the WHO report in 2004 on "Priority Medicines for Europe and the World",[2] 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;

[1] Document EB115/40.

[2] Document WHO/EDM/PAR/2004.7.

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 from the WHO report in 2004 on "Priority Medicines for Europe and the World", 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 the prevention of the spread of infectious diseases;

Noting that, despite some progress, the strategy for the containment of antimicrobial resistance[1] has not been widely implemented;

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;

Re-emphasizing the need for a coherent, comprehensive and integrated national approach to promote 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 ensure 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 the containment of antimicrobial resistance and, where appropriate, taking account of financial incentives in policies for prescribing and dispensing;

(2) 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;

(3) to monitor regularly the use of antimicrobial agents and the level of antimicrobial resistance in all relevant sectors;

(4) to share knowledge and experience actively 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;

[1] Document WHO/CDS/CSR/DRS/2001.2.

(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 development and sharing of knowledge and experience among stakeholders on how best 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.

The draft resolution did not attempt to deal with the whole subject of rational use of medicines, but instead focused on antimicrobial resistance, which posed one of the most serious threats to global health security.

Professor FIŠER (Czech Republic) said that increasing rates of antimicrobial resistance had been recorded in his country since the mid-1990s, putting it into the group of European countries with a serious resistance problem. In 2001, in a document on strategy for containment of antimicrobial resistance,[1] WHO had recognized antimicrobial resistance as a worldwide problem that jeopardized human health and caused immense economic damage, and had recommended the formation of national and international interdisciplinary groups to study it. His country's Ministry of Health had incorporated rational use of antimicrobial medicines by prescribers and patients into its national antibiotics policy, as part of its biennial collaborative agreement with WHO's Regional Office for Europe for the period 2004-2005. Also included were training of physicians in the rational prescription of antibiotics and a proposed patient information project.

Ensuring the rational use of medicines, which should include the provision of information, surveillance, cost-effectiveness analyses and interdisciplinary coordination was the responsibility of individual governments. The report and draft resolution were, therefore, important for all countries.

Dr ANTEZANA ARANÍBAR (Bolivia) asked for clarification of certain points in the draft resolution. First, did the words "taking account of financial incentives in policies for prescribing and dispensing", at the end of paragraph 1(1) mean that prescribers had to be given financial incentives to prescribe medicines? Medicines should be prescribed and dispensed only on the basis of the patient's well-being and therapeutic effectiveness, not for financial incentives. Secondly, he understood the question of leadership role in paragraph 2(1) to refer to that of WHO as a whole, and not just the Secretariat. Thirdly, did the reference in paragraph 2(4) to stakeholders mean the Member States, the regulatory authorities and those responsible for correct use of antibiotics? There might be others, but the term should be clearly defined. Lastly, there were few references to developing countries, yet that was where misuse of antibiotics posed the greatest problem. Those countries would need all the support and instruction they could get, and he asked whether the new department set up to provide technical support to developing countries would be supporting them in that area.

Dr STEIGER (United States of America) noted with interest that the item under discussion was the only one on the agenda to mention "patients" – i.e. people – rather than governments, health systems or WHO itself. Even then, the title of the item implied that patients were doing something wrong, namely not taking their medicines properly, although the report acknowledged that health systems did not always provide the best medicines at the right time or help patients to use them rationally. Mistakes by health-care providers and patients cost lives and money: the Institute of

[1] See document WHO/CDS/CSR/DRS/2001.2.

Medicine in the United States of America had found some years before that medication errors in the country cost US$ 128 000 million a year, one quarter of which was attributable to preventable errors.

His country had sponsored the draft resolution because WHO's expertise in surveillance could be put to good use in coordinating regional and international efforts to monitor the alarming rise in antimicrobial resistance.

An important point in the report was the reference, in paragraph 23, to the unregulated dispensing of medicines by pharmacies in many countries. Citizens of his own country often bought medicines in neighbouring countries, where the dispensing regulations were less strict.

The financial incentives in prescribing and dispensing referred to by the previous speaker certainly existed: they might, for example, influence a pharmacist's choice of which medicine to dispense. It might be more apposite to refer to "financial and other incentives".

Promotion and advertising, referred to in paragraph 26, were useful sources of information for patients, but must be monitored to ensure accuracy and adherence to national laws and standards.

There was a general assumption throughout the report that the price of medicines was always determined by the manufacturer: there should perhaps be a reference to the mark-up added by retailers and taxes or tariffs imposed by national governments as well.

The role played by complementary and alternative medicines also deserved consideration. In his country, some 40% of people used such medicines, often without informing their physician. He was surprised therefore that the report made no reference to the World Alliance for Patient Safety, launched by WHO in 2004 with funding from the United Kingdom of Great Britain and Northern Ireland.

The problem of the rational use of medicines was complex and there were no clear standards of measurement, but there was a need for evidence-based, practical advice for physicians and pharmacists. In paragraph 1(2) of the draft resolution, the term "rational use" should be clearer; the most rational use did not necessarily result in the lowest cost. He therefore suggested that it should be replaced by "use of pharmaceuticals in such a manner that the outcomes of therapy, both clinical and economic, are optimal, given the current state of knowledge".

Mrs LE THI THU HA (Viet Nam) said that all countries should establish effective programmes to combat antimicrobial resistance. She supported the draft resolution

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) said that, in view of the increasing incidence of antimicrobial resistance, there should be a reference in paragraph 1(1) of the draft resolution to increased controls on the dispensing of medicines in pharmacies, particularly prescription-only medicines containing antibiotics and synthetic antibacterial agents. He endorsed the remarks of the member for the United States of America on that subject.

Dr QI Qingdong (alternate to Dr Yin Li, China) said that the inappropriate use of medicines had become a serious public-health problem. Strict regulations and directives were required, along with an effective monitoring system, to combat it. WHO should play a greater role in promoting the implementation of policy, surveillance and measures to combat resistance as well as advocacy and education. He supported the draft resolution.

Dr GAKURUH (Kenya) said that Kenya had sponsored the draft resolution on the understanding that it constituted just one component of efforts to enhance the rational use of medicines. Although it had a legal framework for medicines, it needed to advocate and strengthen regulatory mechanisms and vigorously promote rational use. There was also an urgent need for interventions to counter antimicrobial resistance; such action ought to lead to the formulation of a more comprehensive framework for the rational use of all medicines, along the lines indicated in the report. The Director-General should enhance support to Member States in strengthening their regulatory and information provision capacities. The resistance to antimalarial agents seen over the past decade in sub-Saharan African countries had obliged Kenya to review its malaria treatment policy

every five years, and was a specific illustration of the need for more rational use of medicines generally.

Dr SANDA (alternate to Professor Cinteza, Romania) expressed support for the draft resolution, which Romania had helped to draft. She recalled that, as a general practitioner, she had always tried to give her patients the most rapid, effective and inexpensive treatment possible, but her patients had been convinced that the more painful the treatment, the more effective it would be. Patient's expectations were often at variance with the physician's prescription. The need for coordinated research on the question and continuing education for health professionals should be given more emphasis.

Mr PÉREZ LÁZARO (alternate to Dr Lamata Cotanda, Spain), endorsing the remarks by the previous speaker, said that Spain attached great importance to the training of doctors and pharmacists in the quality, safety, efficiency and effectiveness of medicines. He shared the doubts expressed by the member for Bolivia about paragraph 1(1) of the draft resolution. Presumably the sponsors had intended to refer to the fact that financial or other vested interests should play no role in policies for prescribing and dispensing medicines. That intention might be clearer if the last phrase of the subparagraph was amended to read: "and, where appropriate, to take measures in respect of financial or other incentives that may adversely affect policies for prescribing and dispensing". The aim was to ensure ethical relations between doctors and pharmacists, on the one hand, and the pharmaceutical industry on the other.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) strongly supported the draft resolution and acknowledged the extension of the scope of the resolution to cover all antimicrobial agents. That was essential, given the increasing resistance to medicines, especially those used against HIV/AIDS, tuberculosis and malaria. However, resistance was only one aspect of the rational use of medicines, and he urged the Secretariat, in collaboration with all stakeholders, to consider incorporating other important elements of that topic. He suggested that the Commission on Intellectual Property Rights, Innovation and Public Health, which had been appointed by the Board to deal with many of the aspects of essential medicines, including availability and affordability, should be asked to incorporate rational use into its work.

Dr NSIAH-ASARE (alternate to Dr Ahmed, Ghana) supported the extension of the scope of the topic beyond the problem of antimicrobial resistance. Ghana had already adopted the concept of rational use of medicines, and experienced its benefits. With social health insurance systems becoming more widespread, guidelines were needed for monitoring and evaluating the use of medicines.

Dr CAMPBELL FORRESTER (alternate to Mr Junor, Jamaica) stressed the need to ensure rational use of medicines, and especially antimicrobial agents. Attention should be paid to the education of consumers and the continuous training of health-service providers. Quality assurance systems should include monitoring the rational use of medicines.

Dr ACHARYA (Nepal) said that irrational use of medicines not only prevented the full potential of medicines in health care from being realized; it also created other problems, including the emergence of resistance through improper use of antibiotics. Pilot projects to promote rational use had proved successful, but had yet to be successfully translated to the national level. Multidimensional interventions were needed, because a single intervention could have unintended consequences, such as the irrational use of another medicine. A broadly based insurance system, including regulation, supervision and monitoring, was crucial in ensuring the rational use of medicines. The fact that in the private sector in countries in the South-East Asia Region medicines were almost always dispensed by prescribers provided a strong incentive for irrational use, since the more they dispensed, the greater their income. Most countries in the Region also focused strongly on the supply of medicines, deferring consideration of the question of rational use until adequate supplies were available. Yet the two issues

must be handled together. Health insurance systems were not common in the Region, but they were the most important factor in encouraging the rational use of medicines. He strongly supported the draft resolution.

Dr ABDULLA (Sudan) strongly supported the draft resolution and asked for Sudan to be added to the list of sponsors.

Ms PATTERSON (alternate to Ms Halton, Australia) supported the draft resolution and asked for Australia to be added to the list of sponsors.

Dr NDONG (Gabon) also supported the draft resolution. He proposed the addition, in paragraph 1, of the words: "to strengthen their legislation on availability of medicines in general, and antimicrobials in particular". The sale of pharmaceuticals without a prescription was one of the causes of irrational use of medicines in general, and especially of antimicrobial agents. Such informal distribution of medicines should be discouraged.

Dr AGARWAL (India)[1] said that his country was concerned at the extensive use of antimicrobial agents, which led to pathogen resistance. That trend, together with the increasing prevalence of chronic diseases, and the growing need for lifelong treatment of HIV/AIDS, made it a matter of urgency to identify successful interventions to promote more cost-effective long-term use of medicines and adherence to chronic treatment. The medical fraternity must be sensitized to the need for appropriate use of medicines. A project had been launched in India, with the assistance of the World Bank, to build capacity for the quality control of medicines and safe food. Rational use of medicines was one of the areas covered by awareness-raising measures under the project, which involved all stakeholders.

Ms ALVES (International Pharmaceutical Federation), speaking at the invitation of the CHAIRMAN, said that the main activities of pharmacists were to supply medicines and other health care products of assured quality, and to help people to use them safely and rationally by providing appropriate information and advice or by monitoring their effects. Pharmacists had adopted a patient-centred approach, which ensured that patient care and economic considerations were properly balanced. Appropriate advice empowered patients to gain responsibility in their own healing process and improved adherence to treatment. Therapy with prescribed medicines was a collaborative process between patients, physicians, pharmacists and other health-care providers, but it presupposed a partnership based on mutual trust and the acceptance of shared responsibility for the outcome. Her Federation therefore urged national and international organizations and governments to recognize the importance of promoting and implementing an integrated approach to treatment with medicines involving all those concerned. Pharmacists' contribution to the promotion of rational and economic prescribing and appropriate use of medicines must be acknowledged. They should have access to any system for reporting adverse events, medication errors, defects in product quality and detection of counterfeit products. Reporting should include information supplied by patients and health professionals directly or through pharmacists.

Dr GHEBREHIWET (International Council of Nurses), speaking at the invitation of the CHAIRMAN, said that nurses, pharmacists and physicians were together responsible for the prescribing, dispensing and administering of medicines and their rational use. Health professionals must ensure that patients received safe compounds, appropriate to their clinical needs, in the correct doses, for an adequate duration, and at the lowest cost to the patient and the community. Extensive misuse of antimicrobial agents was resulting in widespread resistance in pathogens. In addition,

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

extensive use of injections in non-sterile conditions was contributing to the spread of infections, in particular with hepatitis B and C viruses. The increasing presence of counterfeit and substandard medicines contributed to the spread of resistance, including resistance to antiretroviral therapy. Policies and mechanisms of WHO and governments promoting the rational use of medicines should include: establishment of multidisciplinary bodies to regulate and monitor use of medicines; monitoring of prescribing behaviour with a view to avoiding unnecessary use of antimicrobials and injections; raising awareness of counterfeit and substandard medicines; educating patients and communities on the proper use of medicines; developing and disseminating evidence-based clinical guidelines for health professionals; and maintaining appropriate levels of staffing and supplies of medicines.

Mr MISRA (Consumers International), speaking at the invitation of the CHAIRMAN and also on behalf of Health Action International, said that urgent action was needed to combat the inappropriate selection and use of medicines by providers and consumers. Regulators must seek to ensure that the financial interests of pharmaceutical manufacturers and sellers did not conflict with public health needs.

Regulation of drug promotion to prescribers and strengthening of education to increase awareness of its potentially adverse effects were important strategies. Health Action International had collaborated with WHO to develop a database on drug promotion to monitor efforts to influence prescribers. Physicians had also played a role, for example, by setting up a web site providing tools to mitigate drug promotion and its effects.

Informed consumers also had a vital role to play in the rational use of medicines and health systems. Quality, accuracy and independence of information were crucial to avoid exploitation of vulnerable consumers. WHO and governments should provide clear guidance and comparative information on the best interventions and their appropriate use. National committees had been established to draw lessons from two recent incidents that had undermined public confidence in medicines safety. Guidelines for interaction between the public, patient groups and others involved in the provision and use of medicines were also needed. Irrational use of medicines undermined health systems in rich and poor countries alike and threatened to reverse valuable health gains.

Dr LEPAKHIN (Assistant Director-General) said that, in general, physicians did not understand medicines well enough to use them rationally in treatment, and acknowledged that they were offered financial incentives to prescribe some rather than others.

Rational use of medicines involved such factors as proper prescription including avoidance of drug interactions, and dispensing, appropriate information for patients, and their compliance with treatment regimens. Irrational use was a complex problem requiring the involvement of health ministries, nongovernmental organizations of the kind addressing the Board, consumers and patients, organizations in the United Nations system, WHO collaborating centres and other stakeholders.

The entire draft resolution was directed at patient safety and effective treatment. Improper treatment indeed caused resistance, not just to antibacterial but also to antiretroviral and other antimicrobial agents. With regard to medical error, deaths due to erroneous prescription were certainly unacceptable, besides which drug-related complications had huge economic consequences.

With regard to misuse of medicines and support for countries to make proper use of drugs, two new departments had been created in the Secretariat: one for global policy and standards and the other for technical support for countries. Responding to the member for Romania, he observed that people often preferred strong and even painful medicine on the assumption that it was more effective. Many present-day oral formulations, however, were just as effective as injections.

On the asserted need to highlight training, he said that the project to be carried out, if the draft resolution were adopted, would include a strong training component, one of the most cost-effective ways of promoting rational use.

Thanking the countries that had sponsored the draft resolution with its helpful guidance, he said that the Secretariat would attempt to integrate their efforts to promote the rational use of antimicrobial agents within the much wider programme on expanding effective interventions to promote the rational

use of medicines in general. Fund-raising would be stepped up to ensure availability of the financial and human resources necessary for the activities outlined in the draft resolution.

Mr AITKEN (Director, Office of the Director-General) noted that Bolivia had decided to join the sponsors. The amendments proposed were: in paragraph 1(1), the words "and other" should be inserted after "financial" and the words "which might have a negative impact" inserted between "incentives" and "in policies"; and a new paragraph, to be inserted after paragraph 1(1), reading "to consider strengthening their legislation on availability of medicines in general and antimicrobial agents in particular;", was to be inserted.

Mr SHUGART (Canada) suggested that, in the first amendment, the word "harmful" would be preferable to "negative".

The CHAIRMAN said that he took it that, with those amendments, the text was acceptable.

The resolution, as amended, was adopted.[1]

International Plan of Action on Ageing: report on implementation: Item 4.15 of the Agenda (Document EB115/29)

The CHAIRMAN drew attention to a draft resolution on strengthening active and healthy ageing, proposed by Australia, Bolivia, Brazil, Canada, China, Germany, Ghana, Iceland, Israel, Italy, Jamaica, Japan, Netherlands, Russian Federation, Spain, Thailand, United Kingdom of Great Britain and Northern Ireland, and the United States of America, which read:

> The Executive Board,
> Having considered the document on International Plan of Action on Ageing: report on implementation,[2]
>
> 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 one thousand million people will be over 60 years old by 2025 and that this figure is expected to double by 2050, the vast majority in the developing world, 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

[1] Resolution EB115.R6.

[2] Document EB115/29.

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;[1]

Mindful of the important role of 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 older persons make to development and the importance of lifelong education and active community involvement for older persons;

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 enact and enforce legislation and to strengthen legal efforts and community initiatives designed to eliminate abuse of elderly people;

(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 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;

[1] Document WHO/NMH/NPH/028.

(8) to strengthen national actions in order to ensure sufficient resources to fulfil their commitments to implement 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 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 include 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 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, particularly to reduce their risk of HIV infection, improve the quality of life and dignity of older persons living with HIV/AIDS, and to support family members affected by HIV/AIDS, as well as 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.

Dr STEIGER (United States of America), thanking the sponsors of the draft, said that his country had initially put forward the text not only because improving the lives of its older citizens and their families was a national priority but also to encourage the Secretariat and all United Nations agencies and Member States to begin to give effect to the commitments set out in the International Plan of Action on Ageing adopted at the United Nations Second World Assembly on Ageing (Madrid,

2002). The resolution was intended to guide the Organization's action and should be seen as a positive step.

At the request of members for countries in the Region of the Americas, he said that in the Spanish version of the draft resolution, the words "*personas mayores*" should be replaced by "*adultos mayores*"; and in paragraph 1(5), the words "physical and mental" should be inserted before "abuse". In the English version, he requested that in paragraph 1(5) the words "abuse of elderly people" should be replaced by "elder abuse" to reflect common parlance in the United Nations system.

Dr CAMPBELL FORRESTER (alternate to Mr Junor, Jamaica) said that, with the sector of the population referred to as "older persons" growing much faster than the general population in many parts of the world, including the Caribbean, measures were needed to promote healthier ageing and enable health-care systems to provide for and be "friendly" to the elderly, many of whom would have few or no resources to cover the cost of their care. Countries had to ensure access not only to primary health care in institutions but also to home care and self-care, with effective planning. The WHO/PAHO Collaborating Centre on Ageing and Health at the University of the West Indies, which was also involved in the postgraduate family medicine distance-learning course based at the University, was working with the Merck Company Foundation on training in issues of ageing in the Caribbean.

Since active and healthy ageing was becoming a major public health concern, she proposed that the words "to provide progress reports on the status of older persons and on active and healthy ageing programmes in the country reports" be inserted after paragraph 1(8) of the draft resolution.

Dr GAKURUH (Kenya), noting that there would be more than 1000 million people over the age of 60 by 2025 and, most importantly, that the traditional African social structure for support of the ageing was collapsing, expressed both appreciation and support for the report and the resolution. Nuclear and extended families had been the main structure for care and support of the ageing in Kenya and in much of Africa, but, owing to the prevailing social and economic environment, that structure was rapidly falling apart. In some countries the problem was compounded by emerging and re-emerging diseases and civil strife. Where possible, it was fundamental to emphasize home-based care and support from within the community, as did the HIV/AIDS strategy. She proposed that the words "with an emphasis on existing community structures where applicable" be inserted after "to continue to focus on primary health care" in paragraph 3(3) of the draft resolution.

Dr SANDA (alternate to Professor Cinteza, Romania) expressed support for the focus on primary health care and making social and health care part of a holistic approach. Romania had contributed much to geriatrics and gerontology through the work of Professor Aslan, a noted physician and researcher. In gerontology, continuous training at undergraduate and postgraduate levels was essential.

Efforts by the Secretariat and Member States to promote palliative care would be particularly important. She endorsed the steps outlined in the plan of action and strongly supported the draft resolution.

Professor FURGAL (adviser to Mr Skotnikov, Russian Federation), whose country was a sponsor of the draft resolution, said that the report rightly identified HIV/AIDS as one of two new areas in the important issue of ageing and health, but the interpretation of the relationship between ageing and the HIV/AIDS pandemic was somewhat one-sided. Older people did bear an additional burden as carers in families, but age in itself did not rule out illness due to HIV, even with the availability of antiretroviral therapy. While the specific characteristics of the spread of HIV among older people should undoubtedly be given more attention, the importance for such people of all the preventive, treatment, care and support measures that were being developed and implemented as part of the global strategy to combat HIV/AIDS should be taken into account, and, therefore, highlighted in draft resolution.

The report referred to a pilot research project in Zimbabwe which, he understood, had led to a report on the effect of HIV/AIDS on older people in Africa that had been issued in December 2002. Another project, to develop methodology for the study and assessment of the impact of HIV/AIDS on older people, was to be carried out in three other African countries. Which project was the subject of paragraph 10 and, most importantly, when and how was that project to be "replicated", as stated in paragraph 10, in other countries?

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) said that integration of the International Plan of Action on Ageing into the primary health care system had proved to be very beneficial. Its successful implementation required clear government policy, adequate resources, and integration into a primary health-care system with appropriately trained human resources. A monitoring and evaluation system must be established to ensure good quality and coverage. Community participation was the key to enabling older persons to live independently with a good quality of life.

As a sponsor of the draft resolution he proposed that in paragraph 1(5), the word "enact" should be replaced by "consider establishing an appropriate legal framework"; in paragraph 2, the word "include" should be amended to read "consider including"; and that the respective subparagraphs of paragraphs 1 and 3 should be merged in order to produce a more concise and comprehensible text.

Dr AHMED (Ghana) said that even in some developing countries people were living longer. The threat to the traditional way of life posed by globalization would also effect older persons. He queried the report's focus on primary health care, as a broader view was necessary. Moreover emerging issues (paragraphs 10 and 11 of the report) should be examined more closely, and further research should be carried out on the role of groups in traditional societies in caring for older persons, especially in sub-Saharan Africa.

Mr RECINOS TREJO (El Salvador)[1] said that the countries of the Region of the Americas welcomed the report and supported any global initiative aimed at the care of older people, particularly strategies that included primary health care and protection against physical and mental abuse. Efforts to provide the growing population of older people with the best possible level of health and well-being must be continued, and the countries of the Region therefore supported the draft resolution, together with the amendment proposed by the United States of America on its behalf.

The CHAIRMAN, speaking as the member for Iceland, said that the draft resolution was intended to have a positive impact on the promotion of healthy ageing and quality of life and independence in old age. It concentrated on prevention and treatment of age-related diseases, the social environment of elderly people, and social implications.

Dr LE GALÈS-CAMUS (Assistant Director-General), acknowledging the clear and constructive guidance, said that the Secretariat was making every effort to increase the effectiveness of its work on ageing and to ensure that older people benefited from the best possible conditions, including health conditions. The draft resolution and related proposals complemented WHO's work. Much remained to be done, but WHO had sought to give priority to primary health services, as most of the ageing population lived in communities, making access to primary health care essential. The factors that determined access to, and supply of, primary health-care services had also been analysed. WHO's regional work in that context should be strengthened, particularly regarding primary health-care guidelines. She noted the emphasis in both the report and the draft resolution on the specific consequences of HIV/AIDS for older people and the problems of health care for older people in the context of HIV/AIDS. The pilot project carried out in Zimbabwe had been completed and was in

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

process of analysis. Unfortunately, it was not the difficulty of reproducing the methodology in the four countries in question that created an obstacle, but simply the lack of resources.

Mr AITKEN (Director, Office of the Director-General) read out the proposed amendments. Paragraph 1(5), as amended, would read: "to consider establishing an appropriate legal framework and to enforce legislation and strengthen legal efforts and community initiatives designed to eliminate physical and mental elder abuse". A new subparagraph 8*bis* would read: "to provide progress reports on the status of older persons and on active and healthy ageing programmes when making country health reports". Paragraph 2, as amended, would read: "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". The beginning of paragraph 3(3), would be amended to read: "to continue to focus on primary health care with an emphasis on existing community structures where applicable, that is age appropriate ...". In addition, the changes made to the Spanish text would be taken into account.

The resolution, as amended, was adopted.[1]

The meeting rose at 14:00.

[1] Resolution EB115.R7.