ELEVENTH MEETING

Monday, 24 January 2005, at 09:10

Chairman: Mr D.Á. GUNNARSSON (Iceland)

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

Ministerial Summit on Health Research (Mexico City, 16-20 November 2004): Item 4.16 of the Agenda (Document EB115/30)

Dr SAM (Gambia) said that in the area of health research the role of WHO, as a knowledge-based organization, was to ensure that research was carried out according to a uniform set of ethical and other standards and guidelines that were both acceptable and replicable worldwide. Knowledge obtained through research had led to the introduction of highly successful and cost-effective, preventive public health interventions, particularly in the field of preventable childhood diseases. For vaccines, one of the most serious problems was not their availability but access to them where they were most needed. A further problem was the development and introduction of new vaccines against diseases that caused the death of millions of children worldwide, for example malaria, HIV infection or pneumonia. Health research was the best strategy at the current stage, but it was important to ensure that the findings fulfilled the original objective of controlling targeted diseases.

Developing countries, including Gambia and other west African countries, appreciated the efforts of, among others, WHO and other United Nations agencies, the Global Alliance for Vaccines and Immunization, The Vaccine Fund, the Global Fund to Fight AIDS, Tuberculosis and Malaria and all those supporting them in setting up financing mechanisms to ensure availability of expensive vaccines to the people who would not otherwise have access to them. However, certain difficulties were emerging in the implementation of those mechanisms that were beyond the control of the partners concerned. Donor fatigue and unstable macroeconomic influences were additional threats. Research into vaccines covered not only technologically complex manufacturing processes, but also the clinical trials necessary to ensure safety and effectiveness before vaccines were introduced onto the market. Vaccines also had to comply with ethical and human rights standards, as well as trade regulations, to ensure that developing countries benefited from the knowledge obtained from clinical trials in which they had participated. The recent establishment of the Department of Ethics, trade, human rights and health law, represented a step towards acknowledgement of the role of developing countries in health research, particularly vaccine development.

In the draft resolution, he proposed the insertion of three new subparagraphs: the first, in paragraph 1 would read: “to encourage collaboration with other partners in health research so as to facilitate the conduct of such research within their health systems”; the second, in paragraph 2, would read: “to recognize the need to involve the relevant authorities in the countries concerned in the initial planning of health research projects”; and the third, in paragraph 3, would read: “to facilitate transforming health research findings into policy and practice”. He further proposed that the Director-General facilitate communication for negotiations between all parties involved in vaccine development, possibly through the new Department.

Dr STEIGER (United States of America) said that, because of the late issue of document EB115/30, he had not yet had the opportunity to digest the outcomes of the Ministerial Summit or consider the Mexico Statement. Moreover, that Statement had not been approved by all delegations at the summit, and should not be seen as a consensus document. He therefore proposed either that the Board take up the issue again at its 116th session, or that consideration of the draft resolution be

postponed until Board members had had sufficient time to examine the text and make proposals that could be incorporated into a revised version for submission to the Health Assembly. Failing that, he would propose several amendments to the current text. If the Board preferred to proceed with the agenda item, he suggested that a working group be established to produce a consensus version.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) recalled that those attending the Ministerial Summit had been advised by WHO that what came to be known as the Mexico Statement on Health Research would be approved, and that the Executive Board would subsequently recommend its endorsement to the Fifty-eighth World Health Assembly. More than 50 countries had attended the Summit, of which at least 28 were represented at the current session of the Board. The Statement had been agreed on after four days of extensive discussion.

The Mexico Statement could be regarded either as a "stand alone" recommendation by all the countries that had attended the Summit, in which case it could be referred to in any international discussion on health research and did not necessarily require the endorsement of the Health Assembly, or as a draft resolution submitted by the countries attending the Ministerial Summit to the Health Assembly for endorsement, as the Secretariat had chosen to do. The Statement should in that case have been submitted to the Board unchanged so that members could amend it as they saw fit and transmit it to the Health Assembly.

The present agenda item referred specifically to the Ministerial Summit on Health Research, not to health research generally. The Secretariat therefore had no authority to modify the Mexico Statement before presenting it to the Board. Furthermore, in preparing the draft resolution set out in paragraph 7 of its report, the Secretariat had deleted from the "Call for action" section of the Mexico Statement paragraph 5 (which had been proposed by Thailand), paragraph 9 (proposed by ministers from many African countries) and paragraph 10 (part of which had been proposed by Pakistan), and had modified other paragraphs. All those paragraphs had been approved by the many countries attending the Ministerial Summit, and it was not up to the Secretariat to make such changes. In so doing, it fostered an atmosphere of mistrust, and Thailand, for one, would think carefully before accepting another WHO invitation to attend a ministerial summit.

He therefore proposed that the Board either endorse the Mexico Statement as it stood and recommend its endorsement by the Health Assembly; or, if it wished to consider the text submitted by the Secretariat, it should make two concurrent decisions, namely to endorse the Mexico Statement as it stood and recommend its endorsement by the Health Assembly, and to amend the draft resolution prepared by the Secretariat before submitting it to the Health Assembly for consideration, together with its endorsement of the Mexico Statement, in which case, the three paragraphs deleted from the Mexico Statement should be incorporated into the draft resolution.

Dr SANDA (alternate to Professor Cinteza, Romania) said that Romania, having been represented at the Summit, endorsed the Mexico Statement on Health Research as it stood. Its National Institute for Health Research and Development, with the support of the Ministry of Health, was preparing a national policy for an evidence-based health research system. In the light of the Mexico Statement, a national health management information system to enhance the effectiveness of the health system would be developed with European Union funding.

Mr SHUGART (Canada) emphasized that knowledge generation was central to improving health and dealing with the challenges facing the health sector worldwide. What would be the implications of deferring the item for WHO, and in particular would the work come to a complete stop? Despite the need for a consensus on such an important issue, it would be a pity to sacrifice the momentum that had been generated thus far.

Dr THIERS (Belgium)[1] said that he had attended the Ministerial Summit on Health Research and had been disappointed to note the presence of only 20 health ministers, of whom two were from the European Region. Given the weight of the subject, it was important to ascertain why. He supported the draft resolution and congratulated the Secretariat on having captured the essential points of the Mexico Statement. However, given the significance of the subject, and the fact that the Board had received document EB115/30 so late, there did appear to be a case for reconsidering the draft resolution at a later stage.

The CHAIRMAN, noting the short amount of time remaining at the current session, invited members to consider continuing the debate by electronic means with a view to preparing a consensus text for submission to the Fifty-eighth World Health Assembly.

It was so agreed.

Influenza pandemic preparedness and response: Item 4.17 of the Agenda (Documents EB115/44 and EB115/44 Corr.1)

The CHAIRMAN invited the Board to consider the report contained in documents EB115/44 and EB115/44 Corr.1 and a draft resolution proposed by Belgium, Canada, China, Denmark, Finland, France, Germany, Hungary, Iceland, Ireland, Israel, Italy, Japan, Luxembourg, Malta, Monaco, Netherlands, Poland, Portugal, Russian Federation, Slovakia, Slovenia, Spain, Switzerland, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America and Viet Nam, which read:

> The Executive Board,
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> Having considered the report on influenza pandemic preparedness and response;[2]
>
> Recognizing the grave and increasing threat to the world's health posed by pandemic influenza,
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> RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:
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> > The Fifty-eighth World Health Assembly,
> >
> > Having considered the report on influenza pandemic preparedness and response;
> >
> > Recalling resolutions WHA22.47, WHA48.13, WHA56.19 and WHA56.28, 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 influenza in all countries in order to provide an early warning of, and a timely response to, an influenza pandemic;

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

[2] Documents EB115/44 and EB115/44 Corr.1.

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 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 drugs 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) to seriously 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 facilitate the rapid sharing of clinical specimens and viruses through the WHO Global Influenza Surveillance Network;

(6) to communicate clearly with their citizens about the potential threat of an influenza pandemic and to educate the public about effective hygienic practices 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, 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;

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 drugs 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 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;

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

Dr STEIGER (United States of America) said that the recent rise in the number of cases of avian influenza in Viet Nam highlighted the urgent need for heightened vigilance in east and south-east Asia and for all countries to make the necessary preparations in readiness for the possible emergence of a new strain of influenza virus. The United States continued to be extremely concerned about the possibility of the causative avian influenza virus mutating into a human strain to which people had virtually no resistance. Following consultations with several Member States not represented on the Executive Board but who wished to join in its work, he proposed the insertion of "especially people with immunodeficiencies such as HIV-infected and AIDS patients" at the end of paragraph 1(8) of the draft resolution, and the addition of a new subparagraph following paragraph 2(6) that would read: "to continue to develop WHO's plans and capacity to respond to an influenza pandemic and ensure clear communication with Member States".

He congratulated WHO on having ensured communication so effectively. The United States was proud to have provided financial and technical support to the Strategic Health Information Centre and looked forward to continuing to cooperate with the Organization in the future.

Professor FIŠER (Czech Republic) commended the excellent report. He recalled that the 1918 influenza pandemic had claimed more lives than the First World War. Contemporary means of transport increased the speed at which a pandemic could spread in a globalized world, but, on the other hand, the results of recent research, including the mapping of the 1918 influenza pandemic virus, its recreation in the laboratory and investigation of antiviral agents in the United States of America, had provided an instrument with which to manage a potential pandemic more effectively. His country had had a national plan for influenza pandemic preparedness in place for several years; it wished to be included among the sponsors of the draft resolution.

Mrs LE THU THI HA (Viet Nam) commended the report and endorsed the amendments to the draft resolution proposed by the member for the United States of America. Viet Nam had either

already implemented, or intended to implement, actions described in paragraphs 1(1), 1(2), 1(5), 1(6) and 1(7). With regard to paragraph 1(7), her Government had decided to establish an interagency avian influenza working group, consisting of technical experts and senior staff from the ministries of health and of agriculture and rural development, FAO and WHO, to enhance prevention, surveillance and control of avian influenza in Viet Nam. The group's terms of reference were to provide advice and technical support on contingency and pandemic preparedness planning and to act as a focal point for coordination of donor support for avian influenza activities and for communication and liaison between the two ministries and United Nations agencies on matters relating to avian influenza.

The draft resolution did not cover the important issue of availability and affordability of antiviral medicines. In the absence of an effective vaccine, antiviral medicines could prove valuable in the treatment and prevention of avian influenza, but current availability was limited and the products were expensive. However, experience gained in the use of antiretroviral agents in the treatment of HIV infection had demonstrated that such a situation could be changed. The problem was difficult, but it should not be ignored.

Dr QI Qingdong (alternate to Dr Yin Li, China) said that the recent outbreak of avian influenza in Asia had already caused a number of deaths, and the possibility of its further spread was an alarming prospect. The seriousness of the situation should not therefore be underestimated. In the event of a pandemic, international and cross-sectoral cooperation should be central to countries' preparedness strategies. During the past 10 years, China and WHO had cooperated effectively in terms of surveillance and the provision of virus specimens for laboratory analysis.

The member for Viet Nam had drawn attention to the importance of improving the availability and accessibility of vaccines. The production of vaccines was confined to a few developed countries, while production capacity in developing countries, which were far more prone to outbreaks of the disease, was inadequate. The challenge facing the global community was therefore to ensure that all countries had adequate stocks of vaccine when it was required. Antiviral agents were an effective way of treating and controlling disease due to *Influenzavirus A*, but their high cost would prevent some developing countries from acquiring them; that was an area where WHO's intervention could have a positive impact. As part of a long-term strategy, WHO might also consider establishing a not-for-profit international research network for the benefit of all Member States. At the same time, it should support countries in developing production capacity and in improving quality, enabling them to produce high-quality, affordable vaccines quickly when they were needed.

He supported the amendments to the draft resolution proposed by the member for the United States of America.

Professor FURGAL (adviser to Mr Skotnikov, Russian Federation) welcomed the inclusion of the topic on the agenda, and commended the report. There was indeed a risk of a historically unprecedented influenza pandemic. Antigenic shifts in influenza virus could lead to the appearance of a new strain that could quickly cause a sharp increase in morbidity and mortality, which would require rapid implementation of unprecedented measures to ensure proper epidemiological surveillance and preparation at national and global levels to deal with a possible pandemic. The long-term measures specified in the draft resolution should be adopted urgently and constituted priority areas of activity for WHO. The Regional Office for Europe and the European Commission planned to hold a meeting of Member States of the European Region to prepare national plans for dealing with an influenza pandemic. At the end of 2004 his country's chief medical officer had issued a document on preparedness against pandemic influenza whose contents were fully in line with the draft resolution.

Dr AHMED (Ghana) said that the current outbreaks of avian influenza had not so far affected Africa, but frequent travel made its spread to the African continent and other parts of the world more likely. He commended the report and endorsed both the draft resolution and the proposed amendments.

Dr VIROJ TANGCHAROENSATHIEN (adviser to Dr Suwit Wibulpolprasert, Thailand) affirmed the high and imminent risk of a global influenza pandemic and its likely catastrophic impact, with widespread economic and social disruption. Africa and Asia would be most seriously affected because of the large numbers of people immunosuppressed by HIV infection. That threat made global and national preparedness through global alert and warning systems vital. National preparedness was particularly lacking, and Member States should, therefore, with the support of WHO, take action in three areas. First, they should begin preparing non-medical intervention measures, including plans for the training of health-care workers and the education of the general public in how to restrict transmission by such means as improved personal hygiene, international travel restrictions, quarantine and contact tracing – measures that could be put into effect the moment WHO declared a global pandemic. Secondly, the development of a vaccine against a pandemic virus was vital. Thirdly, it was essential to ensure that prophylactic antiviral agents were affordable by and available to developing countries for strategic use in conjunction with vaccines.

Most developing countries, however, could not afford vaccines or antiviral agents. Even if money were available, there might be no adequate products on the market during a pandemic. An immediate task would be the identification of the pandemic strain of influenza virus in order to develop a vaccine. WHO should support an increase in vaccine production capacity in developing countries to ensure an adequate response to global pandemics, since nearly all the 300 million doses of seasonal vaccine, manufactured by only three producers all based in the developed world, were used in developed countries. WHO should also support countries in introducing compulsory licensing of vaccines and antiviral agents, in order to ensure their affordability and adequate supply in public health crises.

He endorsed the draft resolution, and suggested that in paragraph 1(6) the words “their citizens” be replaced by “health-care workers and the general public”, and that the words “and other public health interventions” be inserted before “that may protect them”. He also proposed that a new paragraph 1(10) be added, reading: “to ensure that during the global pandemic, there are timely and adequate supplies of vaccines and antiviral drugs through the application of compulsory licensing, in view of public health crises”. With regard to paragraph 2(5), in view of the serious cost implications of stockpiling antiviral agents and the operational problems connected with their distribution during a second or third wave of outbreaks, Thailand would welcome further assessment of the feasibility of using such stockpiles.

Ms HALTON (Australia) commended both the report and the draft resolution for highlighting the risk of an imminent occurrence of an influenza pandemic and the need for preparedness. WHO’s convening of a meeting in November 2004 of influenza vaccine manufacturers, national licensing agencies and others to consider mobilizing manufacturing capacity was a significant contribution to influenza pandemic preparedness. The recent outbreaks of severe acute respiratory syndrome (SARS) and avian influenza in her region had brought home to Australia that the risk of a pandemic, with its potential health impact in terms of damage to health and social disruption, was immediate.

Australia was currently updating its national plans and had reviewed its vaccine-manufacturing contracts, particularly in regard to stockpiling. It recognized the crucial role played by animal health experts in planning national influenza pandemic action and was finding ways to collaborate with them more closely. The research effort on pandemic influenza and its role in the international pandemic research agenda were of crucial importance. She supported the amendments proposed by the member for the United States of America, and asked for her country to be included among the sponsors of the draft resolution.

Dr BRUNET (alternate to Professor Dab, France) supported the views of the previous speaker and endorsed the proposed amendments to the draft resolution. France welcomed the role being played by WHO in rapidly disseminating information and in organizing meetings in Geneva and in the regional offices that had served to clarify the situation and to define difficulties to be expected in the event of a pandemic. France would be participating in a European research programme that would

include a substantial influenza component, and would allow for the development of strong international cooperation.

The problem of supplies of antiviral agents and vaccines was acute. Although in general France favoured the flexibilities provided for under the Doha Declaration on the TRIPS Agreement and Public Health, it did not believe that compulsory licensing for a vaccine that did not yet exist was the solution. Most European countries were far from attaining the recommended immunization coverage for at-risk populations with the influenza vaccines currently available. If Europe had an overall immunization coverage rate of more than 70%, as recommended by WHO, it would be in an infinitely better position rapidly to increase production capacity. No country could complain of insufficient production capacity if it had not taken the steps needed to improve it

The member for Thailand had highlighted the problems that could arise in countries already affected by avian influenza: immediate efforts should be made to ensure that such countries had the response capacity to enable them at least to limit its spread, since in the event of a pandemic 30% of the world's population could be infected in a few weeks. The Organization had a crucial role to play in that regard, and France would do all it could to assist in that effort.

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Dr SANDA (alternate to Professor Cinteza, Romania) said that her country endorsed the draft resolution and wished to be included among its sponsors. In paragraph 2(3), the words "in anticipation of, and during, influenza pandemics;" should be replaced by "in relation to influenza pandemics prevention and containment;".

Dr ANTEZANA ARANÍBAR (Bolivia) said that certainly an influenza pandemic could have serious consequences, but at the same time it had to be recognized that there were limits, especially in the developing countries, to what could be done to respond adequately. The answer lay in increasing production capacity, transfer of technology and, above all, solidarity, and in that respect, WHO headquarters and regional offices had an extremely important role to play, as the problem was not confined to a few countries or regions but had the potential to become worldwide.

He too supported the draft resolution with the amendments proposed.

Mr SHUGART (Canada) fully endorsed the draft resolution. Canada would provide all possible assistance to WHO in planning for pandemic influenza preparedness, and he emphasized the urgency of international research to reduce the pandemic's spread and impact. Canada had undertaken several actions as part of the Global Health Security Initiative that would benefit WHO, including a commitment to share preparedness plans and the first international table-top exercise in containing and preventing the international spread of an influenza pandemic.

Dr YOOSUF (Maldives) said that vaccines and antiviral agents were an important component of pandemic preparedness. However, current global vaccine production was insufficient to cover the needs of developing countries and an alternative solution needed to be found that resulted in affordable vaccines and antiviral agents. He supported the amendments proposed by the members for Thailand, the United States of America and Romania, and requested that his country be included among the sponsors of the resolution.

Mr DE CASTRO SALDANHA (alternate to Dr Buss, Brazil) said that his Government attached great importance to influenza pandemic preparedness. He endorsed the amendments proposed by the member for Thailand.

Dr HUERTA MONTALVO (Ecuador) said that, although a global fund facilitating solidarity on health security issues would be useful, a stronger initiative was needed to alert health authorities globally to the potential of an influenza pandemic. A component for financing continued activities on pandemic preparedness must be included in the Proposed programme budget 2006-2007, with consideration even being given to the use of extrabudgetary funds. Even if the capacity for the production of vaccines and antiviral agents was increased, their high cost made them accessible only

to wealthier countries. Nevertheless, those countries remained vulnerable to diseases for which there was as yet no vaccine. Responsibility therefore lay with all countries in the face of a pandemic, which could have even more serious repercussions than the HIV/AIDS pandemic. He requested that Ecuador should be included as a sponsor of the draft resolution.

Dr CAMPBELL FORRESTER (alternate to Mr Junor, Jamaica), endorsing the draft resolution, said that Jamaica recognized the importance of preparedness, surveillance and strengthening national capacity to deal with an influenza pandemic, particularly in the light of recent experience of the SARS epidemic.

The CHAIRMAN, speaking as the member for Iceland, said that he too fully supported the draft resolution. Referring to the second preambular paragraph, he suggested that, since the resolutions cited all related to communicable diseases and influenza except resolution WHA56.28, reference to that last resolution should be transferred to the end of the paragraph, followed by the words "on the revision of the International Health Regulations".

Dr OMI (Regional Director for the Western Pacific) said that the latest information on avian influenza supported WHO's assumption that the H5N1 influenza virus had become entrenched in parts of Asia, despite the efforts of the Member States concerned to control its spread. The two major outbreaks of avian influenza in Viet Nam had claimed 20 lives, although the efforts of that country's Government had almost contained the second outbreak. Nonetheless, since December 2004, 23 provinces in Viet Nam had reported outbreaks of influenza among poultry, and already in 2005 eight human cases had been confirmed, while some suspected cases were being investigated. As in 2004, most cases had occurred at the time of the lunar holiday season. The continued outbreaks called for urgent and increased efforts by all Member States concerned.

To tackle that type of zoonosis, closer collaboration between the agriculture and public health sectors was urgently needed. The South-East Asia and Western Pacific Regions, in collaboration with headquarters, were preparing a bi-regional Asian strategy involving the agriculture sector in order to address the key issue of improving animal husbandry practices, which would be discussed by the regional committees concerned in September 2005.

Mr PARK (Republic of Korea)[1] said that his country had been the first to report H5N1 avian influenza outbreaks among poultry in December 2003, which it had done its best to contain. The Republic of Korea was keen to strengthen its capacity for pandemic-influenza preparedness and response and appreciated WHO's leadership. He supported the draft resolution and proposed amendments, and requested that his country's name be added to the list of sponsors.

Dr ASAMOA-BAAH (Assistant Director-General) welcomed the draft resolution; the existence of the H5N1 strain, with its pandemic potential, demanded the utmost preparedness and measures to minimize its impact. Despite positive developments in many countries, the world as a whole was ill-prepared. He therefore agreed with the member for Bolivia on the need for global solidarity. The discussion had usefully pointed to some of the areas on which countries expected WHO to focus. The programme was one of the oldest in WHO, and all were keen to make if fully responsive. WHO was clearly expected to continue its surveillance and to do more in supporting Member States in pandemic preparedness. Many members had spoken of the importance of dialogue with the pharmaceutical industry in developing and developed countries, and with national regulatory authorities, to ensure that vaccines were both available and affordable. That industry had been supportive and responsible in its approach.

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

Many speakers had mentioned the importance of animal health and the need to work with that sector, stressing the need for preparedness to be intersectoral rather than confined to the health sector. He was grateful for all the comments and all support, both to date and future. In view of the volume of resources needed, the draft resolution would help to ensure that the influenza problem received the attention it deserved.

Dr STÖHR (Coordinator, Global Influenza Programme) said that the situation was unprecedented because avian influenza had already caused great economic damage. Resources were increasingly being committed to control measures, especially in Thailand and Viet Nam. There was no doubt, however, that the disease would remain a major challenge in Asia for many years, having moved from poultry to other species. It was important, therefore, for the international community to act together in combating that global problem. Many countries were directly supporting control of the disease in Asia regarding poultry, while public health authorities were collaborating in surveillance and response. The key to the solution rested with the agricultural sector; there would be little or no long-term progress without a profound change in farming practices, and the risk to human health would remain as long as the virus circulated in Asia.

Dr VIROJ TANGCHAROENSATHIEN (adviser to Dr Suwit Wibulpolprasert, Thailand) asked to what extent avian influenza was being transmitted to pigs. The prospect of transmission of the H5N1 virus was alarming and a major issue that affected Asia as a whole.

Dr STÖHR (Coordinator, Global Influenza Programme) replied that the virus had first been found in pigs in August 2004. So far, there was no indication that it had established itself in any porcine population in Asia. If that occurred, the risk to humans would increase. Research at country level was urgently needed to determine the potential role of pigs as a reservoir for the H5N1 virus.

Dr STEIGER (United States of America) said that he could not support the wording of new paragraph 1(10) as proposed by the member for Thailand because there should be no implication that compulsory licensing was the only answer. Interested members should hold informal consultations to agree on more suitable wording. He requested updated information on the global sample vaccine shipment fund.

Dr ASAMOA-BAAH (Assistant Director-General) said that, in addition to the funds provided by the United States of America, the Government of the United Kingdom of Great Britain and Northern Ireland had pledged an almost equal amount, and it was hoped that further contributions would be made.

The CHAIRMAN suggested that further consideration of the item should be deferred until the next meeting to allow time for informal consultations.

It was so agreed.

(For adoption of the resolution, see summary record of the twelfth meeting, section 3.)

2. FINANCIAL MATTERS: Item 6 of the Agenda

Assessed contributions: Item 6.1 of the Agenda

- **Status of collection, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution:** Item 6.1 of the Agenda (Document EB115/16)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee's conclusions on the item were set out in paragraphs 60-64 of its report (document EB115/45). The Committee had noted the report contained in document EB115/16, and had studied developments since 31 December 2004. It had welcomed the improved rate of collection and the reduction in arrears, and had stressed the importance of timely payment of assessed contributions in order to ensure full implementation of the regular budget. It had been particularly concerned about the level of long-term arrears, for which a solution must be found with the Member States concerned. Some, it had noted, were making use of special arrangements to meet their obligations, but others were having problems with such arrangements. The Secretariat had advised that some Member States had already made proposals to be submitted to the Committee for consideration in May 2005, with a view to submitting recommendations to the Health Assembly. The Committee had requested information about amounts that Member States were entitled to claim for the adjustment mechanism and details of claims made.

Dr ANTEZANA ARANÍBAR (Bolivia), referring to the adjustment mechanism mentioned in document EB115/16, asked whether an adjustment of 60% for 2004 had been achieved, to what contribution level that adjustment corresponded, and whether the process would be continued at a level of 40% for 2005 and 2006, and 30% for 2007.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) noted that Member States had claimed benefit from an assessment mechanism for 2004-2005 in an amount higher than that envisaged in resolution WHA56.34. He also noted the importance of regular budget allocations for each programme area, as that would mean less dependence on voluntary contributions. In that regard, one way of raising the level of regular budget funds would be to refrain from claiming benefit under the adjustment mechanism, since such absence of claims would equate to an additional contribution of US$ 12.7 million, or 1.5% of the regular budget for 2004-2005.

Dr NORDSTRÖM (Assistant Director-General), referring to the question by the member for Bolivia, confirmed that the adjustment mechanism was being applied and would continue to be implemented, in accordance with the relevant resolution. If the mechanism were not used, however, the budgetary benefits would in fact be as the member for Thailand had pointed out.

The CHAIRMAN said that he took it that the Board wished to note the report, on the understanding that a further update of Member States in arrears would be provided at the next meeting of the Programme, Budget and Administration Committee in May 2005, when it would formulate the necessary recommendations for the Health Assembly.

It was so agreed.

• **Assessments for 2006-2007** (Documents EB115/17 and EB115/INF.DOC./8)

The CHAIRMAN invited the Board to consider a draft resolution prepared by the Secretariat on assessments for 2006-2007, which read:

The Executive Board,
Having considered the report on the 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,

1. 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
Indonesia	0.14200
Iran (Islamic Republic of)	0.15700

Members and Associate Members	WHO scale for 2006-2007 %
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
Oman	0.07000
Pakistan	0.05500
Palau	0.00100
Panama	0.01900

Members and Associate Members	WHO scale for 2006-2007 %
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	0.20900
The former Yugoslav Republic of Macedonia	0.00600
Timor-Leste	0.00100
Togo	0.00100
Tokelau	0.00100
Tonga	0.00100
Trinidad and Tobago	0.02200
Tunisia	0.03200
Turkey	0.37200
Turkmenistan	0.00500
Tuvalu	0.00100

Members and Associate Members	WHO scale for 2006-2007 %
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

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee's conclusions were set out in paragraphs 65-67 of its report (document EB115/45). The Committee had noted that, by resolution WHA57.15, the Health Assembly had decided to adopt the latest United Nations scale for application at WHO in 2005, and that the same scale had been proposed for 2006-2007. It had also noted that the adjustment mechanism established by resolution WHA56.34 would continue to operate in 2006-2007.

The CHAIRMAN said that, in the absence of comments, he took it that the Board wished to adopt the draft resolution.

The resolution was adopted.[1]

Amendments to the Financial Regulations and Financial Rules: Item 6.2 of the Agenda (Document EB115/43)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee's conclusions were set out in paragraphs 68-72 of its report (document EB115/45). The Committee had noted that a wide-ranging review of all financial policies and procedures was under way within the framework of best practice accounting standards such as the International Public Sector Accounting Standards and the International Financial Reporting Standards which the United Nations system was considering for future use. The Committee had noted the proposed deletion of paragraphs 4.5a and 4.7 so that, instead of carrying forward unliquidated obligations from one financial period to another, amounts accrued at a period end would be carried forward to pay for all goods and services previously contracted. Implementation of the amendments would result in improved implementation of the programme budget and provide the potential for a lower level of savings on unliquidated obligations, which might, however, reduce the future level of Miscellaneous Income. The Secretariat had confirmed that the amendments would apply to all the Organization's financial transactions.

[1] Resolution EB115.R8.

The CHAIRMAN invited the Board to consider the draft resolution contained in the report.

The resolution was adopted.[1]

3. MANAGEMENT MATTERS: Item 7 of the Agenda (continued)

Governing body matters: Item 7.3 of the Agenda

- **Working methods of the Health Assembly** (Document EB115/20)

Dr HANSEN-KOENIG (Luxembourg), speaking on behalf of the Member States of the European Union and the candidate countries Bulgaria, Croatia, Romania and Turkey, thanked the Director-General for his report, consideration of which provided a welcome opportunity for members to influence the strategic course of the Organization and for the best possible use to be made of the Health Assembly.

Ms DENG Hongmei (alternate to Dr Yin Li, China) said that she appreciated the concern to enhance efficiency in the Health Assembly's deliberations but could not agree to a change in schedule whereby the Director-General and certain other speakers would address the Health Assembly before the agenda was adopted. Only procedural matters should be taken up before the agenda was adopted; but the contributions of the speakers in question would be an important part of the substance and should therefore immediately precede any substantive discussion. Otherwise the position of Member States would be weakened and the integrity of the entire Health Assembly's procedure impaired. It could also lead to confusion about whether the current or a previous Health Assembly was being referred to in the statements concerned. The practice followed to date should therefore not be abandoned.

The Health Assembly should not be divided into two parts. The provisional agenda and the supplementary items should, according to the rules, be considered by the General Committee, and indeed the two parts were connected. An attempt to separate them could prolong discussion and impair Member States' rights in considering the agenda. She appreciated the Secretariat's intentions, but urged a more practical approach, in particular, trying to avoid instances of political dissension such as had hampered recent Health Assemblies. Measures should also include steps to strengthen the authority of the General Committee and ensure that Health Assembly decisions were upheld.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) supported the curtailment of the general discussions in Health Assembly plenaries in order to allow more time for the work of Committees A and B. The round tables had been a useful means of sharing experiences; he therefore proposed that they should be continued at the level of senior public health officials, on condition that they were moderated in a manner that ensured an interactive debate on the chosen theme between the officials, WHO experts and representatives of civil society organizations. He supported the proposed timetable, with the exception of the proposed scheduling of Committees A and B: the Committees should commence their work at the same time. The provisional agenda should be amended to ensure consistency with the Executive Board agenda and the recommendations of previous Health Assemblies. For example, it should include a discussion on the Board's recommendation, made at the present session, on the establishment of World Blood Donor Day.

[1] Resolution EB115.R9.

Ms BLACKWOOD (alternate to Dr Steiger, United States of America) said that the proposals could streamline the work of the Health Assembly and increase its efficiency. She supported the changes in scheduling of the statements by the Director-General and by invited speakers, but expressed reservations at the proposal that the General Committee should consider possible supplementary agenda items only after the closure of the general discussion. Memories of the occurrences on the opening day of the Fifty-seventh World Health Assembly had no doubt prompted the proposal, but the General Committee should give fair and equitable consideration to all proposals for supplementary agenda items at the opening of the Health Assembly, taking into account their potential impact on the course of discussions. The General Committee should therefore consider the provisional agenda as a whole at one meeting.

Mr RAMOTSOARI (alternate to Dr Phooko, Lesotho), speaking on behalf of the African group, expressed support for efforts to improve the working methods of the Health Assembly but noted that it would be unusual to schedule the statements by the Director-General and by invited speakers, which were agenda items, before the agenda itself had been adopted and before the address by the President. The General Committee should discuss the entire provisional agenda at one meeting; separate discussion of the provisional agenda and supplementary items, as proposed, would not be an efficient working procedure.

Mr HASAN (alternate to Mr Khan, Pakistan) said that the agenda set the course for the discussions to be held during a session and its importance must not be underestimated. He therefore opposed the proposed division of consideration of the Health Assembly provisional agenda by the General Committee into two parts; the existing procedure should remain unchanged.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) supported the proposals to avoid prolonged discussion and overloading of the provisional agenda. He also supported the proposals to discontinue the ministerial round tables, to enhance the work of Committees A and B, and to improve provision of information to delegations, in particular on the transfer of items between the two main committees. In those Committees delegates should deliver brief statements from written texts, to facilitate simultaneous interpretation. The Secretariat should make Health Assembly documentation available electronically no later than one month before the start of the Health Assembly so that countries could prepare their statements and proposals in writing well in advance.

Dr ANTEZANA ARANÍBAR (Bolivia) said that it was important to bear in mind the main aim of the Health Assembly, namely to highlight the public health situation around the world and the challenges faced by countries, with a view to fostering appropriate international cooperation to achieve health gains. The ministerial round tables had not produced the desired results and should therefore be discontinued, or continued only at the level of senior public health officials. He supported arguments for consideration of the provisional agenda at one meeting by the General Committee, before the general discussion. It was important to improve the working methods of Committees A and B; a time limit for speakers would be useful. The proposal that interventions should be prepared in writing in advance was of doubtful benefit, however. Participants should interact and exchange opinions; in other words, they should hold a true debate. If everything were to be prepared in advance, statements could simply be circulated electronically or in printed form and there would be no point in holding a meeting.

Mr BASSE (Senegal)[1] supported the replacement of the ministerial round tables by bilateral meetings, but did not favour scheduling the statements by the Director-General and the invited speakers for delivery before the adoption of the agenda, of which they were an integral part.

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

Moreover, it would be unusual and inappropriate for the statement of the head of the Secretariat to take precedence over that of the President of its main governing body. He also opposed the proposal for a two-stage procedure for consideration and adoption of the provisional agenda, which might result in differential treatment for items proposed by the Executive Board and proposed supplementary agenda items. In addition, the first two days of the Health Assembly would be dogged by uncertainty as delegations would not know which items were going to be included on the agenda. Such a situation would be unlikely to create an atmosphere conducive to fruitful discussions. The entire agenda should be considered and adopted on the first day, so that delegates could participate fully in the subsequent debates.

Mr SÁNCHEZ OLIVA (Cuba)[1] said that, although some of the proposals before the Board would indeed improve the methods of work of the Health Assembly, experience had shown that the agenda was crucial in guiding its work. The two-stage proposals for consideration and adoption of the agenda were not appropriate. It would not be acceptable to take up certain items of the agenda before that agenda had been adopted, particularly as the Director-General and invited speakers were expected to address substantive issues of relevance to the adopted agenda in their statements.

The CHAIRMAN noted that, although speakers had agreed that the ministerial round tables should be discontinued, there had been differing views regarding the other proposals. He therefore suggested that the Board should recommend that the round tables should be discontinued and that it should request the Director-General to continue his consideration of the other issues.

It was so agreed.

- **Provisional agenda of the Fifty-eighth World Health Assembly and date and place of the 116th session of the Executive Board** (Document EB115/21)

Dr KEAN (Director, Governance) said that the proposed provisional agenda set out in Annex 1 to document EB115/21 had been prepared before the Board's current session. On the basis of the Board's discussions so far, the following items should be added under item 18, Technical and health matters: Achievement of health-related Millennium Development Goals (which would be the subject of an electronic consultation before the Health Assembly); Antimicrobial resistance: a threat to global health security; Health action in relation to crises and disasters; Strengthening pandemic influenza preparedness and response; and Public health problems caused by harmful use of alcohol. In response to the earlier observation by the member for Thailand, he said that the proposal for the establishment of World Blood Donor Day was included as provisional agenda item 26. Item 23, Guiding principles for strategic resource allocations, should be deleted; it was in fact an item for consideration by the Board at its 116th session.

Mr AITKEN (Director, Office of the Director-General) explained that, as a consequence of the outcome of the Board's discussion on the working methods of the Health Assembly, the opening agenda items of the Fifty-eighth World Health Assembly would follow the pattern of those for the Fifty-seventh World Health Assembly, and would therefore read:

1. Opening of the Assembly
   - 1.1 Appointment of the Committee on Credentials
   - 1.2 Election of the Committee on Nominations

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

1.3 Reports of the Committee on Nominations
1. Election of the President
2. Election of the five Vice-Presidents, the Chairmen of the main committees, and establishment of the General Committee

1.4 Adoption of the agenda and allocation of items to the main committees

2. Reports of the Executive Board on its 114th and 115th sessions
3. Address by the Director-General
4. Invited speakers.

Dr STEIGER (United States of America) said that as WHO's work on alcohol was already included in the proposed provisional agenda under item 18.10, it might therefore be better to include consideration of the public health problems of harmful use of alcohol under that item rather than as a separate item.

It was unfortunate that the Secretariat had chosen to present a provisional agenda for consideration that presupposed that the Board would agree to its proposals concerning the changes in working methods of the Health Assembly, which in fact had not been the case. In future it might be better to consult or await the decision of the Board in such matters.

In reply to Ms DENG Hongmei (alternate to Dr Yin Li, China), Mr AITKEN (Director, Office of the Director-General) confirmed that the timetable would be adjusted to conform with the amendments to the opening items of the provisional agenda he had just indicated, and would therefore revert to the schedule for those items at the previous Health Assembly.

The CHAIRMAN said that, in the absence of further comments, he took it that the Board wished to approve the draft decision contained in document EB115/21, with the amendments proposed and taking account of the comments of the Secretariat.

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

The CHAIRMAN drew attention to resolution EB112.R1 which had decided that the Board's session following the Health Assembly should in principle be extended by two days to permit a more even and effective distribution of substantive work between its two annual sessions. In order not to extend members' stay in Geneva for too long, he proposed that the 116th session should therefore be held over three days.

Decision: The Executive Board decided that its 116th session should be convened on Thursday, 26 May 2005, at WHO headquarters, Geneva, and should close no later than Saturday, 28 May 2005.[2]

Relations with nongovernmental organizations: Item 7.4 of the Agenda

- **Report of the Standing Committee on Nongovernmental Organizations** (Document EB115/22)

Dr HUERTA MONTALVO (Ecuador), speaking in his capacity as Chairman of the Standing Committee on Nongovernmental Organizations, described the outcome of the Committee's consideration of applications for admission into official relations with WHO and review of nongovernmental organizations in official relations. The draft resolution recommended to the Board,

[1] Decision EB115(1).

[2] Decision EB115(2).

set out in the Committee's report (document EB115/22), proposed the admission into, suspension of and discontinuation of official relations for several nongovernmental organizations.

Following the review of one third of the nongovernmental organizations in official relations with WHO, the Committee had made the recommendations contained in the draft decision set out in its report (document EB115/22). In particular, it had noted that a plan of work had yet to be agreed with Corporate Accountability International (formerly Infact) and had proposed to defer a decision on relations with that nongovernmental organization until the Committee's meeting during the 117th session of the Board in January 2006 when the Committee would receive reports on relations between WHO and the nongovernmental organization and on its conduct at intergovernmental meetings. In the case of four nongovernmental organizations, reports of collaboration had remained outstanding and the Committee had recommended that review of relations should be deferred until its meeting at the 117th session of the Board. The nongovernmental organizations should be reminded that, if no report were provided in time, official relations would be discontinued.

The Committee had expressed its appreciation of the work of the applicant organizations and of those whose activities had been reviewed.

Dr CAMPBELL FORRESTER (alternate to Mr Junor, Jamaica) expressed concern about the reference to allegations of inappropriate behaviour by representatives of Corporate Accountability International at sessions of the Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control (paragraph 8). She asked whether a formal complaint had been received, and whether there was a mechanism for dealing with such complaints which allowed nongovernmental organizations to defend their position. She would welcome an explanation of the proposal to defer the review of that organization to the 117th session of the Executive Board. Jamaica had had a good working relationship with the former Infact, which had helped to move the tobacco control agenda forward.

Dr AHMED (Ghana) expressed concern about paragraphs 2 and 8. Paragraph 2 of the report stated that the Framework Convention Alliance on Tobacco Control met the criteria for admission into official relations, whereas paragraph 8 stated that the Secretariat would be reviewing its future work on the WHO Framework Convention once it had come into force and that a plan for collaboration had not been agreed; accordingly, the Secretariat wished to defer the review until the Board's 117th session. He asked whether that review applied only to Infact or to all nongovernmental organizations concerned.

Dr ACHARYA (Nepal), referring to paragraph 3 of the proposed draft resolution, asked why it had been decided to discontinue relations with the organizations mentioned therein.

Ms MAFUBELU (South Africa),[1] also referring to paragraph 8 of the report, said that in South Africa's experience the participation of Infact had been constructive and had advanced rather than hindered the work of the Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control. It nevertheless supported the deferral of the review of the organization's status until 2006.

Dr HUERTA MONTALVO (Ecuador), again speaking in his capacity as Chairman of the Standing Committee, said that the proposed draft resolution and draft decision were based on the reports received. The review of Infact's status had been deferred for one year because its activities had declined with the ratification of the WHO Framework Convention; if no plan of collaboration had been agreed, relations with the organization could not be maintained. Replying to the member for Nepal, he said that, although the International Council for Science had informed the Committee about

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

the work of its members with WHO, it transpired that most of those members already had formal relations with WHO in their own right. The Standing Committee did not consider that WHO's relations with the remaining members warranted maintaining official relations with the International Council for Science.

The CHAIRMAN invited the Board to consider the draft resolution contained in document EB115/22.

The resolution was adopted.[1]

The CHAIRMAN invited the Board to consider the draft decision contained in document EB115/22.

The decision was adopted.[2]

- **Reconsideration of two applications for admission into official relations with WHO** (Document EB115/34)

The CHAIRMAN informed the Board that the Director-General had received letters from the two candidates for admission requesting that consideration of the applications should be postponed to a future session of the Board. There was therefore no need to discuss the matter at the present session.

The meeting rose at 12:40.

[1] Resolution EB115.R10.

[2] Decision EB115(3).